

N311 Care Plan # 3

Lakeview College of Nursing

Name Brianna Lilly

## N311 CARE PLAN

## Demographics (5 points)

<b>Date of Admission</b> 8/11/2021	<b>Patient Initials</b> R.B.	<b>Age</b> 72	<b>Gender</b> Male
<b>Race/Ethnicity</b> African American	<b>Occupation</b> Retired	<b>Marital Status</b> Widowed	<b>Allergies</b> Penicillin
<b>Code Status</b> DNR	<b>Height</b> 6'	<b>Weight</b> 180 lbs 12.8oz	

## Medical History (5 Points)

**Past Medical History:** (8/11/21) Acute cystitis with hematuria, (8/11/21) type 2 diabetes mellitus without complications, (8/11/21) hyperlipidemia (unspecified), (8/11/21) benign prostatic hyperplasia without lower urine, (8/11/21) urinary tract infection catheter associated, (8/11/21) adult failure to thrive, (8/11/21) essential (primary) hypertension, (8/11/21) heart failure, (8/11/21) insomnia unspecified, (8/11/2021) Suspected hemorrhagic cystitis. Patient is allergic to penicillin breaks patient out in Hives and causes pharyngitis.

**Past Surgical History:** (10/27/20) incision puncture groin right, (10/27/20) incision puncture wrist right, (2/20/2020) R/L heart catheterization HVI Cath, (10/27/2021) Heart catheterization surgery to remove ECF.

**Family History:** Mother- Breast cancer, Maternal Grandmother- Breast Cancer

**Social History (tobacco/alcohol/drugs):** As of 8/11/2021 patient had a history of 1/2 pack of cigarettes per day for 30 years, 6 drinks per week for 3 years (beer). Upon questioning patient stated cessation of smoking and alcohol for one year (patient reported only, no documentation of cessation). Patient denies recreational drug use. Patient lives in a single room in a nursing home.

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## Admission Assessment

**Chief Complaint** (2 points): Weakness in legs, blood in urine.

**History of present illness** (10 points): 72 year old male Patient noticed weakness in legs, when he had increased difficulty standing and blood in urine. Patient was living alone at Prairie Winds Assistive Living when the morning of 8/07/21 he complained of sudden increased weakness and blood in urine to the staff nurse. 8/07/21 afternoon the nurse sent the patient out to Carle Hospital. Patient was taken to the doctor 8/07/21 due to complaints of leg weakness and hematuria. A Urinary culture and analysis (08/07/2021) were ordered as well as a Ct of the Abdomen and pelvis with contrast (8/07/2021) due to hematuria present the morning of 8/07/2021. Ct of the abdomen and pelvis with contrast results: malpositioned catheter. The urinary culture came back with yeast present both tests signifying a CAUTI. The urinary analysis showed RBC, WBC, and Leukoesterase. A new Catheter was placed, and antibiotics were administered on 8/8/21 after the CT and urinary tests came back. CAUTI and hematuria was resolved by antibiotic therapy and catheter replacement as evidenced by resolution of symptoms of weakness in legs and hematuria by 8/11/21.

**Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):**. Catheter associated urinary tract infection

**Secondary Diagnosis (if applicable):**. Suspected hemorrhagic cystitis

**Pathophysiology of the Disease, APA format (20 points):**

A urinary tract infection is a bacteria growth in the urethra and/or bladder. The normal urinary tract is sterile and urine should be sterile. Once bacteria over  $10^5/\text{mL}$  is detected in the urine it is considered a urinary tract infection (Capriotti, pp. 552). Bacteria can enter the

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urinary tract through various methods. Most commonly, bacteria from the anus or bacteria introduced through catheterization invade the urinary tract and from there, “Uropathogenic bacteria can adhere, proliferate, and resist host defenses when in the bladder” (Capriotti, pp. 552). Bacteria can begin to multiply in the urine due to decreased acidity of the urine as a result of urease from the bacteria. If the bacteria continues to grow the infection may spread to the kidneys, and from there urosepsis may develop. Urosepsis is noted as a serious illness “... with symptoms of fever, chills, confusion, disorientation, and hypotension” (Capriotti, pp. 553).

A patient presenting with a urinary tract infection will present with various complaints depending on the specific case. Patients may come in with complaints of; urinary hesitancy, urinary retention, urinary frequency, dysuria, sometimes hematuria, as well as suprapubic tenderness (Mayo Clinic 2021).

