N431 Care Plan #2

Lakeview College of Nursing

Conor Deering

Demographics (3 points)

Date of Admission 10/23/21	Patient Initials J.H.	Age 73	Gender Male
Race/Ethnicity White	Occupation Mechanic	Marital Status Married	Allergies NKDA
Code Status Full Code	Height 177.8cm	Weight 67.6kg	

Medical History (5 Points)

Past Medical History: Squamous cell carcinoma, lumbar post laminectomy syndrome, GERD, lumbar radiculopathy, lumbar spondylosis, lung mass, right knee osteoarthritis, bilateral sensorineural hearing loss.

Past Surgical History: Appendectomy, back surgery, left hand full thickness skin graft, left knee replacement, right hand lesion removal.

Family History: The patient's son had bladder cancer.

Social History (tobacco/alcohol/drugs): The patient has been smoking one pack a day for 61 years.

Assistive Devices: None

Living Situation: Patient lives with his stepson; his wife is in a nursing home.

Education Level: Patient finished 6th grade of middle school.

Admission Assessment

Chief Complaint (2 points): Abdominal and chest pain

History of present Illness (10 points): The patient was admitted upon complaint of abdominal and chest pain one month ago. The patient complains of visceral, nonspecific pain. The patient had nausea and vomiting accompanying his symptoms. Patient reports

being unable to tolerate orally for two weeks. The patient has previously visited a cardiologist, being admitted then discharged one month ago.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Malignant esophageal tumor

Secondary Diagnosis (if applicable):.

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

Esophageal cancer can be caused by irritation of the epithelial tissue that lines the esophagus, causing injury and irritation (Capriotti, 2020). Adenocarcinomas make up 70% of all esophageal cancer diagnoses in the United States; the risk factors are tobacco use, GERD, and Barret's esophagus. The process by which these normal epithelial tissues turn to carcinoma is called metaplasia; this is caused by GERD, which is a chronic issue of gastric juices coming out of the lower esophageal sphincter. Metaplasia can result in cancer metastasizing to different body systems. My patient presented with GERD, and a hiatal hernia, which irritates the tissues of the esophagus, in turn causing esophageal cancer. Esophageal cancer, unfortunately, does not manifest symptoms until late into the disease process. Dysphagia occurs in later stages of this cancer, which applies to my patient, having difficulty with solids first, later moving to liquids and saliva. Upon admission, my patient complained of chest pain; this is classic symptomology of esophageal cancer. My patient reported abdominal pain; this symptom relates to liver damage evidenced by his AST, ALT, and alkaline phosphate being elevated. Expected findings are positive masses using a CT scan, PET scan, endoscopies with biopsies, tumor markers, and barium studies (Recio-Boiles, 2021). The patient has metastasis from the esophagus to the liver confirmed by a CT scan. Adenocarcinomas are typical to metastasize through abdominal sites. An endoscopy was performed, and a biopsy was taken to discern the type of cancer present (Capriotti, 2020). The treatment of this disease can involve surgery, chemotherapy; radiation can be added to chemotherapy as an additional treatment. The treatment from my patient will likely be chemotherapy; he has a recent port insertion for this purpose. My patient will not be a candidate for surgery due to cancer metastasizing to the liver (Recio-Boiles, 2021). My

patient is currently anemic, as he is likely suffering from malnutrition due to weeks of dysphagia (Capriotti, 2020).

Pathophysiology References (2) (APA):

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

Recio-Boiles, A. (2021, July 21). *Esophageal cancer*. StatPearls. Retrieved July 21, 2021, from https://www.statpearls.com/ArticleLibrary/viewarticle/21327

