N321 Care Plan # 1

Lakeview College of Nursing

Name: Lindsey Burnett

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
2/8/2022	SS	55	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Note Employed	Married	Sulfa
Code Status	**Height**	**Weight**	
Full	5’6”	261lb	

Medical History (5 Points)

Past Medical History: Past medical history includes uncontrolled diabetes mellitus, hypertension, depression, morbid obesity, recent covid within the past month.

Past Surgical History: There was no information obtained about past surgical history, patient states the current surgery they just had is the only one they are aware of.

Family History: Family history includes both mother and father as being chain smokers, the mother is deceased and has a history of cardiovascular, Father is deceased and has a history of dementia, has two sons and one daughter all still alive, one son has a history of cardiovascular.

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

The patient reports that she has never smoked, never used smokeless tobacco, and has no drug use.

Assistive Devices: The patient reports she can get around on her own at home she does use a cane, walker, and scooter; she also wears glasses for reading.

Living Situation: The patient reports she lives at home with her husband and dog, and she has three children two sons and a daughter who lives close by that stops by and helps around the house.

Education Level: The patient states her highest level of education as finishing eighth grade, no high school or college.

Admission Assessment

Chief Complaint (2 points): Hyperglycemia

History of Present Illness – OLD CARTS (10 points): This patient is a transfer from St. Vincent hospital where she was admitted to there on 2/5/2022. Patient was transferred to Carle hospital with pain on left labia and buttock about six days ago. Patient was prescribed augmenting and doxycycline for cellulitis, but unaware of how many doses have been taken at this time. Labs from St. Vincent include: WBC-22, COVID negative, Blood sugar- 437, creatinine- 1.94, and chest x-ray was normal. The CT showed edema in the left buttock with no abscess or soft tissue gas. Patient was started on insulin drip for anion gap of 20, foley was placed on 2/5/2022. During admission this patient became aggravated and combative. Patient is A&O X2 to self and location.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Diagnosis of purulent cellulitis, abscess of left labia and buttock.

Secondary Diagnosis (if applicable): Secondary diagnosis of DKA and metabolic encephalopathy.

Pathophysiology of the Disease, APA format (20 points): Cellulitis is a bacterial skin and soft tissue infection that occurs when the physical skin barrier, immune system, and circulatory system are impaired (Cranendonk, 2017). Diabetes, obesity, and old age are associated with defects in all of these areas, which this patient has all three factors making her susceptible to having cellulitis (Cranendonk, 2017). There has been recent evidence on diagnostic test strategies being discussed, with a focus of importance on venous insufficiency, eczema, deep

vein thrombosis, and gout are frequently mistaken for cellulitis. Relapses occur frequently due to the high prevalence of risk factors associated with cellulitis in combination with the occurrence of persistent post-inflammatory lymphatic damage (Cranendonk, 2017). There are identifiable knowledge gaps, that if addressed, will advance our knowledge and understanding of the pathophysiology behind cellulitis and improve its management.

The skin serves as a protective barrier preventing normal skin flora and other pathogens from reaching the subcutaneous tissue and lymphatic system. When there is a tear or break in the skin it allows bacteria to enter into the dermis and subcutaneous tissue. The introduction of this bacteria below the skin can lead to acute superficial infection affecting the deep dermis and subcutaneous tissue, resulting in cellulitis (Brown, 2021). Risk factors associated with cellulitis include: any culprit that can cause a breakdown in the skin barrier, surgical incisions, intravenous site punctures, fissures between toes, insect bites, animal bites, and other skin infections (Brown, 2021). Cellulitis is characterized by erythema, warmth, edema, and tenderness to palpation resulting from cytokine and neutrophil responses from bacteria reaching the epidermis (Brown, 2021). Cytokines and neutrophils get recruited to the affected area after bacteria have penetrated the skin causing an epidermal response (Brown, 2021). This response includes the production of antimicrobial peptides and keratinocyte proliferation and is postulated to produce characteristic findings of cellulitis (Brown, 2021). Group A streptococci is the most common bacteria to cause cellulitis (Brown, 2021). Cellulitis can occur on and part of the body, must is most commonly found on the lower extremities. When evaluating for cellulitis it is important to ask for a complete history of the presenting illness, focusing on when the patient noticed skin changes, and how the cellulitis began to occur. Patients with mild cellulitis and no symptomatic signs of infection are treated with antibiotics and it will resolve in about five days. Patients with purulent

cellulitis such as this patient has and will need a stronger antibiotic and be on it for more days to resolve the problem. Atypical organisms can cause cellulitis in certain situations (Brown, 2021). Diabetic patients such as this patient are at risk for Pseudomonas aeruginosa (Brown, 2021). Without a diagnosis of cellulitis, it could lead to major problems, if the bacteria reach the bloodstream it can lead to bacteremia, causing sepsis (Brown, 2021). For good health and recovery patients need to take their antibiotics in full, keep the area dry and clean. When possible, patients should elevate the area above the level of their heart to reduce edema (2021).