Urinary tract infections are caused by bacteria and/or yeast growth in the urinary tract. Certain aspects about a patient can increase their risk for a urinary tract infection. Qualities include; having a catheter, being female, diabetes mellitus, BPH, uncircumcised, sex with an infected female, HIV infection, and antibiotic use. Women in particular are at risk with certain soaps and bubble baths. It is important to adequately hydrate, not hold urine in, and always urinate after sex (Capriotti, pp. 552).

Diagnosing a urinary tract infection is typically done through a urine sample. A urinalysis and urine culture are collected when a urinary tract infections suspected. A positive finding urinalysis dipstick will show positive finding for RBC, WBC, and nitrates. A urine culture will show a number of bacteria as well as yeast. Once bacteria over  $10^5$ /mL is detected in the urine it is considered a urinary tract infection (Capriotti, pp. 552).

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When a patient needs treated for a UTI doctors typically prescribe an antibiotic. Sulfa antibiotics tend to be the first treatments a doctor prescribes. If the patient is allergic to sulfa drugs or otherwise contraindicated nitrofurantoin and pyridium can also be prescribed. Patients are recommended to hydrate, take cranberry supplements and frequently urinate. (Mayo 2021).

Patient was taken to the doctor 8/07/21 due to complaints of leg weakness and hematuria. A Urinary culture and analysis (08/07/2021) were ordered as well as a Ct of the Abdomen and pelvis with contrast (8/07/2021) due to hematuria present the morning of 8/07/2021. Ct of the abdomen and pelvis with contrast results: malpositioned catheter. The urinary culture came back with yeast present both tests signifying a CAUTI. The urinary analysis showed RBC, WBC, and Leukoesterase. A new Catheter was placed, and antibiotics were administered on 8/8/21 after the CT and urinary tests came back. CAUTI and hematuria was resolved by antibiotic therapy and catheter replacement as evidenced by resolution of symptoms of weakness in legs and hematuria by 8/11/21.

### **Pathophysiology References (2) (APA):**

Capriotti, T. (2020). Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives. F.A. Davis.

Mayo Foundation for Medical Education and Research. (2021, April 23). *Urinary tract infection (UTI)*. Mayo Clinic. Retrieved October 27, 2021, from <https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/symptoms-causes/syc-20353447>.

### Laboratory Data (20 points)

**\*If laboratory data is unavailable, values will be assigned by the clinical instructor\***

**CBC Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.9-4.98	5.35	5.35	Kidney impairment due to UTI because kidney's control EPO secretion (Pagana 2019).
Hgb	12.0-15.5	14.0	14.0	Values within normal ranges.
Hct	35.0-45.0	42.7	42.7	Values within normal ranges.
Platelets	140-400	342	342	Values within normal ranges.
WBC	4.0-9.0	14.62	14.62	Elevated WBC due to inflammatory response in urinary tract as a result of CAUTI (Pagana 2019).
Neutrophils	1.5-8.0	N/A	N/A	N/A
Lymphocytes	10-20	14.3	14.3	Values within normal ranges.
Monocytes	3.0-13.0	N/A	N/A	N/A
Eosinophils	0.0-8.0	N/A	N/A	N/A
Bands	0.0-10	N/A	N/A	N/A

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Chemistry **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	135-145	136	136	Values within normal ranges.
K+	3.5-5.1	3.8	3.8	Values within normal ranges.
Cl-	98-107	100	100	Values within normal ranges.
CO2	22-29	29.0	29.0	Values within normal ranges.
Glucose	70-99	99	99	Values within normal ranges.
BUN	8-21	19	19	Values within normal ranges.
Creatinine	0.05-1.00	0.99	0.99	Values within normal ranges.
Albumin	3.5-5.2	3.0	3.0	Values within normal ranges.
Calcium	8.4-10.5	9.6	9.6	Values within normal ranges.
Mag	1.6-2.6	1.9	1.9	Values within normal ranges.
Phosphate	2.4-4.5	N/A	N/A	N/A
Bilirubin	0.3-1.0	1.0	1.0	Values within normal ranges.
Alk Phos	34-104	81	81	Values within normal ranges.

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Yellow and clear	Amber	Amber	Darker amber urine due to CAUTI treated with antibiotics (Pagana 2019).
pH	5.0-9.0	5.0	5.0	Values within normal ranges.
Specific Gravity	1.001-1.029	1.017	1.017	Values within normal ranges.
Glucose	Negative	Negative	Negative	Values within normal ranges.

