N321 Care Plan # 1

Lakeview College of Nursing

Alfonso Crane

Demographics (3 points)

Date of Admission *02/08/2022*	**Client Initials** *S.S.*	**Age** *55*	**Gender** *Female*
Race/Ethnicity *Caucasion*	**Occupation** *Unemployed*	**Marital Status** *Married*	**Allergies** *Sulfa - unknown reaction*
Code Status *Full Code*	**Height** *5'6"*	**Weight** *261 lbs.* *BMI: 42.2 kg/m^2*	

Medical History (5 Points)

Past Medical History: *Type II Diabetes Mellitus, HTN.*

Past Surgical History: *No past surgical history upon assessment.*

Family History: *Client does not wish to discuss family history. No pertinent family history upon assessment.*

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

The client is a non-smoker, does not use alcohol, and has no illicit drug use.

Assistive Devices: *None*

Living Situation: *The client lives with their husband.*

Education Level: *High school graduate.*

Admission Assessment

Chief Complaint (2 points): *Pain in the perineum area with lightheadedness.*

History of Present Illness – OLD CARTS (10 points): *Upon assessment, the client denies chest pain and shortness of breath. The client appears to be in no acute distress. The client presented to an outside hospital on 02/05/2022 with pain and tenderness in her perineum area for two weeks. The client reports continuous tenderness in her perineum, and there is little pain at rest. The client rates the pain a six on a 0-10 numerical pain scale range and is painful when the client has to sit up. The client's primary care physician provided doxycycline and augmentin*

but only took them for three days before symptoms worsened. The client is being administered acetaminophen every 6 hours PRN for pain at the hospital.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): *Left genitial labial abscess*

Secondary Diagnosis (if applicable): *Uncontrolled T2DM and morbid obesity*

Pathophysiology of the Disease, APA format (20 points): *Pathophysiology of primary diagnosis can be found on page 4 of Care Plan.*

Pathophysiology References (2) (APA):

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

Carle Database (2022)

Du, Z., Zhou, X., Zhao, J., Bi, J., Ren, Y., Zhang, J., ... & Wu, R. (2020). Effect of diabetes mellitus on short-term prognosis of 227 pyogenic liver abscess patients after hospitalization. *BMC infectious diseases*, *20*(1), 1-11.

Hinkle, J.L., & Cheever, K. H. (2022). *Brunner & suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.

Holman, H. C., Williams, D., Sommer, S., Johnson, J., Ball, B. S., Wheless, L., Leehy, P., & Lemon, T. (2019). *RN Adult Medical Surgical Nursing: Review module* (11th ed.). Assessment Technologies Institute.

Pathophysiology of Genital Labial Abscess

A genital labial abscess is a Bartholin cyst or abscess (Hinkle & Cheever, 2022). The Bartholin glands are small, spherical structures that are at the entry of the vagina (Capriotti, 2020), located in the posterior third of the vulva, near the vestibule (Hinkle & Cheever, 2022). These glands release secretions that enhance the lubrication and mobility of sperm (Capriotti, 2020). When the Bartholin glands become obstructed, the glandular fluid accumulates and becomes infected (Capriotti, 2020). The infection from the glandular fluid accumulation can form an abscess, which can cause tender cysts. These cysts are most common in vulvar disorders and may be asymptomatic.

An infection to the Bartholin glands may be due to multiple reasons. Infection may be due to a gonococcal organism, *Escherichia coli*, *Staphylococcus aureus*, and diabetes (Hinkle & Cheever, 2022) (Du et al. 2020). Uncontrolled diabetes, specifically Type II diabetes mellitus (T2DM), can cause a genital abscess. Type II diabetes mellitus can cause damage to blood vessels due to excessive glucose, which damages the inner linings of the blood vessels (Capriotti, 2020). Blood contains essential infection-fighting white blood cells necessary for fighting off infections. The damage to the blood vessels from Type II diabetes mellitus can result in a lack of blood flow, including a deficiency of red blood cells (RBCs) and white blood cells (WBCs), to the body.

A genital labial abscess can present as symptomatic or asymptomatic. Suppose this type of abscess is presenting symptoms. In that case, the client may experience localized pressure and pain around the area of the abscess, dyspareunia, which is painful sexual intercourse, and a possible altered urinary stream (Hinkle & Cheever, 2022).

