

Medications:

Acetaminophen: Non-opioid analgesic
Reason why taking: pain relief
Key nursing assessments: liver & creatinine

Atorvastatin: HMG-CoA Reductase Inhibitor/Antihyperlipidemic
Reason why taking: hyperlipemia
Key nursing assessments: liver function tests

Gabapentin: 1-amino-methyl-cyclohexane acetic acid/Anticonvulsant
Reason why taking: neuropathy
Key nursing assessments: give 2 hours before antacid

Hydralazine: Vasodilators
Reason why taking: hypertension
Key nursing assessments: blood pressure

Hydrocodone: Opiate Analgesics
Reason why taking: pain relief
Key nursing assessments: respiratory

Insulin: Human Insulin/Antidiabetic
Reason why taking: diabetes type II
Key nursing assessments: blood sugar levels

Labetalol: beta blocker/antihypertensive
Reason why taking: hypertension
Key nursing assessments: blood pressure

Ondansetron: 5-HT3 Antagonist/Antiemetic
Reason why taking: nausea & vomiting
Key nursing assessments: dehydration s/s

Pantoprazole: Proton Pump Inhibitor / Antiulcer
Reason why taking: Antivertigo
Key nursing assessments: blood sugar levels, can cause hyperglycemia

Prochlorperazine: Antiemetic
Reason why taking: nausea and vomiting
Key nursing assessments: watch for signs of agranulocytosis and leukopenia

Demographic Data

Date of Admission: 10/08/21
Admission Diagnosis/Chief Complaint: Post Op Complications
Age: 40
Gender: Male
Race/Ethnicity: African American/Non-Latino
Allergies: None
Code Status: Full
Height in cm: 187.7 cm
Weight in kg: 185.9 kg
Psychosocial Developmental Stage: Generativity vs Stagnation (Ricci et al., 2021)
Cognitive Developmental Stage: Formal Operational (Ricci et al., 2021)
Braden Score: 20
Morse Fall Score: 30
Infection Control Precautions: standard precautions

Admission History

Client came to ED on 10/08 complaining of left foot pain post-surgery for a below the knee amputation. The client has had 3 previous toe amputations on this foot and 6 total foot surgeries since 2020. No complaints about discharge from the toe and patient did not state any alleviating factors.

Medical History

Previous Medical History:
Depression, diabetes mellitus type II, hypertension, neuropathy, and post-traumatic stress disorder

Prior Hospitalizations:
7/05/21: toe amputation
09/14/21: gunshot wound to abdomen & left arm

Previous Surgical History:
Foot debridement, 3 toe amputations on left foot, tenoplasty

Social History:
Everyday smoker: 2 packs per day / 24 packs per year
No alcohol & no drug use

Pathophysiology: Diabetic Ulcer

Disease process: long term uncontrolled hyperglycemia leads to the arterial vessels and nerves of the lower extremities to become damaged (Capriotti, 2020). Neuropathy and microvascular injury lead to desensitization and loss of sensation (Capriotti, 2020). Circulation is also decreased, and inhibitory effects of hyperglycemia on white blood cells cause increased risk for infection (Capriotti, 2020). This all contributes to non-healing wounds which can start lead to deeper infection causing gangrene and tissue necrosis (Capriotti, 2020).

S/S of disease: non-healing wounds, unusual swelling, redness, irritation (Capriotti, 2020).

Method of Diagnosis: physician will determine severity of ulcer using the Wagner Ulcer Classification System.

Treatment of disease:
Treatment may include antibiotics, foot braces/compression wraps, and wound Debridement (Capriotti, 2020). Preventative care includes daily foot care & inspection, managing blood sugar levels, wearing properly fitting shoes, keeping toenails trimmed as need, and keeping feet dry and moisturized (Capriotti, 2020).

