N431 Care Plan # 2

Lakeview College of Nursing

Bailey Pierce

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
11/2/21	C.M.	38	F
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Unemployed	Married	Morphine-hives Penicillin's-hives
Code Status	**Height**	**Weight**	
Full Code	167.6cm	78.3 kg	

Medical History (5 Points)

Past Medical History: Anxiety, bradycardia, cervical myelopathy, circadian rhythm sleep disorder (delayed sleep type), degenerative disc disease, mixed connective tissue disorder, dysphagia, endometriosis, goiter, hidradenitis, hypertension, malignant neoplasm of thyroid gland, post-surgical hypothyroidism, vitamin D deficiency, chronic pancreatitis, enlarged spleen, constipation, and depression.

Past Surgical History:

Total abdominal hysterectomy with bilateral salpingo-oophorectomy (2013), exploratory laparoscopic uterus/ovaries (2013), laparoscopic cholecystectomy (2007, appendectomy, bilateral breast lumpectomy, cervical laser, cryotherapy, thyroidectomy, septoplasty, turbinate reduction excision, slings transvaginal tape, sphincterotomy papillotomy, gall stone removal.

Family History:

Mother: heart disease, hypertension

Father: Diabetes insipidus, Diabetes type 2, hypertension

Maternal grandmother: thyroid cancer, stroke, breast cancer

Social History (tobacco/alcohol/drugs): Patient reports alcohol use 1-2x per month (wine/beer), smoking ½ pack of cigarettes per day for 15 years with periods of remission and denies drug use.

Assistive Devices: Patient wears contacts/glasses.

Living Situation: Patient currently resides at home with her husband, daughter, and two dogs.

Education Level: Highest level of education obtained is an associate degree.

Admission Assessment

Chief Complaint (2 points): Abdominal pain with right flank pain.

History of present Illness (10 points): Patient states symptoms started 4 days prior to admission (10/29). Patient complains of pain the abdomen, rectum, and right flank area. Pain is intermittent and varies in intensity. Upon arrival to the emergency room, pain was rated at an “8/10”. Aside from pain, patient is experiencing nausea, vomiting, potentially blood in stool and when wiping, and recent yellow, oily stools. Eating and drinking exasperate symptoms. Patient has been unable to find relief or have a bowel movement. She has tried Dulcolax with no relief. Patient states she has had a history of constipation in the past.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Constipation

Secondary Diagnosis (if applicable):.

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

Constipation is one of the most common conditions amongst adults. There are several different types of constipation, including idiopathic and secondary. With idiopathic constipation, there is no actual cause. Secondary, however, can be related to chronic medical conditions such as diabetes, hypothyroidism, hypercalcemia, and certain medications, including opioids, antidepressants, and antiepileptics. The patient has been previously had her thyroid removed and takes antidepressants such as fluoxetine and trazodone and gabapentin, an antiepileptic. Constipation may be related to dehydration and slow-moving intestines (Capriotti, 2020).

To diagnose constipation, patients must exhibit two or more of the following symptoms for 25 % of the time for six months (Capriotti, 2020). Symptoms include straining, hard stools, a sensation of incomplete evacuation, a sensation of anorectal obstruction, need for manual removal of fecal matter including digital evacuation, and three or fewer stools per week (Capriotti, 2020).

Diagnosis of constipation can be as simple as an abdominal x-ray, labs, and endoscopic evaluation (Capriotti, 2020). Lab tests include stool tests, urine testing, and blood testing. The patient's BUN was slightly low, which could indicate some level of dehydration that can attribute to constipation. The patient had an abdominal x-ray performed. This particular x-ray, also known as a KUB or kidney urinary bladder, revealed the patient had constipation in her sigmoid and rectum. Stool diaries are also a great way to assess for bowel patterns that may progress to constipation. Patients log their stools for 1-2 weeks using the Bristol Stool Form Scale (BSFS) (Pássaro et al., 2016). This information can be shared with the provider to access any changes, including dietary needing to be made.

Treatment for constipation includes increasing dietary fiber and the use of laxatives, stool softeners, and suppositories (Capriotti, 2020). 20-25 g/day of fiber is the daily recommendation (Capriotti, 2020). Stool softeners aid in pulling water into the stool to do, as they say, soften it. The patient is receiving docusate-senna but did not have a bowel movement during rotation. Typically, docusate-senna will take approximately 6-12 hours to work and is best if given at bedtime. Increased fluid intake can also help with relieving constipation as it has a flushing effect. When pharmacological measures are not enough, digital extraction may be necessary.

