

N431 Care Plan #2

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 10-24-21	Patient Initials E.W.	Age 4-7-1938 53 years old	Gender Male
Race/Ethnicity Caucasian	Occupation Retired Electrician	Marital Status Married	No Know Allergies
Code Status Full	Height 183 cm	Weight 96.7 kg	

Medical History (5 Points)

Past Medical History: Acute renal insufficiency; Altered urinary elimination pattern; History of prostate cancer; Hypercholesterolemia; Hypertension; Restless leg syndrome; Type 2 diabetes mellitus; Ulcerative proctitis; Systolic murmur of the aorta.

Past Surgical History: Back surgery (1997); Carpal tunnel release (2016); Colonoscopy Polypectomy with snare (9-23-21).

Family History: Father: Prostate Cancer.

Social History (tobacco/alcohol/drugs): Current smoker and has smoked ½ pack of cigarettes daily for 10 years (5 pack years). Current use of alcohol (beer and wine), occasional use. Patient denies substance use.

Assistive Devices: Gait Belt.

Living Situation: The patient currently lives in a house in Mattoon, IL with his wife.

Education Level: Graduated high school.

Admission Assessment

Chief Complaint (2 points): Bright red blood in his urine.

History of present Illness (10 points): On October 24th, an 83-year-old Caucasian male with a history of prostate cancer, acute renal insufficiency, and altered urinary elimination pattern was admitted to Sarah Bush Lincoln Health Center after arriving to the Emergency Department with complaints of blood in his urine. The patient stated that he was doing well until the morning of October 24th when he went to the restroom with lower abdominal pain and noticed bright red blood in his urine. The patient described a slight burning sensation while urinating and rated his pain a 3 out of 10 on the numeric pain scale. He informed me that for the past few years he has had difficulty with urinating, decreased force in the stream of urine, frequent urination at night, feeling more tired than usual, and an annoying pain in his hips and back that never goes away. The patient denied any aggravating factors and stated that for relieve he would take a couple of aspirin and take a nap.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Hematuria

Secondary Diagnosis (if applicable): Bladder mass; Obstructive defects of renal pelvis and ureter.

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

Prostate cancer occurs in the prostate gland and is the most common type of cancer among men. The cancer can be slow growing or aggressive. Slow growing is confined to the prostate gland and may not cause serious harm. Fast growing can spread quickly and metastasize to other organs (Capriotti, 2020). Risk factors for prostate cancer include a family history (father or brother) of prostate cancer, older age, diets high in saturated fats, and African American's. The patient is 83 years old, his father was diagnosed with prostate cancer, the patient has a history of prostate cancer, and the patient has hypercholesterolemia.

There are minimal symptoms in the early stages of prostate cancer. Metastasis could be one of the first signs of prostate cancer. Other signs and symptoms are urinary obstruction, difficulty initiating a urine stream, urinary retention, urinary dribbling, low back pain, bladder discomfort secondary to urinary retention, painful ejaculation, and blood in the urine or semen (Capriotti, 2020). The patient has hematuria, low back pain, urinary obstruction (blood clot), bladder discomfort, urinary retention, and difficulty initiating a urine stream (Sarah Bush Lincoln Health Center, 2021). Prevention can help reduce your risk of prostate cancer if you maintain a healthy weight, exercise daily, eat a healthy diet with fruits and vegetables, and health screening. Prostate specific antigen (PSA) test and digital rectal exam of the prostate (DRE) are a few tests that can be done for early diagnosis (Hinkle, 2018). The patient had an elevated PSA level which could indicate prostate cancer.

Diagnostic tests for prostate cancer are CT scan, MRI, PET scan, PSA, prostate fluid or tissue analysis, and bone scan (Hinkle, 2018). The patient had an increased PSA level and a CT of the abdomen and pelvis. The CT showed a posterior bladder mass that is 2.7 cm in size that is suspicious for malignancy and left-sided partial renal obstruction with hydronephrosis (Sarah Bush Lincoln Health Center, 2021). Treatment for prostate cancer consists of radiation therapy that can be internal (brachytherapy) or external, chemotherapy, hormonal therapy, transurethral resection of the prostate (TURP), and/or prostatectomy (Capriotti, 2020).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

Sarah Bush Lincoln Health Center. (2021). *Cerner*. <https://www.sarahbush.org/>

Laboratory Data (15 points)

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	4.28 – 5.56 x10 ⁶ /mcL	4.53	4.54	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Hgb	13.0 – 17.0 g/dL	13.2	13.2	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Hct	38.1 – 48.9 %	39.9	39.7	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Platelets	149 – 393 K/mcL	263	248	Normal Values (Sarah Bush Lincoln Health Center, 2021).
WBC	4.0 – 11.7 K/mcL	10.2	11.5	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Neutrophils	45.3 – 79.0 %	74.4	83.3 High	A high neutrophil count (neutrophilia) can mean that your body has an infection. Neutrophilia occurs secondary to several underlying conditions and factors such as inflammation and infection. Neutrophils link inflammation and cancer and are involved in progression and metastasis (Hinkle, 2018).
Lymphocytes	11.8 – 45.9%	11.3 Low	5.1 Low	A low lymphocyte count can indicate a significant illness or a possible infection. This patient has hematuria, a history of prostate cancer, and a mass that is suspected to be malignant (Capriotti, 2020).
Monocytes	4.4 – 12 %	11.7	11.0	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Eosinophils	0.0 – 6.3 %	1.8	0.4	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Bands	0.0 – 10.0%	0.8	0.2	Normal Values (Sarah Bush Lincoln Health Center, 2021).

