N321 Care Plan # 1

Lakeview College of Nursing

samantha christison

Demographics (3 points)

Date of Admission 1-24-2022	**Client Initials** J. P	**Age** 77	**Gender** female
Race/Ethnicity white	**Occupation** Retired Human resource director	**Marital Status** Widowed	**Allergies** Nyquil- tachycardia Tape- rash Alcohol- SOB Lactose- Nausea Levaquin- hives
Code Status FULL	**Height** 5'3"	**Weight** 189lbs	

Medical History (5 Points)

Past Medical History: congestive heart failure, asthma, sleep apnea, fusion in back, vertigo, neuropathy in feet, insulin resistant (not currently being treated)

Past Surgical History: sinus surgery, gallbladder removal, bladder lift (x's 2), hysterectomy, uvula removed, bilateral rotator cuff repair, mastectomy.

Family History: husband died of cancer in 2004, mother: kidney failure and congestive heart failure, maternal grandmother: heart problems, maternal grandfather: heart problems. Patient never met father or fathers family unknown if paternal side had any medical problems.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):

Tobacco: none, never

Alcohol: socially- one glass of wine a month

Drugs: none, never

Assistive Devices: patient uses a walker only when experiencing vertigo, otherwise patient up per self with no assistive devices

Living Situation: patient lives with son in single story home.

Education Level: patient has 2 masters degrees

Admission Assessment

Chief Complaint (2 points): breast cancer

History of Present Illness – OLD CARTS (10 points):

Patient brought into the hospital for mastectomy of left breast after a diagnosis of Breast cancer. patient was diagnosed with fiber cystic breast many years ago. Patient ent in for her routine 6-month mammogram due to her diagnosis where they found several new masses in patient left breast. Patient then had 3 different ultrasound's and a biopsy completed on the masses where she was diagnosed with breast cancer. Patient states having no symptoms. Patient states "due to my diagnosis I had gotten really good at doing self-checks every other week and never noticed anything different or unusual." Patient stated having no pain or any complications. patient states "if not for the routine mammogram I would have had no idea there was something wrong."

Primary Diagnosis

Primary Diagnosis on Admission (2 points): carcinoma of left breast

Secondary Diagnosis (if applicable): mastectomy of left breast

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

The patient was diagnosed with carcinoma in the left breast upon admission. Carcinoma is a type of cancer that begins in the cells of organ tissue lining as well as the skin. Carcinoma, like many other types of cancer, is when the cells become abnormal and divide without control in this case called carcinomas. Carcinoma cells can spread to other parts of the body but in the case of this patient it has not thus far. There are many different types of carcinoma in the case of this patient she was diagnosed with invasive ductal carcinoma. This type of cancer starts in the milk ducts of the breasts and spreads to the fatty tissue of the breast. Some signs and symptoms are thickening of the breast skin, rash or redness of the breast, new pain in one breast, swelling in one breast,

dimpling around the nipple or on the breast skin, lumps in underarm area and nipple pain or nipple discharge. In the case of my patient early detection through routine mammograms, ultrasounds and biopsies allow for better outcomes and not many patients see changes in their vitals and labs until the end stages of life when battling carcinoma cancer. There are many different treatment options when treating carcinoma such as radiation, chemotherapy, and surgeries. My patient chose to do surgery as the first step in treatment. She chose to have a left mastectomy. A mastectomy is a type of cancer surgery in which the entire breast is removed. Some clinical information found is in the patient's ultrasound they found multiple different masses which they then biopsied to determine if they were cancerous or not. After determining that the masses where cancer the patient decided to have the mastectomy to remove all the masses and have a better chance of the caner not spreading. The doctor then told the patient that he believes they got all the masses out and they do not see any signs of the cancer spreading anywhere else.

Pathophysiology References (2) (APA):

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

Marta, S. (2020, January 26). *Types of carcinoma: Basal cell, squamous cell, and adenocarcinoma*. WebMD. Retrieved January 29, 2022, from https://www.webmd.com/cancer/what-is-carcinoma#:~:text=Carcinoma%20is%20a%20type%20of,%2C%20but%20don't%20always.

What is a mastectomy? American Cancer Society. (n.d.). Retrieved January 29, 2022, from https://www.cancer.org/cancer/breast-cancer/treatment/surgery-for-breast-cancer/mastectomy.html#:~:text=Mastectomy%20is%20breast%20cancer%20surgery,saves%20most%20of%20the%20breast.