Pathophysiology References (2) (APA):

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

Sharma, A., Rao, S. S., Kearns, K., Orleck, K. D., & Waldman, S. A. (2021). Review article: Diagnosis, management and patient perspectives of the spectrum of constipation disorders. *Alimentary Pharmacology & Therapeutics*, *53*(12), 1250–1267. https://doi.org/10.1111/apt.16369

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	**4.0-6.60 million/cumm**	**4.32**	**3.32**	Decreased RBCs can be related to overhydration. The patient's intake had been very limited over the last 4 days (Pagana et al., 2016). Upon arrival to the ER, an IV and fluids were started. Anemia, chronic illnesses, and dietary deficiency can also lead to low RBC levels (Pagana

				et al., 2016). The patient has an autoimmune system condition known as mixed connective tissue disease.
Hgb	**14-18 Gm/dL**	**14.0**	**12.3**	Low Hgb can be caused from rheumatoid arthritis, systemic lupus erythematosus, anemia, and dietary deficiency (Pagana et al., 2016). The patient has mixed connective tissue disease and has had decreased dietary intake over the last 4 days.
Hct	**36-44%**	**40.9%**	**36.4%**	
Platelets	**150-450 k/cuum**	**121**	**107**	Low platelet counts can be related to certain types of anemia, medications, and auto immune disease (Pagana et al., 2016). The patient has a condition known as mixed connective tissue disease. This disease consists of a diagnosis of at least two of the following conditions: systemic lupus erythematosus, systemic sclerosis, polymyositis, dermatomyositis, and rheumatoid arthritis (Sapkota, 2021).
WBC	**4.5-10.8**	**6.2**	**5.4**	
Neutrophils	**55-70%**	**67.4%**	**57.7%**	
Lymphocytes	**20-40%**	23%	29.9	
Monocytes	**2-8%**	**8.6%**	**10.3%**	Increased monocytes are related to chronic inflammatory disorders (Pagana et al., 2016). The patient has mixed connective tissues disease.
Eosinophils	**0-6%**	**0.6%**	**0.1.5%**	
Bands	**0-10%**	**	**	

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**136-145 mEq/L**	**137**	**142**	
K+	**3.5-5 mEq/ L**	**4.27**	**4.53**	

Cl-	**98-106 mEq/L**	**102**	**109**	Elevated chloride levels can be cause by administration of IV fluids, overhydration, and vomiting (Pagana et al., 2016). The patient is currently receiving 0.9% normal saline or NaCl.
CO2	**22-30 mEq/ L**	**22.9**	**24.9**	
Glucose	**74-106 mg/ dL**	**88**	**73**	Decreased glucose levels could be related to decreased dietary intake (Pagana et al., 2016). The patient was placed on an NPO diet upon admission.
BUN	**10-20 mg/dL**	10	**6.8**	Decreased BUN can be related to corticosteroid use, acute kidney impairment, or dehydration (Pagana et al., 2016). The patient takes gabapentin and has had decreased fluid intake for the past 4 days. The patient also has kidney stone present in the left kidney.
Creatinine	**0.5-1.2 mg/ dL**	**1.06**	**1.13**	
Albumin	**3.5-5 mg/dL**	**4.7**	**4.0**	
Calcium	**9-10.5 mg/dL**	**9.8**	**9.1**	
Mag	**1.3-2.1 mEq/dL**	**2.1**	**	
Phosphate	**3-4.5 mg/dL**	**3.5**	**	
Bilirubin	**0.3-1 mg/dL**	**0.7**	**	
Alk Phos	**30-120 U/L**	**87**	**	
AST	**0-35 U/L**	**14**	**11**	
ALT	**4-36 U/L**	**13**	**10**	
Amylase	**60-120 U/L**	**	**	
Lipase	**0-160 U/L**	**16**	**	

Lactic Acid	**Venous blood: 5-20 mg/dL or 0.6-2.2 mmol/L Arterial blood: 3-7 mg/dL or 0.3-0.8mmol/L**	**	**	
Troponin	**0-0.04 ng/mL**	**	**	
CK-MB	**3-5 %**	**	**	
Total CK	**22-198 U/L**	**	**	