Diagnostic and lab tests that help diagnose a genital abscess are CT scans and lab values obtained from a CBC, such as RBC and WBC counts (Hinkle & Cheever, 2022). A CT scan provides detailed images of the body structures, bone density, texture, and surgical hardware (Holman et al., 2019). CT scans provide visualization of soft tissues. A particular diagnostic test that the client underwent was a CT scan of the pelvis. The CT scan of the pelvis found a soft tissue infection involving the perineum and the left medial gluteal crease (Carle Database, 2022).

There are several treatment options for a client with a genital abscess. If an abscess or cyst is asymptomatic, treatment is unnecessary. Holistic care of the abscess may involve moist heat or sitz baths, which promote drainage and resolution of the abscess (Hinkle & Cheever, 2022). If the abscess requires drainage, there are several options available. Abscess I&D, or incision and drainage, is the most straightforward technique to remove the abscess. Another method of drainage is using a Word catheter (Hinkle & Cheever, 2022). The client underwent surgery and had an abscess I&D to remove their genital labial abscess.

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 (Carle Database, 2022)	Admission Value	Today's Value	Reason for Abnormal Value
RBC ($\times 10^6$)	*3.5-5.2*	*3.87*	*3.74*	*This value is within normal limits.*
Hgb (g/dL)	*11-16.8*	*10.8*	*10.5*	*Malnutrition can cause a low Hgb value (Capriotti, 2020). The client had been on an NPO diet prior to surgery.*
Hct	*34%-47%*	*30.9%*	*30.7%*	*Blood vessel damage due to the client's Type II diabetes mellitus (T2DM) can cause a low Hct percentage (Capriotti, 2020).*
Platelets	*140,000-400,000*	*310,000*	*283,000*	*This value is within normal limits.*
WBC (cells/mcL)	*4,000-11,000*	*8,790*	*7,110*	*This value is within normal limits.*
Neutrophils	*40%-80%*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Lymphocytes	*20%-40%*	*16.3%*	*26.4%*	*This value is within normal limits.*
Monocytes	*2%-10%*	*10.2%*	*11.8%*	*A client with an infection can have an increased monocyte value (Hinkle & Cheever, 2022). The client was diagnosed with a left genital labial abscess.*
Eosinophils	*0%-8%*	*0.3%*	*1.4%*	*This value is within normal limits.*
Bands (Immature neutrophils)	*0%-10%*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*

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

Lab	Normal Range (Carle Database, 2022) (Hinkle & Cheever, 2022)	Admission Value	Today's Value	Reason For Abnormal
Na- (mmol/L)	*136-145*	*140*	*140*	*This value is within normal limits.*

K+ (mmol/L)	*3.5-5.1*	*2.9*	*2.9*	*Malnutrition can cause a low potassium level (Hinkle & Cheever, 2022). The client was on an NPO diet prior to surgery.*
Cl- (mmol/L)	*98-107*	*113*	*109*	*An electrolyte imbalance caused by dehydration can cause an increased level of chloride (Hinkle & Cheever, 2022). The client was on an NPO diet prior to surgery.*
CO2 (mmol/L)	*22-29*	*18*	*22*	*This value is within normal limits.*
Glucose (mg/dL)	*74-100*	*214*	*225*	*An increased value in glucose can be from the client's history of Type II diabetes mellitus (T2DM) or an infection (Hinkle & Cheever, 2022). The client is diagnosed with T2DM, and upon admission, the client was diagnosed with a genital labial abscess.*
BUN (mg/dL)	*10-20*	*11*	*5*	*Malnutrition can cause a low BUN value (Hinkle & Cheever, 2022). The client was on an NPO diet prior to surgery.*
Creatinine (mg/dL)	*0.55-1.02*	*0.6*	*0.57*	*This value is within normal limits.*
Albumin (g/dL)	*3.5-5*	*2.2*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Calcium (mg/dL)	*8.9-10.6*	*7.8*	*7.3*	*Malnutrition can cause a low calcium level (Capriotti, 2020). The client was on an NPO diet prior to surgery.*
Mag (mg/dL)	*1.6-2.6*	*2*	*1.8*	*This value is within normal limits.*
Phosphate (mg/dL)	*2.5-4.5*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Bilirubin (mg/dL)	*0.2-1.6*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Alk Phos (U/L)	*40-150*	*78*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
AST (U/L)	*5-34*	*8*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*

