N431 Care Plan #1

Lakeview College of Nursing

Caite Blakeney

Demographics (3 points)

Date of Admission 2/4/22	Client Initials ML	Age 45	Gender Female
Race/Ethnicity White	Occupation Unemployed	Marital Status Single	Allergies Codeine, Vancomycin
Code Status Full Code	Height 5'7	Weight 270lbs	

Medical History (5 Points)

Past Medical History: Patients past medical history includes abnormal posture, Acute stenosis otitis media L ear, Anemia, Bacteremia, Constipation, Cystitis, Depression, Diabetes mellites, Falls, Generalized Edema, Herpes viral infection, HHNC, Hypomagnesemia, Major depressive disorder, Muscle weakness, Nausea, Renal abscess, Restless leg syndrome, Frequent UTIs, Sepsis and stimulant abuse.

Past Surgical History: Foot debridement, IR US Arterial access, PTA/Angioplasty RT

Family History: N/A

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Pt is currently an everyday smoker. She does not use alcohol at this time. She does not use tobacco. Pt does use drugs, she tested positive for drug tox screen for methamphetamine and amphetamine.

Assistive Devices: Patient ambulates by wheelchair.

Living Situation: Patient lives at Home alone.

Education Level: High School Education

Admission Assessment

Chief Complaint (2 points): R Foot Pain

History of Present Illness – OLD CARTS (10 points): Pt is a 45-year-old female who has a history of uncontrolled type 2 diabetes and presents with R foot pain for 2 days. Buttock pain x 1 week. Pt recently had amputation of R toes, now wound is seeping and painful. Patient denies any type of trauma. Pt had R toes amputated in October with subsequent NH care. Pt has had no follow up since. Pt was being treated for psteomyelitis treatment with dapto and cefepime but has been noncompliant with her medications. Pt states she also hasn't had insulin in unknown duration. Pt is a regular meth user, most recently used 4 days ago. Pt states "I am unsure of when I bathed last". Pt has very poor self-care. When pt came to hospital she presented lethargic but arousable. Today patient is alert and oriented x 4.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Diabetic Ketoacidosis

Secondary Diagnosis (if applicable):

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

DKA results from uncontrolled carbohydrates, protein, and lipid metabolism usually occur due to absolute or relative insulin deficiency accompanied by an increase in counter-regulatory hormones (glucagon, catecholamine, cortisol, growth hormones, and epinephrine), which contribute to increased blood glucose levels and insulin resistance.The combination of insulin deficiency and increased counter-regulatory hormones leads to glucose production and use alteration, increased lipolysis, and ketone bodies production (Sorenson et al., 2019). An increase in hepatic gluconeogenesis and glycogenolysis renal glucose production and impaired glucose use in peripheral tissues leads to severe hyperglycemia. An increase in free fatty acids in circulation due to lipolysis enhances the hepatic output of ketone bodies, which results in

ketonemia and metabolic acidosis. Dehydration and electrolyte imbalances occur in DKA as a result of several mechanisms. Hyperglycemia causes fluid and electrolytes to shift from the intracellular to the extracellular space, leading to cellular dehydration and electrolyte imbalance. Both hyperglycemia and high ketone levels also cause osmotic diuresis, resulting in further dehydration; vomiting is commonly associated with DKA and contributes to fluid depletion and electrolyte imbalances (Hinkle et al., 2014).

Infection is the most common precipitating factor for DKA and occurs in about 30-50% of adult cases; other acute conditions that may precipitate DKA include cerebral vascular accident, alcohol/drug misuse, pancreatitis, myocardial infarction, and trauma (Sorenson et al., 2019).The metabolic abnormalities associated with DKA develop rapidly (usually within 24 hours), but the signs and symptoms of poor glycaemia control may be evident for several days before this. These include polyuria, polydipsia, weakness, fatigue, and weight loss. Vomiting and abdominal pain are frequently the presenting symptoms in DKA.