Pathophysiology References (2) (APA):

Cranendonk, D.R.; Lavrijsen, A.P.M.; Prins, J.M.; and Wiersings, W.J. (2017). *Cellulitis: current insight into pathophysiology clinical management.* National Library of Medicine. Retrieved from https://pubmed.ncbi.nlm.nih.gov/29219814/.

Brown, B.D.; Hood Watson, K.L. (2021). *Cellulitis.* NCBI Bookshelf. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK549770/.

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	**3.5-5.2**	**3.87**	**3.74**	**Normal**
Hgb	**11-16**	**10.8**	**10.5**	**The decrease in hemoglobin can be caused by a disease or condition the patient has such as diabetes and hypertension, iron deficiency (Pagana 2019).**
Hct	**34-47**	**30.9**	**30.7**	**The decrease in hematocrit can be**

				caused by a disease or condition the patient has such as the diabetes and hypertension that is related to the decrease in hemoglobin, iron deficiency (Pagana 2019).
Platelets	**140-400**	**310**	**283**	**Normal**
WBC	**4-11**	**8.79**	**7.11**	**Normal**
Neutrophils		**n/a**	**n/a**	**n/a**
Lymphocytes	**%**	**16.3**	**26.4**	**Normal, but this would tell us of possible inflammation**
Monocytes	**%**	**10.2**	**11.8**	**Normal**
Eosinophils	**%**	**0.3**	**1.4**	**Normal**
Bands		**n/a**	**n/a**	**n/a**

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**	**140**	**140**	**Normal**
K+	**3.5-5.1**	**2.9**	**2.9**	**Low results may be due to a diuretic that is being given while the patient is in the hospital (Pagana 2019).**
Cl-	**98-107**	**113**	**109**	**High results may be due to dehydration this patient said she does like to drink a lot of pop, so she may have been dehydrated and not drinking the proper amount of water (Pagana 2019).**
CO2	**22-29**	**18**	**22**	**This could be related to kidney disease or an infection. Patient had surgery due to an abscess on left labia and buttock, infection may have been there (Pagana 2019).**
Glucose	**74-100**	**214**	**225**	**Patient has uncontrolled diabetes, this number would related to that**

				(Pagana 2019).
BUN	**10-20**	**11**	**5**	**This low number can be due to malnutrition, patient says she makes a lot of homemade meals but she cooks the old fashion ways and has big portions (Pagana 2019).**
Creatinine	**0.55-1.02**	**0.60**	**0.57**	**Normal**
Albumin	**3.5-5.0**	**2.2**	**n/a**	**This low number can be due to malnutrition, patient says she makes a lot of homemade meals but she cooks the old fashion ways and has big portions, can also be kidney disease (Pagana 2019).**
Calcium	**8.9-10.6**	**7.8**	**7.3**	**This is due to vitamin deficiency, patient says she eats a lot of salads, but that is mainly her only source of food she would get vitamins and nutrients from (Pagana 2019).**
Mag	**1.6-2.6**	**2.9**	**1.8**	**Possible dehydration, due to the patients mental status upon admission could have caused these results to be abnormal due to her being dehydrated (Pagana 2019).**
Phosphate		**n/a**	**n/a**	***No lab completed for this pt.***
Bilirubin	**0.2-1.2**	**0.4**	**n/a**	**Normal**
Alk Phos	**40-150**	**78**	**n/a**	**Normal**
AST	**5-34**	**8**	**n/a**	**Normal**
ALT	**0-55**	**12**	**n/a**	**Normal**
Amylase		**n/a**	**n/a**	***No lab completed for this pt.***
Lipase		**n/a**	**n/a**	***No lab completed for this pt.***
Lactic Acid		**n/a**	**n/a**	***No lab completed for this pt.***