ALT (U/L)	*0-55*	*12*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Amylase (U/L)	*25-125*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Lipase (U/L)	*<140*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Lactic Acid (mmol/L)	*Venous: 0.5-1.7 Arterial: 0.36-1.25*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*

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

Lab Test	**Normal Range** (Hinkle & Cheever, 2022)	**Value on Admission**	**Today's Value**	**Reason for Abnormal**
INR	*0.8-1.2*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
PT	*11 sec - 13 sec*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
PTT	*21 sec - 35 sec*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
D-Dimer (ng/mL)	*<250*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
BNP (pg/mL)	*<100*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
HDL (mg/dL)	*Males: 35-65 Females: 35-80*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
LDL (mg/dL)	*<160 if no CAD and <2 risk factors <130 if no CAD and 2+ risk factors <100 if CAD is present*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Cholesterol (mg/dL)	*Males: <205 Females: <190*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Triglycerides (mg/dL)	*Males: 44-180 Females: 10-190*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Hgb A1c	*4.4%-6.4%*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
TSH (mIU/L)	*0-15*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	*Yellow to amber Clear to slightly hazy*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
pH	*5.0-9.0*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Specific Gravity	*1.003-1.030*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Glucose	*Negative*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Protein	*Negative*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Ketones	*Negative*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
WBC	*Negative/0-5*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
RBC	*Negative/0-2*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Leukoesterase	*Negative*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*

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	*<100,000 CFU/mL*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Blood Culture	*Negative*	*Pending*	*N/A*	*Blood culture taken on 02/09/2022. Awaiting review by physician as of 02/10/2022.*
Sputum Culture	*Normal*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*
Stool Culture	*Negative*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 02/10/2022.*

Lab Correlations Reference (1) (APA):

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

Carle Database (2022)

Hinkle, J.L., & Cheever, K. H. (2022). *Brunner & suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.

Diagnostic Imaging

What is a CT scan with contrast?

- *A CT scan provides detailed images of the body structures, bone density, texture, and surgical hardware (Holman et al., 2019). CT scans provide visualization of soft tissues.*
    - *If contrast media is prescribed, assess for allergy, and ensure that the client has adequate fluid intake following testing (Holman et al., 2019).*

CT scan for the client is found below (Carle Database, 2022):

Performed on: 02/09/2022 @ 1919

Procedure: CT Pelvis w/ contrast

Hx: 55-year-old female. Abscess, anal or rectal

Technique: A helical CT examination of the pelvis is performed, with source data reformatted in the axial and coronal planes. Examination performed after administration of 100 mL of Isovue-30 intravenously.

Findings: The bladder appears partially decompressed. Skin thickening and subcutaneous fat are stranding along the perineum and the left medial gluteal crease, favoring superficial soft tissue infection.

Impression: The CT scan found a soft tissue infection involving the perineum and the left medial gluteal crease.

Diagnostic Test Reference (1) (APA):

Carle Database (2022)

Holman, H. C., Williams, D., Sommer, S., Johnson, J., Ball, B. S., Wheless, L., Leehy, P., & Lemon, T. (2019). *RN Adult Medical Surgical Nursing: Review module* (11th ed.). Assessment Technologies Institute.

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

Home Medications (5 required) (Carle Database, 2022), (Jones and Bartlett Learning, 2021)

Brand/Generic	***G:*** *carvedilol* ***B:*** *Coreg*	***G:*** *acetaminophen* ***B:*** *Tylenol*	***G:*** *pantoprazole* ***B:*** *Protonix*	***G:*** *escitalopram oxalate* ***B:*** *Lexapro*	***G:*** *omeprazole* ***B:*** *Prilosec*
Dose	*25 mg*	*1000 mg*	*20 mg*	*10 mg*	*20 mg*
Frequency	*Every 12 hours*	*Every 8 hours PRN*	*Daily before breakfast*	*Daily*	*Daily*
Route	*P.O.*	*P.O.*	*P.O.*	*P.O.*	*P.O.*
Classification	***Pharm:*** *Nonselective beta blocker and alpha-1 blocker* ***Therapeutic:*** *Antihypertensive, heart failure treatment adjunct*	***Pharm:*** *Nonsalicylate, para- aminophenol derivative.* ***Therapeutic:*** *Antipyretic, nonopioid analgesic*	***Pharm:*** *Proton pump inhibitor* ***Therapeutic:*** *Antiulcer*	***Pharm:*** *Selective serotonin reuptake inhibitor (SSRI)* ***Therapeutic:*** *Antidepressant*	***Pharm:*** *Proton pump inhibitor* ***Treatment:*** *Antiulcer*
Mechanism of Action	*Reduces cardiac output and tachycardia, causes vasodilation and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload.*	*Inhibits enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.*	*Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphatase enzyme system. After this exchange, H+ and Cl- combine in the stomach to form HCl. Pantoprazole irreversibly prohibits the final step in gastric acid production by blocking the exchange of intracellular H+ and extracellular Cl-.*	*Inhibits reuptake of the neurotransmitter serotonin by CNS neurons, thereby increasing the amount of serotonin available in synapses. An elevated serotonin level may result in elevated mood and reduced anxiety or depression.*	*Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphatase enzyme system. After this exchange, H+ and Cl- combine in the stomach to form HCl. Omeprazole irreversibly prohibits the final step in gastric acid production by blocking the exchange*

