

Running head: N311 CARE PLAN

N311 Care Plan #4

Lakeview College of Nursing

Miranda Sentelle

## N311 CARE PLAN

**Demographics (5 points)**

<b>Date of Admission</b> 5/29/2018	<b>Patient Initials</b> FW	<b>Age</b> 92	<b>Gender</b> Male
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Retired	<b>Marital Status</b> Married	<b>Allergies</b> No Allergies
<b>Code Status</b> Full Code	<b>Height</b> 5 ft 8 in	<b>Weight</b> 198 lbs	

**Medical History (5 Points)**

**Past Medical History: Dementia, Dysthymic disorder, Deep Vein Thrombosis (DVT) and Abdominal hemorrhage.**

**Past Surgical History: No surgical history was documented**

**Family History: No family history was documented**

**Social History (tobacco/alcohol/drugs): Former smoker (1 pack for 10 years)**

**Admission Assessment**

**Chief Complaint (2 points): Burning sensation when urinating**

**History of present Illness (10 points):**

**On May 29th, 2018, a 92 year old male stated to experience frequent urination with a foul smell and burning sensation from the urethral during urination from his urinary tract along with some urinary incontinence. The patient states this has been going on for 3 days before arriving to Illini Heritage Rehab. The patient was put on antibiotics for two weeks to treat the UTI. Before being prescribe the antibiotics, the patient reports taking**

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acetaminophen for the discomfort he was experiencing as a aggravating factor. He states is pain is a 3 on a scale of 1-10.

**Primary Diagnosis**

**Primary Diagnosis on Admission (3 points): Urinary Tract Infection**

**Secondary Diagnosis (if applicable): Benign Prostate Hyperplasia**

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

The urinary tract is made up of the kidneys, bladder, ureters, and urethra. Waste from the bloodstream is filtered by the kidneys and excreted in the form of urine. Urine leaves the kidney and travels through the ureter to reach the bladder. Urine will remain in the bladder until urination is required. A urinary tract infection (UTI) is an infection caused by germs moving from the anus to the urethra and bladder. (OSU.EDU, 2021)

Bacterial flora are generally restricted to the urethral opening in a healthy urinary tract. The anatomical proximity of the rectum and urinary system in women makes it easy for bacteria to colonize the urethra. Urine, on the other hand, has a high osmolarity, urea, and organic acids, all of which reduce bacterial viability in the bladder. UTIs in men are extremely rare, and the cause should be thoroughly investigated. In young adult males, prostatitis and epididymitis are linked to a decreased risk of UTI. The most common cause of infection in elderly men is urine stasis induced by BPH-related urethral blockage. The bladder's resistance to bacterial infection is reduced by any restriction of urine outflow. Stagnant urine is an ideal environment for germs to thrive. The body is cleansed of microorganisms when there is a constant unrestricted flow of urine. WBCs in the urinary system release immunoglobulin A (IgA), which prevents germs from adhering to the bladder membrane. (FA Davis, 2021)

A urinary tract infection can be brought on by a number of things. The use of spermicidal foams, frequent sexual intercourse, poor hygiene or wiping from back to front, Other infections of the urinary tract are usually caused by the bacteria E-coli (E.coli). When using the restroom, E. coli is more common among girls and women who wipe from back to front. Wiping should be done in a clockwise direction. The germs can then spread throughout the urinary tract, including the upper and lower urinary tracts. (UCFS Health, 2020)

Signs and symptoms of urinary tract infections an individual might experience is fever, pain in the lower and upper urinary tract, burning while urinating, frequent urination, cloudy urine, strong-smelling urine, or blood in urine. (UCFS Health, 2020)

Antibiotics are the most common treatment for a UTI. Culture and sensitivity tests can be used to select the best antibiotic to use. Commonly administered antibiotics include

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**nitrofurantoin and trimethoprim–sulfamethoxazole. Fluoroquinolones are another option. Urinary tract pain can be relieved with phenazopyridine (Pyridium). Hydration is also part of the recommended treatment to help with the unidirectional clearance of bacteriuria. Cranberry juice has been proven in certain trials to reduce the incidence of UTI by reducing the adherence of bacteria to the bladder wall. (FA Davis, 2021)**