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-	136 – 145 mmol/L	138	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
K+	3.5 – 5.1 mmol/L	4.8	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Cl-	98 – 107 mmol/L	105	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
CO2	21 – 31 mmol/L	26	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Glucose	74 – 109 mg/dL	121 High	N/A	Glucose can be elevated from having diabetes and from being stressed. The patient has diabetes mellitus 2 and is under stress from having an obstruction, hematuria, and a mass that may be cancerous (Hinkle, 2018).
BUN	7 – 25 mg/dL	27 High	N/A	A high BUN level can result from poor kidney function, urinary tract obstruction, and/or dehydration. The patient is experiencing hematuria and obstruction of the urinary tract. He also has a history of urinary elimination pattern and acute renal insufficiency. (Capriotti, 2020).
Creatinine	0.70 – 1.30 mg/dL	1.70 High	N/A	A high creatinine level can result from poor kidney function, urinary tract obstruction, and/or dehydration. The patient is experiencing hematuria and obstruction of the urinary tract. He also has a history of urinary elimination pattern and acute renal insufficiency. (Capriotti, 2020).
Albumin	3.4 – 5.0 g/dL	3.9	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Calcium	8.6 – 10.3 mg/dL	8.9	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Mag	1.6 - 2.6 mg/dL	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).

Phosphate	45 – 117 units/L	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
Bilirubin	0.2 – 1.0 mg/dL	0.4	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Alk Phos	34 – 104 units/L	66	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
AST	5 – 40 unit/L	9	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
ALT	7 – 56 unit/L	14	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Amylase	30 – 110 U/dL	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
Lipase	0 – 160 U/L	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
Lactic Acid	0.5 – 2.0 mmol/L	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
Troponin	0 – 0.04 ng/mL	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
CK-MB	0.60 – 6.30 ng/mL	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
Total CK	30 – 223 unit/L	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).

Other Tests **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
INR	0.86 – 1.14	0.90	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
PT	11.9 – 15.0 seconds	12.4	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
PTT	22.6 – 35.3 seconds	31.9	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
D-Dimer	0.00-0.62 mcg/mL	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
BNP	0 - 100 pg/mL	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
HDL	< 60 md/dL	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
LDL	< 100 mg/dL	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).

Cholesterol	125 - 200 mg/dL	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
Triglycerides	< 150 mg/dL	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
Hgb A1c	< 5.7%	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
TSH	0.5 – 5.0	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).

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	Clear Light Yellow	Red, Cloudy	N/A	The patient has a history of prostate cancer, has hematuria, and blood clots obstructing the flow of urine.
pH	5.0 – 8.0	5.5	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Specific Gravity	1.005 – 1.034	1.020	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Glucose	NEGATIVE	NEGATIVE	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Protein	NEGATIVE	2+	N/A	Protein in the urine can mean that the kidneys are not functioning correctly and are damaged. The patient has hematuria with blood clots. He also has a history of urinary elimination pattern and acute renal insufficiency. (Capriotti, 2020).
Ketones	NEGATIVE	NEGATIVE	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
WBC	0.0 – 5.0	> 100 High	N/A	White blood cells in the urine can indicate inflammation of the kidneys due to infection. The patient has a history of acute renal insufficiency and currently has hematuria. Hematuria is the first sign of bladder cancer and can also result from prostate issues (Capriotti, 2020)
RBC	0 – 5	> 100 High	N/A	High red blood cells in the urine can result from prostate issues. It

				can also result from bladder or kidney problems. (Capriotti, 2020).
Leukoesterase	NEGATIVE	250	N/A	Leukoesterase is an enzyme present in white blood cells. The presence of this in the urine indicates the presence of white blood cells (leukocyturia) (Capriotti, 2020).

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

Test	Normal Range	Value on Admission	Today’s Value	Explanation of Findings
pH	7.35 – 7.45	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
PaO2	80- 100 mmHg	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
PaCO2	40.0 – 50.0 mmHg	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
HCO3	22 - 26	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
SaO2	95 – 100 %	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).

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

Test	Normal Range	Value on Admission	Today’s Value	Explanation of Findings
Urine Culture	No Growth / Negative	NEGATIVE	N/A	Normal Values (Sarah Bush Lincoln Health Center, 2021).
Blood Culture	No Growth / Negative	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
Sputum Culture	No Growth / Negative	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).
Stool Culture	No Growth / Negative	N/A	N/A	N/A (Sarah Bush Lincoln Health Center, 2021).

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

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Diagnostic Imaging**All Other Diagnostic Tests (5 points):**

10/24/2021

Computed tomography (CT) of the abdomen and pelvis with IV contrast results:

Mild left-sided hydronephrosis and obstructive uropathy due to posterior bladder wall thickening, which demonstrates left-sided 2.7 cm area of enhancement concerning for malignant origin; Non-specific focal wall thickening involving left aspect of distal sigmoid colon measuring up to 2.5 cm which may be inflammatory or malignant; Distal colon diverticulosis (Sarah Bush Lincoln Health Center, 2021).

