N321 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 2/8/2022	**Client Initials** ST	**Age** 55	**Gender** Female
Race/Ethnicity White	**Occupation** Not employed	**Marital Status** Married	**Allergies** Sulfa Drugs
Code Status Full	**Height** 5'6	**Weight** 261 lbs	

Medical History (5 Points)

Past Medical History: Diabetes Mellitus, Depression, hypertension, morbid obesity, COVID infection in the past month

Past Surgical History: C- section

Family History: Father has a hx of dementia, history of cardiovascular disease in son and mother

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): the patient denies any use of tobacco, alcohol, or drugs. Pt reports passive smoke from parents

Assistive Devices: the patient uses a cane, scooter and walker at home

Living Situation: the patient lives at home with husband and a dog

Education Level: 6th grade

Admission Assessment

Chief Complaint (2 points): hyperglycemia

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

As of 2/8/2022, the patient complains of pain in her left labia for 6 days. The patient was prescribed with doxycycline outpatient for suspected cellulitis. The patient was recently admitted to St. Vincent on 2/5/2022 for Diabetic Ketoacidosis and abscess on the left labia and buttock. Upon admission, the patient's WBC is 22, Coronavirus-19 test is negative, blood sugar is

437mg/dL, and creatinine is 1.64mg/dL. Her chest X-ray is unimpressive. Her abdominal CT scan however, showed edema in the left buttock, but no abscess or soft tissue gas. Upon admission at Carle Foundation Hospital, her alertness and orientation levels were rated at X2 to self and location. She reportedly stated that the current year is 1988. She denied presence of pain. Upon further assessment as of 2/10/2022, she reports having pain in her vagina and describes the pain as achy with a severity of around 6 to 7 on a numerical pain scale. She is prescribed Tylenol and hydromorphone to relieve symptoms.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): purulent cellulitis with abscess of left labia and buttocks

Secondary Diagnosis (if applicable): Diabetic ketoacidosis, metabolic encephalopathy

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

The body is naturally protected from pathogens through physical and biochemical barriers. The human skin is very resistant to invasion by pathogens because of its “thick, dense composition, and low pH” (Capriotti & Frizzell, 2020). One very common infection of the skin is cellulitis. Cellulitis is very difficult to diagnose because of its similarity to other types of skin infections. Some of the clinical manifestations of cellulitis are “poorly demarcated unilateral erythema with warmth and tenderness” (Rrapi et al., 2021). In cellulitis, the cell is invaded and damaged by the pathogenic bacteria. This results in a cascade of effect that ultimately leads to the “inflammation of the deep dermis and surrounding subcutaneous tissue” (Brown & Hood Watson, 2021). Usually, the infection is “without an abscess or purulent discharge” ((Brown & Hood Watson, 2021). However, our patient’s cellulitis is purulent with associated abscess in the left labia and left buttock. Abscess is a result of accumulation of proteins, cellular debris and

waste as a result of inflammatory and immune response. Because of the damage to surrounding tissue, the patient was experiencing pain and tenderness at the site. Bacterial infections can cause a fever if the immune response is stimulated. To diagnose cellulitis, a physical examination is done. A CT scan of the pelvis was done for the patient, with results showing infection of the soft tissue. Her WBC count, however is within normal range, indicating there is no systemic infection or acute immune response by lymphocytes. To identify the cause of the cellulitis, a MRSA culture was done, which came out to be negative. Antibiotics remain to be the preferred treatment for bacterial infections such as cellulitis. Because of the severity of the condition, the patient's abscess was lanced by puncturing the site to drain the pus. This helps in wound healing and reduces the pain. Upon assessment, the patient still states her vaginal pain to be at a 6 to 7 on a numerical scale, describing the pain to be achy. The provider decided to stop the antibiotic indefinitely for our patient. To help with the pain following surgery, the patient is prescribed acetaminophen and hydromorphone.

Pathophysiology References (2) (APA):

Brown, B., Hood Watson, K. (2021). *Cellulitis.* Retrieved February, 14, 2022, from https://www.ncbi.nlm.nih.gov/books/NBK549770/

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F.A. Davis Company.

