

Medications

Aspirin – Platelet aggregation inhibitor

Previous stroke

Acetaminophen – Analgesic

Mild pain/fever >100.4

Calcium Carbonate – Antacid

Reflux symptoms

Furosemide – Loop diuretic

End stage renal disease

Metoprolol – Beta-adrenergic blocking agent

PRN in CT to achieve HR <65 bpm

Demographic Data

Date of Admission: 11/12/2021

Admission Diagnosis/Chief Complaint: Lower extremity weakness

Age: 72

Gender: Male

Race/Ethnicity: White

Allergies: Benadryl, cigarette smoke, Cephalexin

Code Status: FULL

Height in cm: 188

Weight in kg: 105.2

Psychosocial Developmental Stage:

Cognitive Developmental Stage: Altered awareness of immediate environment; Lack of understanding ones limitations

Braden Score: 17

Morse Fall Score: 39

Infection Control Precautions: MRSA, VRE, Contact precaution

Pathophysiology

Disease process: Chronic renal failure occurs in five stages. The final stage is identified by a GFR lower than 15 mL/min. The slowing of GFR is the result of nephron deterioration. Nephron deterioration can progress over months or years. Once renal failure reaches stage 5, nephrons cannot filter the bloodstream efficiently. This results in the loss of erythropoietin synthesis, blood pressure, and acid-base balance as well as uremia. Fluid, electrolyte, and acid-base imbalances occur and other organs suffer the effects.

S/S of disease: Nausea, vomiting, loss of appetite, fatigue, weakness, changes in urine volume, chest pain, shortness of breath, edema in lower extremities, hypertension, headaches, difficulty sleeping, slowed cognitive function, muscle cramps, itching, and metallic taste in the mouth

Method of Diagnosis: end stage renal failure can be diagnosed using blood tests to measure the amount of waste in the blood (creatinine and urea), urine tests to check protein albumin levels in the urine, imaging (US, MRI, or CT) of kidneys to assess abnormalities, a biopsy of kidney tissue, and assessing GFR (<15 mL/min)

Treatment of disease: Kidney transplant, dialysis (hemodialysis or peritoneal dialysis), or palliative care.

Lab Values/Diagnostics

Calcium 7.8 (8.9-10.6) – related to end stage renal disease

Glucose 103 (74-100) – related to diet

BUN 55 (8-26) – related to end stage renal disease

Creatinine 6.25 (0.55-1.30) – related to end stage renal disease

Hgb 8.3 (12.0-18.0) – related to end stage renal disease

Hct 25.6 (37.0-51.0) – related to increased WBC and long-term illness

WBC 12.64 (4.00-11.00) – related to advancing renal disease

RBC 2.23 (4.10-5.70) – related to anemia related to end stage renal disease

Neutrophils 9.39 ((1.60-7.70) – related to tissue trauma from fall and end stage renal failure

Lymphocytes 0.95 (1.00-4.90) – related to immune deficiency

Monocytes 2.04 (0.00-1.10) – related to MRSA

HDL Cholesterol 27 (40-60) – related to excess weight, poor diet, and sedentary lifestyle

PTT 55.4 (22.4-35.9) – related to patient receiving aspirin due to previous stroke

PT 27.0 (11.7-13.8) – related to patient aspirin due to previous stroke

INR 2.5 (0.9-1.1) - related to patient receiving aspirin due to previous stroke

Admission History

Fall Wednesday 11/10/2021. Onset of general weakness, lower extremity weakness, R leg pain for 2 days upon admission. Denies other symptoms. Pain improvement with rest, pain worsened with weight bearing

Medical History

Previous Medical History: afib, atherosclerosis, cellulitis, diarrhea, DVT, forehead contusion, GI bleed, goiter, CVA, uncontrolled HTN, hyperlipidemia, hyperalbuminemia, nephrotic syndrome, obstructive sleep apnea, joint pain, left hip pain, polycystic kidney disease, sepsis due to unspecified organism, tremors of nervous system, urinary retention, vertigo, yeast UTI

Prior Hospitalizations: No prior hospitalizations listed

Previous Surgical History: A-V fistula creation, cataract removal, colonoscopy, IR tunneled dialysis catheter insertion, IR US. Venous access, total hip arthroplasty

Social History: Married, former smoker for 5 years (quit smoking 47 years ago), no substance abuse

Active Orders

Rehab consult – increase mobility to combat muscle weakness

Cardiology consult – monitor afib and assess for fluid around heart

Isolation – contact – MRSA and VRE

Orthopedics consult – assess issues with bones, joints, and muscles to create a plan for improving mobility

Speech consult – too assess ability to swallow solids and medications

Hemodialysis – to filter blood and prevent build up of urea, creatinine, and other waste from building up in the blood

Nephrology consult – to reassess condition of kidneys and GFR

Urology consult – assess urinary tract beyond kidneys

Physical Exam/Assessment

General: A&O x4 x episodes of confusion and forgetfulness

Integument: WNL x contusions consistent with fall

HEENT: WNL x drooping

Cardiovascular: WNL x A fib; S1, S2 present

Respiratory: WNL, done independently

Genitourinary: WNL x anuria, pt on hemodialysis

Musculoskeletal: WNL x generalized weakness, moderately impaired

Neurological: Forgetful, episodes of confusion

Most recent VS (include date/time and highlight if abnormal): T: 97.8 (ancillary), P: 88, RR: 18, SPO2: 93 RA, BP: 91/58

Pain and pain scale used:

Scale: 0-10

0/10; pt denies pain

Nursing Diagnosis 1 Impaired mobility	Nursing Diagnosis 2 Self care deficit	Nursing Diagnosis 3 Acute confusion
Rationale Related to lower extremity weakness as evidence by previous fall and inability to ambulate	Rationale Related to muscle weakness as evidence by unkempt appearance	Rationale Related to increased creatinine and BUN levels in the blood as evidence by episodes of shouting and outbursts
Interventions Intervention 1: keep bed in lowest position to prevent falls Intervention 2: turn patient every 2 hours to prevent skin breakdown	Interventions Intervention 1: Assist patient with ADLs Intervention 2: Provide patient with ways to complete ADLs while in bed	Interventions Intervention 1: Orienting the patient when they become confused Intervention 2: Provide simple directions to prevent further confusion
Evaluation of Interventions Keeping the bed low was safer for the patient and no falls occurred. Turning the patient every 2 hours was beneficial, as no skin breakdown has been observed.	Evaluation of Interventions Assisting the patient with ADLs such as brushing teeth and combing hair was beneficial to the client's mood and level of self care. Providing the patient with ways to complete ADLs while in bed preserved a sense of independence while also improving level of self care and mood.	Evaluation of Interventions Once client was oriented to his surroundings and situation his confusion decreased and his mood improved. When the client was given simple directions, he was able to follow them with minimal confusion and without getting overwhelmed or irritable.

References (3) (APA):

- Capriotti, T. (2020). Chapter 22: Renal Disorders. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (pp. 523–546). essay, F.A. Davis.
- Hernandez, H. J., Obamwonyi, G., & Harris-Love, M. O. (2018, January 5). *Physical therapy considerations for chronic kidney disease and secondary sarcopenia*. *Journal of functional morphology and kinesiology*. Retrieved December 2, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5784851/>.
- Mayo Foundation for Medical Education and Research. (n.d.). Mayo Clinic. Retrieved December 2, 2021, from <https://www.mayoclinic.org/>.