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	4.2-5.4	4.12	3.58	Pt RBC low due to recent surgery and loss of blood during surgery.
Hgb	12-16	11.9	10.1	Within normal range
Hct	37-47	34.2	30.1	PT Hct low to recent surgery and loss of blood.
Platelets	150-400	250	183	Within normal range
WBC	4.5-11.0	8.5	7.2	Within normal range
Neutrophils	55-70	59.0	82.5	Pt neutrophils may be elevated due recent physical stress from surgery.
Lymphocytes	20-40	31.1	20	Within normal range
Monocytes	2-8	7.0	7.1	Within normal range
Eosinophils	1-4	2.3	1	Within normal range
Bands	NA	NA	NA	Within normal range

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**	**141**	**141**	Within normal range
K+	**3.5-5**	**3.8**	**3.9**	Within normal range
Cl-	**98-106**	**104**	**106**	Within normal range
CO2	**23-30**	**30**	**26**	Within normal range
Glucose	**74-106**	**101**	**110**	Pt glucose may be elevated due to diagnosis of insulin resistance.
BUN	**10-20**	**32**	**27**	Pt BUN may be elevated due to congestive heart failure.
Creatinine	**0.5-1.1**	**1.32**	**1.14**	Pt creatinine may be elevated due to reduced renal blood flow due to congestive heart failure.

Albumin	**3.5-5**	**4.5**	**NA**	Within normal range
Calcium	**4.5-5.6**	**10.0**	**8.8**	Pt calcium may be elevated due prolong immobilization from surgery.
Mag	**1.3-2.1**	**NA**	**NA**	**Not completed on this admission**
Phosphate	**3.0-4.5**	**NA**	**NA**	**Not completed on this admission**
Bilirubin	**Total 0.3-1**	**0.4**	**NA**	Within normal range
Alk Phos	**30-120**	**89**	**NA**	Within normal range
AST	**10-30**	**20**	**NA**	Within normal range
ALT	**10-40**	**15**	**NA**	Within normal range
Amylase	**60-120**	**NA**	**NA**	**Not completed on this admission**
Lipase	**0-160**	**NA**	**NA**	**Not completed on this admission**
Lactic Acid	**0.5-2.2**	**NA**	**NA**	**Not completed on this admission**

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	**2-3**	**NA**	**NA**	**Not completed on this admission**
PT	**9.5-11.3**	**NA**	**NA**	**Not completed on this admission**
PTT	**30-40**	**NA**	**NA**	**Not completed on this admission**
D-Dimer	**<250**	**NA**	**NA**	**Not completed on this admission**
BNP	**<100**	**NA**	**NA**	**Not completed on this admission**
HDL	**>60**	**NA**	**NA**	**Not completed on this admission**

LDL	**<130**	**NA**	**NA**	**Not completed on this admission**
Cholesterol	**<200**	**NA**	**NA**	**Not completed on this admission**
Triglycerides	**<150**	**NA**	**NA**	**Not completed on this admission**
Hgb A1c	**4%-5.9%**	**NA**	**NA**	**Not completed on this admission**
TSH	**2-10**	**NA**	**NA**	**Not completed on this admission**

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; yellow**	**NA**	**NA**	**Not completed on this admission**
pH	**4.6-8**	**NA**	**NA**	**Not completed on this admission**
Specific Gravity	**1.005-1.030**	**NA**	**NA**	**Not completed on this admission**
Glucose	**Negative**	**NA**	**NA**	**Not completed on this admission**
Protein	**0-8**	**NA**	**NA**	**Not completed on this admission**
Ketones	**Negative**	**NA**	**NA**	**Not completed on this admission**
WBC	**Negative**	**NA**	**NA**	**Not completed on this admission**
RBC	**Negative**	**NA**	**NA**	**Not completed on this admission**
Leukoesterase	**Negative**	**NA**	**NA**	**Not completed on this admission**

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<10,000 Positive>100,000	**NA**	**NA**	**Not completed on this admission**
Blood Culture	Negative	**NA**	**NA**	**Not completed on this admission**
Sputum Culture	Normal URT	**NA**	**NA**	**Not completed on this admission**
Stool Culture	Normal internal	**NA**	**NA**	**Not completed on this**

	flora			**admission**

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's diagnostic and laboratory desk reference* (14th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): mammogram, ultrasound x's 3, biopsy

Diagnostic Test Correlation (5 points): patient was diagnosed with fiber cystic breast many years ago therefore patient goes in for routine 6 month mammograms due to diagnosis. Patient had 3 ultrasounds to look at the different masses found on the mammogram. Patient then had biopsies completed on the masses to test if they were cancerous or not.

