

N431 Care Plan #2
Lakeview College of Nursing
Cidney Hinchman

Demographics (3 points)

Date of Admission 10/19/2021	Patient Initials K.S.	Age 66 years old	Gender Male
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Widowed	Allergies No known allergies
Code Status Full	Height 5'9"	Weight 255.7 lbs.	

Medical History (5 Points)

Past Medical History: The client has a past medical history that includes anemia, bone metastasis, cerebral artery occlusion with cerebral infarction, constipation, depression, encounter for chemotherapy management, hydronephrosis, hyperlipidemia, hypertension, neuromyopathy, neuropathy, prostate cancer, seizures, pancytopenia, bladder mass, chronic kidney disease stage IV, and proctitis colitis.

Past Surgical History: The client has a past surgical history that includes the removal of a cyst, a percutaneous transluminal coronary angioplasty, a stent placement, and a tonsillectomy.

Family History: The client's mother has a history of breast cancer, and the client's father has a history of cancer.

Social History (tobacco/alcohol/drugs): The client reports drinking alcohol one to two times a month. The client does not report how much alcohol he drinks each time he drinks. The client also reports being a former smoker of one to two packs of cigarettes a day for nearly twenty years but quit nearly five years ago. The client did not report the use of any other drugs.

Assistive Devices: The client has been using a walker during his stay at the hospital. The client also reports utilizing a rollator for ambulation at home along with a shower chair to assist him with his showers.

Living Situation: The client lives at home by himself.

Education Level: The client has a high school diploma.

Admission Assessment

Chief Complaint (2 points): The client had a chief complaint of bloody stools and abdominal pain.

History of present Illness (10 points): Onset: On October 13th, a 66 y/o Caucasian, widowed, male, came to the emergency department at Union Hospital with a complaint of constipation. The client had a CT performed where he was diagnosed with proctitis colitis. The client was prescribed Augmentin and discharged to home. The client came back to the emergency department on October 19th with complaints of bloody stools and abdominal pain. Due to the lack of improvement from his last emergency visit he was admitted for further evaluation of the original diagnosis of proctitis colitis. **Location:** The client reported that he was experiencing pain in the abdomen and rectal region. **Duration:** The client reported that he started experiencing the bloody stools and abdominal pain about one week ago. **Characteristics:** The patient denied any fever, nausea, or vomiting. Although the client did state that he has noticed a decreased appetite. The client also reported that the abdominal pain would alternate between mild and severe pain. **Associated and Aggravated Manifestations:** The client did not report any associated or aggravated manifestations. **Relieving factors:** The client takes acetaminophen for mild to moderate pain and hydrocodone for severe pain. **Treatment and Timing:** The client had previously been prescribed Augmentin during his emergency visit on October 13th but due to the lack of improvement in the client's signs and symptoms that is what brought him back to the emergency department on October 19th for further evaluation. **Severity:** The client reported that his pain level was an eight at the time of admission.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Proctitis colitis

Secondary Diagnosis (if applicable): Not applicable

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

The patient came into the emergency department at Union Hospital originally on October 13th with complaints of constipation. The emergency department completed a computed tomography scan and diagnosed the patient with proctitis colitis. The patient was prescribed Augmentin and discharged home. A week later, on October 19th the patient came back to the emergency department complaining of abdominal pain and rectal bleeding. Due to the lack of improvement from the first emergency visit to the second, the patient was admitted for further evaluation of proctitis colitis.

Proctitis colitis is inflammation within the rectum (Capriotti & Frizzell, 2016). The rectum is the lower part of the large intestine towards the anal area (Capriotti & Frizzell, 2016). Proctitis colitis can be caused by several conditions such as inflammatory bowel disease, sexually transmitted infections, radiation therapy for cancer, antibiotics, diversion proctitis, food protein-induced proctitis, and eosinophilic proctitis (Mayo Clinic, 2020). The patient has been diagnosed with prostate cancer and bone metastasis. Two weeks prior to the patient coming to the emergency department and one week prior to the patient developing abdominal pain and rectal bleeding, the patient had just finished radiation therapy. The radiation therapy is what likely caused the proctitis colitis. Common signs and symptoms associated with proctitis colitis includes a frequent feeling of needing to have a bowel movement, rectal bleeding, passing mucus through the rectum, rectal pain, left side abdominal pain, diarrhea, feelings of the rectum feeling full, and painful bowel movements (Mayo Clinic, 2020). The patient was experiencing rectal

pain, rectal bleeding, abdominal pain, and painful bowel movements. The patient was experiencing most of the common symptoms and signs seen with proctitis colitis.

Proctitis colitis has many risk factors that can place a person at an increased risk, such as unsafe sex, inflammatory bowel diseases, and radiation therapy for cancer (Mayo Clinic, 2020). The patient was at an increased risk because he was receiving radiation therapy for his prostate cancer and bone metastasis. Many complications can arise with proctitis colitis, such as anemia, ulcers, and fistulas (Mayo Clinic, 2020). Therefore, it is important for patients to seek medical attention and get treatment as soon as possible to prevent further complications. Proctitis colitis can also cause several laboratory issues because of the bleeding, inflammation, and pain. The pain can cause an increase in one's blood pressure and pulse rate (Capriotti & Frizzell, 2016). The bleeding and inflammation can cause decreased levels of red blood cells, white blood cells, hemoglobin, hematocrit, and platelets (Capriotti & Frizzell, 2016). Furthermore, this patient's laboratory data findings were consistent, but his vital signs were within baseline and stable.