****Labs not performed.**

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**0.8-1.1**	**	**	
PT	**11-13.5 sec**	**	**	
PTT	**25-36 sec**	**	**	
D-Dimer	**Greater than 0.4 mcg/mL or greater than 250 ng/mL**	**	**	
BNP	**Less than 100 pg/mL**	**	**	
HDL	**Male: greater than 45 mg/dL Female: greater than 55 mg/dL**	**	**	
LDL	**Adult: less than 130**	**	**	

	mg/dL **Children: less than 110 mg/dL**			
Cholesterol	**Less than 200 mg/dL**	**	**	
Triglycerides	**40-180 mg/dL**	**	**	
Hgb A1c	**Below 5.7%**	**	**	
TSH	**0.5-5 mU/L**	**	**1.850**	

****Labs not performed**

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**Clear, Amber/ Yellow**	**	**	
pH	**4.6-8 Average: 6**	**	**	
Specific Gravity	**1.005-1.03**	**	**	
Glucose	**30-300 mg/day**	**	**	
Protein	**0-8 mg/dL**	**	**	
Ketones	**Negative**	**	**	
WBC	**0-4 per low-power field Negative for cast**	**	**	
RBC	**Less than or equal to 2, negative for cast**	**	**	
Leukoesterase	**Negative**	**	**	

****Urinalysis has been ordered, but not completed. Pending.**

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	7.35- 7.45mm Hg	**	**	
PaO2	80-100 mm Hg	**	**	
PaCO2	35-45 mm Hg	**	**	
HCO3	22-26 mEq/ L	**	**	
SaO2	greater than or equal to 95	97	99	

****Labs not performed.**

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: less than 10,000 per mm of U Positive: greater than 100,000 per mm of U	Pending	Pending	In process.
Blood Culture	Negative	Pending	Pending	In process.
Sputum Culture	Normal	**	**	

	Upper RT			
Stool Culture	**Normal intestinal flora**	**	**	

****Not performed**

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2016). *Mosby's diagnostic and laboratory test reference* (13th ed.). Mosby.

Sapkota, B. (2021, April 18). *Mixed connective tissue disease*. StatPearls [Internet]. Retrieved November 6, 2021, from https://www.ncbi.nlm.nih.gov/books/NBK542198/.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT abdomen/pelvis w/ IV contrast

Reason: abdominal and R flank pain w/ constipation. Bleeding per Rectum.

Impression: wall thickening of cecum, ascending colon, transverse colon, possibly due to under distension. Constipation of the sigmoid and rectum. Rectum dilated. Clinically exclude stercoral colitis. 6mm lower pole R renal calculus.

Diagnostic Test Correlation (5 points):

Abdominal x-ray is used to rule out a bowel obstruction in the scenario that a patient presents with constipation. This x-ray is also known as a KUB as areas within the region of the kidneys, ureters, and bladder can be visualized (Capriotti, 2020). The patients x-ray revealed no bowel obstruction and ruled out a possible secondary diagnosis of stercoral colitis. The x-ray did show constipation of the sigmoid and rectum, as well as a 6mm kidney stone in lower pole of the right kidney. These findings are consistent with the patient's inability to pass stool in 4 days and right flank pain.

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 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	estradiol (Estrace)	fluoxetine (Prozac)	pantoprazole delayed release (Protonix)	gabapentin (Gralise)	trazodone (Trazodone D)
Dose	1mg	20mg	40mg	600 mg	100mg
Frequency	at bedtime	Daily	at bedtime	TID (three times daily) PRN	at bedtime
Route	PO	PO	PO	PO	PO
Classification	PC: Estrogen TC: hormone (Jones & Bartlett, 2019)	PC: Selective serotonin reuptake inhibitor (SSRI) TC: Antidepressant (Jones & Bartlett, 2019)	PC: proton pump inhibitor TC: Antiulcer (Jones & Bartlett, 2019)	PC: 1-amino-methyl-cyclohexaneacetic acid TC: Anticonvulsant (Jones & Bartlett, 2019)	PC: Triazolopyridine derivative TC: antidepressant (Jones & Bartlett, 2019)
Mechanism of Action	Increases the rate of DNA and RNA synthesis in cells of female reproductive organs, pituitary	Selectively inhibits reuptake of neurotransmitter serotonin by CNS neurons and increase amount of	Interferes with gastric acid secretion by inhibiting the proton pump in gastric parietal cells.	Exact mechanism of action unknown, GABA inhibits the rapid firing of neurons associated with seizures,	Blocks serotonin reuptake along the presynaptic neuronal membrane, causing an antidepressant effect.