					of intracellular H+ and extracellular K+.
Reason Client Taking	*To control hypertension.*	*To relieve mild to moderate pain.*	*To treat erosive esophagitis associated with GERD.*	*To treat major depression.*	*To treat symptomatic GERD*
Contraindications (2)	1. *Bronchial asthma or related bronchospastic conditions.* 2. *Severe bradycardia.*	1. *Hypersensitivity to acetaminophen.* 2. *Severe hepatic impairment.*	1. *Hypersensitivity to pantoprazole.* 2. *Hypersensitivity to benzimidazoles.*	1. *Hypersensitivity to escitalopram.* 2. *Hypersensitivity to citalopram.*	1. *Hypersensitivity to omeprazole.* 2. *Hypersensitivity to benzimidazoles.*
Side Effects/Adverse Reactions (2)	1. *CV: Bradycardia* 2. *ENDO: Hyperglycemia*	1. *CNS: Insomnia* 2. *CV: Hypertension*	1. *ENDO: Hyperglycemia* 2. *CNS: Dizziness, fatigue*	1. *CNS: Suicidal ideation* 2. *GU: Acute renal failure*	1. *CNS: Dizziness* 2. *CV: Hypertension*
Nursing Considerations (2)	1. *Monitor the patient's blood glucose level, as ordered, during medication therapy because the drug may alter blood glucose levels.* 2. *Know that if a patient has heart failure, expect to also give digoxin, a diuretic, and an ACE inhibitor.*	1. *Use medication cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, or severe malnutrition.* 2. *Monitor renal function in patients on long-term therapy.*	1. *Be aware that a symptomatic response to a drug does not rule out the presence of a gastric tumor.* 2. *Know that proton pump inhibitors such as pantoprazole should not be given longer than medically necessary.*	1. *Watch for signs of misuse or abuse; the drug's potential for physical and psychological dependence is unknown.* 2. *Know if the patient takes this drug for depression, they must be watched closely for suicidal tendencies.*	1. *Give omeprazole before meals, preferably in the morning for once-daily dosing. If needed, also give an antacid, as prescribed.* 2. *Know that because the drug can interfere with B12, monitor patients for macrocytic anemia.*

Hospital Medications (5 required) (Carle Database, 2022), (Jones and Bartlett Learning, 2021)

Brand/Generic	***G:** calcium carbonate* ***B:** Tums*	***G:** midazolam* ***B:** Nayzilam, Versed*	***G:** prochlorperazine* ***B:** Compro*	***G:** potassium chloride* ***B:** K-Dur*	***G:** vancomycin* ***B:** Vancocin*
Dose	*400 mg*	*2 mg*	*10 mg*	*100 mg*	*500 mg*