Proctitis colitis is diagnosed through a variety of examinations such as a blood test, stool test, sigmoidoscopy exam, colonoscopy exam, and by testing for sexually transmitted infections (Mayo Clinic, 2020). The patient had a stool test and a computed tomography scan. The notes stated that the proctitis colitis was diagnosed through the patient's computed tomography scan. Treatment for the diagnosis of proctitis colitis can vary depending on the underlying cause (Mayo Clinic, 2020). For this patient, the underlying cause was his radiation therapy for his prostate cancer and bone metastasis. Treatment options can include antibiotics, antivirals, anti-inflammatory medications, stool softeners, and treatment to destroy damaged tissue (Mayo Clinic, 2020). The patient was being treated with aspirin, piperacillin, and loperamide. The loperamide will help the patient with diarrhea, the piperacillin will treat infections, and the

aspirin will help with the inflammation. Furthermore, the patient was feeling much better and was planning to be discharged the next day to a rehabilitation facility before returning home.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.

Mayo Clinic. (2020, June 16). *Proctitis*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/proctitis/symptoms-causes/syc-20376933>.

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	4-5.5 million cells	3.34 million cells	2.85 million cells	Red blood cells are decreased due to the client’s rectal bleeding (Capriotti & Frizzell, 2016). The client has a history of pancytopenia which can cause decreased red blood cells (Capriotti & Frizzell, 2016). The client could have fewer red blood cells due to an erythropoietin deficiency which is the primary cause of anemia in clients with chronic kidney disease (Capriotti & Frizzell, 2016). The client takes Lynparza which is a chemotherapy drug and could also play a factor in the decreased level of red blood cells.
Hgb	12-15 g/dL	10.3 g/dL	8.9 g/dL	A low hemoglobin level can be connected to the conditions that is causing the client’s decreased red blood cells (Capriotti & Frizzell, 2016). Therefore, the client’s rectal bleeding, anemia, pancytopenia, Lynparza prescription, and chronic kidney disease can all play a factor in

				the client's decreased hemoglobin levels.
Hct	42% to 52%	31.2%	26.5%	Hematocrit is decreased due to the insufficient supply of healthy red blood cells (Capriotti & Frizzell, 2016). A decreased level of hematocrit can be due to the cells not getting enough oxygen which is consistent with the client's diagnosis of anemia (Capriotti & Frizzell, 2016). A low hematocrit level can also be related to the client's rectal bleeding (Capriotti & Frizzell, 2016). The client's further decreased levels between admission and current values could be related to poor nutrition because the client has been on a clear liquid diet at the hospital (Capriotti & Frizzell, 2016).
Platelets	150,000 – 400,000 cells/mm ³	124,000 cells/mm ³	109,000 cells/mm ³	The decreased platelets are consistent with the patient's diagnoses of anemia, pancytopenia, chronic kidney disease, and rectal bleeding (Capriotti & Frizzell, 2016). The platelets could also be decreased due to the patient's Lynparza which is a chemotherapy drug (Capriotti & Frizzell, 2016).
WBC	4,500 – 11,000 cells/mm ³	3.6 cells/mm ³	4.3 cells/mm ³	The decreased white blood cells are consistent with the client's compromised immune system due to the client's prostate cancer and bone metastasis (Capriotti & Frizzell, 2016). The client received radiation therapy and is on Lynparza which is a chemotherapy drug. Both treatments will cause the immune system to be compromised making the client more susceptible for infection (Capriotti & Frizzell, 2016).
Neutrophils	45% to 75%	63.5%	71.8%	N/A
Lymphocytes	20% to 40%	6.7%	6.1%	Abnormally low lymphocytes are consistent with the client's low levels of white blood cells (Capriotti & Frizzell, 2016). The values are consistent with the client's

				compromised immune system relating to the radiation therapy and Lynparza treatment for the client's prostate cancer and bone metastasis (Capriotti & Frizzell, 2016). The client's values could also have further decreased due to the client's poor nutrition in the hospital since the client is on a clear liquid diet and not receiving many nutrients (Capriotti & Frizzell, 2016).
Monocytes	4% to 6%	9.2%	8.6%	High levels of monocytes are consistent with the body's immune system fighting off an infection (Capriotti & Frizzell, 2016). The client has prostate cancer and bone metastasis that the body is constantly fighting. The client also has stage IV chronic kidney disease. Therefore, these conditions are causing the body to consistently fight off the infections which is increasing the client's monocytes level (Capriotti & Frizzell, 2016).
Eosinophils	Less than 7%	18.4%	12.1%	Elevated eosinophils are consistent with the client having an infection as it is a disease fighting white blood cell (Capriotti & Frizzell, 2016). The client has prostate cancer and bone metastasis with radiation therapy and a Lynparza prescription for treatment causing the client's body to be immunocompromised (Capriotti & Frizzell, 2016). The prostate cancer and bone metastasis cause the elevated levels due to the infection, inflammation, and stress it puts on the client's body (Capriotti & Frizzell, 2016).
Bands	0.0% - 1.0%	N/A	N/A	N/A