The lab tests in DKA to confirm the diagnosis includes venous blood glucose, electrolytes, urea, creatinine, osmolarity and ketones, urinalysis for ketones, blood tests for infection markers, and Venous blood gas values (Hinkle et al., 2020). My patient has DKA due to not using her insulin as she should be and also not taking care of herself properly. She was hypoglycemic and had a high level of ketones in her urine. Her lab values were abnormal, and she is suffering from necrosis skin breakdown and had her R foot amputated from her uncontrolled diabetes.

Pathophysiology References (2) (APA):

Hinkle, J. L., Brunner, L. S., Cheever, K. H., & Suddarth, D. S. (2020). *Brunner & Suddarth's textbook of Medical-Surgical Nursing.*

Lippincott Williams & Wilkins.

Sorenson, M., Quinn, L., & Klein, D. (2019). *Pathophysiology: Concepts of human disease.*

Pearson Education.

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	**4.2-6.1**	**3.77**	**2.79**	Pt could have low RBC levels due to possible diet deficiency (Pagana et al., 2021)
Hgb	**12-18 g/dL**	**10.4**	**7.9**	Pt could have low sodium levels due to nutrition deficiency (Pagana et al., 2021)
Hct	**Male: 40-52% Female: 36-47%**	**32.6**	**25.9**	Pt could have low hct levels due to possible diet deficiency (Pagana et al., 2021)
Platelets	**150-400x 10^9/L**	**179**	**242**	
WBC	**5-100 x 10^9/L**	**13.70-10.21**		
Neutrophils	**55-70**	*****	*****	
Lymphocytes	**20 - 40**	**10.8**	**27.4**	Pt could have decrease lymphocyte levels due to possible sepsis (Pagana et al., 2021)
Monocytes	**2 - 8**	**7.7**	**6.4**	
Eosinophils	**1 - 4**	**2.9**	**6.8**	Pt could have elevated Eosinophil levels due to an allergic reaction or a

				parasitic infection (Pagana et al., 2021)
Bands	**0.5 -1**	*	*	

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**136-145 mEq/L**	**128**	**137**	Pt could have low sodium levels due to malnourishment (Pagana et al., 2021)
K+	**3.5 – 5 mEq/L**	**4.6**	**4.4**	
Cl-	**98 – 106 mEq/L**	**103**	**117**	Pt could have high chloride levels due to the possibly of pt being dehydrated (Pagana et al., 2021).
CO2	**23 – 30 mEq/L**	**16.0**	**15.0**	Pt has low levels of carbon dioxide due to the patients having DKA (Pagana et al., 2021).
Glucose	**74 – 106 mg/dL**	**292**	**161**	Pt glucose levels are high due to the pt not being compliant with being diabetic (Pagana et al., 2021).
BUN	**10 – 20 mg/ dL**	**15**	**18**	
Creatinine	**0.5 – 1.1 mg/dL**	**0.97**	**1.15**	Pt could have high creatinine levels due to the possibly of diabetic nephropathy (Pagana et al., 2021).
Albumin	**3.5- 5.0 g/dL**	**1.5**	*	Pt couldn't have low albumin levels due to low insulins levels as evidence by pt have DKA (Pagana et al., 2021).

Calcium	**9-10.5 mg/dL**	**8.0**	**7.1**	Pts could have low calcium levels due to malnourishment and due to low albumin levels (Pagana et al., 2021). Pt could also possibly have low calcium due to renal failure because of noncompliance to diabetes (Pagana et al., 2021).
Mag	**1.3-2.1 mEq/L**	**1.6**	*	
Phosphate	**3 – 4.5 mg/ dL**	*	*	
Bilirubin	**0.1-1.0 mg/ dL**	*	*	
Alk Phos	**25-112 30-120 iu/L**	**101**	*	
AST	**5-32 0-35 U/L**	**21**	*	
ALT	**5-35 4-36 U/L**	**11**	*	
Amylase	**60/120 U/L**	*	*	
Lipase	**0-160 U/L**	*	*	
Lactic Acid	**0.3 – 2.2 mmol/L**	*	*	
Troponin	**Less than 0.1ng/mL**	*	*	
CK-MB	**5-25 IU/L**	*	*	
Total CK	**22-198 U/L**	**45**	*	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**0.9-1.1**	*	*	
PT	**12-16 s**	*	*	