	gland, hypothalamus, and other target organs. (Jones & Bartlett, 2019)	serotonin available in nerve synapses. (Jones & Bartlett, 2019)	(Jones & Bartlett, 2019)	pain, and restless leg syndrome. (Jones & Bartlett, 2019)	Also inhibits the vasopressor response to norepinephrine, which reduces blood pressure.
Reason Client Taking	Hormone replacement	Depression	Acid reflux	Pain	Anxiety
Contraindications (2)	Hypersensitivity Known or suspected breast cancer (Jones & Bartlett, 2019)	Hypersensitivity to fluoxetine. Use within 14 days of an MAO inhibitor. (Jones & Bartlett, 2019)	No contraindications related to this patient. (Jones & Bartlett, 2019)	Depression, Hypersensitivity (Jones & Bartlett, 2019)	Hypersensitivity to trazadone Use within 14 days of an MAO inhibitor. (Jones & Bartlett, 2019)
Side Effects/Adverse Reactions (2)	Constipation Fibrocystic breast changes (Jones & Bartlett, 2019)	Stomach ulcer Suicidal ideation (Jones & Bartlett, 2019)	Anxiety Depression (Jones & Bartlett, 2019)	Anaphylaxis Hyponatremia (Jones & Bartlett, 2019)	Hypotension Hyponatremia (Jones & Bartlett, 2019)
Nursing Considerations (2)	Administer oral preparations with or immediately after food to decrease nausea. May worsen mood disorders including	Monitor patient for depression and watch for suicidal tendencies. Monitor patient for possible serotonin syndrome.	Administer delayed release 30 minutes before meals. Know that proton pump inhibitors should be not given longer than	Do not give drugs sooner than 2 hrs after administration of an antiacid. Capsules may be opened and mixed with food.	Monitor patient for arrhythmias. Give after meal to avoid upset stomach. (Jones & Bartlett, 2019)

	anxiety and depression. (Jones & Bartlett, 2019)	(Jones & Bartlett, 2019)	necessary due to increased risk of osteoporosis related hip, wrists, and spine fractures. (Jones & Bartlett, 2019)	(Jones & Bartlett, 2019)	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor liver enzymes as estrogen may elevate liver enzymes. Monitor weight as estrogens can cause sodium and fluid retention. (Jones & Bartlett, 2019)	Assess QT interval as it may become prolonged. Monitor sodium levels as fluoxetine may cause hyponatremia. (Jones & Bartlett, 2019)	Monitor magnesium levels. Potential for hypo magnesium. Monitor glucose. May cause hyperglycemia. (Jones & Bartlett, 2019)	Monitor blood sugar as may lead to hypoglycemia. Monitor blood pressure hypotension is a side effect. (Jones & Bartlett, 2019)	Monitor blood pressure. May cause hypotension. Assess sodium levels. May cause hyponatremia . (Jones & Bartlett, 2019)
Client Teaching needs (2)	Inform patient of increased risk of cancer including breast. Advise of less serious side effects such as abdominal	Educate patient on the increased risk of serotonin syndrome and the s/s. Urge family and caregivers to monitor	Do not crush medication. Take whole. Do not use take OTC medications or herbal substances without consulting with provider	Educate patient when a dose is missed, do not take if within 2 hours of next dose do not double up, wait until next dose, and resume normal	Avoid taking on an empty stomach due to probability of upset stomach. Move slowly when standing after taking

	pain, breast pain, bloating, and nausea. (Jones & Bartlett, 2019)	patient for any changes in well-being, including suicidal ideations. (Jones & Bartlett, 2019)	first. (Jones & Bartlett, 2019)	schedule. Educate patient that medication may cause suicidal tendencies and to report and concerns immediately. (Jones & Bartlett, 2019)	medication as orthostatic hypotension is an adverse side effect. (Jones & Bartlett, 2019)

Hospital Medications (5 required)