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 mEq/L	132 mEq/L	131 mEq/L	The client's sodium levels are decreased due to the client's stage IV chronic kidney disease and use of diuretics (Capriotti & Frizzell, 2016).
K+	3.5 – 5.0 mEq/L	4.49 mEq/L	3.66 mEq/L	N/A
Cl-	98 – 108 mEq/L	95 mEq/L	98 mEq/L	The kidneys are responsible for helping to maintain chloride levels (Capriotti & Frizzell, 2016). The client has stage IV chronic kidney disease with the right kidney being severely compromised. This is consistent with the client's decreased chloride levels (Capriotti & Frizzell, 2016).
CO2	22 -29 mEq/L	27.7 mEq/L	22.0 mEq/L	N/A
Glucose	70-100 mg/dL	123 mg/dL	116 mg/dL	Glucose levels could be elevated due to several things related to the patient such as stress, lack of sleep, infection, and medications (Capriotti & Frizzell, 2016).
BUN	8 – 25 mg/dL	26 mg/dL	11 mg/dL	The client's elevated BUN levels are consistent with the patient's kidneys poorly functioning (Capriotti & Frizzell, 2016).
Creatinine	0.6 – 1.3 mg/dL	2.31 mg/dL	2.06 mg/dL	The client's elevated creatinine levels are consistent with the patient's kidney's poorly functioning (Capriotti & Frizzell, 2016). The elevated levels are also due to the patient's stage IV chronic kidney disease (Capriotti & Frizzell, 2016).
Albumin	3.5 – 5.2 gm/dL	4.1 gm/dL	N/A	N/A
Calcium	8.6 – 10 mg/dL	8.5 mg/dL	7.2 mg/dL	Decreased calcium levels are consistent with the patient's stage IV chronic kidney disease (Capriotti

				& Frizzell, 2016). The decreased calcium could also be related to the patient's chemotherapy drug, bone metastasis, and prostate cancer (Capriotti & Frizzell, 2016).
Mag	1.6 – 2.6 mg/dL	2.1 mg/dL	1.5 mg/dL	Decreased magnesium levels could be related to the patient's chronic kidney disease (Capriotti & Frizzell, 2016). The magnesium levels could be slightly decreased due to the patient's poor nutritional intake because he has been on a clear liquid diet while in the hospital (Capriotti & Frizzell, 2016).
Phosphate	2.5 – 4.5 mg/dL	N/A	N/A	N/A
Bilirubin	Less than 1.5 mg/dL	0.19 mg/dL	N/A	N/A
Alk Phos	20 – 140 U/L	128 U/L	N/A	N/A
AST	10 – 30 units/L	28 units/L	N/A	N/A
ALT	10 – 40 units/L	16 units/L	N/A	N/A
Amylase	40-140 U/L	N/A	N/A	N/A
Lipase	Younger than 60 is 10 to 140 U/L Older than 60 is 24 to 151 U/L	N/A	N/A	N/A
Lactic Acid	4.5-19.8 mg/dL	N/A	N/A	N/A
Troponin	0-0.04 ng/mL	N/A	N/A	N/A
CK-MB	5-25 IU/L	N/A	N/A	N/A
Total CK	22-198 U/L	N/A	N/A	N/A

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	1 second	N/A	N/A	N/A
PT	9.5 – 11.3 seconds	N/A	N/A	N/A
PTT	30 – 40 seconds	N/A	N/A	N/A
D-Dimer	Less than or equal to 250 ng/mL	N/A	N/A	N/A
BNP	15.00 – 99.90 pg/mL	N/A	N/A	N/A
HDL	More than 60 mg/dL	N/A	N/A	N/A
LDL	Less than 130 mg/dL	N/A	N/A	N/A
Cholesterol	Less than 200 mg/dL	N/A	N/A	N/A
Triglycerides	Less than 150 mg/dL	N/A	N/A	N/A
Hgb A1c	Less than 7%	N/A	N/A	N/A
TSH	0.4 – 4.0 mU/L	N/A	N/A	N/A

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	Colorless, yellow, clear	Yellow, clear	N/A	N/A
pH	4.5 - 8	5.0	N/A	N/A
Specific Gravity	1.005 – 1.035	1.015	N/A	N/A
Glucose	Negative	Negative	N/A	N/A
Protein	Negative	1+	N/A	These values can indicate that the client's kidneys are not working as well as they should be (Capriotti & Frizzell, 2016). This is consistent

				with the client’s stage IV chronic kidney disease (Capriotti & Frizzell, 2016).
Ketones	Negative	Negative	N/A	N/A
WBC	Negative	N/A	N/A	N/A
RBC	Negative	N/A	N/A	N/A
Leukoesterase	Negative	Negative	N/A	N/A

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 to 7.45	N/A	N/A	N/A
PaO2	80-100	N/A	N/A	N/A
PaCO2	35-45	N/A	N/A	N/A
HCO3	22-26	N/A	N/A	N/A
SaO2	95%-100%	97% room air	98% room air	N/A

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	Clean catch, no growth	N/A	N/A	N/A
Blood Culture	No growth after 3 days	N/A	N/A	N/A
Sputum Culture	Negative results showing no harmful bacteria	N/A	N/A	N/A
Stool Culture	Negative results showing no	Results were negative. No campylobacter	N/A	N/A

	abnormal bacteria or other organism	species isolated.		
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Lab Correlations Reference (1) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.

Kee, J.L.F. (2017). *Pearson handbook of laboratory & diagnostic tests with nursing implications*. Pearson.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- CT abdomen/pelvis with IV contrast
 - This computerized tomography scan was completed to further assess the patient’s abdominal pain and rectal bleeding (Jackson Siegelbaum Gastroenterology, 2018). The scan showed sigmoid and proctitis colitis but no bowel perforation or abscesses. The scan reidentified a right posterior urethral mass with the nephrostomy decompressed in the upper right flank of the right kidney. The scan also reidentified the patient’s bone metastasis located in the right pelvic iliac chain and the right intra-abdominal retroperitoneal lymph nodes region. The scan confirmed the patient’s medical history but did not identify anything that was abnormal or new to the patient.
- US renal and bladder