Diagnostic Test Correlation (5 points):

The CT of the abdomen and pelvis with IV contrast was performed on 10/24/2021 due to the patient having lower abdominal pain and blood in the urine (hematuria). The CT scan can be used to differentiate among possible causes of blood in the urine. It can identify bladder or kidney stones, tumors in the ureter, tumors in the kidneys, and tumors in the bladder (Capriotti,

2020). The CT scan can also show if there is cancer in the prostate and if it has spread to other areas of the body, areas around the prostate gland, or into nearby lymph nodes (Capriotti, 2020).

Diagnostic Test Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Sarah Bush Lincoln Health Center. (2021). *Cerner*. <https://www.sarahbush.org/>

**Current Medications (10 points, 1 point per completed med)
*10 different medications must be completed***

Home Medications (5 required)

Brand/Generic	simvastatin (Zocor)	mesalamine (Rowasa)	finasteride (Proscar)	aspirin (Bayer)	lisinopril (Prinivil)
Dose	40 mg = 2 Tabs	4 g = 60 mL	5 mg = 1 Tab	81 mg = 1 Tab	5 mg = 1 Tab
Frequency	Daily (At Bedtime)	Daily (At Bedtime)	Daily	Daily	Daily
Route	Oral	Rectal	Oral	Oral	Oral
Classification	<u>Pharmacological:</u> HMG-CoA reductase inhibitor (statin) <u>Therapeutic:</u> Antilipemic (Jones and Bartlett, 2020).	<u>Pharmacological:</u> Amino salicylate <u>Therapeutic:</u> Anti-inflammatory (Jones and Bartlett, 2020).	<u>Pharmacological:</u> 5-alpha reductase inhibitor <u>Therapeutic:</u> Benign prostatic hyperplasia agent, hair growth stimulant (Jones and Bartlett,	<u>Pharmacological:</u> Salicylate <u>Therapeutic:</u> NSAID (anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic (Jones and Bartlett, 2020).	<u>Pharmacological:</u> Angiotensin-converting enzyme (ACE) inhibitor <u>Therapeutic:</u> Antihypertensive (Jones and Bartlett, 2020).

			2020).		
Mechanism of Action	Interferes with the hepatic enzyme hydroxymethylglutaryl-coenzyme A reductase. This action reduces the formation of mevalonic acid, a cholesterol precursor, which interrupts the pathway necessary for cholesterol synthesis. When the cholesterol level declines in hepatic cells, LDLs are consumed, which reduces the levels of circulating total cholesterol and serum triglycerides (Jones and Bartlett, 2020).	Reduces inflammation by inhibiting the enzyme cyclooxygenase and decreasing production of arachidonic acid metabolites, which may be increased in patients with inflammatory bowel diseases (Jones and Bartlett, 2020).	Inhibits 5-alpha reductase, an intracellular enzyme that converts testosterone to its metabolite (5-alpha dihydrotestosterone) in liver, prostate, and skin. The metabolite is a potent androgen partially responsible for benign prostatic hyperplasia and hair loss (Jones and Bartlett, 2020).	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Blocking cyclooxygenase and inhibition of prostaglandins, inflammatory symptoms subside. Pain is also relieved because prostaglandins play a role in pain transmission from the periphery to the spinal cord. Aspirin inhibits platelet aggregation by interfering with production of thromboxane A2, a substance that stimulates platelet aggregation (Jones and Bartlett, 2020).	Reduces blood pressure by inhibiting conversion of angiotensin I to angiotensin II. Decreased release of aldosterone reduces sodium and water reabsorption and increases their excretion, thereby reducing blood pressure (Jones and Bartlett, 2020).
Reason Client	The patient has	The patient	The patient	The patient	The patient

Taking	a medical history of hypercholesterolemia. This medication will lower his LDL cholesterol (Jones and Bartlett, 2020).	has a medical history of ulcerative proctitis. This medication will help reduce inflammation in the rectum (Jones and Bartlett, 2020).	has a medical history of altered urinary elimination pattern. This medication treats symptomatic benign prostatic hyperplasia (age-associated prostate gland enlargement) that can cause urination difficulty (Jones and Bartlett, 2020).	has a history of prostate cancer. This medication helps lower PSA levels, especially among men with prostate cancer (Jones and Bartlett, 2020).	has a medical history of hypertension. This medication will help lower his blood pressure (Jones and Bartlett, 2020).
Contraindications (2)	Active hepatic disease. St. John's Wort, grapefruit, colchicine, amiodarone, and several other medications (Jones and Bartlett, 2020).	Omeprazole : Increased mesalamine absorption. Salicylates including amino salicylates, or their components (Jones and Bartlett, 2020).	Pregnancy and a mother who is producing milk for breastfeeding. Hepatic diseases (Jones and Bartlett, 2020).	Active bleeding or coagulation disorders. Current or recent GI bleed or ulcers (Jones and Bartlett, 2020).	Concurrent aliskiren use in patients with diabetes or patients with renal impairment. Hereditary or idiopathic angioedema or history of angioedema related to previous treatment with an ACE inhibitor (Jones and Bartlett, 2020).
Side	Cognitive	Guillain-	Male breast	Thrombocyto	Arrhythmia