Frequency	*Every 6 hours*	*60 minutes from due time.*	*Every 6 hours PRN*	*Rate: 10 mEq/hour*	*Rate: 5mg/mL*
Route	*P.O.*	*I.V. push*	*P.O.*	*I.V.*	*I.V.*
Classification	***Pharm:*** *Calcium salts* ***Therapeutic:*** *Antacid*	***Pharm:*** *Benzodiazepine* ***Therapeutic:*** *Sedative-hypnotic* ***Controlled substance schedule:*** *IV*	***Pharm:*** *Piperaze phenothiazine* ***Therapeutic:*** *Antiemetic*	***Pharm:*** *Electrolyte cation* ***Therapeutic:*** *Electrolyte replacement*	***Pharm:*** *Glycopeptide* ***Therapeutic:*** *Antibiotic*
Mechanism of Action	*Increases levels of intracellular and extracellular calcium, which is needed to maintain homeostasis, especially in the nervous and musculoskeletal system. This medication also neutralizes or buffers stomach acid to relieve discomfort caused by hyperacidity.*	*May exert sedating effect by increasing activity of gamma-aminobutyric acid, a major inhibitory neurotransmitter in the brain. Midazolam produces a calming effect, relaxes skeletal muscles, and at high doses, induces sleep.*	*Prochlorperazine alleviates nausea and vomiting by centrally blocking dopamine receptors in the medulla chemoreceptor trigger zone and by peripherally blocking the vagus nerve in the GI tract.*	*Acts as the major cation in intracellular fluid, activating many enzymatic reactions essential for physiological processes. Potassium helps to maintain electroneutrality in cells by controlling exchange of intracellular and extracellular ions.*	*Inhibits bacterial RNA and cell wall synthesis; alters permeability of bacterial membranes, causing cell wall lysis and cell death.*
Reason Client Taking	*To provide antacid effects, to treat reflux symptoms.*	*To induce preoperative sedation or amnesia, to control preoperative anxiety.*	*To control nausea and vomiting related to surgery.*	*To prevent or treat hypokalemia in patients who cannot ingest sufficient dietary potassium.*	*As an adjunct to treat bacterial endocarditis caused by enterococci.*
Contraindications (2)	1. *Cardiac resuscitation with risk of existing digitalis toxicity or presence of ventricular fibrillation.* 2. *Hypersensitivity to calcium salts or their components.*	1. *Acute angle-closure glaucoma.* 2. *Hypersensitivity to midazolam.*	1. *Severe CNS depression.* 2. *Hypersensitivity prochlorperazine.*	1. *Acute dehydration.* 2. *Hypersensitivity to potassium salts or their components.*	1. *Hypersensitivity to corn or corn products when given with dextrose solutions.* 2. *Hypersensitivity to vancomycin.*

Side Effects/Adverse Reactions (2)	1. *CV: Hypotension* 2. *OTHER: Hypercalcemia*	1. *CV: Hypotension* 2. *RESP: airway obstruction*	1. *CV: Hypotension* 2. *GI: Nausea, vomiting.*	1. *OTHER: Hypokalemia* 2. *SKIN: Rash*	1. *CNS: Dizziness* 2. *OTHER: Hypokalemia*
Nursing Considerations (2)	1. *Store at room temperature, and protect from heat, moisture, and direct light. Do not freeze.* 2. *Check regularly for infiltration because calcium causes necrosis.*	1. *Be aware that recovery time is usually two hours, but may be up to six hours.* 2. *Assess level of consciousness frequently because the range between sedation and unconsciousness or disorientation is narrow with midazolam.*	1. *Protect prochlorperazine from light.* 2. *Expect antipsychotic effects to occur in 2-3 weeks, although range is days to months.*	1. *Regularly assess the patient for signs of hypokalemia, such as arrhythmias, fatigue, and weakness, and for signs of hyperkalemia, such as arrhythmias, confusion, dyspnea, and paresthesia.* 2. *Infuse potassium slowly at a controlled rate using a calibrated infusion device to avoid phlebitis and decrease risk of adverse cardiac reactions.*	1. *Check CBC results and BUN and serum creatinine levels during therapy because systemic vancomycin may cause acute kidney injury.* 2. *Assess hearing during therapy. Transient or permanent ototoxicity may occur if a patient receives an excessive amount of the drug, has an underlying hearing loss, or receives concurrent aminoglycosides.*

Medications Reference (1) (APA):

Carle Database (2022)