Brand/Generic	metronidazole (Flagyl)	docusate-senna (Peri-Colace)	liothyronine (Triostat)	ondansetron (Zofran)	ciprofloxacin (Cipro)
Dose	500mg	100mg	5mcg	4mg	500mg
Frequency	TID	BID	Daily	q6h PRN	BID
Route	IV	PO	PO	IV	PO
Classification	PC: Nitroimidazole TC: Antiprotozoal (Jones & Bartlett, 2019)	PC: Surfactant TC: Stool softener/stimulant laxative (Jones & Bartlett, 2019)	PC: synthetic triiodothyronine (T3) TC: thyroid hormone replacement (Jones & Bartlett, 2019)	PC: Selective serotonin receptor antagonist TC: Antiemetic (Jones & Bartlett, 2019)	PC: Fluoroquinolone derivative TC: Antibiotic (Jones & Bartlett, 2019)
Mechanism of Action	Undergoes intracellular chemical reduction	Docusate draws water into the intestines to	Replaces endogenous thyroid hormone,	Blocks serotonin receptors centrally in	Inhibits the enzyme DNA gyrase, which is

	during anaerobic metabolism. After metronidazole is reduced, it damages DNA's helical structure and breaks strands, which inhibits bacterial nucleic acid synthesis and causes cell death. (Jones & Bartlett, 2019)	soften stool. Senna aids the intestines in excretion of stool. (Jones & Bartlett, 2019)	which may exert its physiologic effects by controlling DNA transcription and protein synthesis. (Jones & Bartlett, 2019)	chemoreceptor trigger zone and peripherally at vagal nerve terminal sin the intestine. (Jones & Bartlett, 2019)	responsible for the unwinding and supercoiling of bacterial DNA before it replicates. By inhibiting this enzyme causing bacterial cells to die. (Jones & Bartlett, 2019)
Reason Client Taking	Potential infection	Constipation	Thyroid Hormone Replacement (previous thyroidectomy)	Nausea	Potential infection
Contraindications (2)	Administration of disulfiram within 2 weeks of initial dose of metronidazole, Hypersensitivity to metronidazole (Jones &	Should not be used in conjunction with other laxatives. Should not be taken if patient is experiencing rectal bleeding. (Jones & Bartlett,	No contraindications pertain to this patient. (Jones & Bartlett, 2019)	No contraindications pertain to this patient. (Jones & Bartlett, 2019)	No contraindications pertain to this patient. (Jones & Bartlett, 2019)

	Bartlett, 2019)	2019)			
Side Effects/Adverse Reactions (2)	Leukopenia Encephalopathy (Jones & Bartlett, 2019)	Diarrhea Stomach cramps (Jones & Bartlett, 2019)	Insomnia Rash (Jones & Bartlett, 2019)	Agitation Angioedema (Jones & Bartlett, 2019)	Hypoglycemia Dizziness (Jones & Bartlett, 2019)
Nursing Considerations (2)	Discontinue IV infusion during metronidazole infusion. Stop infusion immediately if patient experiences peripheral neuropathy or seizures. (Jones & Bartlett, 2019)	Administer with one full glass of water. Take medication at night. Bowel movements should occur within 6-12 hrs of administration. (Jones & Bartlett, 2019)	Administer table as a single does before breakfast. Liothyronine is used most often for rapid onset or rapidly reversible thyroid hormone replacement. (Jones & Bartlett, 2019)	Monitor patient for serotonin syndrome. Ondansetron may mask symptoms of adynamic progressive ileus or gastric distension after abdominal surgery. Monitor patients for decreased bowel activity. (Jones & Bartlett, 2019)	Obtain culture and sensitivity test results before giving ciprofloxacin. Patient should be well hydrate to avoid alkaline urine which may lead to crystalluria. (Jones & Bartlett, 2019)
Key Nursing Assessment(s)/Lab(s) Prior to Administration	May alter AST, SGOT, LDH and triglycerides. Labs should be performed prior to administration for	Assess patient for signs of a bowel obstruction. Ensure patient is not on any other laxative or stool	Monitor blood pressure. Monitor heart rate. (Jones & Bartlett, 2019)	Assess bowel activity Monitor potassium and magnesium levels. May decrease levels	Assess patient's hydration status. Monitor blood glucose. Hypoglycemia and hyperglycem

	baseline value. Assess LOC prior, may cause confusion and encephalopathy. (Jones & Bartlett, 2019)	softener. (Jones & Bartlett, 2019)		leading to risk for QT interval prolongation. (Jones & Bartlett, 2019)	ia can both occur. (Jones & Bartlett, 2019)
Client Teaching needs (2)	Instruct patient to take the full course of medication. Medication may cause dry mouth. Sugar free chewing gum or candies can help with this adverse effect. (Jones & Bartlett, 2019)	Contact provider if you do not have a bowel movement within 1 week of using medication. Eat foods high in fiber to ease bowel movements. (Jones & Bartlett, 2019)	Inform patient that this medication is usually taken for life. Educate patient that this medication is taken in the morning before breakfast. (Jones & Bartlett, 2019)	Report rashes immediately. Report decreased bowel movements. (Jones & Bartlett, 2019)	Notify provider of changes in limb movement. Report blood or watery stools up to two months after drug therapy has ended. (Jones & Bartlett, 2019)