Rrapi, R., Chand, S., Kroshinsky, D. (2021). Cellulitis: a review of pathogenesis, diagnosis, and management. Medical Clinics of North America, 105, 723-735. https://dx.doi.org/10.1016/j.mcna.2021.04.009

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 – 5.20	3.87	3.74	

	10:6/µL			
Hgb	11.0-16.0 g/dL	10.8	10.5	Slightly low Hgb count is not necessarily a sign of illness (Mayo Clinic, 2020).
Hct	34 – 47%	30.9	30.7	Below normal levels of hematocrit can be a result of improper nutrition (Mayo Foundation for Medical Education and Research, 2021). The patient does not regulate proper dieting as part of her health maintenance. This may also be a result of anemia and concurrent low hemoglobin count.
Platelets	140 – 400 10:3/ µL	310	283	
WBC	4.0 – 11.0 10:3 µL	8.79	7.11	
Neutrophils	%			
Lymphocytes	%	16.3	26.4	
Monocytes	%	10.2	11.8	
Eosinophils	%	0.3	1.4	
Bands		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 mmol/L	140	140	
K+	3.5 – 5.1 mmol/L	2.9	2.9	Low potassium can be caused by taking diuretics that results in the loss of potassium in the urine. Hypokalemia is "present in 20% to 50% of patients" taking non-potassium-sparing diuretic (Capriotti & Frizzell, 2020, p.129).
Cl-	98 – 107 mmol/L	113	109	Hyperchloremia is almost exclusively caused by excessive administration of chloride. This can happen when a patient receives 0.45% or 90% normal solution, or

				lactated Ringer's solution (Hinkle, 2022).
CO2	22.0 – 29.0 mmol/L	18	22	
Glucose	74 – 100 mg/dL	214	225	Blood glucose outside of range indicates diabetes (Capriotti & Frizzell, 2020). This is consistent with patient's unregulated Diabetes Mellitus.
BUN	10 – 20 mg/ dL	11	5	A low blood urea nitrogen result can be from a low protein diet (Cleveland Clinic, 2018).
Creatinine	0.55 – 1.02 mg/dL	0.6	0.57	
Albumin	3.5 – 5.0 g/dL	2.2	N/A	Low albumin can be due to poor nutritional status. (Kim et al., 2017). This finding is consistent with the patient's unregulated diet at home.
Calcium	8.9 – 10.6 mg/dL	7.8	7.3	Low blood calcium levels can be caused by hypoalbuminemia, which is consistent with the patient's low albumin level. (Capriotti & Frizzell, 2020)
Mag	1.6 – 2.6mg/ dL	2.0	1.8	
Phosphate		N/A		
Bilirubin	0.2 – 1.2 mg/dL	0.4	N/A	
Alk Phos	40 – 150 u/L	78	N/A	
AST	5 – 34 u/L	8	N/A	
ALT	0 – 55 u/L	12	N/A	
Amylase		N/A		
Lipase		N/A		
Lactic Acid		N/A		

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		
PT		N/A		
PTT		N/A		
D-Dimer		N/A		
BNP		N/A		
HDL		N/A		
LDL		N/A		
Cholesterol		N/A		
Triglycerides		N/A		
Hgb A1c		N/A		
TSH		N/A		

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		
pH		N/A		
Specific Gravity		N/A		
Glucose		N/A		
Protein		N/A		
Ketones		N/A		
WBC		N/A		

RBC		N/A		
Leukoesterase		N/A		

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		
Blood Culture	Normal	No growth at 24 hours	No growth at 24 hours	
Sputum Culture		N/A		
Stool Culture		N/A		

Lab Correlations Reference (1) (APA):

Blood urea nitrogen (BUN) test: Test Details & Results. Cleveland Clinic. (2018, October 1). Retrieved February 14, 2022, from https://my.clevelandclinic.org/health/diagnostics/17684-blood-urea-nitrogen-bun-test

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F.A. Davis Company.

Kim, S., McClave, S. A., Martindale, R. G., Miller, K. R., & Hurt, R. T. (2017). Hypoalbuminemia and clinical outcomes: What is the mechanism behind the relationship? *American Surgeon*, *83*(11), 1220-1227.

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

Mayo Clinic. (2020, September 22). *Low hemoglobin count*. Mayo Clinic. Retrieved February, 14, 2022, from https://www.mayoclinic.org/symptoms/low-hemoglobin/basics/causes/sym-20050760.

Mayo Foundation for Medical Education and Research. (2021, December 14). *Hematocrit Test*. Mayo Clinic. Retrieved February 14, 2022, from https://www.mayoclinic.org/tests-procedures/hematocrit/about/pac-20384728#:~:text=A%20lower%20than%20normal%20hematocrit,or%20long%2Dterm%20blood%20loss

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Test	Normal Range	Today's Value	Explanation of Findings
MRSA Cell Culture	Normal	negative	
CT Scan of Pelvis	Normal	soft tissue infection in the perineum and along the left medial gluteal crease	CT scan is a very effective tool in showing consolidation in tissue, which indicates the presence of an abscess. Gas in the tissue indicates the presence of an infection. This is consistent with the patient's cellulitis. The bacteria causing the infection, however, is still currently unknown.
A1c Test	Below 5.7%	12.9	The A1c test reveals the average blood sugar of a person in the past 3 months. A high A1c means that the patient was not regulating her diabetes, which results in a state of hyperglycemia for the past 3 months. This is consistent with her abnormal blood sugar on admission.
EKG	Normal	Normal sinus rhythm, low voltage QRS	unimpressive

Diagnostic Test Correlation (5 points): See explanation of findings above.