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

Assessment

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

GENERAL: **Alertness:** *Alert* **Orientation:** *Oriented x4* **Distress:** *No acute distress* **Overall appearance:** *Groomed and tired.*	*Mrs. S is a 55-year-old female. The client is groomed and tired. Height 5'6", weight 261 lb, BMI 42.22 kg/m^2, T 97.9℉ oral, P 65 2+ b/l, RR 20, BP 166/71 L arm sitting, 97% O_2 on room air. The client appears to be in no acute distress.*
INTEGUMENTARY: **Skin color:** *pale, pink* **Character:** *warm and dry* **Temperature:** *warm* **Turgor:** *less than two seconds.* **Rashes:** *None* **Bruises:** *Left antecubital due to puncture* **Wounds:** *Ulceration around the perineum area.* **Braden Score:** *14 (moderate risk)* **Drains present:** **Y** ☐ **N** ❌ **Type:** *N/A*	*Skin is warm and dry upon palpation. Skin turgor is less than two seconds, normal mobility. Nails are without clubbing. There are no rashes upon inspection. Bruise in L antecubital space due to puncture from blood draw. The client's wound is approximately 5 cm. Ulceration and necrosis of abscess anteriorly and lateral to the anus of the left buttocks. The client's capillary refill is less than 3 seconds between fingers and toes bilaterally. Braden score of 14 based on assessment DOS: 02.10.2022*
HEENT: **Head/Neck:** *Skull is normocephalic. Thin hair. Trachea midline.* **Ears:** *WNL* **Eyes:** *WNL* **Nose:** *WNL* **Teeth:** *No dentures, poor dentition.*	*The client's head and neck are symmetrical. The trachea is midline and there are non-palpable lymph nodes and lobes. The uvula is midline and tonsil size 2+. There is acuity to regular voices. There is no visible abnormality of ears or palpable deformities. The sclera is white bilaterally. The client's cornea is clear b/l. Their conjunctiva is pink b/l with no mucus.* *The client does not wear glasses. Their EOMs are intact b/l and PERRLA b/l. The client's septum is midline. The client has had no oral/dental surgeries, but there is poor dentition. The client does not have dentures.*
CARDIOVASCULAR: **Heart sounds:** *Clear S1 and S2 w/o murmurs.* **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** *N/A* **Peripheral Pulses:** *Pulses 2+ b/l* **Capillary refill:** *Less than 3 seconds* **Neck Vein Distention:** **Y** ☐ **N** ❌ **Edema Y** ☐ **N** ❌ **Location of Edema:** *N/A*	*Upon auscultation, there are clear S1 and S2 without murmurs. The client's PMI is palpable at the 5th intercostal space at the MCL. There is a normal rate and rhythm. Mrs. S' extremities are pink, warm, and dry. There is no edema, palpated in all extremities. The epitrochlear lymph nodes are nonpalpable b/l. The client's pulses are 2+ b/l. Their capillary refill is less than 3 seconds between fingers and toes b/l.*

RESPIRATORY: **Accessory muscle use:** Y☐ N❌ **Breath Sounds: Location, character**	*Upon auscultation, the client's lungs are resonant. The anterior and posterior breath sounds are clear bilaterally. There is no history of smoking or illicit drug use.*
GASTROINTESTINAL: **Diet at home:** *Regular* **Current Diet:** *Diabetic, NPO (pre-surgical)* **Height:** *5'6"* **Weight:** *261 lbs.* **Auscultation Bowel sounds:** *Active in all 4 quadrants.* **Last BM:** *02.10.2022* **Palpation: Pain, Mass etc.:** *No palpable mass or pain.* **Inspection:** **Distention:** *None* **Incisions:** *None* **Scars:** *None* **Drains:** *None* **Wounds:** *None* **Ostomy:** Y☐ N❌ **Nasogastric:** Y☐ N❌ **Size:** *N/A* **Feeding tubes/PEG tube** Y☐ N❌ **Type:** *N/A*	*Upon inspection, the client's abdomen flat. There are active and normal bowel sounds and no tenderness after palpation of all four quadrants. The client's BMI is 42.2 kg/m^2, indicating morbid obesity. The client's appetite has been minimal, and she denies nausea, pain, and vomiting. There is no pain with defecation. There is no distention, incisions, scars, drains, or wounds visible on the abdomen. There is no ostomy, NG tube, feeding/PEG tube in place for this client.*
GENITOURINARY: **Color:** *Yellow* **Character:** *Odorless, not foggy* **Quantity of urine:** *400 mL* **Pain with urination:** Y☐ N❌ **Dialysis:** Y☐ N❌ **Inspection of genitals:** *Abscess around perineum area, anteriorly and lateral to the anus of the left buttocks.* **Catheter:** Y❌ N☐ **Type:** *Foley (Urethral)* **Size:** *14 Fr (4.7 mm)*	*The amount of urine collected during the assessment was 400 mL at time 1025. The client's wound is approximately 5 cm. Ulceration and necrosis of abscess anteriorly and lateral to the anus of the left buttocks. The client reports no pain with urination and there is no discharge upon inspection. The client has a foley catheter in place, size 14 Fr.*
MUSCULOSKELETAL: **Neurovascular status:** *Normal* **ROM:** *Active* **Supportive devices:** *None* **Strength:** *Decreased* **ADL Assistance:** Y❌ N☐	*The client shows no signs of muscular atrophy in limbs. The client's arm muscle strength is rated at a 3/5 and their hip muscle strength is rated at a 3/5. The client needs assistance and a gait belt is necessary from a sitting to standing position. Client is at a fall risk with a score of 10.*