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		**n/a**	**n/a**	***No labs completed for this pt.***
PT		**n/a**	**n/a**	***No labs completed for this pt.***
PTT		**n/a**	**n/a**	***No labs completed for this pt.***
D-Dimer		**n/a**	**n/a**	***No labs completed for this pt.***
BNP		**n/a**	**n/a**	***No labs completed for this pt.***
HDL		**n/a**	**n/a**	***No labs completed for this pt.***
LDL		**n/a**	**n/a**	***No labs completed for this pt.***
Cholesterol		**n/a**	**n/a**	***No labs completed for this pt.***
Triglycerides		**n/a**	**n/a**	***No labs completed for this pt.***
Hgb A1c		**n/a**	**n/a**	***No labs completed for this pt.***
TSH		**n/a**	**n/a**	***No labs completed for this pt.***

Although this patient doesn't have a history of blood clots or problems with cholesterol, it would have been a good idea to have obtain these labs as the patient has a history of hypertension and diabetes mellitus, just to check ad make sure that the patients' other lab values are still within good range. It would have been good to see what her Hgb A1c level was at as well.

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		**n/a**	**n/a**	***No labs completed for this pt.***
pH		**n/a**	**n/a**	***No labs completed for this pt.***

Specific Gravity		**n/a**	**n/a**	***No labs completed for this pt.***
Glucose		**n/a**	**n/a**	***No labs completed for this pt.***
Protein		**n/a**	**n/a**	***No Cultures completed for this pt.***
Ketones		**n/a**	**n/a**	***No Cultures completed for this pt.***
WBC		**n/a**	**n/a**	***No Cultures completed for this pt.***
RBC		**n/a**	**n/a**	***No Cultures completed for this pt.***
Leukoesterase		**n/a**	**n/a**	***No Cultures completed for this pt.***

***No urine test was run on this patient, but it may have been helpful to have run a test since she was having vaginal pain to see if any of her levels were elevated and have a possible infection in addition to the abscess on her labia. ***

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		**n/a**	**n/a**	***No Cultures completed for this pt.***
Blood Culture	**Normal**	**No Growth withing 24 hours**	**No Growth withing 24 hours**	**Blood culture came back normal, which is good and eliminates other more serious problems.**
Sputum Culture		**n/a**	**n/a**	***No Cultures completed for this pt.***
Stool Culture		**n/a**	**n/a**	***No Cultures completed for this pt.***

Lab Correlations Reference (1) (APA): Pagana, K.D., Pagana, T. J., & Pagana, T. N., (2019). Mosby's diagnostic and laboratory test reference. St. Louis, MO-Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

ECG 12-lead: Normal Sinus Rhythm, low voltage QRS.

CT Pelvis with contrast: History: Abscess-rectal, Helical CT exam of the pelvis, with source data reformatted in axial and coronal planes. Exam performed after admin of 100 mL Isovue 300 intravenously.

Diagnostic Test Correlation (5 points):

ECG 12-lead: This test was ran due to the patient having electrolyte imbalances so we wanted to monitor her heart to make sure there are no other problems going on. CT Pelvis with contrast was ran due to the patient having cellulitis so this is to see the severity and where the cellulitis is.

Diagnostic Test Reference (1) (APA): Pagana, K.D., Pagana, T. J., & Pagana, T. N., (2019). Mosby's diagnostic and laboratory test reference. St. Louis, MO-Elsevier.

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

Home Medications (5 required)

Brand/ Generic	**Carvedilol Coreg**	**Glucophage Metformin**	**Lexapro/ escitalopram**	**Hydrochlorothiazide/Microzide**	**Omeprazole/ Prilosec**
Dose	**25mg**	**500mg**	**10mg**	**25mg**	**20mg**
Frequency	**BID**	**BID**	**1x Daily**	**1x Daily**	**1x Daily**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Pharmacologic class: Nonselective bet blocker and alpha 1-blocker. Therapeutic class: Antihypertensive**	**Pharmacologic class: Biguanide Therapeutic class: Antidiabetic**	**Pharmacologic class: Selective serotonin reuptake inhibitor. Therapeutic class: Antidepressant**	**Pharmacologic class: Thiazide diuretic. Therapeutic class: Diuretic**	**Pharmacologic class: proton pump inhibitor. Therapeutic class: Antiulcer**