Diagnostic Test Reference (1) (APA):

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

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

Home Medications (5 required)

Brand/Generic	Aspirin (acetylsalicylic acid)	Docusate sodium (dioctyl sodium sulfosuccinate) Colace	Hydrocodone bitartrate Hysingla ER	Losartan potassium Cozaar	Metoprolol succinate Toprol-XL

Dose	81 mg	100 mg	325 mg	50 MG	25 mg
Frequency	Daily	Daily	PRN every 4 hours	Daily	Daily
Route	PO	PO	PO	PO	PO
Classification	Pharmacological: salicylate Therapeutic: NSAID	Pharmacological: surfactant Therapeutic: Laxative, stool softener	Pharmacological: opioid Therapeutic: opioid analgesic	Pharmacological: angiotensin II receptor blocker Therapeutic: antihypertensive	Pharmacological: beta-adrenergic blocker Therapeutic: antianginal, antihypertensive
Mechanism of Action	"Blocks the activityof cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins, important mediators in the inflammatory response, cause local vasodilation with swelling and pain. With blocking of cyclooxygenase and inhibition of prostaglandins, inflammatory symtoms subside." (Jones and Bartlett 2021)	" acts as a surfactant that softens stool by decrasing surface tension between oil and water in feces. This action lets more fluid penetrate stool, forming a softer fecal mass." (Jones and Bartlett 2021)	"bids to and activates opiod receptors at sites in the periaqueductal and periventricular gray matter, the ventromedial medulla, and the spinal cord to produce pain relief." (jones and Bartlett 2021)	"blocks binding of angiotensin II to receptor sites in many tissues including adrenal glands and vascular smooth muscle." (Jones and Bartlett 2021)	"inhibits stimulation of Beta-receptor sites, located mainly in th heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand. Metoprolol also helps reduce blood pressure by decreasing renal release of renin." (Jones and Bartlett 2021)
Reason Client Taking	Taking because of bundle branch block in heart	Stool softener	For pain	For hypertension	For hypertension
Contraindications (2)	Active bleeding Fever	Fecal impaction Vomiting	Respiratory suppression, acute or severe bronchial asthma	Concurrent aliskiren therapy, hypersensitivity to losartan or its components.	Sinus bradycardia, Systolic blood pressure less than 100 mm Hg
Side	Confusion	Diarrhea	Anxiety	Hypotension	Anxiety,

Effects/Adverse Reactions (2)	GI bleeding	Palpitations	Hypotension	Thrombocytopenia	Arrhythmias
Nursing Considerations (2)	"don't crush timed-release or controlled release aspirin tablets unless directed." "Use an immediate release aspirin in situations where s rapid onset of action is required such as in the acute treatment of myocardial infarction or before percutaneous coronary intervention." (Jones and Bartlett 2021)	"Assess for laxative abuse syndrome." "Expect excessive or long-term use of docusate to cause dependence on laxatives for bowel movements:' (Jones and Bartlett 2021)	"Be aware that hydrocodone increases the risk of abuse, addiction, and misuse." "Know that hydrocodone should not be given to a patient with impaired consciousness, nor should the drug be administered on an as-needed basis." (Jones and Bartlett 2021)	"Monitor blood pressure and renal function studies, as ordered, to evaluate drug effectiveness" "Periodically monitor patients serum potassium level, as ordered, to detect hyperkalemia." (Jones and Bartlett 2021)	"use cautiously in patient with angiana or hypertension who have congestive heart failure because of beta blockers such as metoprolol can further depress myocardial contractility, worsening heart failure." "before starting therapy for hart failure, expect to give an ACE inhibitor, digoxin, and a diuretic to stabilize patient." (Jones and Bartlett 2021)

Hospital Medications (5 required)

Brand/Generic	Montelukast sodium singulair	Pantoprazole sodium Protonix	Albuterol sulfate Ventolin HFA		
Dose	10 mg	40 mg	2.5 MG		
Frequency	daily	Daily	PRN every 4 hours for wheezing or SOB		
Route	PO	PO	Nbulizer		

