N311 Care Plan #

Lakeview College of Nursing

Name Berich

Demographics (5 points)

Date of Admission 10/12/19	Patient Initials S.C	Age 81	Gender female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Widow	Allergies N/A
Code Status DNR	Height 64inches	Weight 109.7 lb	

Medical History (5 Points)

Past Medical History: Rheumatoid arthritis and Gerd.

Past Surgical History: Tonsillectomy, iridectomy, left carpal tunnel release.

Family History: Aunt: Arthritis, Dad: heart failure.

Social History (tobacco/alcohol/drugs): No Smoking, two vodkas a night, medical marijuana

Admission Assessment

Chief Complaint (2 points): Right hip pain from falling.

History of present Illness (10 points): the patient went to Sarah bush and was diagnosed with rheumatoid arthritis and Gerd. The patient had a recent fall last night. The patient daughter received a call from the lifeline about the patient. The daughter found the patient on the floor and brought her in. the patient stated has been doing well in bed and did not remember ever falling and the patient stated she drinks a little bit but when she goes out she drinks a lot more. She has had a conversation with her daughter about her drinking situation, but the patient did not change her behaviors. The patient denied having sore spots on the head and was diagnosed with chronic short-term memory loss. The patient also has deformities

that make it difficult for her to ambulate around and last year she broke a hip after falling. Patient is now at odd fellow in hospice care.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): protein and calorie malnutrition

Secondary Diagnosis (if applicable):.

Pathophysiology of the Disease, APA format (20 points): protein and calorie malnutrition. Protein and Calorie malnutrition affect cell function, optimal cellular function requires daily ingestion of sufficient quantities of essential amino acids, glucose, fats, vitamins, and trace amounts of mineral for enzymatic reactions. Proteins are the building blocks of all cells in the body. Protein deficiency causes loss of muscle mass, which causes muscle weakness and slows metabolism. Loss of muscle mass was identified in my patient along with muscle weakness indicating protein deficiency. Secondary to thymic atrophy, the production of thymic hormones critical for differentiation of T lymphocytes is reduced in protein-calorie malnutrition (Simon S Rabinowitz, 2021). Protein-calorie malnutrition affects cell regeneration and the production of new cells. The lack of protein and calories will cause normal body functions to begin shutting down which can lead to kwashiorkor, a disease that causes an increased amount of protein and calorie deficiency. Protein and calorie deficiency can cause liver cirrhosis, loss of muscle mass, mental disabilities, and muscle weakness as seen in

my patient. The signs and symptoms of protein and calories are easily noticed, examples are exhaustion, constipation, loss of body fat and muscle, inability to perform high energy tasks, and weakened grip. a very low lab value of albumin is also another sign of protein and calorie malnutrition. After labs were performed on the patient, the labs revealed very low levels of albumin. Protein and calorie malnutrition can be treated with an enriched protein and calorie diet or enriched protein and calorie liquid diet. Vitamins and supplements also help in the long run. Patient has been receiving a regular diet which is enriched with protein and calorie.

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

Simon S Rabinowitz, M. D. (2021, October 17). *Marasmus*. Background, Pathophysiology, Body Composition. Retrieved November 1, 2021, from https://emedicine.medscape.com/article/984496-overview#a4.

Laboratory Data (20 points)