	, heart failure treatment adjunct.				
Mechanism of Action	**Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload.**	**May promote storage of excess glucose as glycogen in the liver, which reduces glucose production. Also may improve glucose use by adipose tissue and skeletal muscle by increasing glucose transport across cell membranes.**	**Inhibits reuptake of the neurotransmitter serotonin by CNS neurons, thereby increasing the amount of serotonin available in nerve synapses. An elevated serotonin level may result in elevated mood and reduced anxiety or depression.**	**Promotes movement of sodium, chloride, and water from blood in peritubular capillaries into nephron's distal convoluted tubule. It may decrease cardiac output, extracellular fluid volume, or plasma volume, which helps explain blood pressure reduction.**	**Omeprazole interferes with gastric acid secretion by inhibiting the hydrogen potassium adenosine triphosphatase enzyme system, or proton pump uses energy from hydrolysis of adenosine triphosphate to drive hydrogen and chloride out of parietal cells and into the stomach lumen in exchange for potassium, which leaves the stomach lumen and enters parietal cells.**
Reason Client Taking	**Hypertension**	**Diabetes Mellitus**	**Depression**	**Hypertension**	**GERD**
Contraindications (2)	**Bronchial asthma or related bronchospastic conditions, cardiogenic shock, and decompensated heart failure.**	**Acute or chronic metabolic acidosis, including diabetic ketoacidosis with or without coma, severe renal disease.**	**Concomitant therapy with pimozide; hypersensitivity to escitalopram, citalopram or its components. Use within 14 days of MAO inhibitor therapy including intravenous**	**Anuria, hypersensitivity to hydrochlorothiazide, other thiazides, sulfonamide derivatives, or their components.**	**Concurrent therapy with rilpivirine-containing products; hypersensitivity to omeprazole, substituted benzimidazoles, or their components.**

			methylene blue or linezolid.		
Side Effects/Adverse Reactions (2)	**Dizziness, and heart failure**	**Hypoglycemia, Headache**	**Seizures, Atrial fibrillation**	**Dizziness, and hypotension**	**Hypoglycemia, and drowsiness**
Nursing Considerations (2)	**Know that if patient has heart failure, expect to also give digoxin, a diuretic, and an ACE inhibitor. Monitor blood glucose level, as ordered, during carvedilol therapy because drug may alter blood glucose level.**	**Know that metformin should never be given to a patient with severe renal impairment. Also be aware that metformin is not recommended for use in patients with hepatic impairment because of risk of lactic acidosis. Expect prescriber to alter dosage if patient has a condition that decreases or delays gastric emptying, such as diarrhea, gastroparesis, GI obstruction, ileus, or vomiting.**	**Use cautiously in patients with history of mania or seizures, patients with severe renal impairment, and those with diseases or conditions that produce altered metabolism or hemodynamic responses. Monitor patient for bleeding, especially if patient is also taking an anticoagulant, aspirin, or an NSAID. Bleeding can range from ecchymoses, epistaxis, hematomas, and petechiae to life threatening hemorrhages.**	**Give in the morning and early evening to avoid nocturia. Monitor blood pressure, daily weight, fluid intake and output, and serum levels of electrolytes, especially potassium.**	**Give before meals, preferably in the morning for once-daily dosing. If needed also give an antacid, as prescribed. Know that because drug can interfere with absorption of vitamin B12, monitor patient for macrocytic anemia.**

Hospital Medications (5 required)

Brand/ Generic	**Acetaminophen/ Tylenol**	**Potassium Chloride/Klor-Con**	**Lovenox/ Enoxaparin sodium**	**Hydromorphone/ Dilaudid**	**Insulin glargine Lantus**
Dose	**500 mg**	**20 meq**	**40 mg**	**0.5 mg**	**20 units**
Frequency	**4hr PRN**	**BID**	**1x Daily**	**4hr Iv push**	**BID**
Route	**Oral**	**Oral**	**Sub Q**	**Iv push**	**Sub Q**