- This retroperitoneal ultrasound was completed to ensure the placement of the patient's nephrostomy tube (Seladi-Schulman, 2018). The ultrasound revealed that the tube was present in the right kidney. The ultrasound also showed that the left kidney showed moderate hydronephrosis. The previously identified urethral mass on the computerized tomography scan was not clearly visible on the ultrasound. Although the ultrasound did show that the urinary bladder was slightly distended. The patient tolerated the ultrasound well and the nephrostomy tube was where it was supposed to be.
- NM renal scan with Lasix
 - This scan was completed because the patient was experiencing bilateral hydronephrosis. The scan will provide us with how much the patient's kidneys are functioning (Nandurkar & Chang, 2018). The patient's medical history also did not indicate whether the patient had both kidneys present so the provider wanted to get a closer look. The scan showed that the right kidney showed mild perfusion and minimal excretion whereas the left kidney showed normal perfusion and just a slight delay in excretion. Overall, the scan was beneficial in showing the patient's level of kidney function and the patient tolerated the scan well.

Diagnostic Test Correlation (5 points):

The client came into the emergency department at Union Hospital with a complaint of abdominal pain and rectal bleeding. The client came in a week prior with complaints of constipation and had a CT performed where the client was diagnosed with proctitis colitis. The client was discharged and sent home with Augmentin. Due to the lack of improvement and newly developed symptoms the client came back to the emergency department and was admitted for

further evaluation of the proctitis colitis. Upon further evaluation the client had a CT abdomen and pelvis with IV contrast to assess the abdominal pain and bleeding, but the scan did not show anything that was abnormal or new to the client. The client had an ultrasound of the renal and bladder to confirm the placement of the nephrostomy tube. The client also had an NM renal scan with Lasix to look at the functioning level of each kidney.

Diagnostic Test Reference (1) (APA):

Jackson Siegelbaum Gastroenterology. (2018, September 19). *Rectal bleeding*.

<https://www.gicare.com/gi-health-resources/rectal-bleeding/>

Nandurkar, D., & Chang, C. (2018, August 24). *Nuclear medicine renal scan*. InsideRadiology.

<https://www.insideradiology.com.au/nuclear-medicine-renal-scan/>

Seladi-Schulman, J. (2018, September 18). *Nephrostomy tube: Care, placement, removal, and more*. Healthline. <https://www.healthline.com/health/nephrostomy-tube-care#placement-procedure>.

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

Home Medications (5 required)

Brand/Generic	Acetaminophen (Tylenol)	Furosemide (Lasix)	Phenytoin (Dilantin Infatabs)	Tamsulosin hydrochloride (Flomax)	Carvedilol (Coreg)
Dose	1000 mg	40 mg	200mg 300mg	0.4 mg	6.25 mg
Frequency	1 tablet q.8.h. PRN	1 tablet twice a day	1 200mg extended release capsule every morning 1 300 mg extended release capsule every evening	1 capsule every morning	1 tablet twice a day
Route	Oral	Oral	Oral	Oral	Oral

<p>Classification</p>	<p>Nonsalicylate, para-aminophenol derivative, antipyretic, nonopioid analgesic</p>	<p>Loop diuretic, antihypertensive , diuretic</p>	<p>Hydantoin derivative, anticonvulsant</p>	<p>Alpha adrenergic antagonist, benign prostatic hyperplasia (BPH) agent</p>	<p>Nonselective beta blocker and alpha-1 blocker, antihypertensive , heart failure treatment adjunct</p>
<p>Mechanism of Action</p>	<p>Inhibits the enzyme cyclooxygenase , blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2.</p>	<p>Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation. As the body’s plasma volume decreases, aldosterone production increases, which promotes sodium reabsorption and the loss of potassium and hydrogen ions. Furosemide also increases the excretion of calcium, magnesium, bicarbonate, ammonium, and phosphate. By reducing intracellular and extracellular fluid volume, the drug reduces blood pressure and decreases cardiac output. Over time, cardiac output returns to</p>	<p>Limits the spread of seizure activity and the start of new seizures by regulating voltage-dependent calcium and sodium channels in neurons, inhibiting calcium movement across neuronal membranes, and enhancing sodium-potassium ATP activity in neurons and glial cells. These actions all help stabilize the neurons.</p>	<p>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 symptoms of BPH.</p>	<p>Reduces cardiac output and tachycardia, causes vasodilation, and decrease peripheral vascular resistance, which reduces blood pressure and cardiac workload. When given for at least four weeks, carvedilol reduces plasma renin activity.</p>

		normal.			
Reason Client Taking	This medication is being given to the client to relieve mild to moderate pain.	This medication is being given to the client to reduce fluid buildup related to the client's hydronephrosis.	This medication is being given to the client to help prevent and treat any seizures.	This medication is being given to the client to treat urinary retention and help with an enlarged prostate.	This medication is being given to the client to control hypertension.
Contraindications (2)	Hypersensitivity to acetaminophen and its components, severe renal impairment	Anuria, hypersensitivity to furosemide or its components	Hypersensitivity to phenytoin and its components, second- or third-degree heart blocks	Hypersensitivity to tamsulosin and its components, renal failure	Asthma or related bronchospastic conditions, cardiogenic shock
Side Effects/Adverse Reactions (2)	Hypotension, pancytopenia	Hypokalemia, hyponatremia	Renal failure, pancytopenia	Arrhythmia, respiratory impairment	Renal insufficiency, hypoglycemia
Nursing Considerations (2)	. Use acetaminophen cautiously in clients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment. 2. Acetaminophen can cause hepatotoxicity, so liver function tests need to be ordered and monitored.	1. Obtain patient's weight before and periodically during therapy to monitor fluid loss. 2. Monitor patient's blood pressure, hepatic function, renal function, BUN, blood glucose, serum creatinine, electrolytes, and uric acid levels as appropriate.	1. Monitor patient's hematologic status during therapy because phenytoin can cause blood dyscrasias. 2. A patient who has a history of pancytopenia, leukopenia, or agranulocytosis may have an increased risk of infection because phenytoin can cause myelosuppression .	1. Know to monitor the patient's blood pressure if he took the medication on an empty stomach due to the increased risk of orthostatic hypotension. 2. Monitor the patient for angina symptoms and stop the medication if it occurs or worsens.	1. Monitor patient's blood glucose level during therapy because it may alter blood glucose levels. 2. Chronic beta blocker therapy such as carvedilol is not routinely held prior to major surgery because the benefits outweigh the risks associated with its use with general anesthesia and surgical procedures.
Key Nursing Assessment(s)/Lab(s) Prior to	Assess patient's vital signs and pain level.	Assess the patient's fluid status, weight,	Assess the patient's vital signs, blood	Assess the patient's vital signs and	Assess the patient's vital signs, blood