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	**3.9 – 5.4**	**4.04**	**2.64**	**This patient has not been orally tolerating for weeks, which can cause anemia (Lab Tests Online, 2021).**
Hgb	**12 – 16**	**10.9**	**7.2**	**This value follows RBC values and is low due to malnutrition (Lab Tests Online, 2021).**
Hct	**36 – 48**	**35.1**	**22.2**	**This value follows RBC values and is low due to malnutrition (Lab Tests Online, 2021).**
Platelets	**150 – 450**	**248**	**187**	**N/A**
WBC	**4.5 – 10.8**	**9.7**	**8.0**	**N/A**
Neutrophils	**40 – 80**	**85.4**	**85.6**	**Neutrophilia can be caused by trauma from a metastatic tumor (Lab Tests Online, 2021).**
Lymphocytes	**13 – 48**	**5.9**	**6.4**	**Lymphocytopenia can be caused by protein deficiency (Lab Tests Online, 2021).**
Monocytes	**2 – 12**	**5.6**	**6.1**	**N/A**
Eosinophils	**0 – 8**	**1.5**	**0.5**	**N/A**
Bands	**N/A**	**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-	134 – 144	133	132	Low sodium can be due to malnutrition (Lab Tests Online, 2021).
K+	3.5 – 5.2	4.42	4.5	N/A
Cl-	96 – 106	97	103	N/A
CO2	20 – 29	21.6	19.4	A slightly low result may not have any medical significance (Lab Tests Online, 2021).
Glucose	65 – 99	113	81	A high glucose value can result due to stress and trauma (Lab Tests Online, 2021).
BUN	8 – 27	20.8	14.2	N/A
Creatinine	0.76 – 1.27	1.56	1.65	The patient has high creatinine due to mild kidney impairment (Lab Tests Online, 2021).
Albumin	3.8 – 4.9	3.9	2.8	This value is low due to malnutrition (Lab Tests Online, 2021).
Calcium	8.7 – 10.2	9.8	8.2	This result can come from low albumin levels (Lab Tests Online, 2021).
Mag	1.6 – 2.3	N/A	1.9	N/A
Phosphate	3 – 4.3	N/A	N/A	N/A
Bilirubin	0 – 1.2	0.5	0.5	N/A
Alk Phos	48 – 121	505	246	High levels of alkaline phosphate correlate with cancer metastasis resulting in liver damage in this patient (Lab Tests Online, 2021).
AST	0 – 40	55	64	High levels of AST correlate with cancer metastasis resulting in liver damage in this patient (Lab Tests Online, 2021).

ALT	**0 – 32**	**49**	**32**	**High AST can correlate with cancer metastasis resulting in liver damage in this patient (Lab Tests Online, 2021).**
Amylase	**N/A**	**N/A**	**N/A**	**N/A**
Lipase	**0 – 59**	**106**	**N/A**	**A high lipase may be due to pancreatitis from omeprazole use (Lab Tests Online, 2021).**
Lactic Acid	**N/A**	**N/A**	**N/A**	**N/A**
Troponin	**0 – 22**	**25**	**N/A**	**Slight increases in troponin levels may indicate some damage to the heart (Lab Tests Online, 2021).**
CK-MB	**N/A**	**N/A**	**N/A**	**N/A**
Total CK	**N/A**	**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**	**N/A**	**N/A**	**N/A**
PT	**11 – 13.5**	**N/A**	**N/A**	**N/A**
PTT	**25 - 35**	**N/A**	**N/A**	**N/A**
D-Dimer	**N/A**	**N/A**	**N/A**	**N/A**
BNP	**N/A**	**N/A**	**N/A**	**N/A**
HDL	**N/A**	**N/A**	**N/A**	**N/A**
LDL	**N/A**	**N/A**	**N/A**	**N/A**
Cholesterol	**N/A**	**N/A**	**N/A**	**N/A**
Triglycerides	**N/A**	**N/A**	**N/A**	**N/A**
Hgb A1c	**N/A**	**N/A**	**N/A**	**N/A**
TSH	**N/A**	**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	**N/A**	**Yellow/ Clear**	**N/A**	**N/A**
pH	**5 – 7**	**6**	**N/A**	**N/A**
Specific Gravity	**1.001 – 1.030**	**1.048**	**N/A**	**A high specific gravity can be caused by dehydration (Lab Tests Online, 2021).**
Glucose	**NEG**	**NEG**	**N/A**	**N/A**
Protein	**NEG**	**NEG**	**N/A**	**N/A**
Ketones	**NEG**	**NEG**	**N/A**	**N/A**
WBC	**0 – 5**	**N/A**	**N/A**	**N/A**
RBC	**0 – 2**	**N/A**	**N/A**	**N/A**
Leukoesterase	**NEG**	**N/A**	**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	**N/A**	**N/A**	**N/A**	**N/A**
PaO2	**N/A**	**N/A**	**N/A**	**N/A**
PaCO2	**N/A**	**N/A**	**N/A**	**N/A**
HCO3	**N/A**	**N/A**	**N/A**	**N/A**