Classification	**Pharmacologic class: Nonsalicylate, paraminophenol derivative. Therapeutic class: Antipyretic, nonopioid analgesic.**	**Pharmacologic class: Electrolyte cation. Therapeutic class: Electrolyte replacement.**	**Pharmacologic class: Low molecular weight heparin. Therapeutic class: Anticoagulant.**	**Pharmacologic class: Opioid. Therapeutic Class: Opioid analgesic controlled substance schedule II.**	**Pharmacologic class: Human insulin. Therapeutic class: Antidiabetic.**
Mechanism of Action	**Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.**	**Acts as the major cation in intracellular fluid, activating many enzymatic reactions essential for physiologic processes, including nerve impulse transmission and cardiac and skeletal muscle contraction.**	**Potentiates the action of antithrombin III, a coagulation inhibitor. By binding with antithrombin III, enoxaparin rapidly binds with and inactivates clotting factors.**	**May bind with opioid receptors in the spinal cord and higher levels in the CNS.**	**Lowers blood glucose levels by stimulating peripheral glucose uptake by fat and skeletal muscle, and by inhibiting hepatic glucose production.**
Reason Client Taking	**Pain control**	**Prevent low potassium from vomiting or diarrhea**	**Blood thinner due to hypertension**	**Pain control**	**Diabetes Mellitus**
Contraindications (2)	**Hypersensitivity to acetaminophen or its components, severe hepatic impairment.**	**Acute dehydration, and Addison's disease.**	**Active major bleeding, and history of immune mediated heparin induced thrombocytopenia.**	**Acute asthma, and GI obstruction.**	**Chronic lung disease (asthma, COPD), and during episodes of hypoglycemia.**
Side Effects/Adverse Reactions (2)	**Hypotension, and hypoglycemic coma.**	**Confusion, and Asystole.**	**Congestive heart failure, and hemorrhage.**	**CNS depression, and adrenal insufficiency.**	**Diabetic ketoacidosis, and hypoglycemia.**
Nursing Considerations (2)	**Use cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal**	**Administer with or immediately after meals. Administer tablet forms of potassium with food to help prevent gastric irritation. Monitor patient receiving tablet forms of potassium for abdominal pain or distention,**	**Use with extreme caution in patients with a history of heparin induced thrombocytopenia. Should only be used in**	**Monitor effectiveness of hydromorphone in relieving pain; consult prescriber as needed. Use cautiously in patients whose ability to maintain a**	**Monitor patients' blood glucose level closely to detect need for dosage adjustment, as ordered. Monitor patient for hypersensitivity reactions. If**

	impairment. Monitor renal function in patient on long-term therapy. Keep in mind that blood or albumin in urine may indicate nephritis; decreased urine output may indicate renal failure; and dark brown urine may indicate presence of the metabolite phenacetin.	**gastrointestinal bleeding, or severe vomiting, as this may indicate GI obstruction, perforation or ulceration and should be reported immediately.**	**these patients if more than 100 days have elapsed since prior HIT episode and no circulating antibodies are present. Expect to give drug with aspirin to patient with unstable angina, STEMI, and on-Q-wave MI. To minimize risk of bleeding after vascular procedures, give at recommende d intervals.**	**normal blood pressure is already compromised by a reduced blood volume or concurrent administration of certain CNS depressant drugs; the drug may cause severe hypotension in these patients, especially when initiating or titrating the dose of hydromorphone.**	**present withhold drug, treat according to standard of care, and monitor patient closely until signs and symptoms resolve.**

Medications Reference (1) (APA): Jones & Bartlett Learning (2021). 2021 Nurses' Drug Handbook. Burlington, MA

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert and oriented to situation, time, place, and person** **X4** **No distress** **Hair is not well groomed**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:**	 **Pink** **Dry/normal** **Cool** **Normal turgor**

Rashes: **Bruises:** **Wounds:** . **Braden Score: 15** **Drains present: Y☐ N ☒** **Type:**	**Scratch on buttocks** **No apparent bruises** **Wound on lt. labia** **Braden score is 15**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and neck symmetrical** **No discharge from ears just a small amount of ear wax in the left ear, patient was able to hear clearly and responded appropriately, eyes symmetrical, nose symmetrical, no deviation, patient only had front teeth, teeth were not cleaned or kept well.**
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:**	**Heart sounds normal, no murmurs. Capillary refill less than 3 seconds. No neck vein distention. No signs of edema.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Respirations are regular, nonlabored, no wheezing.**
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:**	**Patient states she has a regular diet at home, she likes to cook and makes old fashioned meals, she had six crock pots she likes to cook with.** **5'6"** **261 lb** **Bowel sounds are heard and active** **Last BM 24hrs ago** **No tenderness** **No abnormalities of distention, incisions, scars, drains, or wounds.**