Diagnostic Test Reference (1) (APA):

Ady, J., & Fong, Y. (2014). Imaging for infection: from visualization of inflammation to visualization of microbes. Surgical infections, 15(6), 700–707. https://doi.org/10.1089/sur.2014.029

Mayo Foundation for Medical Education and Research. (2021, January 30). *A1C test*. Mayo Clinic. Retrieved February 15, 2022, from https://www.mayoclinic.org/tests-procedures/a1c-test/about/pac-20384643

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

Home Medications (5 required)

Brand/ Generic	Glucophage/ metformin	Carvedilol/ Coreg	Lexapro/ escitalopram	Hydrochlorothiazide/microzide	Omeprazole/ prilosec
Dose	500mg	2.5mg	10mg	2.5mg	20mg
Frequency	2x daily	2x daily with meals	Daily	Daily	daily
Route	Oral	Oral	Oral	Oral	oral
Classification	Biguanide, antidiabetic	Nonselective beta blocker and alpha 1 blocker, antihypertensive	Selective serotonin uptake inhibitor, antidepressant	Thiazide diuretic, diuretic	Proton pump inhibitor, antiulcer
Mechanism of Action	This drug may increase usage of glucose by adipose and muscle tissues by increasing the transport of glucose across cell membranes (Capriotti & Frizzell, 2020).	Reduces blood pressure and cardiac workload by decreasing peripheral vascular resistance and causing vasodilation (Capriotti & Frizzell, 2020).	Escitalopram inhibits the reuptake of serotonin by CNS neurons. This can elevate the patient's mood and reduce depression and anxiety (Capriotti & Frizzell, 2020).	Hydrochlorothiazide promotes the movement of ions such as chloride, sodium and also water from the blood into the distal convoluted tubule of the nephron. This helps reduce cardiac output and extracellular fluid volume, ultimately reducing blood pressure (Capriotti & Frizzell, 2020).	Omeprazole prevents protons from entering into the lumen of the stomach. This results in increase in pH by keeping more HCl from forming (Capriotti & Frizzell, 2020).
Reason Client Taking	The patient is taking Glucophage	Carvedilol is taken to reduce	The patient has a hx of depression	This is taken to manage the patient's	The patient may be taking

	to reduce blood sugar levels related to diabetes.	blood pressure related to hypertension.	and is taking Lexapro to manage symptoms.	hypertension.	Prilosec to reduce gastric reflux.
Contraindications (2)	1. Diabetic ketoacidosis 2. Hypersensitivity to metformin (Capriotti & Frizzell, 2020)	1. Severe bradycardia 2. Hepatic impairment (Capriotti & Frizzell, 2020)	1. Hypersensitivity to escitalopram 2. Concomitant therapy with pimozide (Capriotti & Frizzell, 2020)	1. Anuria 2. Hypersensitivity to thiazides (Capriotti & Frizzell, 2020)	1. Hypersensitivity to omeprazole 2. Ongoing therapy with rilpivirine - containing products (Capriotti & Frizzell, 2020)
Side Effects/Adverse Reactions (2)	1. Hypoglycemia 2. Hepatic injury	1. Angina 2. Aplastic anemia	1. Cardiac failure 2. Acute renal failure	1. Orthostatic hypotension 2. Renal failure	1. Hypoglycemia 2. hyponatremia
Nursing Considerations (2)	1. Metformin should not be given for people who have severe renal impairment (Capriotti & Frizzell, 2020). 2. GI reactions can be reduced if	1. For patients who have DM, signs of hypoglycemia may be masked and blood sugar must be monitored (Capriotti &	1. Patients should not be given escitalopram if they have hypokalemia (Capriotti & Frizzell, 2020). 2. The patient must be monitored if they	1. This medication should be given in the morning rather than at night to prevent nocturia (Capriotti & Frizzell, 2020). 2. Blood glucose must be monitored for diabetic patients. Diabetic dosage may be increased (Capriotti & Frizzell, 2020).	1. Prilosec should be given before meals (Capriotti & Frizzell, 2020). 2. Macrocytic anemia may result as due to the medication interfering with

	metformin is taken with food, which slightly delays its absorption (Capriotti & Frizzell, 2020).	Frizzell, 2020). 2. This drug may aggravate symptoms of arterial insufficiency for patient who have peripheral vascular disease (Capriotti & Frizzell, 2020).	are concurrently taking anticoagulants or NSAIDs (Capriotti & Frizzell, 2020).		vitamin B_{12} absorption (Capriotti & Frizzell, 2020).