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2019). *2020 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 AxO x4 (Person, place, time, situation) No apparent distress. Patient was able to rest comfortable during most of my rotation. Well-groomed and dressed appropriately.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Ivory Dry Warm to touch. Normal Skin turgor (2+) No rashes present. No bruises present. No wounds observed 21
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Symmetric, free of lesions Symmetric, dry auricles, no drainage present Symmetric. Sclera white, cornea clear, conjunctiva pink. No drainage or lesions present. Septum is midline without deviation. Mucosa pink and moist. Dentition intact.
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:**	. Clear S1 and S2 sounds without gallops, murmurs, or rubs. N/A Bilateral radial pulses 2+. Bilateral dorsalis pedis pulses 1+ Capillary refill 3+ fingers and toes bilaterally. No edema present.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	 Clear lung sounds anterior and posteriorly bilaterally.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:**	 Regular Nothing by mouth (NPO) progressed to low fiber 167.6 cm

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:**	78.4 kg Normoactive bowel sounds in all 4 quadrants. 4 days ago. No masses present. No pain with palpation. Slight distension. No incisions observed. Scarring consistent with abdominal surgeries. No drains present. No wounds observed.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	 Yellow Clear 500 mL
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)** [X] **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	 Full range of motion in all extremities. No supportive devices needed. Patient has generalized weakness due to current condition such as lack of food intake and fatigue. 45, moderate risk Patient ambulated to the restroom one time without assistance. She is able to make changes in position independently with little difficulty.

NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Pupils are equal, round, reactive to light, and accommodate. Equal strength of the hands and feet while performing hand grips and pedal pushes/pulls. AxO x4 (Person, place, time, and situation) Alert with no signs of distress. Speech is comprehendible. No sensory deficits. Patient is alert and oriented with no alterations of mental status.
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):**	Patient utilizes her faith, exercise, and the support of her family when coping with certain situations. Appropriate for age. Patient is a Christian who grew up in a Christian household. Her and her family attend church every Sunday and are active participants in extra services hosted by the church such as bible studies. She relies heavily on her faith to help when she is feeling down. Patient appears to have a solid support system at home. Her husband sat with her during my rotation, and she homeschools her daughter. Their family has additional support through the church as well.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0657	**63**	**96/60**	**16**	**97.7 oral**	**96**
1052	**48**	**106/70**	**16**	**97.5 oral**	**99**

Vital Sign Trends: Patient states she has a history of bradycardia and lower blood pressure.

Nurse and provider are aware of vital trends.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0657	0-10, numeric	No pain present	0/10	No pain present	No interventions needed. Continue to monitor
1052	0-10, numeric	Abdomen	2-3/10	mild cramping	Patient states she does not need anything right now. She just received Zofran and thought that that would take away some of the discomfort.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	20ga
Location of IV:	R hand
Date on IV:	11/02/2021
Patency of IV:	Free of occlusion. Patient is receiving normal saline at a rate of 150mL/hr.
Signs of erythema, drainage, etc.:	No signs of erythema or drainage present.
IV dressing assessment:	Clean, dry, and intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
120mL water (orally) 150mL/hr Normal saline = 1,800 (150x12	500 mL urine

hrs) total 1920mL	

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was asleep or resting for most of the rotation. I assisted the patient in ordering lunch after her diet was changed from NPO to low fiber. The patient ordered grilled cheese and rice, but I was unable to observe how she tolerated it. I also made myself available and frequently assessed pain throughout the rotation to ensure patient comfort.

Procedures/testing done: Patient did not have any procedures done during the rotation. A urinalysis was ordered, but results were available during my rotation.

Complaints/Issues: Patient did not vocalize any complaints.

Vital signs (stable/unstable): The patients vital signs remained normal for her. Her blood pressure and heart rate tend to run low per the patient. Patient does have a documented history of bradycardia.