SaO2	**N/A**	**N/A**	**N/A**	**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	**N/A**	**N/A**	**N/A**	**N/A**
Blood Culture	**N/A**	**N/A**	**N/A**	**N/A**
Sputum Culture	**N/A**	**N/A**	**N/A**	**N/A**
Stool Culture	**N/A**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Lab Tests Online. (2021). *Patient education on blood, urine, and other lab tests*. Retrieved October 3, 2021, from https://labtestsonline.org/

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- **An abdomen CT scan with contrast was done due to suspecting GI abnormalities from nausea, vomiting, and inability to tolerate orally (Capriotti, 2020).**
- **An upper GI endoscopy was ordered due to the CT finding a gastric mass (Capriotti, 2020).**

Diagnostic Test Correlation (5 points):

- **An abdomen CT with contrast revealed the reason for his vomiting: a hiatal hernia accompanied by a gastric mass with suspected metastasis to the liver; the cancer has absorbed 2/3 of his liver. (Capriotti, 2020).**
- **An upper GI endoscopy visualized and took a biopsy of the esophageal tumor, assisting in developing a treatment plan for the cancer (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.

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

Home Medications (5 required)

Brand/Generic	**Katerzia/ Amlodipine**	**Aspirin/ Aspirin**	**Amrix/ Cyclobenzaprine**	**Nitrostat, Nitroglycerin**	**Prilosec/ Omeprazole**
Dose	**2.5mg Tablet**	**81mg**	**10mg**	**0.4mg**	**40mg**
Frequency	**Daily**	**Daily**	**Daily before bed**	**Upon chest pain q 5min maximum of 3 daily.**	**Daily**
Route	**Oral**	**Oral**	**Oral**	**Sublingual**	**Oral**
Classification	**Calcium channel blocker/ Antianginal/ Antihypertensive**	**Salicylate/ NSAID/ Antiplatelet**	**Tricyclic antidepressant/ skeletal muscle relaxant**	**Nitrate/ Antianginal/ vasodilator**	**Proton pump inhibitor/ antiulcer**
Mechanism of Action	**This inhibits cellular calcium exchange resulting in decrease of**	**Blocks prostaglandin synthesis which decreases inflammation,**	**Reduces muscle hyperactivity by acting on the brain stem. Relieves spams**	**The body metabolizes nitroglycerine into nitrous oxide which**	**Stops gastric acid secretion by inhibiting the proton pump is gastric**

	peripheral vascular resistance. This acts on coronary/ vascular smooth muscle.	**pain transmission; platelet aggregation by thromboxane A2 is also reduced.**	**without disrupting muscle function.**	**activates guanylate cyclase enzymes leading to cGMP formation. cGMP causes calcium to be forced out of smooth vascular muscle cells causing vasodilation.**	**parietal cells, keeping HCL from forming.**
Reason Client Taking	**Client was taking to control HTN.**	**Client was taking to reduce risk of ischemic attacks.**	**Client was taking to relieve muscle spasms (adjunct)**	**Client was taking to alleviate angina pain.**	**Client was taking to treat symptoms of GERD**
Contraindications (2)	**Hypersensitivity to amlodipine.**	**Active bleeding, Recent GI bleeding**	**Arrhythmias, recovering from acute MI**	**Orthostatic hypotension, severe anemia**	**Using this medication with rilpivirine products; Hypersensitivity**
Side Effects/Adverse Reactions (2)	**Hypotension, chest pain.**	**GI bleeding, hepatotoxicity**	**Hypotension, hepatitis**	**Hypotension, Abdominal pain**	**Hepatic dysfunction, Pancreatitis**
Nursing Considerations (2)	**Monitor hepatic function closely; drug is metabolized by the liver so expect to adjust accordingly. Assess patient frequently for chest pain when starting or increasing the dose; worsening of angina can occur.**	**Ask about tinnitus; this happens when blood levels exceed maximum dosage. Use and immediate release aspirin in case of myocardial infarction.**	**Use with caution in low seizure threshold patients. Not recommended for use in geriatrics due to higher serum levels of medication, increasing risk for adverse reactions.**	**Use cautiously in elderly patients, especially those who are volume-depleted and taking several medications; increases fall risk. Place sublingual tablet under the tongue until it**	**Give omeprazole before meals (ideally in the morning). This medication may be mixed with applesauce or yogurt if needed.**