Fall Risk: Y ❌ N☐ **Fall Score:** *10* **Activity/Mobility Status:** *2 assist* **Independent (up ad lib)** ☐ **Needs assistance with equipment** ❌ **Needs support to stand and walk**☐	
NEUROLOGICAL: **MAEW:** Y ❌ N☐ **PERLA:** Y ❌ N☐ **Strength Equal:** Y ❌ N ☐ **if no -** **Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation:** *Oriented x4* **Mental Status:** *Alert and oriented x4* **Speech:** *Coherent speech* **Sensory:** *Intact* **LOC:** *None*	*The patient is alert and relaxed. Mrs. S is oriented x4; to person, place, time, and situation. The client presents with coherent speech, and their senses are intact. Upon assessment, PERRLA b/l. The client's strength is equal throughout. The client performed pedal pushes and hand grips with ease.*
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** *Medication* **Developmental level:** *Speech is coherent, appropriate for age.* **Religion & what it means to pt.:** *The client did not disclose this information.* **Personal/Family Data (Think about home environment, family structure, and available family support):** *The client lives at home with husband*	*The client is taking Lexapro to treat major depression. Upon discussion, the client is depressed and wants to be out of the hospital as soon as they can. The client is alert and oriented x4 (to person, place, time, and situation). Thought processes are coherent and memory is intact.*

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0718	*67 bpm*	*177/74; L arm sitting*	*18*	*98.4°F oral*	*96% on room air*
0832 (the client is in pre-op at this time)	*65 bpm*	*168/71; L arm sitting*	*20*	*97.9°F oral*	*97% on room air*

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0721	*6/10 (Numerical Rating Scale)*	*Perineum area, buttock*	*severe*	*"It hurts when I sit."*	*acetaminophen*
0832 (the client is in pre-op at this time)	*4/10 (Numerical Rating Scale)*	*Perineum area, buttock*	*moderate*	*"It still hurts when I sit."*	*acetaminophen*

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: *20 G* **Location of IV:** *Anterior, left wrist* **Date on IV:** *02.10.2022* **Patency of IV:** *Intact* **Signs of erythema, drainage, etc.:** *None* **IV dressing assessment:** *Clean, dry, intact.*	*Patient is on fluid therapy.* *Lactated Ringer's infusion IV at 125 mL/hour*

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
NPO (pre-surgical) *250 mL vancomycin (via PICC line)* *150 mL Lactated Ringer's (at time of assessment)* *TOTAL: 400 mL*	*TOTAL: 400 mL of urine*

Nursing Care

Summary of Care (2 points)

Overview of care: *Manage the client's T2DM and HTN. Abscess I&D.*

Procedures/testing done: *Abscess I&D (02.10.2022). CT scan of pelvis (02.09.2022).*

Complaints/Issues: *The client rated pain in the perineum area a 6/10 on the numerical grading scale.*

Vital signs (stable/unstable): *Vital signs were stable; elevated blood pressure at 168/71 at time 0832.*

Tolerating diet, activity, etc.: *Patient was put on an NPO diet to prepare for surgery.*

Physician notifications: *Notified primary RN of elevated blood pressure reading.*

Future plans for client: *Anticipating the client will manage T2DM and HTN. Wound care is anticipated for the client as well.*

Discharge Planning (2 points)

Discharge location: *The client will be going home with their husband.*

Home health needs (if applicable): *N/A*

Equipment needs (if applicable): *N/A*

Follow up plan: *Unknown plan until expected discharge date. The client is currently in pre-op, awaiting for abscess I&D. Anticipating wound care and management of T2DM and HTN.*

Education needs: *Management of T2DM and HTN. Wound care education will be necessary as well.*