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<b>Protein</b>	<b>negative/ trace</b>	<b>Negative</b>	<b>Negative</b>	<b>Values within normal ranges.</b>
<b>Ketones</b>	<b>Negative</b>	<b>Negative</b>	<b>Negative</b>	<b>Values within normal ranges.</b>
<b>WBC</b>	<b>0-5</b>	<b>&gt;50</b>	<b>&gt;50</b>	<b>WBC detected in urine due to inflammatory response caused by CAUTI (Pagana 2019).</b>
<b>RBC</b>	<b>0-5</b>	<b>&gt;50</b>	<b>&gt;50</b>	<b>RBC detected in urine related to urinary tract infection as well as urinary trauma due to malpositioned urinary catheter in patient (Pagana 2019).</b>
<b>Leukoesterase</b>	<b>Negative</b>	<b>3+</b>	<b>3+</b>	<b>Leukoesterase detected in urine due to inflammatory response caused by CAUTI (Pagana 2019).</b>

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	<b>Negative</b>	<b>Culture indicated yeast, and bacteria</b>	<b>N/A</b>	<b>Yeast and Bacteria is present due to bacteria and yeast infecting the urinary tract system and causing a CAUTI in patient (Pagana 2019).</b>
<b>Blood Culture</b>	<b>Negative</b>	<b>N/A</b>	<b>N/A</b>	<b>Values within normal ranges.</b>
<b>Sputum Culture</b>	<b>Negative</b>	<b>N/A</b>	<b>N/A</b>	<b>Values within normal ranges.</b>
<b>Stool Culture</b>	<b>Negative</b>	<b>N/A</b>	<b>N/A</b>	<b>Values within normal ranges.</b>

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**Lab Correlations Reference (APA):**

**Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic & Laboratory Test Reference* (14th ed.). Elsevier.**

**Diagnostic Imaging****All Other Diagnostic Tests (10 points):**

**COVID Nasal swap Screen 8/09/2021 upon admittance to hospital COVID-19 must be screened for per hospital policy on new admits. COVID-19 not detected.**

**Echocardiogram 8/07/2021 Ejection fraction of 10-15% patient evaluate on exam. Results show positive for congestive heart failure.**

**Ct abdomen pelvis with contrast 8/07/2021 due to hematuria noticed by nurse morning of 8/07/2021 CT preformed to see what is causing trauma to the urinary tract. Results showed malposition of catheter**

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**Current Medications (10 points, 2 points per completed med)  
\*5 different medications must be completed\***

**Medications (5 required)**

<b>Brand/Generic</b>	<b>LEVAQUIN</b>	<b>finasteride/ Proscar</b>	<b>Atorvastatin /Lipitor</b>	<b>Insulin aspart (NovoLOG) correction</b>	<b>Aspirin</b>
<b>Dose</b>	<b>750mg</b>	<b>5mg</b>	<b>40mg</b>	<b>Sliding scale</b>	<b>81</b>
<b>Frequency</b>	<b>Daily</b>	<b>Daily</b>	<b>Daily with evening meal</b>	<b>4x a day</b>	<b>Daily</b>
<b>Route</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>	<b>Subsutanou s</b>	<b>Oral</b>
<b>Classification</b>	<b>fluroquinolo ne/Antibiotic (Jones&amp;Bart lett Learning, 2021).</b>	<b>5-alpha reductase inhibitor/be nign prostatic hyperplasia agent (Jones&amp;Bart lett Learning, 2021).</b>	<b>HMG-CoA reductase inhibitor/ant ihyperlipide mic (Jones&amp;Bart lett Learning, 2021).</b>	<b>Human insulin/anti- diabetic (Jones&amp;Bart lett Learning, 2021).</b>	<b>Salicykate/ NSAID (Jones&amp;Ba rtlett Learning, 2021).</b>
<b>Mechanism of Action</b>	<b>Interference of bacteria reproductio n-blocks DNA gyrase</b>	<b>Inhibits 5- alpha reductase which can cause BPH.</b>	<b>Inhibits HMG-CoA reductase by increasing LDL receptrs</b>	<b>Inhibits glucose production</b>	<b>Blocks cyclooxyge nase and prostaglan dins</b>
<b>Reason Client Taking</b>	<b>CAUTI</b>	<b>BPH</b>	<b>Hyperlipide mia</b>	<b>Diabetes mellitus type 2</b>	<b>CHF</b>
<b>Contraindications (2)</b>	<b>Hypersensiti vity,</b>	<b>Female, hypersensiti</b>	<b>Active hepatic</b>	<b>Chronic lung disease,</b>	<b>Active bleeding,</b>