				dissolves completely.	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitoring for hypotension is important before giving more. Monitoring for heart rhythm and rate is important as well.**	**Know platelet counts before giving and monitor AST and ALT for liver function.**	**Assess for CNS depression, hypotension, and mental status.**	**Assess for hypotension and heart rate.**	**Assess for abdominal pain or diarrhea before giving this medication; ensure no recent alcohol consumption or GI bleed.**
Client Teaching needs (2)	**Advise patient to routinely monitor blood pressure. If missing a dose, take as soon as remembered then in 24 hours. (Jones & Bartlett Learning, 2021).**	**Advise the patient to take not take other NSAIDs; this may decrease cardioprotective effects. Tell the patient to not use aspirin if it has a strong odor of vinegar. (Jones & Bartlett Learning, 2021).**	**Avoid alcohol and other CNS depressants. Inform patients to assess themselves for dizziness before driving or operating machinery. (Jones & Bartlett Learning, 2021).**	**Teach the patient to understand signs of angina such as chest pain and pressure. Inform women they may only feel fatigue and shortness of breath. Advise patient to only follow package instructions for the drug. (Jones & Bartlett Learning, 2021).**	**Teach patient to avoid alcohol while on therapy. Teach patient to inform all prescribers of omeprazole therapy.**

Hospital Medications (5 required)

Brand/Generic	**Lipitor/ Atorvastatin**	**Protonix/ Pantoprazole**	**Lexapro/ Escitalopram**	**MS Contin/ Morphine**	**Zofran/ Ondansetron**

Dose	**40mg**	**40mg**	**10mg**	**15mg tablet**	**4mg**
Frequency	**Daily**	**BID**	**Daily**	**Q 12 hrs.**	**Q 6 hrs. PRN nausea**
Route	**Oral**	**IV**	**Oral**	**Oral**	**IV**
Classification	**HMC-CoA reductase inhibitor/ Antihyperlipidemic**	**Proton pump inhibitor, antiulcer**	**SSRI, Antidepressant**	**Opioid analgesic**	**Selective serotonin receptor antagonist/ antiemetic**
Mechanism of Action	**Reduce plasma cholesterol by blocking cholesterol synthesis in the liver; this increases the number of LDL receptors to increase LDL breakdown.**	**Inhibits proton pump in gastric cells to block hydrochloric acid formation.**	**Inhibits reuptake of serotonin by central nervous system neurons increasing available serotonin to nerve synapses.**	**This medication binds with opioid receptors in the brain and spinal cord to produce euphoria and block pain.**	**This medication blocks serotonin reception at vagal nerve terminals located in the intestinal tract and the chemoreceptor trigger zone; this reduces nausea and vomiting.**
Reason Client Taking	**To control lipid levels in the blood.**	**Treat GERD**	**Treat generalized anxiety or depression**	**Relieve severe pain**	**The client is taking this medication for nausea and vomiting.**
Contraindications (2)	**Active hepatic disease, hypersensitivity**	**Hypersensitivity, concurrent therapy with rilpivirine-containing products.**	**Taking medication concurrently with pimozide, hypersensitivity.**	**Gastrointestinal obstruction, Asthma**	**Do not use this medication when giving apomorphine at the same time or if the patient has a hypersensitivity.**
Side Effects/Adverse Reactions (2)	**Hepatic failure, pancreatitis**	**Hepatic failure, hyponatremia**	**Hepatic necrosis, hypotension**	**Bradycardia, hypotension**	**Hypotension, chest pain**
Nursing Considerations (2)	**Use cautiously in patients with a history of liver disease. Expect this medication to be used in patients**	**Proton pump inhibitors should not be given longer than medically necessary,**	**Use cautiously in clients with history of mania or seizures, Monitor the**	**Be aware that opioids can lead to addiction; benefits should outweigh the**	**Monitor patient for signs and symptoms of hypersensitivity; the medication will be**