Active Orders

Diabetic diet: to get patients blood sugar levels under control
AC/HS x3: Manage blood sugar levels
Wound Care: diabetic ulcers & below the knee amputation (L foot)

<p>Lab Values/Diagnostics:</p> <p>Glucose: 70-100 - Admission Value: 474, Today's Value: 230 - Patient does not control his diabetes properly</p>		
<p>Nursing Diagnosis 1 Risk for impaired skin integrity related to diabetes mellitus as evidenced by chief complaint (Khan et al., 2019)</p>	<p>Nursing Diagnosis 2 Risk for unstable glucose related to diabetes mellitus as evidenced by blood sugars being consistently over 200 g/dL.</p>	<p>Nursing Diagnosis 3 Impaired physical mobility related to below the knee amputation on L foot as evidenced by reluctance to participate in physical therapy (PT).</p>
<p>Rationale Client was admitted for post op complications had to get his L foot removed due to poorly healing diabetic ulcers (Khan et al., 2019)</p> <p>XR Left Knee 10/14: No visible acute bone or articular surface abnormality</p>	<p>Rationale Clients blood sugars always remain above 200, with his highest being over 500. He also has his family and friends sneak fast food into his room</p>	<p>Rationale Physical therapy states that patient was reluctant to participate in any mobility activities.</p>
<p>Interventions</p> <p>Intervention 1: Daily foot care Intervention 2: Encouraging smoking cessation</p>	<p>Interventions</p> <p>Intervention 1: Insulin Intervention 2: Diabetic diet</p>	<p>Interventions</p> <p>Intervention 1: Stump Care Intervention 2: Assist with ambulation</p>
<p>Evaluation of Interventions</p> <p>Client receives daily foot care and has healing ulcers. He was also prescribed a nicotine patch and has been educated on the importance of quitting smoking.</p>	<p>Evaluation of Interventions</p> <p>Client receives insulin before every meal and has his blood sugars checked 3 times a day. He has been placed on a diabetic diet since being in the hospital and has been educated to continue once he is discharged.</p>	<p>Evaluation of Interventions</p> <p>Its important the client learn how to walk and perform ADLs with one foot. Client is +2 assists with ambulation. Stump care is performed daily and is assessed every 8 hours.</p>

Physical Exam/Assessment**General:**

A&O x4, no acute distress, well-groomed

Integument:

Skin was WDL except for some redness, and some parts were blanchable

Wounds: Gunshot Wound (GSW) – sternum & left arm – Patient was shot on 9/14, but GSW healing as expected

HEENT:

Head & neck symmetrical, PERRL, sclera white, conjunctiva pink, septum midline – no deviation, no missing teeth, oral mucosa pink & moist, good oral hygiene

Cardiovascular:

Normal S1 & S2 hear sounds – no rubs or murmurs

Peripheral Vascular: generalized edema, weak peripheral pulses -- +1 dorsalis pedis & pedal – Client has neuropathy and poorly controlled diabetes.

Respiratory:

Breath sounds normal – unlabored, chest rises and falls equally & bilaterally, no wheezes, rhonchi or rubs present.

Genitourinary:

Client uses bedside commode

Yellow urine with no odor

No complaints of increased frequency, hesitation or pain with urination

Musculoskeletal:

ROM moderately impaired, generalized weakness – below the knee amputation L foot, patient isn't very cooperative with physical therapy.

Neurological:

A&O x4, no impaired senses, Confusion Assessment Method (CAM) negative.

Moves all extremities well except left leg, equal strength in all extremities except left leg -- below the knee amputation L foot, patient isn't very cooperative with physical therapy.

Most recent VS (include date/time and highlight if abnormal):

0800 – **BP: 150/88** – Client has hypertension RR: 18 HR: 89 SaO2: 99% Temp: 98.2 deg F

Pain and pain scale used:

Numeric pain scale 0-10 – patient rated pain 9/10 with rest & activity. Was given pain medication

References (3) (APA):

2020 Nurse's drug handbook. (19th ed.). (2020). Jones & Bartlett Learning.

Capriotti, T. M. (2020). Pathophysiology: introductory concepts and clinical perspectives. F A Davis.

Khan, Rashid Naseem., Saba, Farhana., Kausar, Seydhh., Siddiqui, Muhammad. "Pattern of Electrolyte Imbalance in Type 2 Diabetes Patients: Experience from a Tertiary Care Hospital." *Pakistan Journal of Medical Sciences*, vol. 35, no. 3, 2019, pp. 797–801,

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Ricci, S. S., Kyle, T., & Carman, S. (2021). Maternity and pediatric nursing (4th ed.). Wolters Kluwer.