Effects/Adverse Reactions (2)	impairment; Rhabdomyolysis (Jones and Bartlett, 2020).	Barre syndrome; Neutropenia (Jones and Bartlett, 2020).	cancer; High-grade prostate cancer (Jones and Bartlett, 2020).	penia; Hepatotoxicity (Jones and Bartlett, 2020).	s; Bronchospasm (Jones and Bartlett, 2020).
Nursing Considerations (2)	<p>Use cautiously in elder patients and those with hepatic or renal impairment.</p> <p>Give drug 1 hour before or 4 hours after giving bile acid sequestrant, cholestyramine, or colestipol (Jones and Bartlett, 2020).</p>	<p>Rectal suspension may darken slightly over time, but this change does not affect potency. Discard rectal suspension that turns dark brown.</p> <p>Give rectal suspension at bedtime, and have patient retain for prescribed time (about 8 hours) if possible. Retention time ranges from 3.5 to 12 hours (Jones and Bartlett, 2020).</p>	<p>Pregnant female healthcare workers should not handle broken finasteride tablets because of potential adverse effect on male fetus.</p> <p>Finasteride therapy affects PSA levels. Any increases, no matter how slight or even if increase is still within normal limits, warrant further evaluation because of finasteride’s risk of high-grade prostate cancer (Jones and Bartlett, 2020).</p>	<p>Ask about tinnitus.</p> <p>Do not crush timed-release or controlled release aspirin tablets unless prescribed (Jones and Bartlett, 2020).</p>	<p>Use cautiously in patients with fluid volume deficit, heart failure, impaired renal function, or sodium depletion.</p> <p>Monitor patient for anaphylaxis (Jones and Bartlett, 2020).</p>
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Obtain liver enzymes prior to initiation of therapy and then after, as needed.	Assess renal function prior to the initiation of mesalamine therapy and	Patient needs a urologic evaluation prior to starting finasteride	Obtain coagulation times, platelet function tests, BUN and creatinine to	Blood pressure and heart rate should be monitored often.

	<p>Monitor serum lipoprotein level, as ordered, to evaluate response to therapy</p> <p>Monitor patient for elevated CPK level (as ordered) or for muscle pain, tenderness, or weakness and other symptoms of myopathy to prevent rhabdomyolysis which may lead to renal failure (Jones and Bartlett, 2020).</p>	<p>then periodically throughout therapy, as ordered, because drug may cause renal impairment.</p> <p>CBC for baseline. Then, monitor CBC with differential for eosinophilia, which may indicate an allergic reaction, and other hematologic adverse reactions.</p> <p>Ensure that suppository is firm before inserting it. If it is too soft, chill in refrigerator for 30 minutes. Moisten with water-soluble lubricant or tap water before insertion.</p> <p>Monitor</p>	<p>therapy and periodically throughout therapy because the drug can increase the risk of prostate cancer.</p> <p>Patient needs a digital rectal examination of the prostate before and periodically during finasteride therapy.</p> <p>Baseline Prostate-specific antigen (PSA) levels should be obtained for comparison after therapy (Jones and Bartlett, 2020).</p>	<p>evaluate kidney function, urinalysis to monitor urine pH, and glucose to detect low blood sugar (Jones and Bartlett, 2020).</p>	<p>Monitor liver enzymes, blood glucose level since the patient takes insulin, creatinine, and potassium levels (Jones and Bartlett, 2020).</p>
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		patient's liver enzymes for elevations (Jones and Bartlett, 2020).			
Client Teaching needs (2)	<p>Avoid grapefruit juice to decrease risk of drug toxicity.</p> <p>Follow a low-fat, cholesterol-lowering diet (Jones and Bartlett, 2020).</p>	<p>Teach the patient how to use rectal suspension or suppositories correctly.</p> <p>Advise the patient to notify prescriber immediately about abdominal cramps or pain, bloody diarrhea, fever, headache, or rash or any other adverse effects that are persistent, severe, or worsen during mesalamine therapy (Jones and Bartlett, 2020).</p>	<p>Caution women and children not to handle broken tablets.</p> <p>Inform patient that drug may cause a variety of sexual dysfunction problems including erectile dysfunction, decreased libido, and male infertility, which may continue after drug is discontinued (Jones and Bartlett, 2020).</p>	<p>Instruct patient to take aspirin with food or after meals because it may cause GI upset if taken on an empty stomach.</p> <p>Instruct patient to stop taking aspirin and notify prescriber if any symptoms of stomach or intestinal bleeding occur such as passage of bloody or tarry stools or if patient is coughing up blood or vomit that looks like coffee grounds (Jones and Bartlett, 2020).</p>	<p>Caution patient not to use salt substitutes that contain potassium.</p> <p>Instruct patient to report signs of infection, such as fever and sore throat, which may indicate neutropenia (Jones and Bartlett, 2020).</p>

Hospital Medications (5 required)