	without CAD but have risk such as: over 55, family history, smoking, history of HTN, or low HDL levels.	**ensure continuing gastric acid suppression when changing route from oral to IV.**	**patient for bleeding**	**risks. Ensure Narcan and oxygen are available before giving this medication.**	**discontinued due to bronchospasm. Monitor electrocardiogram as ordered, especially in patients with bradyarrhythmia.**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess patient for cyclosporine, gemfibrozil, tipranavir in combination with ritonavir, or telaprevir. Assess for recent alcohol use or liver dysfunction.**	**Flush IV before and after giving this medication.**	**Monitor heart rate**	**Monitor heart rate, blood pressure, and assess pain. Monitor for CNS depression.**	**Before giving this medication, I would want to know the blood pressure and heart rate of my patient.**
Client Teaching needs (2)	**Emphasize to the patient that atorvastatin is an adjunct, not a replacement for a low-cholesterol diet. Teach your patient to take this medication at the same time daily to maintain effectiveness (Jones & Bartlett Learning, 2021).**	**Notify provider if diarrhea occurs. Advise patient to expect symptom relief within two weeks of starting therapy (Jones & Bartlett Learning, 2021).**	**Avoid hazardous activities until drug's effect on nervous system is known. Warn the patient that this medication increases bleeding risk (Jones & Bartlett Learning, 2021).**	**Educate patient to avoid hazardous activities during therapy. Tell the patient to change positions slowly due to orthostatic hypotension (Jones & Bartlett Learning, 2021).**	**Teach patients to report signs of hypersensitivity (rash) immediately. Reassure a patient with transient blindness that it resolves in 48 hours (Jones & Bartlett Learning, 2021).**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2021 nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert an oriented to person, place, time, and situation. Patient is in no acute distress and is disheveled in appearance with black stained nails from working as a mechanic.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**The patient has peach skin that is warm to touch and without rashes and bruises; his turgor was intact and has a wound on his abdomen LLQ and LUQ.** **Braden score: 17**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and neck are midline. Ears, eyes, and nose are symmetrical bilaterally without any wounds, drainage, or lacerations. Nose is midline with pink nares. Dentition is poor.**
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	**S1 and S2 present with normal rate an rhythm without rubs, murmurs, or gallops. Peripheral pulses are present and +2 bilaterally arms and legs. Capillary refill is less than 2 seconds.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Normal versicular sounds can be heard throughout all five lobes.**

GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☒ N ☐** **Type:**	**Patient has had a diminished diet x 2 weeks at home due to inability to tolerate. The patient is currently on a full liquid diet due to dysphagia. Patient height is 177.8cm with 67.6kg weight.** **Bowel sounds are absent** **Palpation was omitted due to patient pain.** **Upon inspection the torso had no distention, scars, or drains. The patient had a wound from port insertion and a recent j-tube and port installation (wounds). Some blood is seeping from the post-surgery wound.** **Patient has a -tube LLQ.**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Patient urine was amber and cloudy.** **25ml urine observed.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**The patient has full range of motion with weak strength.** **Morse fall score: 30**

NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Pt is oriented but fatigued.** **The patient has severe bilateral sensorineural hearing loss.** **No loss of consciousness noted.**
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):**	**The patient copes by sleeping and talking to family.** **The patient has no religious preference.** **The patient has his stepdaughter and stepson in his normal environment/support system.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1059	60	98/53	18	97.9	89%
1208	57	101/45	20	98.5	93%

Vital Sign Trends: **The pt is unstable as his vitals keep dropping; he has been given oxygen and has improved. The patient was sleeping, so the heart rate lessened. Diastolic is consistently low. O2 was given to raise saturation up to 93%.**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1059	Numeric	Abdomen	9/10	Visceral pain	Offer to reposition the patient; give

					oxygen for low saturation 2L/ min.
1208	**Numeric**	**Abdomen**	**10/10**	**Visceral pain**	**Give morphine IV**

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:**	**20ga** **L forearm** **26/10/2021** **Patent IV running lactated ringers 100ml/hr** **No drainage or erythema noted.** **Dressing is clean and intact.**

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
500ml IV fluids, 60ml water	**25ml urine**

Nursing Care

Summary of Care (2 points)

Overview of care: Upon starting the day I greeted my patient; he is hard of hearing, so I had to find a method of communication. The patient's stepdaughter explained that he came here due to vomiting and not eating. In communicating with the patient, I used a deep voice and got very close to his ear. I gathered an OLDCARTS history from the patient then performed a comprehensive assessment. A provider entered the room and tried to communicate with the patient; I ensured the patient understood what she was trying to

convey. I offered to help the patient to his side; he confirmed he felt better after the intervention. Oxygen was given to intervene for an 89% O2 saturation. When his dose of morphine was within one hour of the ordered time, it was given to help with the pain.