Tolerating diet, activity, etc.: Patient ambulated to the restroom one time without assistance. Her diet changed from NPO to low fiber during the last half of rotation. She ordered a grilled cheese and cup of rice. I was unable to observe how she tolerated this meal.

Physician notifications: The physician was notified of patient's low pulse rate during rounds.

Future plans for patient: Pending patient is able to tolerate lunch she will be discharged home today or tomorrow.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): Not needed.

Equipment needs (if applicable): No equipment needed.

Follow up plan: Patient is to have a consult with GI. Follow up pending.

Education needs: Patient has dealt with constipation in the past and is aware of when to contact the physician.

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

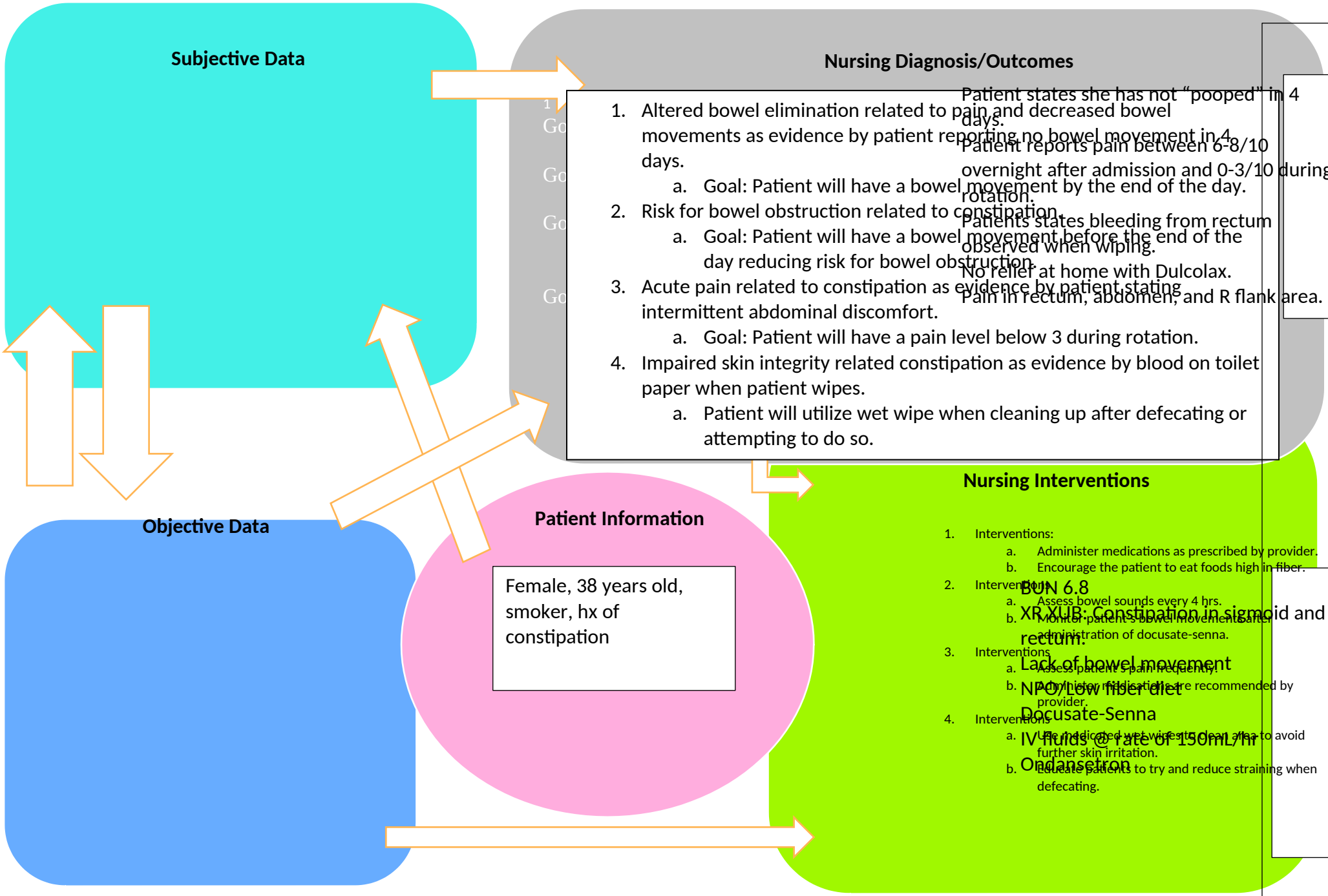
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	Rational • Explain why the nursing diagnosis was chosen	Intervention (2 per dx)	Evaluation • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Altered bowel elimination related to pain and decreased bowel movements as evidence by patient reporting no bowel movement in 4 days. (Phelps et al., 2017).	This diagnosis was chosen as the patient has not had a bowel movement in 4 days. This has caused the patient pain and discomfort.	1. Administer medications as prescribed by provider. 2. Encourage the patient to eat foods high in fiber.	Patient has not had a bowel movement yet. Antiemetic medications had decreased discomfort. Patient has been changed from an NPO diet to low fiber. I was unable to observe how the patient tolerate her new diet or its effects.
2. Risk for bowel obstruction related to constipation.	This diagnosis was chosen based on the patients lack of bowel	1. Assess bowel sounds every 4 hrs. 2. Monitor patient's	Patient's bowel sounds were still normoactive during my rotation. Patient had not had a bowel movement yet but