	11.7-13.8			
PTT	**22.4-35.9**	*	*	
D-Dimer	**Less than 0.50**	*	*	
BNP	**Less than 100 pg/mL**	*	*	
HDL	**Less than 45 mg/dL**	*	*	
LDL	**313-618**	*	*	
Cholesterol	**More than 200mg/dL**	*	*	
Triglycerides	**40-180 mg/dL**	*	*	
Hgb A1c	**Less than 5.7%**	*	*	
TSH	**0.35 -4.94**	*	*	

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

Lab Test	**Normal Range**	**Value on Admission**	**Today's Value**	**Reason for Abnormal**
Color & Clarity	**Clear, Amber, Yellow**	**Cloudy, Yellow**	*	Pts urine is cloudy due to the patient having and urinary tract infection (Pagana et al., 2021).
pH	**4.6 – 8 Average: 6**	**5.0**	*	
Specific Gravity	**1.005 -1.03**	**1.020**	*	
Glucose	**50 -300 mg/ day**	**161**	*	
Protein	**0-8 mg/dL**	**7.9**	*	
Ketones	**Negative**	**40**	*	Pt has elevated ketones in urine due to the patient being diabetic (Pagana et al.,2021).
WBC	**0-4 per low power field Negative for cast**	*	*	
RBC	**Less than or equal to 2**	*	*	

	Negative for cast			
Leukoesterase	**Negative**	*	*	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	**7.310-7.410**	*	*	
PaO2	**75-120mm**	*	*	
PaCO2	**41.0-51.0 mm Hg**	*	*	
HCO3	**22-28 mEq/ L**	*	*	
SaO2	**94% - 100%**	*	*	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**Negative: less than 10,000 per mm of U Positive: greater than 100,000 per mm of U**	Positive	*	Patient tested positive for methamphetamine.

Blood Culture	**Negative**	*	*	
Sputum Culture	**Normal Upper RT**	*	*	
Stool Culture	**Normal intestinal flora**	*	*	

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference.* St. Louis, MO: Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Patient didn't have any diagnostics performed.

Diagnostic Test Correlation (5 points): n/a

Diagnostic Test Reference (1) (APA): n/a

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

Home Medications (5 required)

Brand/Generic	**Aripiprazole (Abilify)**	**Clopidogrel (Plavix)**	**Aspirin (Acetylsalicylic acid, ASA)**	**Gabapentin**	**Ferrous Sulfate**
Dose	**5mg**	**75 mg**	**81 mg**	**100mg**	**325mg**
Frequency	**1 x a day**	**1 x a day**	**1 x a day**	**2 x a day**	**1 x a day**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**

Classification	Atypical Antipsychotic	Platelet aggregation	NSAID	1-amino-methylocyclohexaneacetic acid. Anticonvulsant	Hematinic, Antianemia, nutritional supplement.
Mechanism of Action	May produce antipsychotic effects through partial agonist and antagonist actions. Aripiprazole acts as partial agonist at dopamine receptors and serotonin receptors (Jones & Bartlett Learning, 2020).	Binds to adenosine diphosphate receptors on the surface of activated platelets. This action blocks ADP, which deactivates nearby glycoprotein receptors and prevents fibrinogen from attaching to the receptors (Jones & Bartlett Learning, 2020).	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins, important mediators in the inflammatory response, cause local vasodilation with swelling and pain (Jones & Bartlett Learning, 2020).	Gabapentin is structurally like gamma aminobutyric acid, the main inhibitory neurotransmitter in the brain.	Acts to normalize RBC production by biding with hemoglobin or by being oxidized and stored as hemosiderin or oxidized and stored as hemosiderin or aggregated ferritin in reticuloendothelial cells of th bone marrow, liver and spleen. Iron is an essential component of hemoglobin, myoglobin, and several enzymes.
Reason Client Taking	To treat acute schizophrenia; to maintain stability in patients with schizophrenia.		To relieve mild to moderate pain from inflammation, as in rheumatoid arthritis and osteoarthritis.	To manage postherpetic neuralgia.	To prevent iron deficiency based on recommended daily allowances.