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

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.0-5.8x10^6/mcL	N/A	N/A	N/A
Hgb	12.0-15.8g/dL	11.5g/dL	N/A	The patient had decreased hemoglobin because of protein deficiency. Polypeptide chains that form hemoglobin cannot be formed correctly because of protein deficiency (Capriotti, 2020).
Hct	36.0-47.0%	33.6%	N/A	Low hematocrit indicates few red blood cells in the body, and this is caused by low hemoglobin, which is caused by protein deficiency that the patient has (Capriotti, 2020).
Platelets	140-440K/mcL	123k/mcl	N/A	Low hemoglobin and hematocrit have caused a low platelet count in the patient (Capriotti, 2020).
WBC	4.0-12.0K/mcL	8.98k/mcl	N/A	N/A
Neutrophils	40-60%	5.99	N/A	N/A
Lymphocytes	19-49%	16.0%	N/A	The patient has a low level of lymphocytes because she has rheumatoid arthritis, which causes decreased levels of lymphocytes.
Monocytes	3.0-13.0%	16.4%	N/A	Rheumatoid arthritis causes increased monocyte because it is an autoimmune disease (Capriotti, 2020).
Eosinophils	0.0-8.0%	0.3%	N/A	N/A
Bands	0.0-10.0%	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-	134-144mmol/L	138mmol/L	N/A	N/A

K+	3.5-5.1mmol/L	3.9mmol/L	N/A	N/A
Cl-	98-107mmol/L	104mmol/L	N/A	N/A
CO2	21-31mmol/L	26mmol/L	N/A	N/A
Glucose	70-99mg/dL	113 mg/dL	N/A	The patient spends most of her time in bed due to partial immobility. This can cause peripheral cellular glucose uptake to decrease by 50% and blood glucose levels to rise (Capriotti, 2020).
BUN	7-25 mg/dL	15mg/dl	N/A	N/A
Creatinine	0.50-1.20mg/dL	0.61mg/dl	N/A	N/A
Albumin	3.5-5.7 g/dL	3.4g/dl	N/A	Abnormally low albumin is related to protein and calorie malnutrition in the patient (Capriotti, 2020).
Calcium	8.6-10.3 mg/dL	9.1g/dl	N/A	N/A
Mag	1.6-2.6 mg/dL	N/A	N/A	N/A
Phosphate	2.4-4.5 units/L	N/A	N/A	N/A
Bilirubin	0.3-1.0 mg/dL	1.0mg/dl	N/A	N/A
Alk Phos	34-104 units/L	60unit/L	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	yellow, clear	N/A	N/A	N/A
pH	5.0-9.0	N/A	N/A	N/A
Specific Gravity	1.003-1.013	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A

Protein	Negative	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	0.0-0.5	N/A	N/A	N/A
RBC	0.0-3.0	N/A	N/A	N/A
Leukoesterase	Negative	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	Negative	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (APA): Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): N/A

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	Morphine Sulfate	MiraLAX	Bisacodyl	Milk of mag	Zofran
Dose	0.25ml	17g	10ml	30ml	4ml
Frequency	Q2H, every two hours.	once a day.	Q4H, every four hours.	PRN, as needed.	Q4H, every four hours
Route	oral	oral	rectal	oral	oral
Classification	Narcotic analgesics. (Medline Plus, 2021).	Polyethylene glycol. (Medline Plus, 2021).	Stimulate Laxative. (Medline Plus, 2021).	Saline Laxative. (Medline Plus, 2021).	Serotonin 5-HT3 receptor antagonists (Medline plus, 2021).

Mechanism of Action	Morphine and its metabolites act as agonists of the mu and kappa opioid receptors. Morphine's activation of the reward pathway is mediated by agonism of the delta-opioid receptor in the nucleus (Medline plus, 2021).	Works by retaining water with the stool and increases the number of bowel movements and softens the stool making it easier to pass. Treats Constipation (MedlinePlus, 2021).	Bisco lax stimulates the parasympathetic nerve in the colon to increase motility and secretions. Stimulation of the parasympathetic also causes peristalsis (Medline plus, 2021).	It works by causing water to be retained with the stool. This increases the number of bowel movements and softens the stool, so it is easier to pass (Medline plus, 2021).	Works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting (Medline plus, 2021).
Reason Client Taking	Taken as needed for pain relief.	The patient is taking it to help with constipation and to avoid anal fissure, bloating, and hemorrhoids.	Working to treat constipation in the patient.	Working to soften the patient bowel movements, allowing for the increase of bowel movements and easier bowel movements.	Using to prevent Nausea and vomiting.
Contraindications (2)	Taking certain medications during treatment increases the risk for life-threatening breathing problems. Drinking alcohol or taking prescription or nonprescription medications that contain alcohol or	Contraindicated in patients with bowel obstructions and those that are allergic (Medline plus, 2021).	Contraindicated in patients with hypersensitivity, obstruction or severe impaction, appendicitis, and acute surgical abdomen (Medline plus, 2021).	Patients with a high amount of magnesium in the blood, low amount of sodium in the blood, dehydration, appendicitis, decreased kidney function, and seizures (Medline plus, 2021).	Patients with hypersensitivity, QT prolongation, serotonin syndrome, masking of progressive and gastric distention (Medline plus, 2021).