Procedures/testing done: No procedures or tests were done during my shift.

Complaints/Issues: The patient complained of a pain 9/10 an 10/10 during my shift.

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

Tolerating diet, activity, etc.: The patient is only able to tolerate a full liquid diet.

Physician notifications: The physician was not notified during this shift; the patient's status has not significantly changed.

Future plans for patient: This patient is seeking to be discharged and live with his stepdaughter.

Discharge Planning (2 points)

Discharge location: Discharge is still pending and planning this patient's care is still in progress.

Home health needs (if applicable):

Equipment needs (if applicable):

Follow up plan:

Education needs:

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and

			outcomes, modifications to plan.
1. **Impaired gas exchange related to altered oxygen supply as evidenced by drop in oxygen saturation**	**The patient had a dropping O2 saturation which required intervention. Airway is at the top of the ABC hierarchy.**	**1. Reposition the patient in high fowlers.** **2.Start oxygen at 2L/min with a nasal cannula.**	**The patient maintains an O2 saturation above 90% throughout his stay.**
2. **Acute pain related to disease process as evidenced by patient report of pain**	**The patient has reported a high pain scale on two separate occasions. Pain can cause anxiety and increase morbidity.**	**1. Monitor patient pain frequently.** **2. Give pain medications as ordered.**	**The patient reached a manageable pain threshold of 6/10.**
3. **Impaired skin integrity related to surgery as evidence by the disruption of tissue and skin.**	**Wounds can be breeding grounds for infection and a cause of blood loss.**	**1. Inspect patient wounds on a regular basis.** **2 Splint abdominal wounds when the patient is moving, coughing, or sneezing.**	**The patient has an absence of infection and has 100% efficiency in wound healing.**
4. **Hearing impairment related to inability to understand plan of care as evidence by patient reporting he cannot understand.**	**It is imperative for the patient to understand his plan of care so he can make informed decisions and give informed consent.**	**1. Understand the depth of patient deficits.** **2. Speak close to the patient with a normal volume but low pitch.**	**The patient can understand 100% of his plan of care.**

Other References (APA):

Concept Map (20 Points):

The patient has smoked 1 pack of cigarettes a day for 61 years. He reports a 9/10 (@1059) and 10/10 (@1208) visceral abdominal pain. The patient reports he has had symptoms for 1 month but cannot tolerate food for two weeks.

Subjective Data

Impaired gas exchange related to altered oxygen supply as evidenced by drop in oxygen saturation
The patient has an absence of infection and has 100% efficiency in wound healing.
Acute pain related to disease process as evidenced by patient report of pain
The patient reached a manageable pain threshold of 6/10.
Impaired skin integrity related to surgery as evidence by the disruption of tissue and skin.
The patient has an absence of infection and has 100% efficiency in wound healing.
Hearing impairment related to inability to understand plan of care as evidence by patient reporting he cannot understand.
The patient can understand 100% of his plan of care.

Nursing Diagnosis/Outcomes

Objective Data

Abnormal vital signs
@1059 BP 98/53, O2 89%
@1208 Pulse 57, BP 101/45
Diagnostics – Abdominal CT and Upper GI endoscopy finding a hiatal hernia accompanied by a gastric mass with suspected metastasis to the liver.

Pt labs –
Low - RBC, Hgb, Hct, lymphocytes, na+, albumin, and calcium.
High – Alk Phos, AST, ALT, and neutrophils.
The client has had a port and J-tube put in during his stay.

Patient Information

A 73 y/o male presents with for abdominal and chest pain has been diagnosed with an esophageal tumor. The patient has a history of GERD, squamous cell carcinoma, lung mass, and a family history of bladder cancer (son). The patient has severe hearing impairment which will impact his care.

Nursing Interventions

Reposition the patient in high fowlers.

Start oxygen at 2L/min with a nasal cannula.

Monitor patient pain frequently.

Give pain medications as ordered.

Inspect patient wounds on a regular basis.

Splint abdominal wounds when the patient is moving, coughing, or sneezing.

Understand the depth of patient deficits.

Speak close to the patient with a normal volume but low pitch.