(Phelps et al., 2017).	movements over the past 4 days.	bowel movements after administration of docusate-senna.	had received docusate-senna.
3. Acute pain related to constipation as evidence by patient stating intermittent abdominal discomfort. (Phelps et al., 2017).	This diagnosis was chosen based on the patient's pain levels during their admission. Following admission, the patients pain varied between 6-8/10.	1. Assess patient's pain frequently. 2. Administer medications are recommended by provider.	Patients pain levels during my rotation were tolerable. She reported a 0/10 and a 3/10, with 3 being due to cramping. Patient stated she believed ondansetron was helping with cramping and did not need any other interventions.
4.Impaired skin integrity related constipation as evidence by blood on toilet paper when patient wipes (Phelps et al., 2017).	This diagnosis was chosen as the patient stated she has experienced bleeding from her rectum when she wiped after attempting to defecate due to straining.	1. Use medicated wet wipes to clean area to avoid further skin irritation. 2. Educate patients to try and reduce straining when defecating.	I was unable to observe these interventions during my rotation. I would educate the patient to try a product such as tucks to help with relieving discomfort and making bathroom visits more comfortable. I expect patient would be able to understand the importance of reducing straining during bathroom visits as she was very receptive to recommendations about her treatment and has dealt with constipation in the past.

Other References (APA):

Phelps, L. L., Ralph, S. S., & Taylor, C. M. (2017). *Sparks & Taylor's nursing diagnosis reference manual* (10th ed.). Wolters Kluwer Health.

Concept Map (20 Points):


Subjective Data
Patient states she has not "pooped" in 4 days.
Patient reports pain between 6-8/10 overnight after admission and 0-3/10 during rotation.
Patients states bleeding from rectum observed when wiping.
No relief at home with Dulcolax.
Pain in rectum, abdomen, and R flank area.
Nursing Diagnosis/Outcomes
1. Altered bowel elimination related to pain and decreased bowel movements as evidence by patient reporting no bowel movement in 4 days.
a. Goal: Patient will have a bowel movement by the end of the day.
2. Risk for bowel obstruction related to constipation.
a. Goal: Patient will have a bowel movement before the end of the day reducing risk for bowel obstruction.
3. Acute pain related to constipation as evidence by patient stating intermittent abdominal discomfort.
a. Goal: Patient will have a pain level below 3 during rotation.
4. Impaired skin integrity related constipation as evidence by blood on toilet paper when patient wipes.
a. Patient will utilize wet wipe when cleaning up after defecating or attempting to do so.
Objective Data
BUN 6.8
XR XUB: Constipation in sigmoid and rectum.
Lack of bowel movement
NPO/Low fiber diet
Docusate-Senna
IV fluids @ rate of 150mL/hr
Ondansetron
Patient Information
Female, 38 years old, smoker, hx of constipation
Nursing Interventions
1. Interventions:
a. Administer medications as prescribed by provider.
b. Encourage the patient to eat foods high in fiber.
2. Interventions:
a. Assess bowel sounds every 4 hrs.
b. Monitor patient's bowel movements after administration of docusate-senna.
3. Interventions
a. Assess patient's pain frequently.
b. Analgesics/stool softeners are recommended by provider.
4. Interventions
a. Use medicated wet wipes to clean area to avoid further skin irritation.
b. Educate patients to try and reduce straining when defecating.