Classification	Pharmacological: leukotriene receptor antagonist Therapeutic: antiallergen, antiasthmatic	Pharmacological: proton pump inhibitor Therapeutic: antiulcer	Pharmacological: adrenergic Therapeutic: bronchodilator		
Mechanism of Action	"Antagonizes receptors for cysteinyl leukotrienes, produced by arachidonic acid metabolism and released from eosinophils, mast cells, and other cells. When cysteinyl leukotrienes bind to receptors in bronchial airways, they increase endothelial membrane permeability, which leads to airway edema, smooth muscle contraction, and altered activity of cells in asthma's inflammatory process." (Jones and Bartlett 2021)	"interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine-triphosphatase enzyme system, or proton pump, in gastric parietal cells." (Jones and Bartlett 2021)	"albuterol attaches to beta2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert adenosine triphosphate to cyclic adenosine monophosphate." (jones and Bartlett 2021)		
Reason Client Taking	Asthma	GERD	asthma		
Contraindications (2)	Hypersensitivity to montelukast or its components	Concurrent therapy with dipivefrine-containing	Hypersensitivity to albuterol or its components		

		products, hypersensitivity to pantoprazole, substituted benzimidazoles, or their components			
Side Effects/Adverse Reactions (2)	Seizures palpitations	Anxiety Hyperglycemia	Arrhythmias hypotension		
Nursing Considerations (2)	"Watch patient closely for suicidal tendencies during montelukast therapy, especially when therapy starts or dosage change" "Monitor patient for adverse neuropsychiatric effects and notify prescriber if present." (Jones and Bartlett 2021)	"know that proton pump inhibitors such as pantoprazole should not be given longer than medically necessary" "instruct patient to notify prescriber if diarrhea occurs and becomes prolonged of severe." (Jones and Bartlett 2021)	"monitor serum potassium level because albuterol may cause transient hypokalemia" "be aware that drug tolerance can develop with prolonged use." (Jones and Bartlett 2021)		

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2021). 2021 Nurse's Drug Handbook (20th ed.).

Assessment

Physical Exam (18 points) – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** A&O x's 4 **Orientation: :** oriented to person, place, time and event. **Distress:** patient noted to be in no distress at this time **Overall appearance:** patient is well	*Patient is alert and oriented times 4. Patient appears to be in no apparent distress at this time. Patient is well groomed and is laying supine in bed with head of bed elevated. Patient is pleasant and answers all questions.*

groomed laying supine in bed with the head of the bed elevated. patient is pleasant.	
INTEGUMENTARY: **Skin color:** pink, appropriate for ethnicity **Character:** dry **Temperature:** warm **Turgor:** rapid recoil **Rashes:** no rashes noted **Bruises:** patient noted to have minimal bruising in left armpit. **Wounds:** patient noted to have no wounds present. **Braden Score:** 20 **Drains present: Y☒ N ☐** **Type:** JP drains x's 2 in left chest/breast.	*Patient skin is pink, warm dry and appropriate for ethnicity. Patient noted to have rapid recoil when completing the turgor test. When completing a skin assessment patient noted to have no rashes or wounds but noted to have minimal bruising in left arm pit and left side of chest from surgery. Unable to complete full skin assessment due to surgical dressing placed by the doctor. Patient has a Braden score of 20 and has 2 JP drains in left chest/ breast.*
HEENT: **Head/Neck:** normal cephalic, head and neck are symmetrical, trachea is midline without deviation. Thyroid is not palpable. Carotid pulses +2 bilaterally. **Ears:** auricle is moist, and pink noted to have no cerebrum build up. Patient dose not wear hearing aids. **Eyes:** PERRLA, pupils size 4 and wear glasses **Nose:** sinuses are nontender upon palpitation, patient noted to have no drainage from both nostrils**.** **Teeth: :** uvula is midline soft palate rises and falls symmetrical. Patient noted to have all teeth, oral mucosa is moist, pink and no lesions were seen or noted	Patient head is normal shape and size, head and neck are symmetrical, trachea is midline with no deviation. Thyroid in not palpable. Carotid pulse are +2 bilaterally. Ears are symmetrical, auricle is moist and pink, no cerebrum build up noted along with no drainage. Eyes are PERRLA pupils are a size 4 and patient dose wear glasses all the time. Sclera is white, conjunctiva is clear no drainage from eyes noted. Patient sinuses are nontender upon palpitation, patient noted to have no drainage from both nostrils. Patient mouth is moist and pink, patient has all teeth that are well maintained. Uvula is midline, soft palate rises and falls symmetrically. No lesions noted.
CARDIOVASCULAR: **Heart sounds:** heart sounds heard in all fields S1 and s2 audible **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable): NA** **Peripheral Pulses:** peripheral pulses present in all areas +2 **Capillary refill:** less than 3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	*Patient heart sounds are clear upon auscultation, S1 and S2 are heard. No murmurs were heard peripheral pulse are present, strong and regular +2. Capillary refill is less than three seconds in fingers and toes. Patient noted to have no neck vein distention. Patient has no edema.*

RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** Lung sounds clear in all fields no wheezing or adventurous breath sounds noted.	patient has no accessory muscle use. lung sounds clear upon auscultation in all fields with no wheezing or adventurous breath sounds noted.
GASTROINTESTINAL: **Diet at home:** regular **Current Diet** regular **Height:** 5'3" **Weight:** 189lbs **Auscultation Bowel sounds:** active in all 4 quadrants **Last BM**: 1-24-2022 **Palpation: Pain, Mass etc.:** no pain or masses felt upon palpation **Inspection:** **Distention:** no distention noted **Incisions:** noted to have one incision on left chest unable to visualize or assess due to doctors surgical dressing **Scars:** no scars noted **Drains:** 2 JP drain in chest **Wounds**: no wounds noted **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Patient is on a normal diet with normal texture and normal liquids. Patient is 5 foot 3 inches and 189 pounds. Patient bowel sounds active upon auscultation in all 4 quadrants. Patient last bowel movement on 1-24-2022 patient stated normal to only have 1 bowel movement every few days. Patient denies any pain upon palpation. No abnormalities found on palpation. Patient noted to have no distention, wounds or scars. Patient noted to have one incision on left chest but unable to visualize and assess due to doctors surgical dressing still in place for 1 week. Patient noted to have 2 JP drain in left chest. . Patient dose not have an ostomy or nasogastric tube feedings.
GENITOURINARY: **Color:** pale yellow **Character:** clear **Quantity of urine:** 1 void **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: NA** **Catheter: Y ☐ N ☒** **Type:** **Size:**	*Patient voided 1 time while on shift. Patient urine is pale yellow and clear. Patient denies pain with urination, patient is not a dialysis patient. Patient dose not have a catheter and no need for inspections of genitals.*
MUSCULOSKELETAL: **Neurovascular status:** **ROM: :** full range of motion in upper and lower extremities **Supportive devices:** patient only uses a walker when having spells of vertigo.	Patient has full range of motion in upper and lower extremities. Patient uses a 4 wheeled walker to get around only when having severe spells of vertigo. Patient has equal strength in upper and lower extremities. Patient able to do all ADL per herself. Patient has a fall risk score of

Strength: patient has equal strength in upper and lower extremities **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 4** **Activity/Mobility Status:** **Independent (up ad lib)** ☒ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	4 and is not a high fall risk. patient is up and independent on her own.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** A&O 4 **Mental Status:** patient alert and oriented **Speech:** clear and audible **Sensory:** patient wears glasses **LOC:** alert	Patient moves all extremities well and eyes are PERRLA. Patient has equal strength in both upper and lower extremities. Patient is alert and oriented to person place time and event. Patient speech is clear and audible, patient wears glasses. Patient is alert with no LOC at this time.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** reading and meditation **Developmental level:** average level appropriate for age **Religion & what it means to pt.:** dose not follow a certain religion but feels connected to the Catholics the most. **Personal/Family Data (Think about home environment, family structure, and available family support):** lives with son in a single story home.	Patient is the average developmental level and appropriate for age. Patient states some of her coping methods are reading and meditation. Patient states “never followed a religion until I began working for the catholic hospital so feel the most connected to the catholic faith.” Patient lives with her son in a single-story home. Patient states she lives by “never be defined by a person or event and never lose your authentic self.”

Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0818	62	148/55	16	97.5	100% ra
1100	60	142/53	16	97.6	100% ra

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0818	1-10	Left arm/ armpit/ chest	5	Spasms	Pain meds, elevate left arm
1030	1-10	Left arm/ armpit/chest	3	Spasms	Pain meds, elevate left arm

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge **Location of IV:** right wrist **Date on IV:** 1-24-2022 **Patency of IV:** good **Signs of erythema, drainage, etc.:** none **IV dressing assessment:** clean, dry and well intact	Patient dose not have any fluids or medications running. Patient has a 20 gauge in her right wrist that was placed on 1-24-2022. The IV is good and flushes well. There are no signs of erythema or drainage. The dressing is clean, dry and well scured.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480 mL of water 50% of breakfast	1 urine void 600 ml out of JP drain

Nursing Care

Summary of Care (2 points)

Overview of care: patient awake and eating breakfast at the beginning of shift, provider at bedside states patient will be discharged today. Patient tolerating pain and activities well

throughout day. Patient able to get herself dress to go home with little help. Patient vitals stable all day.