Brand/Generic	bicalutamide (Casodex)	hydralazine (Apresoline)	Insulin aspart (Novolog)	labetalol (Trandate)	tamsulosin (Flomax)
Dose	50 mg = 1 Tabs	10 mg = 0.5 mL	Per Low Dose Sliding Scale	10 mg = 2 mL	0.4 mg = 1 capsule
Frequency	Daily	Every 4 hours, PRN	PRN	Every 4 hours, PRN	Daily
Route	Oral	IV Push Injectable	Subcutaneous	IV Push, Injectable	Oral
Classification	<u>Pharmacological:</u> Nonsteroidal antiandrogen receptor inhibitor <u>Therapeutic:</u> Antineoplastics (Jones and Bartlett, 2020).	<u>Pharmacological:</u> Vasodilator <u>Therapeutic:</u> Antihypertensive (Jones and Bartlett, 2020).	<u>Pharmacological:</u> Insulin, Ultra Rapid Acting <u>Therapeutic:</u> Antidiabetic (Jones and Bartlett, 2020).	<u>Pharmacological:</u> Non-cardio-selective beta-blocker/alpha1 blocker <u>Therapeutic:</u> Antihypertensive (Jones and Bartlett, 2020).	<u>Pharmacological:</u> Alpha adrenergic antagonist <u>Therapeutic:</u> Benign prostatic hyperplasia (BPH) agent (Jones and Bartlett, 2020).
Mechanism of Action	Bicalutamide competes with androgen for the binding of androgen receptors, blocking the action of androgens of adrenal and testicular origin which stimulate the growth of normal and malignant prostatic tissue (Jones and Bartlett, 2020).	Exerts a direct vasodilating effect on vascular smooth muscle, interferes with calcium movement in vascular smooth muscle by altering cellular calcium metabolism, and dilates arteries, not veins, which minimizes orthostatic	Regulates the metabolism of glucose. It promotes the storage and inhibits the breakdown of glucose, fat, and amino acids. Insulin lowers blood glucose by increasing peripheral glucose uptake, particularly in the skeletal muscle and fat	Selectively blocks alpha1 and beta1 receptors in heart to reduce blood pressure and peripheral vascular resistance. Potent beta blockade prevents reflex tachycardia, which commonly occurs when alpha blockers reduce	Blocks alpha1-adrenergic receptors in the prostate. This action inhibits smooth-muscle contraction in the bladder neck and prostate, prostatic capsule, and prostatic urethra, which improves the rate of urine flow and reduces

		hypotension and increases cardiac output and cerebral blood flow (Jones and Bartlett, 2020).	(Jones and Bartlett, 2020).	cardiac output, resting heart rate, or stroke volume (Jones and Bartlett, 2020).	symptoms of BPH (Jones and Bartlett, 2020).
Reason Client Taking	The patient has a history of Prostate Cancer. This medication is used to treat the symptoms of Prostate Cancer (Jones and Bartlett, 2020).	The patient has a history of hypertension. This medication is used to lower blood pressure (Jones and Bartlett, 2020).	The patient has a history of diabetes mellitus II. This medication is a fast-acting form of insulin to control blood glucose levels (Jones and Bartlett, 2020).	The patient has a history of hypertension. This medication is used to lower blood pressure (Jones and Bartlett, 2020).	The patient has a history of prostate cancer and altered urinary elimination pattern. This medication helps improve the rate of urine flow and reduces symptoms of BPH (Jones and Bartlett, 2020).
Contraindications (2)	May increase effects of oral anticoagulants; Hepatic impairment; Women who are or may become pregnant (Jones and Bartlett, 2020).	Coronary artery disease; NSAIDs can decrease the antihypertensive effect of hydralazine (Jones and Bartlett, 2020).	Hepatic diseases; Renal failure (Jones and Bartlett, 2020).	Asthma; Heart failure (Jones and Bartlett, 2020).	Orthostatic hypotension; Hepatic diseases (Jones and Bartlett, 2020).
Side Effects/Adverse Reactions (2)	Blood in your urine (hematuria); Lightheadedness	Chills; Peripheral nephritis (Jones and Bartlett,	Low blood sugar; Trouble concentrating or confusion	Anxiety; Bradycardia (Jones and Bartlett, 2020).	Stevens-Johnson syndrome; Arrhythmia (Jones and

	(Jones and Bartlett, 2020).	2020).	(Jones and Bartlett, 2020).		Bartlett, 2020).
Nursing Considerations (2)	<p>Assess patient for adverse GI effects. Diarrhea is the most common cause of discontinuation of therapy.</p> <p>Monitor serum prostate-specific antigen (PSA) periodically to determine response to therapy. If levels rise, assess patient for disease progression (Jones and Bartlett, 2020).</p>	<p>Give tablets with food to increase bioavailability.</p> <p>Anticipate that drug may change color in solution. Consult pharmacist if color changes (Jones and Bartlett, 2020).</p>	<p>Monitor for signs and symptoms of hypoglycemia. Initial hypoglycemic response begins within 15 minutes and peaks 45-90 minutes after injection.</p> <p>Withhold drug and notify physician if patient is hypokalemic (Jones and Bartlett, 2020).</p>	<p>Be aware that stopping labetalol tablets abruptly after long-term therapy could result in angina, MI, or ventricular arrhythmias. Expect to taper dosage over 2 weeks while monitoring response.</p> <p>Be aware that labetalol masks common signs of shock (Jones and Bartlett, 2020).</p>	<p>Be aware that if patient does not take drug for several days, therapy should be resumed at 0.4 mg/dose, as prescribed.</p> <p>Know that if patient takes drug on an empty stomach, his blood pressure should be monitored because of the increased risk of orthostatic hypotension (Jones and Bartlett, 2020).</p>
Key Nursing Assessment(s)/Lab(s) Prior to Administration	<p>PSA levels, CBC, liver function tests, and renal function tests (Jones and Bartlett, 2020).</p>	<p>Check blood pressure and heart rate. Monitor ANA titer, CBC, and lupus erythematosus cell preparation before therapy and periodically as ordered</p>	<p>Fasting blood glucose, HbA1c, potassium (Jones and Bartlett, 2020).</p>	<p>Blood pressure, heart rate, blood glucose level in diabetic patient's (Jones and Bartlett, 2020).</p>	<p>Prostate specific antigen (PSA), and blood pressure (especially if taking on an empty stomach) (Jones and Bartlett, 2020).</p>