Contraindications (2)	Hypersensitivity to aripiprazole or its components. Hypersensitivity to armodafinil, modafinil, or their other components.	Active pathological bleeding, including peptic ulcer and intracranial hemorrhage. Hypersensitivity to clopidogrel or its components.	Active bleeding or coagulation disorders; Breastfeeding, current or recent GI bleed or ulcers.	Hypersensitivity to gabapentin or its components. Severe hepatic or renal impairment.	Hemochromatosis, hemolytic anemias, hemosiderosis, hypersensitivity to iron slats or their components, other anemic conditions unless accompanied by iron deficiency.
Side Effects/Adverse Reactions (2)	Abnormal gait, aggression, agitation, anxiety, headache, homicidal.	Confusion, depression, dizziness, back pain, hypertension.	Confusion, CNS Depression, Hearing loss, tinnitus, diarrhea, Ecchymosis, rash.	Agitation, amnesia, anxiety, delusions.	Dizziness, fever, headache, paresthesia, syncope, chest pain, hypertension, hypotension, tachycardia, Abdominal cramps.
Nursing Considerations (2)	Watch patient closely for suicidal tendencies, particularly when therapy starts and dosage changed because depression may worsen (Jones & Bartlett Learning,	Expect to give aspirin with clopidogrel in patient with acute coronary syndrome (Jones & Bartlett Learning, 2020). Determine if pt has a history of hematologic reaction	Don’t crush timed-release or controlled release aspirin tablets unless directed (Jones & Bartlett Learning, 2020). Ask about tinnitus. This	Know that gabapentin capsules may be open and mixed with apple sauce, fruit, juice or pudding. Give drug at least 2 hours after antiacid.	Give iron tablets with a full glass of water or juice. Dilute and administer through a straw or place in back of throat because it may stain teeth.

	2020). Monitor patient for difficulty swallowing or excessive somnolence, which could predispose to accidentally injury or aspiration (Jones & Bartlett Learning, 2020).	to any other thienopyridine, because allergic cross reactivity has been reported (Jones & Bartlett Learning, 2020).	reaction usually occurs when blood aspirin levels reaches or exceeds maximum dose for therapeutic effect (Jones & Bartlett Learning, 2020).		
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor patients' vital signs before and after drug is given.	Monitor patients' vital signs before and after drug is given.	Monitor patients' vital signs before and after drug is given.	Monitor patients' vital signs before and after drug is given.	Monitor patients' vital signs before and after drug is given.
Client Teaching Needs (2)	Advise pt to get up slowly from a lying or sitting position during aripiprazole therapy to minimize orthostatic hypotension. Advise the pt to avoid using alcohol	Instruct pt not to discontinue clopidogrel abruptly or without first consulting prescriber. Advise pt to notify prescriber promptly if he experiences extreme skin paleness, fever,	Tell pt not to use aspirin if it has a strong vinegar like odor. Instruct pt to take aspirin with food because it may cause GI upset if taken on an empty stomach.	Instruct pt not to take drug within 2 hours of antiacid. Caution pt not to stop drug abruptly.	

	during aripiprazole therapy.	neurologic changes, purple skin patches, weakness, or yellowing of the skin or eyes.			

Hospital Medications (5 required)

Brand/Generic	**Cefepime Injection (Mazipime)**	**Daptomycin Injection (cubicin)**	**Insulin aspart (Novalog)**	**Sodium Bicarb**	**Asprin**
Dose	**1g**	**500mg**	**20 units**	**650mg**	**81mg**
Frequency	**Every 6 hrs**	**Every 24 hrs**	**3x a day before meals**	**Daily**	**Daily**
Route	**Injection**	**Injection**	**Injection Sub Q**	**Oral**	**oral**
Classification	Antibiotic	Antibiotic	Antidiabetics, Insulins	Alkalinizing Agents	NSAIDS
Mechanism of Action	Interferes with bacterial cell wall synthesis by inhibiting the final step in the cross linking of peptidoglycan strands.	Binds to bacterial membranes to cause rapid depolarization of membrane potential.	The primary activity of NovaLogs the regulation of glucose metabolism. Insulins, including NovoLog, bind to the insulin receptors on muscle and	Therapeutic effect of sodium bicarbonate administration is increasing plasma bicarbonate levels, which are known to buffer excess	Acetylsalicylic acid disrupts the production of prostaglandins throughout the body by targeting cyclooxygenase-1 (COX-1) and cyclooxygenase-2 (COX-2). Prostaglandins are potent, irritating substances that