Feeding tubes/PEG tube Y ☐ N ☒ **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:N/A** **Size:N/A**	**Yellow** **Clear** **Patient has a catheter in place**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐X** **Needs support to stand and walk☐X**	**Normal ROM** **Strength in both upper and lower extremities** **Patient is able to get around on her own, but needs assistance and uses a cane, walker, and scooter** **1 person assist with gait belt to transfer.**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Arms and legs are strong** **PERLA is present bilaterally** **Cognitive to time, place, situation, and person** **Speech patient is able to talk clearly and respond well to questions** **Cognitive and Alert** **No 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):**	**Family includes husband that she lives at home with and dog, she has two sons and one daughter that live close by and visit frequently.** **Patient states she used to be religious, but doesn't follow it anymore she says "it's boring to her, it's like going to school"**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1300	64	177/80	14	98.2	97% on room air
1400	66	157/74	14	97.6	95% on room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1300	Numerical 0-10	Perineum	7	Aching	Pain management, medicine
1400	Numerical 0-10	Perineum	5	n/a	Pain management, medicine

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20G Location of IV: Right brachial Date on IV: 2/10/22 Patency of IV: Good patency easy to flush Signs of erythema, drainage, etc.: n/a IV dressing assessment: Clean, well dressed, intact	Potassium chloride 10 mEq/hr at 13:48 50 mL/hr-rate. Potassium chloride in water 25-50 mL/hr IVPB.

Intake and Output (2 point

Intake (in mL)	Output (in mL)
240 cc on 2/9/2022	1000 mL 2/10/22

Nursing Care

Summary of Care (2 points)

Overview of care: Glyco A1C: 12.9, MRSA (-)

Procedures/testing done: Rt. Groin puncture

Complaints/Issues: Vaginal pain

Vital signs (stable/unstable): Vital signs are stable

Tolerating diet, activity, etc.: Tolerates minimum activity

Physician notifications: N/A

Plans for the client: Lower glycemic index for diabetes

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): Wound care

Equipment needs (if applicable): Scooter, walker, cane

Follow up plan: Follow up with a primary doctor

Education needs: Wound care, diabetes management, and diet.

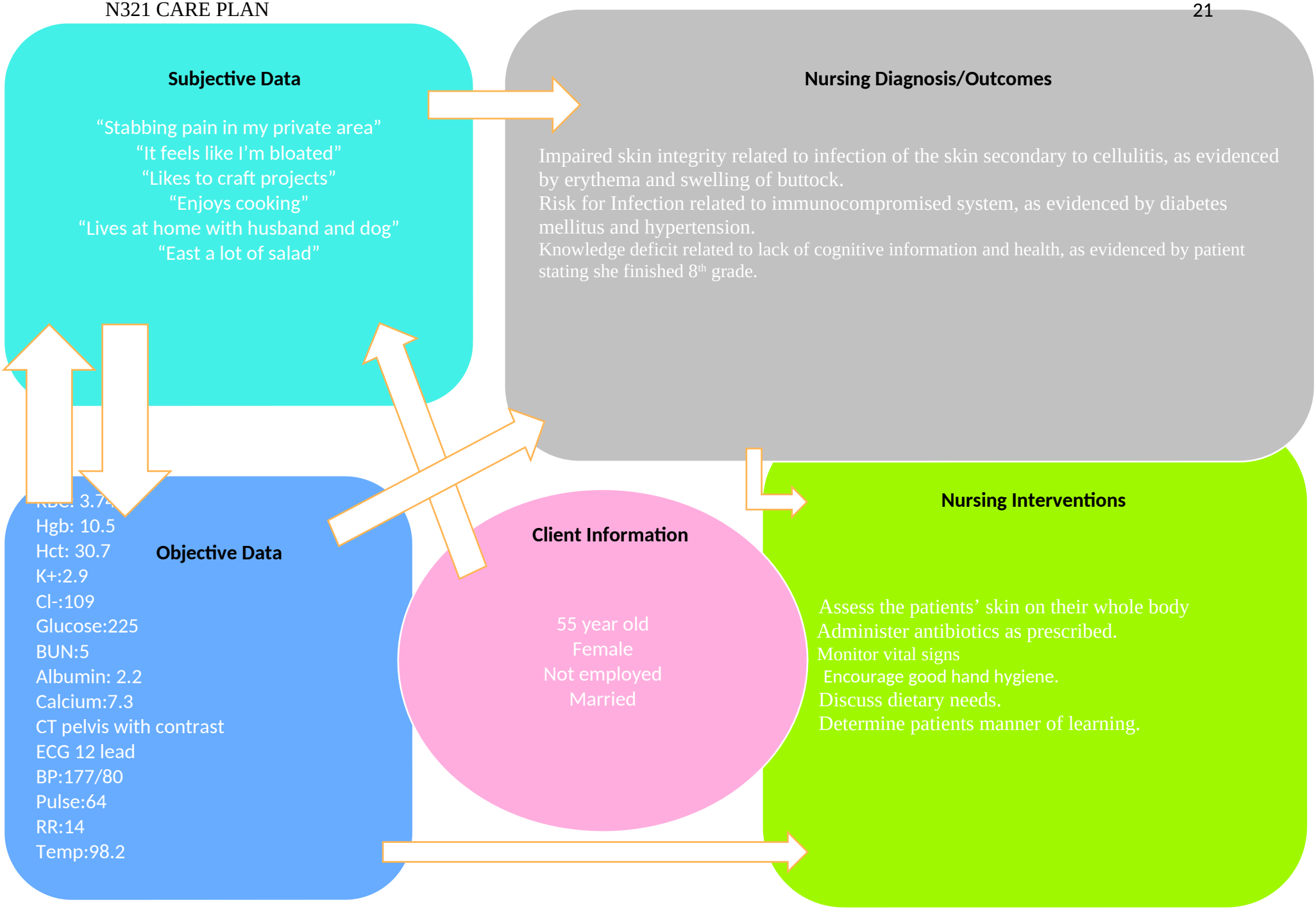
Nursing Diagnosis (15 points)
***Must be NANDA approved nursing diagnosis and listed in order of priority**