Administration	Ensure that the client's last dose was eight hours ago.	intake and output ratios, amount and location of edema, lung sounds, skin turgor, and mucous membranes.	glucose, thyroid hormone levels, creatinine levels, and BUN levels.	prostate specific antigen. Also make sure the patient does not have a sulfa allergy and if so what kind of reaction they had in the past.	glucose, BUN, potassium, triglyceride, uric acid, serum lipoprotein, monitor I/O, weight, and for any signs of fluid overload.
Client Teaching needs (2)	<ol style="list-style-type: none"> 1. Caution patient to not exceed the recommended dosage amount or take any other drug containing acetaminophen at the same time. 2. Teach patient to recognize signs of hepatotoxicity such as bleeding, easy bruising, and malaise. 	<ol style="list-style-type: none"> 1. Instruct the patient to take the medication at the same time each day to maintain therapeutic effects. 2. Instruct the patient to take furosemide in the morning or if multiple doses take the last dose a few hours before bed to avoid sleep disturbance from diuresis. 	<ol style="list-style-type: none"> 1. Take phenytoin with or just after meals to minimize GI distress. 2. Instruct patient to avoid taking antacids or calcium products within two hours of phenytoin. 	<ol style="list-style-type: none"> 1. Take tamsulosin about thirty minutes after the same meal each day. 2. Advise patient to move positions slowly to decrease the risk of orthostatic hypotension. 	<ol style="list-style-type: none"> 1. Warn patient that the medication could make him feel dizzy and lightheaded after taking the prescribed dose. 2. Take the medication with food to minimize orthostatic hypotension.

Hospital Medications (5 required)

Brand/Generic	Labetalol hydrochloride (Normodyne)	0.9% Sodium Chloride (Normal Saline)	Lynparza (Olaparib)	Hydralazine hydrochloride (Apresline)	Hydromorphone hydrochloride (Dilaudid)
Dose	10mg	70 mL/hr 1000 mL bag	150 mg	25 mg	0.5 mg
Frequency	q.6.h. PRN If systolic blood pressure is over 180 mmHg Hold if heart rate is less than 60 bpm	Continuous	1 tablet orally twice a day	1 tablet three times a day	q.2.h. PRN
Route	Intravenous push	Intravenous	Oral	Oral	Intravenous push

Classification	Non-cardio selective beta-blocker/alpha1 blocker, antihypertensive	Crystalloid fluid, electrolyte replacement	Polymerase inhibitor, chemotherapy drug	Vasodilator, antihypertensive	Opioid, opioid analgesic
Mechanism of Action	Selectively blocks alpha 1 and beta 2 receptors in vascular smooth muscle and beta 1 receptors in heart to reduce blood pressure and peripheral vascular resistance. Potent beta blockage prevents reflex tachycardia, which commonly occurs when alpha blockers reduce cardiac output, resting heart rate, or stroke volume.	Sodium functions as the primary osmotic determinant in extracellular fluid regulation and tissue hydration. Additionally, sodium regulates the membrane potential of cells and the active transport of molecules across cell membranes. Chloride is also responsible for maintaining fluid balance, but it is also essential in the maintenance of acid-base balance.	Lynparza targets poly adenosine diphosphate-ribose polymerase to disrupt the DNA-repair process and potentially kill tumor cells.	May act in a manner that resembles organic nitrates and sodium nitroprusside, except that hydralazine is selective for arteries. It will exert a direct vasodilation effect on vascular smooth muscle, interfere with calcium movement in vascular smooth muscle by altering cellular calcium metabolism, dilate arteries, not veins, which minimizes orthostatic hypotension and increases cardiac output and cerebral blood flow, causes reflex autonomic response, and has a positive inotropic effect on the heart.	May bind with opioid receptors in the spinal cord and higher levels in the CNS. In this way, hydromorphone is believed to stimulate kappa and mu receptors, thus altering the perception of and emotional response to pain.
Reason Client Taking	This medication is being given to the client to manage the	This medication is being given to the client for fluid and	This medication is being. Given to the client to	This medication is being given to the client to treat hypertension.	This medication is being given to the client for severe pain.