Procedures/testing done: Patient had a CBC and basic metabolic lab panel drew in the AM.

Complaints/Issues: patient had no complaints of issues**.**

Vital signs (stable/unstable): patient vitals remained stable through out shift.

Tolerating diet, activity, etc.: patient tolerated diet and activates well. Patient able to dress herself with minimal help.

Physician notifications: physician at bedside this AM states patient "doing much better than expected and will be able to go home today."

Future plans for client: The plan is to discharge the patient home today and follow up with PCP in 2 days along with follow up with surgeon in 1 week.

Discharge Planning (2 points)

Discharge location: patient expected to be discharged home today (1-27-2022).

Home health needs (if applicable): no home health needs.

Equipment needs (if applicable): no equipment needed.

Follow up plan: patient to follow up with PCP on 1-30-2022 and follow up with surgeon in the office in 1 week for dressing change and possible removal of drains.

Education needs: patient educated at discharge about emptying drains and the importance of keeping the surgical dressing on and dry. Patient verbalized understanding and had no further questions.

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

Nursing Diagnosis	Rationale	Interventions	Outcome Goal	Evaluation

• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	• Explain why the nursing diagnosis was chosen	**(2 per dx)**	**(1 per dx)**	• How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Patient at increased risk for infection related to alteration in skin integrity as evidence by incision on left chest and open incision from 2 JP drains	Patient is at an increased risk for infection due to recent surgery leaving patient with an incision and 2 drains on her left chest.	**1.**teach patient and family about proper hand hygiene before and after touching dressings and drains. 2.ensure patient has adequate nutritional intake to aid in proper wound healing	**1.** patient will remain free from signs and symptoms of infection	Patient responds well to teaching of proper hand hygiene and demonstrates understanding. Patient and family both verbalize understanding of proper diet and states they will make sure patient consumes foods high in protein for best healing.
2. Patient at increased risk for surgical site infection related to left mastectomy as evidence by surgical incision on left breast.	Patient is at an increased risk for surgical site infection due to recent surgery on left breast.	**1.** teach patient about proper hand hygiene before and after dressing changes. **2.**teach patient signs and symptoms of infection within the incision	**1.** patient incisions remain clear, pink, and free from purulent drainage	Patient demonstrates proper hand hygiene and family along with patient verbalized understanding of signs and symptoms of infection around incision
3. Patient at	Patient is at	**1.** assess	**1.** patient will	Patient will

increased risk for acute pain related to surgery on left breast as evidence by swelling, bruising and pain in left breast/ chest.	an increased risk for pain in her chest after having surgery and removal of left breast.	patients signs and symptoms of pain. Behavioral cues and administer pain medication as prescribed **2.** perform comfort measures to promote relaxation**.**	express relief from pain within a reasonable time after intervention	respond well to the pain medication and feel some relief. Patient will be able to perform the relaxation techniques and alleviate the pain.

Other References (APA):

Phelps, L. L. (2020). *Sparks & Taylor's Nursing diagnosis reference manual* (11th ed.). Wolters Kluwer

Concept Map (20 Points):

Subjective Data

Pain in left arm/ chest area feels like a spasm
rate it a 5 on a 1-10 scale.
Denies any complication prior to surgery

Nursing Diagnosis/Outcomes

1. Patient at increased risk for infection related to alteration in skin integrity as evidence by incision on left chest
- patient will remain free from signs and symptoms of infection

2.Patient at increased risk for surgical site infection related to left mastectomy as evidence by surgical incision on left breast.
- Patient demonstrates proper hand hygiene and family along with patient verbalized understanding of signs and symptoms of infection around incision

3.Patient at increased risk for acute pain related to surgery on left breast as evidence by swelling, bruising and pain in left breast/ chest.
- patient will express relief from pain within a reasonable time after intervention

Objective Data

0818
Pulse: 62
B/P:148/55
RR:16
Temp:97.5
SP02:100% ra
H:5'3"
W:189lbs

Client Information

J.P
77-year-old female
Retired human resource director
Widowed

Nursing Interventions

1.teach patient and family about proper hand hygiene before and after touching dressings and drains.

2.ensure patient has adequate nutritional intake to aid in proper wound healing

1. assess patients signs and symptoms of pain. Behavioral cues and administer pain medication as prescribed

2. perform comfort measures to promote relaxation

1. teach patient about proper hand hygiene before and after dressing changes.

2.teach patient signs and symptoms of infection within the incision