**My patient urine culture tested positive for multiple culture. The type of culture was not documented in the patient charts. His provider started him on Cefalexin 250 mg q.d. for the urinary tract infection. The reason for patient UTI was unknown.**

**Pathophysiology References (2) (APA):**

**Pathophysiology of an UTI | Urinary Tract Infection Case Study. (n.d.). The Ohio State University. Retrieved October 27, 2021, from <https://u.osu.edu/utieducation/pathophysiology-of-uti/>**

**Urine Culture - Clean Catch. (2020, October 7). Ucsfhealth.Org. Retrieved October 27, 2021, from <https://www.ucsfhealth.org/medical-tests/urine-culture>**

**Davis Advantage for Pathophysiology book second edition**

**Laboratory Data (20 points)**

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

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**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
<b>RBC</b>	<b>4.7 - 6.1</b>	<b>109 H</b>	<b>N/A</b>	<b>High red blood cell count is an increase in oxygen-carrying cells in your bloodstream that may be caused kidney disease (Mayo-Clinic, 2021)</b>
<b>Hgb</b>	<b>12.0 - 15.5</b>	<b>14.2</b>	<b>N/A</b>	<b>Within normal range</b>
<b>Hct</b>	<b>35.0 - 45.0</b>	<b>42.0</b>	<b>N/A</b>	<b>Within normal range</b>
<b>Platelets</b>	<b>150,000 - 450,000</b>	<b>246</b>	<b>N/A</b>	<b>Within normal range</b>
<b>WBC</b>	<b>4.0 - 9.0</b>	<b>5.8</b>	<b>N/A</b>	<b>Within normal range</b>
<b>Neutrophils</b>	<b>2.0 - 7.5</b>	<b>67.7</b>	<b>N/A</b>	<b>Within normal range</b>
<b>Lymphocytes</b>	<b>10 - 20</b>	<b>21.1 H</b>	<b>N/A</b>	<b>High lymphocyte blood levels indicate that the body is dealing with an infection or other inflammatory condition. (Cleveland Clinic, 2021)</b>
<b>Monocytes</b>	<b>1% - 10%</b>	<b>5.6</b>	<b>N/A</b>	<b>Within normal range</b>
<b>Eosinophils</b>	<b>0.0 - 8.0</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Bands</b>	<b>0.0 - 10</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

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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	145	N/A	Within normal range
K+	3.6 -5.2	3.8	N/A	Within normal range
Cl-	96 - 106	106	N/A	Within normal range
CO2	21 - 31	24	N/A	Within normal range
Glucose	70 - 99	70	N/A	Within normal range
BUN	2 - 24	23	N/A	Within normal range
Creatinine	0.6 - 1.2	1.0	N/A	Within normal range
Albumin	3.4 - 5.4	3.6	N/A	Within normal range
Calcium	8.5 - 10.5	9.2	N/A	Within normal range
Mag	1.7 - 2.2	2.1	N/A	Within normal range
Phosphate	0.2 - 4.5	N/A	N/A	Within normal range
Bilirubin	0.2 - 1.2	0.9	N/A	Within normal range
Alk Phos	44 - 147	26 L	N/A	Low levels of alkaline phosphatase indicate a deficiency in zinc and magnesium (Webmd, 2021)

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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	Light yellow	Yellow and Cloudy	N/A	Within normal range
pH	5.0-9.0	5.0	N/A	Within normal range
Specific Gravity	1.003 - 1.030	1.0202	N/A	Within normal range
Glucose	Negative	Negative	N/A	Within normal range
Protein	Negative	Negative	N/A	Within normal range
Ketones	Negative	Negative	N/A	Within normal range
WBC	Negative 0-5	<b>Present &gt; 50</b>	N/A	<b>Indicates inflammation in the urinary tract or kidneys. Most common is bacterial UTI. (Lab Test Online, 2021)</b>
RBC	Negative 0-2	Negative 2	N/A	Within normal range
Leukoesterase	Negative	Negative	N/A	Within normal range