	using street drugs increases life-threatening side effects. Pregnancy and morphine sulfate use may cause life-threatening withdrawal symptoms after birth. (Medline Plus, 2021).				
Side Effects/Adverse Reactions (2)	Morphine sulfate causes drowsiness, stomach pain and cramps, dry mouth, headache, nervousness, mood changes, seizures, fainting, chest pain, swelling of the eyes, and hoarseness. (Medline Plus, 2021).	Nausea, bloating, cramping, and gas. These are serious side effects, diarrhea, and hive (Jones 2020).	Stomach cramps, faintness, stomach discomfort, and a more serious rectal bleeding (Jones 2020)	Loose, watery, or more frequent stools. Serious side effects are blood in stool and unable to have a bowel movement 6 hours after use. (Medline Plus, 2021).	Headache, constipation, drowsiness, feeling cold or chills, pain, burning, numbness, or tingling in hand or feet. Serious side effects are rash, hives, itching, hoarseness, chest pain, shortness of breath, blurred vision or vision loss, coma, hallucination, and irregular heartbeat (Jones 2020)

Medications Reference (APA): Jones, D.W. (2020). Nurse's drug handbook. (A. Bartlett, Ed.)

(19th ed.). Jones & Bartlett

Learning.

MedlinePlus. (updated 2021, November 1). MedlinePlus. U.S. National Library of Medicine.

http://medlineplus.gov/

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	The patient was alert and oriented X4. The patient was alert and oriented to the place, time, and situation. The patient's overall appearance had good hygiene. The patient was in no distress.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds. Braden Score: Drains present: Y☐ N ☒ Type:	The patient's skin was dry and intact, warm, an appropriate color for ethnicity, skin turgor was less than 3 seconds and loose. The skin had no rashes and wounds. The patient had one bruise on the left arm. The client had a Braden score of 55.
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	The patient's head appeared normocephalic. The neck appeared symmetrical and the ears had no drainage and appeared symmetrical. The patient eyes were perrla and extraocular movement was intact. The patient had no diverted septum. The patient had good oral hygiene and the mouth was pink and moist. .
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur, etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill:	S1 and S2 were heard. The client's heart had a regular heart. Patient pulses were palpable at all pulse sites. Pulses were +2 strength. Capillary refill was less than 2 seconds. The patient had no edema in any extremities. No jugular vein distention was noticed during the assessment.

Neck Vein Distention: Y ☐ N ☒ Edema Y ☐ N ☒ Location of Edema:	
RESPIRATORY: Accessory muscle use: Y☐ N ☒ Breath Sounds: Location, character	The patient had no abnormal lung sounds. No accessory muscle use was seen during the assessment. The patient's chest was symmetrical, and no sign of mucus or coughing was noticed.
GASTROINTESTINAL: 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:	The patient stated she has a regular at home and is also on the current diet. The Patient's height and weight are 64 inches and 109.7. bowel sounds were active in all four quadrants and the patient had no abdominal bowel sound. The patient had a mass hernia and felt no pain during palpation. The patient stated their last bowel movement was yesterday and no distention, incisions, scars, drains, and wounds. The patient had no ostomy, nasogastric, and feeding tube/PEG tube.
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y ☐ N ☐ Dialysis: Y ☐ N ☐ Inspection of genitals: Catheter: Y ☐ N ☐ Type: Size:	N/A
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y☒ N ☐ Fall Risk: Y ☒ N☐ Fall Score: 55	The patient is a one assist and has upper extremity strength of 3+ on the right side with 3+ on the left side. The client's bottom extremity is 3+ on the right side and 2+ on the left side. The patient has an active and passive range of motion. The patient is a fall risk and has a fall score of 55. The client's neurovascular status is intact. The client uses a wheelchair and requires ADL