	client's hypertension.	electrolyte replenishment.	treat prostate cancer.		
Contraindications (2)	Asthma, cardiogenic shock	Severe renal impairment, fluid retention	Radiation therapy, chemotherapy	Coronary artery disease, hypersensitivity to hydralazine and its components	Severe respiratory depression, GI obstruction
Side Effects/Adverse Reactions (2)	Bradycardia, hypotension	Fever, rash	Weight loss, fever	Fever, headache	CNS depression, hepatotoxicity
Nursing Considerations (2)	<p>1. Expect to monitor blood pressure frequently. Blood pressure is typically monitored every five minutes for the first thirty minutes, then every thirty minutes for two hours, and then every hour for six hours.</p> <p>2. Keep the patient in supine position for three hours after I.V. administration.</p>	<p>1. Monitor renal function closely due to the risk of toxic reactions.</p> <p>2. Monitor the patient closely for fluid overload.</p>	<p>1. The medication can affect the immune system which can cause the patient to develop infections more easily. Do not let anyone with active infections come visit the patient.</p> <p>2. Be aware that grapefruit and Seville oranges can interact with Lynparza.</p>	<p>1. Monitor blood pressure and pulse rate regularly and weigh patient daily during therapy.</p> <p>2. Anticipate that drug may change color in solution or when exposed to metal filter.</p>	<p>1. Be aware that hydromorphone therapy increases the risk of abuse, addiction, and misuse.</p> <p>2. Give the I.V. form by direct injection over at least 2 minutes.</p>
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess the client's vital signs, blood glucose,	Assess the patient's vital signs, fluid volume, weight, edema, lung sounds, and heart sounds.	Assess the patient's vital signs, weight, prostate specific antigen, creatinine level, BUN, urinalysis, and estimated GFR.	Assess the patient's vital signs, weight, CBC, electrolytes, and ANA titer.	Assess the patient's vital signs and pain level.
Client Teaching needs (2)	1. Advise patient to report any	1. Teach the patient to watch	1. Instruct the patient to	1. Instruct the patient to take	1. Advise the patient to take

	confusion, difficulty breathing, rash, slow pulse, and swelling in arms or leg immediately to the provider. 2. Urge patient to avoid alcohol while taking labetalol and to not stop taking it abruptly.	and report for any signs of fluid overload. 2. Teach the patient to watch and report for any signs of intravenous reactions.	swallow the tablet whole and to not crush, chew, or break it. 2. Take both doses at the same time each day with both doses being evenly spaced out.	hydralazine tablets with food. 2. Advise patients to change positions slowly especially in the morning and that hot showers could cause hypotension.	the drug with food to avoid GI distress. 2. Instruct the patient to report constipation, difficulty breathing, severe nausea, or vomiting.
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Medications Reference (1) (APA):

Jones & Bartlett Learning. (2019). *2019 Nurse’s drug handbook*. Burlington, MA.

RxList. (2020, August 12). *Normal saline (sodium chloride injection): Uses, dosage, side effects, interactions, warning*. <https://www.rxlist.com/normal-saline-drug.htm#description>.

RxList. (2021, March 22). *Lynparza (Olaparib capsules for oral administration): Uses, dosage, side effects, interactions, warning*. <https://www.rxlist.com/lynparza-drug.htm>.

Stewart, J. (2020, September 8). *Lynparza: Uses, dosage, side effects & warnings*. Drugs.com. <https://www.drugs.com/lynparza.html>.

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p>	<p>The client appeared to be in no discomfort or pain. A & O x 3 Oriented to person, time, place, & current events. Client appears overall content with no signs of discomfort or distress at the time of assessment.</p>
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<p>INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Skin color normal for race. Appeared hydrated and clean. Warm Normal turgor 2+ No rashes or bruises noted. The patient had a skin tear on his left groin, the fold of his abdomen, and his left buttock. 18 Nephrostomy tube</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck are symmetrical, no bumps or lesions noted. Ears are free of discharge, no bumps or lesions noted. Upon inspection sclera was white, cornea was clear, conjunctiva was white with no lesions or discharge noted. Septum midline. No drainage or bleeding noted. No deviation or abnormalities noted. Patient has natural teeth on top and bottom. No lesions or bumps noted. Mouth is pink 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>S1 and S2 heart sounds normal with no murmurs, gallops, or rubs present. Patient had good air movement. Pulse was 86 bpm radial Capillary refill is between 2-3 seconds. No neck distention or edema noted.</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Patient has normal lung sounds with no dyspnea, rhonchi, crackles, or wheezes present. Respirations are nonlabored.</p>
<p>GASTROINTESTINAL (2 points): Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection:</p>	<p>Regular diet at home Clear liquid diet with no fluid restrictions at hospital 255.7 pounds Bowel sounds are normoactive in each quadrant Bowel movement was one day ago. The client originally came in with reports of abdominal pain but reported no abdominal pain during my assessment.</p>

<p>Distention: Incisions: Scars: 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>No pain or masses noted on palpation No abnormalities found upon inspection for distention, incision, scars, or drains. The patient had a skin tear on the fold of his abdomen that was left open with some barrier cream on it.</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: Size:</p>	<p>Yellow and no odor present. The patient had a foley catheter present and I emptied 200mL of urine while I was there. The patient also had a nephrostomy drainage tube that had drained 75 mL while I was there. The penis was clean and dry with no redness or irritation present around the foley catheter. The left buttock had a skin tear on it. The skin tear was left open with some barrier cream applied to it.</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Score: 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>Patient has no neurovascular deficits noted. ROM was good in all extremities with equal strength bilaterally. Patient uses a walker. Patient can become weak from time to time. Patient is a one to two persons assist. The patient will be going to rehab for therapy when discharged. Fall risk is 40. Patient is a low risk for falls but is still on fall precautions. Patient noted that he walks with a walker and gait belt. Patient is a one to two assist. Patient needs assistance to stand and walk in case of loss of balance or sudden weakness.</p>
<p>NEUROLOGICAL (2 points): 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:</p>	<p>Moves both arms and legs well bilaterally. Oriented to person, time, place, and current events. Patient has no impaired mental status. Patient has good overall vision. Patient has good speech with no difficulties noted. Alert and oriented x3</p>