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "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			• 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 immunocompromised system, as evidenced by diabetes mellitus and hypertension.	This patient has a history of hypertension and is diagnosed with diabetes mellitus, therefore making her have an immunocompromised system.	**1.** Monitor vital signs. **2.** Encourage good hand hygiene.	**1.** To look for early signs of infection and help stop the spread of it.	Vitals signs were monitored every 2 hours, to make sure they are staying stable and there are no signs of infection occurring. This client responded very well to this and remained compliant and was ready to go home.
2. Impaired skin integrity related to infection of the skin secondary to cellulitis, as evidenced by erythema and swelling of buttock.	The patient had noticeable swelling and warmth to buttock and lower extremities.	**1.** Assess the patients' skin on their whole body. **2.** Administer antibiotics as prescribed.	**1.** To determine the severity of the cellulitis.	The patient was very receptive to the interventions put into place, although she didn't like being bothered, she was still accepting of the assessment of the skin of her whole body.
3. Knowledge deficit related to lack of cognitive information and health, as evidenced by patient stating she finished 8th grade.	Patient states she only finished 8th grade, and her verbal ques and actions stating she doesn't have proper information on her diagnosis.	**1.**Discuss dietary needs. **2**Determine patients manner of learning.	**1.** To make sure patient is aware and knowledgeable of her diagnosis, and what she needs to do to ensure proper recovery.	Client is very well goal oriented, accepting, and willing to learn interventions being put into place.

Other References (APA): Swearingen, Pamela L. And Wright, Jacqueline D. All – in – One Nursing Care Planning Resource (2019). St. Louis, MO.

Concept Map (20 Points):


Subjective Data
"Stabbing pain in my private area"
"It feels like I'm bloated"
"Likes to craft projects"
"Enjoys cooking"
"Lives at home with husband and dog"
"East a lot of salad"
Nursing Diagnosis/Outcomes
Impaired skin integrity related to infection of the skin secondary to cellulitis, as evidenced by erythema and swelling of buttock.
Risk for Infection related to immunocompromised system, as evidenced by diabetes mellitus and hypertension.
Knowledge deficit related to lack of cognitive information and health, as evidenced by patient stating she finished 8th grade.
Objective Data
Hgb: 10.5
Hct: 30.7
K+:2.9
Cl-:109
Glucose:225
BUN:5
Albumin: 2.2
Calcium:7.3
CT pelvis with contrast
ECG 12 lead
BP:177/80
Pulse:64
RR:14
Temp:98.2
Client Information
55 year old
Female
Not employed
Married
Nursing Interventions
Assess the patients' skin on their whole body
Administer antibiotics as prescribed.
Monitor vital signs
Encourage good hand hygiene.
Discuss dietary needs.
Determine patients manner of learning.