			fat cells and lower blood glucose by facilitating the cellular uptake of glucose and simultaneously inhibiting the output of glucose from the liver.	hydrogen ion concentration, thereby raising solution pH to combat clinical manifestations of acidosis.	have been shown to cause headaches and pain upon injection into humans.
Reason Client Taking	To treat UTI	To treat skin infections caused by staphylococcus aureus.	To lower blood sugar due to diabetes.	To relieve heart burn.	To relieve muscle aches.
Contraindications (2)	Hypersensitivity to cefepime other beta lactam antibiotics other cephalosporins. Increase risk of bleeding.	Hypersensitivity to daptomycin or its components. Gastric retention	Diarrhea, fever, infections, hypokalemia	Hypersensitivity, metabolic or respiratory alkalosis, Hypocalcemia.	Systemic mastocytosis, low vitamin k levels, hemophilia, decreased blood platelets.
Side Effects/Adverse Reactions (2)	Aphasia, chills, coma, confusion	Anxiety, weakness, rigors, fever, fatigue	Lowe blood sugar, weight gain, low potassium, skin rash.	High blood sodium's levels, low blood calcium levels, muscle spasms	Heartburn, vomiting, stomach cramps, nausea, irritation of the stomach or intestines.
Nursing Considerations (2)	Obtain culture and sensitivities	Obtain blood samples for	Assess pt taking insulin	Keep sodium bicarbonate	Assess pain and/or pyrexia one hour before or after

	test results before giving the drug. Use cefepime cautiously in patients with renal failure. (Jones & Bartlett Learning, 2020).	culture and sensitivities test results before giving the drug. Use cautiously in pts with moderate to severe renal impairment and monitor drug effectiveness closely (Jones & Bartlett Learning, 2020).	concurrently with a thiazolidinedione for signs and symptoms of heart failure. When giving subq give humalog up to 15 minutes before a meal or immediately after meal (Jones & Bartlett Learning, 2020).	ampules handy for emergency administration. Monitor vital signs, laboratory results and level of consciousness frequently (Jones & Bartlett Learning, 2020).	medication. Assess other medication for possible interactions - especially warfarin which is a special hazard (Jones & Bartlett Learning, 2020).
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor patients' vital signs before and after drug is given.	Monitor patients' vital signs before and after drug is given.	Monitor patients' vital signs before and after drug is given.	Monitor patients' vital signs before and after drug is given.	Monitor patients' vital signs before and after drug is given.
Client Teaching Needs (2)	Tell pt to immediate report severe diarrhea to prescriber. Instruct pt and caregiver to immediately seek emergency care for any change in mental	Urge pt to report muscle pain, tenderness, or weakness. Instruct pt to notify provider immediate if skin reactions occur.	Take before a meal or immediately after meal. Rotate sites of injection Do not mix with any other insulins.	If you are using sodium bicarbonate as an antacid, it should be taken 1 to 2 hours after meals, with a full glass of water. Do not take	Take aspirin exactly as directed. Do not take more or less of it or take it more often than directed by the package label or prescribed by your doctor. Swallow the extended-release tablets whole with

	status			sodium bicarbonate on an overly full stomach.	a full glass of water. Do not break, crush, or chew them.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2021 Nurse's Drug Handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness: A&O x 3** **Orientation:** **Distress: Mild distress** **Overall appearance: Pt has poor hygiene patient states "I do not know when the last time I had a shower"**	Patient appears A&O x 4. Pt was lethargic and arousable when brought into hospital. Pt appears mildly distress and mildly withdrawn Pt has poor hygiene patient states "I do not know when the last time I had a shower"
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:**	All extremities pink, warm, dry, and symmetrical. Pulse normal except L dorsalis pedis pulse 1+ R pedal pulse, it is 1+ Capillary refill less than 3 seconds in fingers and L toes. R foot unable to check cap refill due to amputation. Normal skin turgor. Edema present in lower extremities bilaterally. No edema