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

Test	Normal Range	Value on Admissio	Today's Value	Explanation of Findings
Urine Culture	Negative	<b>Positive</b>	N/A	Abnormal test for bacteria or yeast infection found in the urine culture. Likely means urinary tract infection or bladder infection. (UCSF Health, 2002)
Blood Culture	Negative	Negative	N/A	Normal Findings
Sputum Culture	Negative	Negative	N/A	Normal Findings
Stool Culture	Negative	Negative	N/A	Normal Findings

**Lab Correlations Reference (APA):**

**MEDICAL TESTS Urine culture. (2002). UCSF Health. Retrieved October 27, 2021, from <https://www.ucsfhealth.org/medical-tests/urine-culture>**

**What Is an Alkaline Phosphatase Test? (2017, March 17). WebMD. Retrieved November 10, 2021, from [https://www.webmd.com/digestive-disorders/alkaline\\_phosphatase\\_test](https://www.webmd.com/digestive-disorders/alkaline_phosphatase_test)**

**High Red Blood Cell Count. (n.d.). Mayo-Clinic. Retrieved November 10, 2021, from <https://www.mayoclinic.org/symptoms/high-red-blood-cell-count/basics/causes/sym-20050858>**

**Urinalysis. (2021, June 18). Lab Test Online. Retrieved October 27, 2021, from <https://labtestsonline.org/tests/urinalysis>**

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**Lymphocytosis: Symptoms, Causes, Treatments. (n.d.). Cleveland Clinic. Retrieved November 10, 2021, from <https://my.clevelandclinic.org/health/diseases/17751-lymphocytosis>**

### **Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):**

**CT scan (Date undermined) - CT of the brain was due to a follow up; Patient CT results showed axial CT imaging of the head without intravenous contrast was acquire. No evidence of acute intracranial hemorrhage or edema. Along with no mass effect. The CT of the brain may be performed to assess the brain for tumors and other lesion, injuries, intracranial bleeding, and structural anomalies. (John Hopkins, 2021). The patient was clear of tumors, bleeding, injuries, and lesion.**

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**Current Medications (10 points, 2 points per completed med)**  
**\*5 different medications must be completed\***

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**Medications (5 required)**

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<b>Brand/Generic</b>	<b>Digoxin</b>	<b>Finasteride</b>	<b>Acetaminophen</b>	<b>Vitamin B-12</b>	<b>Cephalexin</b>
<b>Dose</b>	<b>0.125 mg</b>	<b>5 mg</b>	<b>1000 mg</b>	<b>1,000 mg</b>	<b>250 mg</b>
<b>Frequency</b>	<b>QD</b>	<b>QD</b>	<b>TID</b>	<b>QD</b>	<b>QD</b>
<b>Route</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>
<b>Classification</b>	<b>Cardiac Glycosides</b>	<b>5-alpha reductase inhibitors</b>	<b>Analgesics</b>	<b>Water-soluble vitamins</b>	<b>Cephalosporin antibiotics</b>
<b>Mechanism of Action</b>	<b>Induces an increase in intracellular sodium that will drive an influx of calcium in the heart and cause an increase in contractility.</b>	<b>Enzyme changes testosterone to another hormone that causes the prostate to grow or hair loss in males.</b>	<b>The exact mechanism of action of acetaminophen is not known.</b>	<b>Binding proteins, transcobalmin I and II, allowing it to enter the cells.</b>	<b>Bactericidal agent that acts by inhibition of bacterial cell-wall synthesis.</b>
<b>Reason Client Taking</b>	<b>Treat heart failure and abnormal heart rhythms (arrhythmias)</b>	<b>Treat symptoms of BPH such as frequent and difficult urination.</b>	<b>Treat mild to moderate pain or fever.</b>	<b>Helps keep you body's blood and nerve cells healthy and helps make DNA.</b>	<b>Treat bacterial infections</b>
<b>Contraindications (2)</b>	<b>1. Acute myocardial infarction 2. Hypokalemia</b>	<b>1. Hypersensitivity 2. Geriatric</b>	<b>1. Hypersensitivity 2. Severe hepatic impairment</b>	<b>1. Atrophic gastritis 2. Hereditary optic nerve atrophy</b>	<b>1. Antimicrobial resistance 2. Coagulopathy</b>
<b>Side Effects/ Adverse Reactions (2)</b>	<b>Confusion Vomiting</b>	<b>Swelling Impotence</b>	<b>Nausea Rash</b>	<b>Mild diarrhea Dizziness</b>	<b>Heartburn Nausea</b>