Activity/Mobility Status: Independent (up ad lib) ☐ Needs assistance with equipment ☐ Needs support to stand and walk☐	assistance. The client needs assistance to stand and walk, even with the use of equipment.
NEUROLOGICAL: MAEW: Y ☐ N☒ PERLA: Y ☒ N☐ Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐ Orientation: Mental Status: Speech: Sensory: LOC:	The client exhibits Perla and the patient's orientation is A&O X4 and is alert, calm. The client has clear speech, intact sensory perception. Clients' upper extremities are equal in strength while the bottom lower extremity is unequal with the right-side being 3+ and left being 2+.
PSYCHOSOCIAL/CULTURAL: 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 stated, "she leaves alone, loves reading and knitting". The patient stated that she goes to a Methodist church but hasn't been going recently. She also attended Eastern Illinois University and earned a BSN degree.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
4:00am	65	170/60	18	96	98

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
4:00	0-10	Neck	4	Ackey kind of pain.	The patient is receiving morphine for the pain.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

N/A	N/A

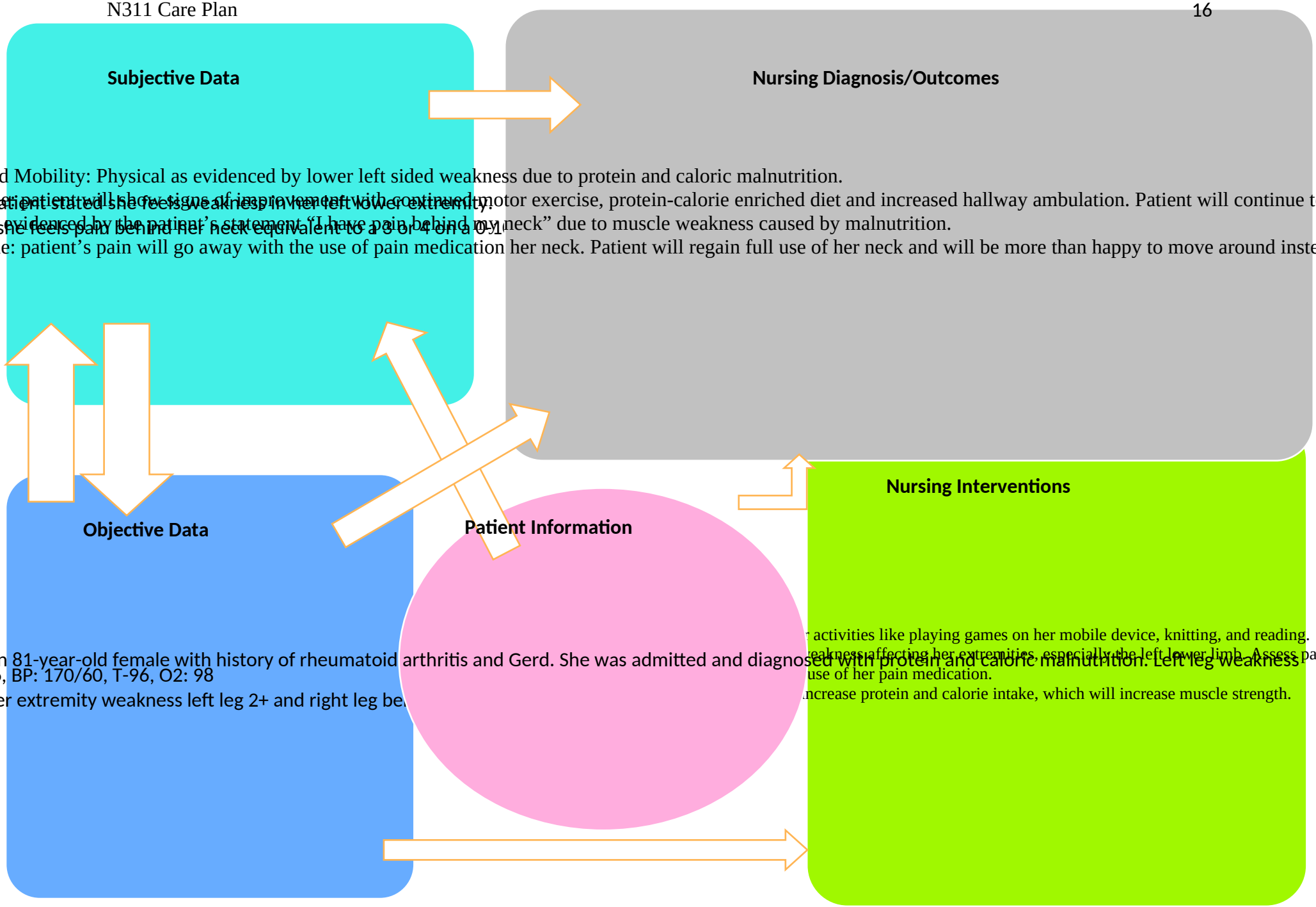
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	Rational • Explain why the nursing diagnosis was chosen	Intervention (2 per dx)	Evaluation • How did the patient/family respond to the nurse's actions? • Client response, the status of goals and outcomes, modifications to plan.
1. Impaired Mobility: Physical as evidenced by lower left side weakness due to protein and caloric malnutrition.	This nursing diagnosis was chosen because the patient is experiencing lower left-sided extremity weakness.	1. Encourage the patient to get out of bed often and engage in motor exercise. Encourage the patient to finish all her meals to increase protein and calorie intake. 2. Ambulate with the patient in the hallway as much as possible to improve lower extremity strength.	the patient has responded well to the indicated intervention to get out of bed and engage in motor exercises and playing games. The patient loves to stay in bed but with time will eventually be able to ambulate on her own.