LOC:	
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):	No deficits were noted. Patient does not specify a religion or what it means to him. When asking the patient about coping methods he stated, "watching the television relaxes me." The patient has no disabilities and has an appropriate developmental age for his level. The patient lives at home by himself. The patient noted that he has a sister that helps him when needed and will help him with any transportation he needs. The patient uses a rollator at home and a shower chair for assistance in the shower. Before coming to the hospital, the patient lived at home by himself and completed all daily living activities himself.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1500	86 radial	114/74 left arm	18	98.2 oral	96% room air
1700	82 radial	118/76 left arm	20	98.6 oral	98% room air

Vital Sign Trends: The client’s vital signs are all within normal limits.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1500	0-10 numerical	The client reported no pain.	0/10	The client denied any pain.	No interventions were necessary at the time for this client. The client did not receive any pain medication during my clinical day.
1700	0-10	The client	0/10	The client	No

	numerical	reported no pain.		denied any pain.	interventions were necessary at the time for this client. The client did not receive any pain medication during my clinical day.
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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:	The client had an upper right chest power port in place. The size was not documented. 10/20/2021 0200 Patent 0.9% sodium chloride 70 ml/hr No signs of erythema or drainage noted. The dressing was clean, dry, and intact. No redness or irritation was noted.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
The client was on a clear liquid diet. The client ate lunch before the start of my clinical day and did not eat dinner during my clinical time. The client however did drink 120 mL of water. The client received 350 mL of 0.9% sodium chloride during my clinical time. Total intake – 470 mL	The client had a foley catheter in place. I emptied 200 mL of urine from the foley catheter bag during my clinical time. The client had a nephrostomy tube in place and drained 75 mL during my clinical time. Total output – 275 mL

Nursing Care

Summary of Care (2 points)

Overview of care: The patient had come in on October 19th with complaints of abdominal pain and rectal bleeding. The patient had been in almost a week prior on October 13th with complaints of constipation and was diagnosed with proctitis colitis. The patient was sent home on Augmentin. Due to the lack of improvement in that week time span the patient came back to the emergency department and was admitted for further evaluation of his proctitis colitis. During my clinical day the patient was receiving 0.9% sodium chloride at 70 mL/hr. The patient did not report of any pain while I was there. The patient was on room air with vital signs stable. The patient was on a clear liquid diet with no fluid restrictions and drank 120 mL of water. The patient had a foley catheter with an output of 200 mL. The patient also had a nephrostomy tube with an output of 75 mL. The patient utilizes a gait belt and walker with a one to two persons assist but did not get up out of bed. The patient is planning to be discharged to providence rehabilitation center on October 28th where he will get the therapy and the help, he needs to hopefully eventually return home.

Procedures/testing done: The patient did not leave the floor or have any testing done while I was there.

Complaints/Issues: The patient had no complaints or issues.

Vital signs (stable/unstable): The patient's vital signs were stable.

Tolerating diet, activity, etc.: The patient is on a clear liquid diet with no fluid restrictions. The patient seemed to be tolerating the diet well. The patient utilizes a walker and gait belt with one to two persons assist but did not get out of bed during my clinical day.

Physician notifications: No notifications were presented at this time.

Future plans for patient: The patient will hopefully be discharged on October 28th to the rehabilitation facility where he can have access to therapy and the help, he needs in order to get

back home. The patient will see his primary care provider, oncologist, and a nephrologist once discharged. Until then the patient will continue to be monitored at the hospital and is hopeful about moving to a full liquid diet on October 28th before being discharged.

Discharge Planning (2 points)

Discharge location: The case management noted that the patient was accepted to providence for rehabilitation to home. The patient’s plan is to be discharged to the rehabilitation facility on October 28th.

Home health needs (if applicable): The patient has an upper right chest power port, upper right flank nephrostomy tube, and foley catheter that will need to be cared for. The patient is going to a rehabilitation center so they will most likely have all the supplies he will need.

Equipment needs (if applicable): The patient already has a wheelchair and shower chair at home for when he does get discharged.

Follow up plan: The patient will follow up with his primary care provider within fourteen days of being discharged. The patient will follow up with his oncologist. The patient will also have a consult with a nephrologist once discharged to continue his plan of care.

Education needs: The patient will need to be educated on maintaining mobility. The patient will also need to be educated on his foley catheter, nephrostomy tube, and chest port so the patient can remain free of infections and understand the care of them.

Nursing Diagnosis (15 points)