		during long-term treatment (Jones and Bartlett, 2020).			
Client Teaching needs (2)	<p>Report jaundice or any other adverse effects immediately.</p> <p>Tell patient that any drug-related hair loss should reverse once therapy ends (Jones and Bartlett, 2020).</p>	<p>Advise patient to change position slowly, especially in the morning.</p> <p>Instruct patient to immediately notify prescriber about fever, joint and muscle aches, and sore throat (Jones and Bartlett, 2020).</p>	<p>Do not inject into areas with redness, swelling, itching, or dimpling.</p> <p>Ingest some form of sugar (e.g., orange juice, dissolved table sugar, honey) if symptoms of hypoglycemia develop, and seek medical assistance (Jones and Bartlett, 2020).</p>	<p>Advise patient to report confusion, difficulty breathing, rash, slow pulse, and swelling in arms or legs.</p> <p>Avoid using alcohol during labetalol therapy (Jones and Bartlett, 2020).</p>	<p>Advise patient to avoid potentially hazardous activities until drug's CNS effects are known. Mention the need for caution if dosage is increased.</p> <p>Advise patient to change position slowly, especially after initial dose and each dosage increase, to minimize effects of orthostatic hypotension (Jones and Bartlett, 2020).</p>

Medications Reference (1) (APA):

Jones and Bartlett. (2020). *Jones & Bartlett learning: 2020 nurse's drug handbook.*

(19th ed.). S4 Carlisle Publishing Services.

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p>	<p>Alertness: Patient is alert and oriented x 4. Orientation: Identifies self and is oriented to place, time, and situation. Distress: Patient is in no acute distress. Overall appearance: Patient is calm and cooperative, well groomed, and has a clean appearance with appropriate affect. He maintains appropriate eye contact, demonstrates articulate speech, and responds to questions.</p>
<p>INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Skin color: Usual for ethnicity. Character: The skin has areas of dryness on his elbows and knees. Temperature: The skin is warm to the touch on his upper and lower extremities. Turgor: Elasticity. Rashes/Bruises: The patient has no areas of rashes or bruises on his body. Wounds: The patient has no wounds. Braden Score: 20. Drains: No drains present.</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head/Neck: Normocephalic atraumatic, active range of motion, supple, non-tender, no carotid bruits, no jugular venous distention (JVD), no lymphadenopathy, and no thyromegaly. There is no obvious abnormalities or contusions on the patient’s head. Ears: The right and left ear are symmetrical and bilaterally placed. They are clear with ability to hear out of both ears. Tympanic membrane is a pearly gray color in the right and left ear. There is no drainage or cerumen present inside of the ears (right and left). Eyes: For the right and left eye, pupil size 3mm, pupils equal, round, and reactive to light and accommodation (PERRLA), extraocular movements intact (EOMI), conjunctiva has no abnormalities, no scleral icterus. Nose Symmetrical, clear with no drainage, no sinus tenderness, and no deviated septum.</p>

	<p><u>Mouth/teeth:</u> Pink, moist oral mucous membranes with no signs of dental caries. Oropharynx is clear and moist.</p>
<p>CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p><u>Heart Sounds:</u> S1 and S2 sounds from the aortic, pulmonic, Erb’s point, tricuspid, and mitral locations of the heart. Patient has a systolic murmur of the aorta. There are no friction rubs or gallops detected or heard on S3 and S4. <u>Cardiac rhythm:</u> Systolic murmur of the aorta. <u>Peripheral Pulses:</u> Right and left radial +3 (full and brisk, easily palpable), right and left brachial +3 (full and brisk, easily palpable), right and left carotid +3 (full and brisk, easily palpable), right and left femoral +3 (full and brisk, easily palpable), right and left popliteal +3 (full and brisk, easily palpable), right posterior tibial +3 (full and brisk, easily palpable), left posterior tibial +3 (full and brisk, easily palpable), right dorsalis pedis +2 (weak, not easily palpable), left dorsalis pedis +2 (weak, not easily palpable). <u>Capillary Refill:</u> Less than 3 seconds for the upper right and left extremities and lower right and left extremities. <u>Edema:</u> The patient has no signs of edema on his body.</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p><u>Breath Sounds:</u> Clear to auscultation and percussion (inspiratory and expiratory) on the right and left lungs. <u>Respirations:</u> Non-labored, regular, accessory muscle not used. <u>Lung aeration:</u> Equal.</p>
<p>GASTROINTESTINAL (2 points): Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars:</p>	<p><u>Diet at home:</u> Patient is on a regular diet at home. <u>Current Diet:</u> Patient is nothing by mouth (NPO) because of possible cystoscopy surgery. <u>Height:</u> 183 cm <u>Weight:</u> 96.7 kg <u>Bowel Sounds:</u> Active in all 4 quadrants. <u>Last BM:</u> 10/24/21 at 0800 (brown, soft, medium in size). <u>Palpation:</u> Abdomen is soft with no masses. No palpable hernias. <u>Tenderness:</u> Patient denies any tenderness.</p>