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	<b>myasthenia gravis</b>	<b>vity</b>	<b>disease, breastfeeding</b>	<b>hypoglycemia episode</b>	<b>chicken pox</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>Anxiety, delirium</b>	<b>Hypotension, back pain</b>	<b>Abnormal dreams, dry skin</b>	<b>Hypoglycemia, dizziness</b>	<b>Confusion, hearing loss</b>

**Medications Reference (APA):**

**Jones & Bartlett Learning. (2021). *2021 Nurse’s Drug Handbook (20th ed.)*. Jones & Bartlett Learning.**

**Assessment**

**Physical Exam (18 points)**

<b>GENERAL:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	<b>Alert and oriented x4, in no acute distress, appears well groomed, clothed appropriately for season. Hair is balding on head and hair is unevenly distributed on the head.</b>
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<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score:</b>  <b>Drains present:</b> Y <input type="checkbox"/>      N <input type="checkbox"/>  <b>Type:</b></p>	<p><b>Skin color appropriate for ethnicity, warm, dry, sluggish skin turgor, no rashes, no bruises, no open wounds, Braden score of 20 (mild risk), no drains present. Nails slightly clubbed but skin not cyanotic. Edema not present.</b></p>
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p><b>.Patient's head is normocephalic. Neck is midline and symmetrical, trachea midline. Ears are symmetrical without drainage, or lesions, TM intact. Hearing is slightly impaired no use of hearing aids. Patient does not wear glasses. Patient wears full set of dentures. Pupils 3mm, EOM, PERRLA. No drainage, redness or irritation present in eyes. Conjunctiva pink and moist. Nose is midline and symmetric, patent. No nasal discharge present. Septum midline and undeviated. No polyps present. Soft palate rises and falls, hard palate intact, uvula midline. Oral mucosa pink and moist. Dentition was absent-no natural teeth full set of dentures. Gums pink and moist. Tonsils 1+.</b></p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/>    N <input type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/>    N <input type="checkbox"/>  <b>Location of Edema:</b></p>	<p><b>.S1 and S2 sounds present. No S3/4 or murmurs heard. Cardiac rhythm regular and rhythmic. Brachial, radial, ulnar, posttibular pulses palpated 2+ carotid 2+. Capillary refill &gt;2secs, no neck vein distention, Edema not present.</b></p>

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<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Breath Sounds:</b> Location, character</p>	<p><b>No accessory muscle use. Respirations 18 per min regular rhythm did not appear to be regular assessed in high fowlers sitting in wheelchair. Breath sounds were slightly diminished in all lobes of the lungs. No deformities of the chest, no cough noted, no sputum production or reported dyspnea.</b></p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>      <b>Distention:</b>      <b>Incisions:</b>      <b>Scars:</b>      <b>Drains:</b>      <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input type="checkbox"/>      <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input type="checkbox"/>      <b>Type:</b></p>	<p><b>Patient is on a regular diet in Illini Heritage, Patient was placed on a cardiac diet in the hospital as he is diagnosed with CHF. Patient is 6' and 180lb 12.8 oz. BMI 25. Bowl sounds present in all 4 quadrants within the normal range of 5-30 per min. Last BM was this morning 10/21/2021. No pain, tenderness or masses palpated. Abdomen is distended. No incisions, scars, drains or wounds visualized on the abdomen. No ostomy, no nasogastric tubes, no feeding tubes, no PEG tubes.</b></p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input type="checkbox"/>      <b>Type:</b>      <b>Size:</b></p>	<p><b>Urine collected in catheter bag was amber in color, 450mL of urinary output within clinical time. No blood present in urine, no pain with urination, no dialysis. Inspection of genitals deferred at this time. Indwelling foley catheter, 1000mL collection bag.</b></p>

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<b>MUSCULOSKELETAL:</b> <b>Neurovascular status:</b> <b>ROM:</b> <b>Supportive devices:</b> <b>Strength:</b> <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Fall Risk:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Fall Score:</b> <b>Activity/Mobility Status:</b> <b>Independent (up ad lib)</b> <b>Needs assistance with equipment</b> <b>Needs support to stand and walk</b>	<b>fall risk, fall score of 20, neuromuscular status intact. Slight hearing impairment not treated. Denture use, wheelchair use. Full ROM. No paresthesia or paralysis. Patient needs a gait belt and 1 assist to ambulate and transfer. Equal strength bilaterally. Patient does need some assistance with ADLs- toileting due to needing assistance to stand, as well as shaving because it makes patient “nervous” to do on his own.</b>
<b>NEUROLOGICAL:</b> <b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>PERLA:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Strength Equal:</b> Y <input type="checkbox"/> N <input type="checkbox"/> if no - <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/> <b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	<b>MAEW, PERLA, Strengths equal, alert and orientated x4, speech is clear and organized. Patient is aware of his surroundings, and can sense touch. Patient has an appropriate level of consciousness.</b>
<b>PSYCHOSOCIAL/CULTURAL:</b> <b>Coping method(s):</b> <b>Developmental level:</b> <b>Religion &amp; what it means to pt.:</b> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>	<b>Patient calls family, all of his children are out of state. Developmental level is appropriate for age. Patient reports he does not follow any religion. Patient lives alone at Illini Heritage.</b>

## Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1000	73 bpm RA	119/71 RA  sitting	18  Respiration/	98.3  Temporal	99% RA

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			<b>minutes</b>		
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**Pain Assessment, 1 set (5 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>1030</b>	<b>0/10</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>180 mL of water</b>	<b>450mL of urine in catheter bag</b>

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis\***

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<b>Nursing Diagnosis</b> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<b>Rational</b> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b> <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p><b>1. Risk for decreased cardiac tissue perfusion related to multiple risk factors as evidenced by diabetes mellitus II, hyperlipidemia, hypertension, CHF diagnosis.</b></p>	<p><b>Patient has many high risk factors for decreased cardiac tissue perfusion which is what distributes oxygen to the body. Issues in cardiac tissue perfusion can result in death</b></p>	<p><b>1. I will educate patient on benefits of a diet low in fat and sodium, as well as encourage leafy greens with vitamin B3</b></p> <p><b>2. I will ensure administration and patient comprehension on the importance of aspirin, insulin and Lipitor to maintain current cardiac tissue perfusion and manage risk factors of hyperlipidemia, CHF, hypertension, diabetes mellitus II</b></p>	<p><b>1. Goal met client verbalized an understanding of how his diet can be improved to increase heart tissue perfusion and seemed willing to make dietary changes.</b></p> <p><b>2. Goal met patient took medications and verbalized he was aware that his medications kept his conditions in control to mediate adverse effects of his diseases.</b></p>

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<p><b>2. Risk for infection related to indwelling urinary catheter as evidenced by past occurrence of bacteria in urine 8/7/21</b></p>	<p><b>risk of reoccurrence of UTI related to indwelling urinary catheter as pt still has urinary catheter.</b></p>	<p><b>1. Assist patient as necessary once a day to clean catheter and perineal area with soap and water.</b></p> <p><b>2. Monitor and assess urinary output for foul odor, or decreased output as these are signs of a possible UTI.</b></p>	<p><b>Goal met Patient keep urinary catheter clean and performed perineal care and was accepting of education.</b></p> <p><b>goal met patient was tolerant of monitoring and assessment of urinary output.</b></p>
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**Other References (APA):**

Phelps, L. L. (2020). Sparks and Taylor's nursing diagnosis reference manual (11<sup>th</sup> ed.). Wolters Kluwer.

**Concept Map (20 Points):**

**Subjective Data**  
 0/10 no pain reported  
 Verbilized understanding to patient education of diet, medication, and catheter care.

**Nursing Diagnosis/Outcomes**  
 Risk for decreased cardiac tissue perfusion related to multiple risk factors as evidenced by diabetes mellitus II, hyperlipidemia, hypertension, CHF diagnosis. Goal met  
 Risk for infection related to indwelling urinary catheter as evidenced by past occurrence of bacteria in urine 8/7/21 goal met

**Objective Data**  
 73 bpm RA, 119/71 RA sitting, 18 Respirations per min, 99%O2 RA  
 Indwelling foley catheter  
 diagnosis of CHF, diabetes, hyperlipidemia, hypertension  
 Past history of CAUTI

**Patient Information**  
 72 yr. old African American male, 6', 182lbs 12.8oz.. Widowed, retired, DNR, Allergic to Pencillin. Admitted 8/11/2021. Admitted to nursing home after CAUTI because he was not independent enough to be in assisted living.

**Nursing Interventions** Assist patient as necessary once a day to clean catheter and perineal area with soap and water.  
**2. Monitor and assess urinary output for foul odor, or decreased output as these are signs of a possible UTI.**  
 I will educate patient on benefits of a diet low in fat and sodium, as well as encourage leafy greens with vitamin B3  
**2. I will ensure administration and patient comprehension on the importance of aspirin, insulin and**