Wounds: . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	present in upper extremities bilaterally. Epitrochlear lymph nodes nonpalpable bilaterally. Pt had a negative Homan's sign. Pt had no rashes, lesions, or bruises. Pt has L heel pressure wound, R finger index neuropathy, pressure ulcer on coccyx due to skin damage. Pt also scored a Braden Score of 15. No drains pregnant.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck. No scars noted. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, red light reflex and Rosenberg 20/20 was unable to obtain due to not having proper equipment. EOMs intact bilaterally. Bilateral auricles moist and pink without lesions. Did not have proper equipment to be able to look in pt ear canals or in the septum. Septum is midline with no deviation, no bleeding noted and could not see polyps due to not being able to see inside septum. Bilateral sinuses are nontender to palpation. Oral mucosa overall is moist and pink without lesions and uvula is midline; soft palate rises and falls symmetrically. Pt is missing most of her teeth due to meth and malnutrition.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	Clear S1 & S2 without murmurs, gallops, or rubs. PMI palpable at 5th intercostal space at rubs. Pt has a normal rate and rhythm. Pulses are 2+ throughout bilaterally other than R pedal pulse due to amputation. Capillary refill is less than 3 seconds in fingers and L toes. R toes amputated. Pt has little edema in the lower extremities No neck vein distention.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Normal rate and pattern of respirations, respirations are symmetrical and non-labored, lungs sounded clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted. Patient is able to breathe independently on her own.

GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Pt was eating a normal diet at home. Pt is on clear liquid diet in the hospital. Abdomen is soft and nontender upon palpation of all four quadrants. No organomegaly or masses noted in all four quadrants., pts last bowel movement was 2/8/22. Pt had no scars, rashes, lesions or drains noted.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☒ N ☐** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☒** **Type:** **Size:**	Patients urine is cloudy and yellow. Pt states, “It burns a little when I pee”. Pt has in indwelling catheter. Pt has UTI.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 14** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐ X** **Needs support to stand and walk☐ X**	All extremities have full range of motion except R foot due to amputation. Hand grips were normal and equal in strength. L foot for pedal pushes and pulls were weak + 1 in strength. Pt was unable to do pedal pushes and pull with R foot due to amputation. Due to amputation pt is not able to ambulate on her own without her wheelchair. Pt has a fall score of 35, 35 is a high fall risk. Pt needs support from going to the bed to her wheelchair. Pt has unsteady gait.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐**	PERRLA intact bilaterally. All extremities have full range of motion. Hand grips were normal and equal in strength. L foot for pedal pushes and

Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	pulls were normal in strength. Pt was unable to do pedal pushes and pull with R foot due to amputation. Unable to feel palpation and probing of plantar surface of R foot due to sensory deficit. Pt is alert and oriented x 4. Pt was able to talk with myself and others. Pt lacks sensory in her R foot due to amputation. Pt never LOC.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Pt states "I am Okay, I just stay in bed and watch TV". She lives at home by herself. Developmental level the patient graduated from high school. Pt states "I do not believe in any religion I am atheist". Pt stated "I do not have any children. I only have myself for support".

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
9:00	92	115/63	20	98.1	97% Room air
10:00	96	135/84	20	98.1	97% Room air

Vital Sign Trends:

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900	0-10	n/a	Pt denies any pain. Verbally and	n/a	n/a

			Nonverbally. She stated she is a 0		
1000	0-10	n/a	Pt denies any pain. Verbally and Nonverbally. She stated she is a 0	n/a	n/a

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	Pt had a 20 gauge IV in her left forearm dated 2/4/22. Pt IV access is intact and clean with no drainage or redness at site. Pt IV was not flushing very well, a new IV is needed for insertion.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
300mL water	400mL Urine

Nursing Care

Summary of Care (2 points)

Overview of care: Monitored patients fluids and diet intake. Gave pt her daily medications. Helped patient turn as needed. Made sure the patient call light was in reach. Gave patient information about drug addiction support.

Procedures/testing done: I helped administer the patients insulin into her abdomen and gave her other oral medications. Also rated patient pain on the 0-10 pain scale.