<p>Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p><u>Distention:</u> No distention. <u>Incisions:</u> No incisions. <u>Scars:</u> No scars. <u>Drains:</u> No drains. <u>Wounds:</u> No wounds. <u>Ostomy:</u> No <u>Nasogastric:</u> No <u>Feeding tube:</u> No</p>
<p>GENITOURINARY (2 Points): Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: 3-Way Catheter Size: 2 F</p>	<p><u>Color/Character:</u> Cloudy and red (hematuria) with no odor. <u>Quantity:</u> The patient has a catheter for continuous bladder irrigation due to hematuria and clots. <u>Pain with urination:</u> Patient admits to pain with urination. <u>Dialysis:</u> No Dialysis <u>Genitals:</u> Enlarged prostate <u>Catheter:</u> 3-Way Catheter for continuous bladder irrigation.</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 75 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p>	<p><u>Neurovascular:</u> Nails are smooth without pits or grooves. They are uniform in consistency and in color. They are free of discoloration and spots. The patient's skin is warm on his upper right and left extremities and lower right and left extremities. <u>ROM:</u> Patient has active range of motion on his upper right and left extremities and lower right and left extremities. <u>Strength</u> Patient shows equal strength on his upper right and left extremities and lower right and left extremities. <u>Supportive devices:</u> The patient has a gait belt but is currently bedridden due to continuous irrigation of the bladder. <u>Fall Risk Score:</u> The patient is a fall risk with a score of 75 (Morse Fall Scale). Safety needs managed per basic protocol. Bed exit alarm, fall risk bracelet, and side rails: upper x 2, lower left. <u>Activity/mobility status:</u> The patient is on continuous bladder irrigation and is currently bedridden.</p>
<p>NEUROLOGICAL (2 points):</p>	<p><u>Orientation:</u> Patient is oriented to person, place,</p>

<p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>time, and situation. Cognition/mental: Normal cognition. Speech: Clear and understandable. Sensory: Patient has sensation that is equal on his right and left upper extremities and on his right and left lower extremities. Level of Consciousness (LOC): The patient is alert and answers questions appropriately.</p>
<p>PSYCHOSOCIAL/CULTURAL (2 points): Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Coping method(s): The patient states that he likes to read books whenever things are bothering him. Developmental level: Appropriate for his age. He can read, write, form full sentences, and make fully informed decisions. Religion & what it means to pt.: The patient informed me that he is Christian. Personal/Family Data: The patient currently lives at home with his wife. The patient states that his wife and children are very supportive and will be there to help him.</p>

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	74 beats per minute	134/78 (Systolic High)	18 breaths per minute	36.9 C (Temporal Artery)	93% SpO2 - Room air
1100	72 beats per minute	131/74 (Systolic High)	18 breaths per minute	36.4 (Temporal Artery)	93% SpO2 - Room air

Vital Sign Trends:

Systolic blood pressure is elevated. The patient has a history of hypertension and is currently prescribed hydralazine, lisinopril, and labetalol to lower blood pressure. He has not received his medications today because the provider has ordered for him to be NPO with no exceptions. All other vital signs are stable. I am going to continue to monitor.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	Numeric	N/A	0 out of 10	N/A	N/A
1100	Numeric	N/A	0 out of 10	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment:	Size of IV: Peripheral 20-gauge intravenous catheter. Location of IV: Right AC Date on IV: 10/24/21 Patency of IV: Patent Signs of erythema, drainage, etc.: No signs of erythema, phlebitis, drainage, or infiltration present (clear, dry, intact). IV site is free from pain, tenderness, redness, or swelling. IV dressing assessment: The dressing is clear, dry, and intact.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Sodium chloride 0.9% irrigation solution 3,000 mL + Aminocaproic acid IV additive 600 mL 3600 irrigation solution 3600 irrigation solution 3600 irrigation solution Total: 10,800 mL	Amount drained from catheter: 3900 mL 3950 mL <u>4050 mL</u> 11,900 mL 11,900 <u>-10,800</u> 1,100 mL Total

Nursing Care

Summary of Care (2 points)

Overview of care: In paragraph below.

Procedures/testing done: In paragraph below.

Complaints/Issues: In paragraph below.

Vital signs (stable/unstable): In paragraph below.

Tolerating diet, activity, etc.: In paragraph below.

Physician notifications: In paragraph below.

Future plans for patient: In paragraph below.

Patient is laying in bed at the time of assessment and is alert and oriented x 4. He identifies self and is oriented to place, time, and situation. He maintains eye contact and answers questions that are clear and understandable. The patient is currently bedridden with continuous bladder irrigation due to hematuria and blood clots. The patient had complaints of fullness in his lower abdomen due to a blood clot obstructing the flow of urine. A hands irrigation was initiated to pass the clot giving the patient relieve. After the clot had passed the patient rated his pain a 0 out of 10 using the numeric pain scale. Physical therapy did range of motion exercises with the patient. All vitals are within normal range except for high systolic blood pressure. The patient is prescribed hypertensive medications to lower his blood pressure, but at this time the provider has ordered for the patient to be NPO with no exceptions because of a possible cystoscopy surgery. The nurse will continue to monitor this patient.

Discharge Planning (2 points)

Discharge location: The patient will be discharged to return to his home in Mattoon, IL with his wife.

Home health needs (if applicable): Home health needs has not been established at this time.

Equipment needs (if applicable): The patient has no equipment needs currently.

Follow up plan: The patient will need to follow up with his primary care provider.