1. Pain as evidenced by the patient statement "I have pain behind my neck and it	This nursing diagnosis was chosen because the patient stated she had pain behind her neck.	1. provide the patient with appropriate pain medication for her neck. 2. Assess the patient neck for any pain after the use of	The patient responded positively to the intervention and stated, "give some of that sleeping drug". The patient is willing to get out of

like a 3 or 4".		medication and for anything abnormal.	bed and roam around.

Overall APA format (5 points):

Concept Map (20 Points):


Subjective Data
Patient stated she feels weakness in her left lower extremity.
d she feels pain behind her neck equivalent to a 3 or 4 on a 0-1
Nursing Diagnosis/Outcomes
red Mobility: Physical as evidenced by lower left sided weakness due to protein and caloric malnutrition.
ner patient will show signs of improvement with continued motor exercise, protein-calorie enriched diet and increased hallway ambulation. Patient will continue to t
as evidenced by the patient's statement "I have pain behind my neck" due to muscle weakness caused by malnutrition.
me: patient's pain will go away with the use of pain medication her neck. Patient will regain full use of her neck and will be more than happy to move around instead
Objective Data
an 81-year-old female with history of rheumatoid arthritis and Gerd. She was admitted and diagnosed with protein and caloric malnutrition. Left leg weakness
96, BP: 170/60, T-96, O2: 98
wer extremity weakness left leg 2+ and right leg be
Patient Information
Nursing Interventions
activities like playing games on her mobile device, knitting, and reading.
eakness affecting her extremities, especially the left lower limb. Assess patie
use of her pain medication.
ncrease protein and calorie intake, which will increase muscle strength.