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 ● Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** ● Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** ● How did the client/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
1. *Risk for infection related to alteration in skin integrity as evidenced by abscess I&D.*	*The client is at an increased risk for infection due to abscess I&D.*	**1.** *Identify risk factors predisposing the client to infection.* **2.** *Assist the client when necessary to ensure that the perianal area is clean after elimination.*	**1.** *The client demonstrates appropriate personal and oral hygiene; no infection.*	*The client's skin does not exhibit any signs of breakdown. The client's fluid and protein intake remains at specified levels.*
2. *Risk for unstable blood pressure related to hypertension as evidenced by medications.*	*The client is at an increased risk for unstable blood pressure due to their hypertension.*	**1.** *Treat episodes of high blood pressure promptly.* **2.** *Provide the client with information regarding modifiable risk factors.*	**1.** *The client's blood pressure will be maintained within normal limits.*	*The client will verbalize modifiable risk factors for high blood pressure. The client will take medications as directed.*
3. *Risk for unstable blood glucose level related to Type II Diabetes Mellitus (T2DM) as evidenced*	*The client is at risk for unstable blood glucose level due to their ineffective*	**1.** *Monitor or instruct the client to monitor glucose levels with a glucometer at regular intervals.*	**1.** *The client will have no episodes of hyperglycemia and manage their T2DM.*	*The client has glucose readings within the prescribed range. The client verbalizes a glucose management plan.*

by ineffective medication management.	*medication treatment for their T2DM.*	***2.*** *Monitor for signs and symptoms of hyperglycemia.*		

Other References (APA):

Phelps, L.L. (2020). *Sparks and Taylor's Nursing Diagnosis Reference Manual* (11th ed.). Wolters Kluwer.

Concept Map (20 Points): *Concept Map can be found on page 23 of Care Plan.*

N321 CARE PLAN

Subjective Data

- *Doxycycline and augmentin were prescribed to the client by their primary care physician prior to coming to the hospital.*
  - *The client took these medications for only three days until symptoms worsened.*
- *Pain in perineum area.*
- *Pain Scale: 6/10 (on Numerical Rating Scale)*
  - *"It hurts when I sit."*
- *The client denies chest pain and shortness of breath.*
- *The client appears to be in no acute distress.*
- *The client lives at home with their husband.*

Nursing Diagnosis/Outcomes

1. *Risk for infection related to alteration in skin integrity as evidenced by abscess I&D.*
   - *The client's skin does not exhibit any signs of breakdown.*
   - *The client's fluid and protein intake remains at specified levels.*
2. *Risk for unstable blood pressure related to hypertension as evidenced by medications.*
   - *The client will verbalize modifiable risk factors for high blood pressure.*
   - *The client will take medications as directed.*
3. *Risk for unstable blood glucose level related to Type II Diabetes Mellitus (T2DM) as evidenced by ineffective medication management.*
   - *The client has glucose readings within the prescribed range.*
   - *The client verbalizes a glucose management plan.*

Objective Data

- *Vital Signs: height 5'6", weight 261 lb, T 97.9°F oral, P 65, R 16, BP 168/71 L arm sitting, O2 97% on room air.*
- *Home medications:*
  - ***G:** carvedilol **B:** Coreg*
  - ***G:** pantoprazole **B:** Protonix*
  - ***G:** escitalopram oxalate **B:** Lexapro*
  - ***G:** omeprazole **B:** Prilosec*
- *Fall Risk Score: 10*
- *Braden Scale Score: 14*
- *Bruising around L antecubital space due to puncture.*
- *Ulceration and necrosis of abscess anteriorly and lateral to the anus of the left buttocks.*
  - *The client's wound is approximately five centimeters.*

Client Information

- *55-year-old female admitted for pain in her perineum area.*
  - *Abscess located anteriorly and lateral to the anus of the left buttocks.*
- *PMH:*
  - *Type II Diabetes Mellitus (T2DM) and Hypertension (HTN).*
- *PSH*
  - *No past surgical history.*
- *Non-smoker, no alcohol, and no illicit drug use.*
- *The client is compliant.*

Nursing Interventions

Some nursing interventions include:

- *Identify risk factors predisposing the client to infection.*
- *Assist the client when necessary to ensure that the perianal area is clean after elimination.*
- *Treat episodes of high blood pressure promptly.*
- *Provide the client with information regarding modifiable risk factors.*
- *Monitor or instruct the client to monitor glucose levels with a glucometer at regular intervals.*
- *Monitor for signs and symptoms of hyperglycemia.*