Education needs: The patient needs educated on the importance of follow up appointments, following his prescribed medication regimen, fall risk precautions, risks for infection, maintaining skin integrity, and urinary management.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	Rational <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Intervention (2 per dx)	Evaluation <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired urinary elimination related to blood clot obstruction as evidenced by inability to empty the bladder.	I chose this nursing diagnosis because the patient had blood clots obstructing the flow of urine. The patient had continuous bladder irrigation and had to have hand irrigation to dislodge the clot.	1. Continuous bladder irrigation as ordered by the provider. 2. Continuous assessments of the abdomen for distention and flow of urine into the catheter without obstruction.	The goals were met. The patient was agreeable to the continuous bladder irrigation to prevent clot obstructions. Continuous assessments of the abdomen were performed to make sure the urine was continuously flowing into the catheter.
2. Risk for hemorrhage related to hematuria as evidenced by urinalysis positive for protein and elevated white	I chose this nursing diagnosis because the patient has bright red blood and clots in his urine. This could manifest into hemorrhaging. He	1. Obtain patient’s vital signs (especially BP and HR). 2. Review coagulation labs (platelets, PT/INR, aPTT)	Goals were met. Vitals were taken and coagulation labs were reviewed. The patient had an elevated blood pressure, but the nurse was unable to give the patient his hypertensive medications because the

<p>blood cells, red blood cells, and leukoesterase.</p>	<p>also has continuous irrigation of the bladder.</p>		<p>provider had ordered for him to be NPO with no exceptions. The patient was cooperative.</p>
<p>3. Risk for infection related to history of prostate cancer as evidenced by increased PSA levels</p>	<p>I chose this nursing diagnosis because with a history of prostate cancer and elevated PSA levels there is a risk for the prostate cancer infecting other organs.</p>	<p>1. Continuously check vitals (especially temperature) (Capriotti, 2020). 2. Review labs (especially WBC count).</p>	<p>Goals were met and the patient was very cooperative. Currently the patient does not have a fever and his WBC count is within normal range. His urinalysis did show an elevated WBC count due to bleeding.</p>
<p>4. Risk for venous thromboembolism related to immobility as evidenced by continuous bladder irrigation.</p>	<p>I chose this nursing diagnosis because with the patient being immobile due to the continuous bladder irrigation, he is at risk for developing a DVT which could be fatal.</p>	<p>1. Teach the patient about using compression stockings while at home to prevent DVTs. 2. Use sequential compression device (SCD)</p>	<p>Goals partially met. The sequential compression device was set up for continuous use. The patient was cooperative. The patient stated that he would probably not use the compression stockings at home.</p>

Other References (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Concept Map (20 Points):

Subjective Data

Patient states, "I feel like my bladder is going to explode".
 Patient states, "I do not have any pain, but I do have some discomfort in my lower abdomen".
 Patient states, I have a continuous pain in my lower back that I have just gotten used to".
 Patient states, "I feel extremely tired".
 Patient rates pain 0 out of 10 using the numeric pain scale.

Nursing Diagnosis/Outcomes

Risk for urinary elimination related to blood clot obstruction as evidenced by inability to empty bladder.
 Goal: Continuous irrigation will be initiated until urine is clear yellow with no clots by the end of shift.
 Goal not met. Patient continued to have hematuria with clots.
 Risk for hemorrhage related to hematuria as evidenced by urinalysis positive for protein and elevated WBC, RBC, and leukoesterase.
 Goal: The patient's bleeding will subside by the end of shift and not progress to hemorrhaging.
 Goal partially met. The patient continued to have bright red blood and clots by the end of shift. The bleeding did not progress to hemorrhaging.
 Risk for infection related to history of prostate cancer as evidenced by increased PSA levels.
 Goal: Patient will remain free of infection by the end of shift. Temperature and WBC count will stay within normal range.
 Goal met. Patient's Temperature and WBC count was within normal range by the end of shift.
 Risk for venous thromboembolism related to immobility as evidenced by continuous bladder irrigation.
 Goal: The patient will use the sequential compression device and have no signs of DVT by the end of shift.
 Goal met. The patient used the sequential compression device and had no signs of DVT by the end of shift.

Objective Data

Vital Signs:
 HR: 74
 RR: 18
 SaO2: 93% on room air.
 BP: 134/78
 Temp: 36.9 C

Labs:
 Neutrophils: 83.3 %
 Glucose: 121 mg/dL
 Creatinine: 1.70 mg/dL
 Lymphocytes: 5.1 %
 BUN: 27 mg/dL

Urinalysis:
 Hematuria (cloudy, red blood in the urine)
 Protein 2+
 RBC: > 100
 WBC: >100
 Leukoesterase: 250

CT Abdomen and Pelvis w/ Contrast
 2.7 cm mass in the bladder that is concerning for malignancy.

Patient Information

On October 24th, an 83-year-old Caucasian male with a history of prostate cancer, acute renal insufficiency, and altered urinary elimination pattern was admitted to Sarah Bush Lincoln Health Center after arriving to the Emergency Department with complaints of blood in his urine. The patient is retired and currently resides at home with his wife in Mattoon, IL.

Nursing Interventions

Continuous bladder irrigation as ordered by the provider.
 Continuous assessments of the abdomen for distention and flow of urine into the catheter.
 Assess patient's vital signs (especially BP and HR).
 Review coagulation labs (platelets, PT/INR, aPTT).
 Continuously check vitals (especially temperature).
 Review labs (especially WBC count).
 Teach the patient about using compression stockings while at home to prevent DVTs.
 Use sequential compression device (SCD).