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### **Medications Reference (APA):**

**Cyclobenzaprine: Uses, Interactions, Mechanism of Action | DrugBank Online. (2005, June 5). DrugBank. Retrieved October 20, 2021, from <https://go.drugbank.com/drugs/DB00924>**

**Jones & Bartlett Learning. (2011). 2011 Nurse's drug handbook. Jones & Bartlett Learning.**

**Assessment**

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**Physical Exam (18 points)**

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<b>GENERAL:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	<b>The patient is alert and oriented but confused with certain details.</b> <b>No acute distressed</b> <b>Appropriate appearance</b>
<b>INTEGUMENTARY:</b> <b>Skin color:</b> <b>Character:</b> <b>Temperature:</b> <b>Turgor:</b> <b>Rashes:</b> <b>Bruises:</b> <b>Wounds:</b> <b>Braden Score:</b> <b>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Type:</b>	<b>Skin color was appropriate for normal complexion</b> <b>Dry skin, no bruises, no lesions, no pressure ulcer</b> <b>No rashes</b> <b>No bruises</b> <b>No wounds</b> <b>N/A</b>
<b>HEENT:</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	<b>Patient head and neck is symmetrical.</b> <b>Bilateral auricles with no visible or palpable deformities.</b> <b>Sclera is bilaterally white, bilaterally cornea clear, no visible drainage from eyes.</b> <b>Nose show no visible drainage from eyes.</b> <b>Bilateral frontal sinus are non-ten</b>
<b>CARDIOVASCULAR:</b> <b>Heart sounds:</b> <b>S1, S2, S3, S4, murmur etc.</b> <b>Cardiac rhythm (if applicable):</b> <b>Peripheral Pulses:</b> <b>Capillary refill:</b> <b>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Location of Edema:</b>	<b>Patient heart was regular rate and rhythm with S1 and S2 sounds auscultated. No murmur, gallop, or rub presented. All extremities pink, warm, and dry to touch.</b> <b>Capillary refill less than 3 seconds.</b>
<b>RESPIRATORY:</b> <b>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Breath Sounds: Location, character</b>	<b>No accessory muscle use.</b> <b>Patient showed normal rate and pattern of respirations: non labored and lunges sounds clear throughout.</b>

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<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>      <b>Distention:</b>      <b>Incisions:</b>      <b>Scars:</b>      <b>Drains:</b>      <b>Wounds:</b>  <b>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>      <b>Size:</b>  <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>      <b>Type:</b></p>	<p><b>Patient is on a regular diet.</b>  <b>5ft 8in</b>  <b>196 lbs</b>  <b>Bowel sounds active in all 4 quadrants with palpation with no tenderness</b>  <b>Patient last BM last night</b>  <b>No tenderness or masses noted upon palpation</b>  <b>No distention</b>  <b>No incisions</b>  <b>No scars</b>  <b>No drains</b>  <b>No wounds</b></p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Inspection of genitals:</b>  <b>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>      <b>Type:</b>      <b>Size:</b></p>	<p><b>Urine yellow</b>  <b>Cloudy</b>  <b>420 mL</b>  <b>Some urinary incontinence</b></p>

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<b>MUSCULOSKELETAL:</b> <b>Neurovascular status:</b> <b>ROM:</b> <b>Supportive devices:</b> <b>Strength:</b> <b>ADL Assistance: Yx N <input type="checkbox"/></b> <b>Fall Risk: Yx N <input type="checkbox"/></b> <b>Fall Score:</b> <b>Activity/Mobility Status:</b> <b>Independent (up ad lib)</b> <b>Needs assistance with equipment</b> <b>Needs support to stand and walk</b>	<b>Neurovascular status intact</b> <b>Full ROM</b> <b>Wheelchair/walker</b> <b>Reduce strength</b>  <b>Fall score: 35</b> <b>Patient needs a gait belt and walker when walking.</b>  <b>Needs assistance with gait belt</b> <b>Needs support to with walker and gait</b>
<b>NEUROLOGICAL:</b> <b>MAEW: Y <input type="checkbox"/> Nx</b> <b>PERLA: Y <input type="checkbox"/> Nx</b> <b>Strength Equal: Y <input type="checkbox"/> Nx if no - Legs</b> <b>x Arms <input type="checkbox"/> Both <input type="checkbox"/></b> <b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	<b>Orientation with slight confusion</b> <b>Patients shows a mental state of confusion</b> <b>Clear speech</b> <b>Sight hearing</b> <b>Oriented to what is happening around him.</b>
<b>PSYCHOSOCIAL/CULTURAL:</b> <b>Coping method(s):</b> <b>Developmental level:</b> <b>Religion &amp; what it means to pt.:</b> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>	<b>The patient watch TV as a coping mechanism.</b> <b>Patient has adult development level</b> <b>No religion documented</b> <b>Still married to his wife and visit from family for support.</b>

## Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1015	18	96/62 Right	16	96.7 F	98%
	Radial	Arm		Temporal	Room Air

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**Pain Assessment, 1 set (5 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>1220</b>	<b>Numeric</b>	<b>Suprapubic</b>	<b>3/10</b>	<b>Burning sensation</b>	<b>Acetaminophen</b>

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>140 mL ( 40 mL milk, 60 mL water, 40 apple juice orally in the last 24 hr)</b>	<b>420 mL urine during the morning shift</b>

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis\***

<b>Nursing Diagnosis</b>	<b>Rational</b>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b>
<ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>		<ul style="list-style-type: none"> <li>• How did the patient/ family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes,</li> </ul>

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<p><b>1. Risk for impaired urinary elimination related to frequent urination as evidenced by urinary incontinence.</b></p>	<p><b>The patient is a 89 year old male with decreasing muscles and nerves the help the badder hold or urine.</b></p>	<p><b>1. Assess the patient's urinary elimination patterns.</b></p> <p><b>2. Encourage the patient to finish all prescribed course of antibiotics.</b></p>	<p><b>Goal met by patient demonstrating his improvement in urinary patterns and control of urinary elimination to prevent future UTI.</b></p> <p><b>Goal met with patient expressing, without embarrassment, the understanding of the causes of urinary incontinence.</b></p>
<p><b>2. Acute pain related to urinary tract infection as evidenced by cloudy, foul-smelling urine, patient reports of boring sensation when urinating, and suprapubic pain rating 3/10.</b></p>	<p><b>The patient urine culture came back positive for bacteria resulting in a UTI.</b></p>	<p><b>1. Apply a heating pad to the supreubic area. Heat therapy relieves pain and relaxes muscles.</b></p> <p><b>2. Instruct the patient to void every 2-3 hours.</b></p>	<p><b>Goal met with patient maintains continence with aid of incontinence pads and frequent toileting.</b></p> <p><b>Goal met patient took medication and verbalized that he was aware that his medication was an antibiotics use to treat the UTI.</b></p>

**Other References (APA):**

**Philips, L (2020) Sparks & Taylor's Nursing Diagnosis Reference Manual (11th ed.)**

**Wolters Kluwer Medical.**

**Concept Map (20 Points):**

**Subjective Data**

**Pain**  
rating 3 on 1-10 scale  
Sensation when urinating  
Patients states it hurts in the suprapubic area

**Nursing Diagnosis/Outcomes**

1. Risk for impaired urinary elimination related to frequent urination as evidenced by urinary incontinence.
2. Acute pain related to urinary tract infection as evidenced by cloudy, foul-smelling urine, patient reports of boring sensation when urinating, and suprapubic pain rating 3/10.

**Objective Data**

Odorous urine  
Positive urine culture  
Slight confusion  
96.7 F  
Some urinary incontinence  
High RBC and lymphocytes

**Patient Information**

Male  
89 years old  
Caucasian  
Retired  
Married  
5ft 8in 198 lbs

**Nursing Interventions**

Goal met by patient demonstrating his improvement in urinary patterns and control of urinary elimination to prevent future UTI.

Goal met with patient expressing, without embarrassment, the understanding of the causes of urinary incontinence.

Goal met with patient maintains continence with aid of incontinence pads and frequent toileting.

Goal met patient took medication and verbalized that he was aware that his medication was an antibiotics use to treat the UTI.

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