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

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Intervention (2 per dx)</p>	<p>Evaluation</p> <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and
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			outcomes, modifications to plan.
1. Risk for infection related to immunosuppression as evidenced by prostate cancer and bone metastasis.	The patient has prostate cancer and bone metastasis. The patient received radiation therapy and is on a chemotherapy drug known as Lynparza. Both treatment options will compromise the immune system making it harder for the body to fight off infections.	1. Do not allow visitors with active infections, use reverse isolation when indicated, and promote good handwashing procedures. 2. Assess all systems for signs and symptoms of infection on a continual basis.	The patient was cooperative and understood that he was at an increased risk for infection. The only visitor the patient ever had was his sister. Hand hygiene was promoted constantly. All the systems were assessed for any signs of infection and the patient knew to report them to the provider immediately if he were to begin experiencing anything new. Overall, the goals were met.
2. Impaired skin integrity related to a breakage in the skin as evidenced by skin tears in the groin, abdomen, and buttocks.	The patient has skin tears on the left groin, abdominal fold, and left buttock.	1. Assess skin frequently for further breakdown and delayed wound healing. 2. Turn and reposition at least every 2 hours.	The patient was cooperative and allowed me to assess his skin tears. All the skin tears were left open to heal. The skin tears had barrier cream and were kept clean and dry to promote wound healing. The patient was on a two hour turn order. Overall, the goals were met.
3. Imbalanced nutrition related to chronic kidney disease as evidenced by clear liquid diet.	The patient has stage IV chronic kidney disease and is on a clear liquid diet. A clear liquid diet does not provide the patient with proper nutritional values putting the patient at risk for malnutrition.	1. Monitor the patient's vital signs, electrolyte balance, and general appearance frequently. 2. Monitor I & O, and weight daily.	The patient was on a clear liquid diet and was tolerating it well. The patient's vital signs remained stable, and the patient kept an overall good appearance. The patient was on a strict I & O and was monitored for any weight loss or gain. Overall, the goals were met.
4. Impaired urinary elimination related to chronic kidney disease	The patient's NM renal scan with Lasix showed that	1. Monitor I & O, and daily weight.	The patient was on a strict I & O. The patient was weighed every

as evidenced by loss of kidney function.	the patient's right kidney had mild perfusion and minimal excretion.	2. The patient had a nephrostomy tube and foley catheter put in place to help with the excretion of urine.	morning. The patient had a nephrostomy drainage system and a foley catheter to help with the excretion of urine. The patient tolerated the interventions well. Overall, the goals were met.
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Other References (APA):

Judith, K. (2017, September 23). *Imbalanced nutrition: Less than body requirements – nursing diagnosis & care plan*. Nurseslabs. <https://nurseslabs.com/imbalanced-nutrition-less-body-requirements/>.

Vera, M. (2021, September 20). *Risk for infection nursing diagnosis and nursing care plan*. Nurseslabs. <https://nurseslabs.com/risk-for-infection/>.

Wayne, G. (2017, September 23). *Impaired urinary elimination – nursing diagnosis & care plan*. Nurseslabs. <https://nurseslabs.com/impaired-urinary-elimination/>.

Wayne, G. (2019, March 20). *Risk for impaired skin integrity – nursing diagnosis guide*. Nurseslabs. <https://nurseslabs.com/risk-for-impaired-skin-integrity/>.

Concept Map (20 Points):

Subjective Data

- Smoked one to two packs a day for twenty years but quit give years ago
- Drinks one to two times a month
- Client complained of abdominal pain that would come and go with mild to severe pain
- Patient denied any fever, nausea, or vomiting
- The patient did not state any associated or aggravated manifestations
- The client reported no pain during my clinical day.

Objective Data

- The patient's RBCs, Hgb, Hct, platelets, WBCs, lymphocytes, sodium, chloride, calcium, and magnesium were all decreased.
- The patient's monocytes, eosinophils, glucose, BUN, creatinine, and protein in the urinalysis were all elevated.
- The client received acetaminophen for mild to moderate pain and hydromorphone for severe pain.
- The patient was on 0.9% sodium chloride at 70 mL/hr.
- Vital signs were within normal baseline levels and stable.
- The client was A & O x3

Patient Information

The patient is a 66 y/o Caucasian, widowed, male, who came to the emergency department with complaints of rectal bleeding and abdominal pain. The patient was admitted for further evaluation of his previously diagnosed proctitis colitis. The patient has a history of prostate cancer, pancytopenia, stage IV chronic kidney disease, bone metastasis and many other things. The patient has no known allergies. The patient is a full code. The patient is 255.7 pounds and 5'9".

Nursing Diagnosis/Outcomes

1. Risk for infection related to immunosuppression as evidenced by prostate cancer and bone metastasis.
 - The patient has prostate cancer and bone metastasis. The patient received radiation therapy and is on a chemotherapy drug known as Lynparza. Both treatment options will compromise the immune system making it harder for the body to fight off infections.
 - Maintain staying away from people with active infections and promote good handwashing techniques.
2. Impaired skin integrity related to a breakage in the skin as evidenced by skin tears in the groin, abdomen, and buttocks.
 - The patient has skin tears on the left groin, abdominal fold, and left buttock.
 - Turn and reposition the patient at least every two hours and more as tolerated.
3. Imbalanced nutrition related to chronic kidney disease as evidenced by clear liquid diet.
 - The patient has stage IV chronic kidney disease and is on a clear liquid diet. A clear liquid diet does not provide the patient with proper nutritional values putting the patient at risk for malnutrition.
 - Monitor the patient's daily weight and electrolyte imbalances for any weight loss or dehydration.
4. Impaired urinary elimination related to chronic kidney disease as evidenced by loss of kidney function.
 - The patient's NM renal scan with Lasix showed that the patient's right kidney had mild perfusion and minimal excretion.
 - Monitor the patient's I & O to ensure the nephrostomy and foley catheter are appropriately excreting the urine.

Nursing Interventions

1. Do not allow visitors with active infections, use reverse isolation when indicated, and promote good handwashing procedures.
 2. Assess all systems for signs and symptoms of infection on a continual basis.
-
1. Assess skin frequently for further breakdown and delayed wound healing.
 2. Turn and reposition at least every 2 hours.
-
1. Monitor the patient's vital signs, electrolyte balance, and general appearance frequently.
 2. Monitor I & O, and weight daily.
-
1. Monitor I & O, and daily weight.
 2. The patient had a nephrostomy tube and foley catheter put in place to help with the excretion of urine.