Complaints/Issues: n/a

Vital signs (stable/unstable): Patients vital signs were within normal limits while she was under my care.

Tolerating diet, activity, etc.: Pt needs to be put on a diabetic diet to control her diabetes.

Physician notifications: Dr. stated the patient would need to be hospitalized for over 6 weeks to maintain her treatment and to receive the antibiotics that she needs.

Future plans for client: For pt to maintain her diabetes and to take care of herself properly. Also to get the patient a wound vac on her amputated R foot.

Discharge Planning (2 points)

Discharge location: Unsure at this time. Due to not knowing when patient will be discharged.

Home health needs (if applicable): Unsure at this time. Due to not knowing when patient will be discharged.

Equipment needs (if applicable): Unsure at this time. Due to not knowing when patient will be discharged.

Follow up plan: No follow up plan at this time. Pt will need to be hospitalized for 6 weeks of antibiotic treatment.

Education needs: How to teach patient to use her insulin. Teach patient how to perform proper hygiene.

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

Nursing Diagnosis	**Rationale**	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation**
• Include full nursing diagnosis with "related to" and	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's

"as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client				actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for infections related indwelling catheter as evidence by patient positive for UTI	This was chosen due to the patient positive for UTI.	**1.**Provide skin care properly wash the perineal area. 2.Administer antibiotics as indicated per doctor's order.	1. Pt will be able to urinate without pain and early initiation of antibiotic may help prevent sepsis.	Pt was able to understand the importance of taking her antibiotics as well as keeping perineal area clean to reduce the risk for infection.
2. Impaired Skin integrity related to immobility as evidence by pressure ulcer on buttocks and patient being brought in for buttock pain.	This was chosen due to patient coming in with buttock pain and having a pressure ulcer in that area.	**1.** Roll pt every 2 hours. 2.) Assess clients pain level when changing dressing.	1. The client will experience healing of pressure ulcer and pain management.	Pt was able to turn every 2 hours by the help of assist personnel and maintained no pain when dressing changed.
3. Deficit knowledge related to lack of exposure to information as evidence by pt being noncompliant diabetic**.**	This was chosen due to the patient being non-compliant with the use of her insulin.	**1.** Explain the signs and symptoms of DKA 2 Advise the client the importance of daily examination of feet and foot care.	**1.** The client will demonstrate lifestyle changed and participate in treatment regimen.	Pt understood signs and symptom of DKC and understood the important of foot care.
4. Ineffective coping related to	This was chosen due to pt drug screen results	**1.** Identify specific stressors.	**1.** Pt will be able to control	Pt was able to understand the process of

history of substance abuse as evidence by positive drug screen.	showing positive for methamphetamine.	**2**. Monitor risk of harming self or others and intervein appropriately.	stressful situations and seek help by reaching out to her support systems.	working through and identifying her stressors. Pt was also able to understand that she can reach out to a sponsor as a support system.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Pt states "I am Okay, I just stay in bed and watch TV".

Pt states" I am unsure as to when I last had a shower"

Pt states "I do not believe in any religion I am atheist".

Pt stated I do not have any children. I only have myself for support.

Nursing Diagnosis/Outcomes

1. Risk for infections related indwelling catheter as evidence by patient positive for UTI
   - Pt will be able to urinate without pain and early initiation of antibiotic may help prevent sepsis.
2. Impaired Skin integrity related to immobility as evidence by pressure ulcer on buttocks and patient being brought in for buttock pain.
   - The client will experience healing of pressure ulcer and pain management.
3. Deficit knowledge related to lack of exposure to information as evidence by pt being noncompliant diabetic**.**
   - The client will demonstrate lifestyle changed and participate in treatment regimen
4. Ineffective coping related to history of substance abuse as evidence by positive drug screen.
   - Pt will be able to control stressful situations and seek help by reaching out to her support systems.

Nursing Interventions

Objective Data

Pts lab values were abnormal.
Pt tested positive for methamphetamine.
Pt has R amputated foot.

Client Information

Pt is a 45 y/o Caucasian female, single, unemployed. She weighs 270lbs, 5"7. Full code. Allergic to codeine and vancomycin.