Hospital Medications (5 required)

Brand/ Generic	Acetaminophen/Tylenol	Potassium chloride	Lovenox/ enoxaparin sodium	Hydromorphone/Dilaudid	Insulin glargine/ lantus
Dose	500mg	20meq	40mg	0.5mg	20 units
Frequency	4 hr PRN	BID	Daily	4 hr PRN	BID
Route	Oral	Oral	subcutaneous	Intramuscular	Subcutaneous
Classification	Nonsalicylate, antipyretic and nonopioid analgesic	Electrolyte cation, electrolyte replacement	Low-molecular weight heparin, anticoagulant	Opioid, opioid analgesic	Pancreatic, antidiabetic
Mechanis	Acetaminophe	Potassium	Lovenox	Hydromorphon	Insulin lowers

m of Action	n blocks the production of prostaglandin and interferes with the generation of pain impulse. It also inhibits the function of cyclooxygenase (Capriotti & Frizzell, 2020).	is used as a replacement for hypokalemia. Potassium helps with cellular function and nerve impulse transmission (Capriotti & Frizzell, 2020).	binds with antithrombin III, and therefore inactivates clotting factors such as Xa and thrombin. Clots cannot form without thrombin or fibrinogen (Capriotti & Frizzell, 2020).	e can alter emotional response to pain by stimulating the mu and kappa receptors. This is done by binding to opioid receptors in the CNS and the spinal cord (Capriotti & Frizzell, 2020).	blood sugar level by stimulating the uptake of glucose into fat and skeletal muscle cells. (Vallerand et al., 2017)
Reason Client Taking	The patient takes Tylenol for mild pain management.	Potassium is taken to increase blood potassium levels.	The patient just went to surgery and	The patient takes hydromorphone for severe pain management.	Insulin is being taken by the patient to manage hyperglycemia.
Contraindications (2)	1. Severe hepatic impairment 2. Sensitivity to acetaminophen or its component (Capriotti & Frizzell, 2020)	1. Acute dehydration 2. Renal impairment (Capriotti & Frizzell, 2020)	1. Hypersensitivity to pork product and its components 2. Active major bleeding (Capriotti & Frizzell, 2020)	1. Severe respiratory depression. 2. Acute asthma (Capriotti & Frizzell, 2020)	1. Hypoglycemia 2. Hypersensitivity to insulin (Vallerand et al., 2017)
Side Effects/Adverse Reactions (2)	1. Anxiety 2. Hypoglycemic coma (Capriotti & Frizzell, 2020)	1. Hyponatremic encephalopathy 2. GI bleeding (Capriotti & Frizzell, 2020)	1. Congestive heart failure 2. Pulmonary edema (Capriotti & Frizzell, 2020)	1. Physical and psychological dependence 2. Constipation (Capriotti & Frizzell, 2020)	1. hypokalemia 2. pruritus (Vallerand et al., 2017)
Nursing	1. Tylenol	1. The	1. Bleeding	1. Hydromoph	1. The

Considerations (2)	must be used cautiously for patients who have severe renal or hepatic impairment (Capriotti & Frizzell, 2020). 2. Liver function must be monitored for long-term use (Capriotti & Frizzell, 2020).	patient must be regularly assessed and monitored for signs of hypokalemia such as dyspnea, confusion and paresthesia (Capriotti & Frizzell, 2020). 2. To prevent stomach irritation, potassium tablets should be taken with food (Capriotti & Frizzell, 2020).	must be carefully monitored (Capriotti & Frizzell, 2020). 2. The patient'sPotassium level must be checked for elevation. If elevation is detected, the provider must be notified (Capriotti & Frizzell, 2020).	one has a very high risk of abuse (Capriotti & Frizzell, 2020). 2. Hydromorphone must be given prior to pain becoming severe to boost therapeutic effect (Capriotti & Frizzell, 2020).	patient must be assessed for signs of hypoglycemia (Valler and et al., 2017). 2. Body weight must be monitoed. Change in dose may need to be done due to weight changes following insulin therapy (Valler and et al., 2017).

Medications Reference (1) (APA):

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

Vallerand, A. H., Deglin, J. H., & Sanoski, C. A. (2017). *Davis's drug guide for Nurses*. F.A. Davis Company.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented to person, place time, and situation X4 The patient's hair is not well groomed, but is otherwise healthy looking.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 14** **Drains present: Y☐ N ☒** **Type:**	Skin color is white and appropriate for ethnicity. Skin is cool and dry with no rashes, bruises, bleeding or drainage. Skin is nontenting. No bruises, wounds or rashes noted other than pt's puncture site.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head is atraumatic, normocephalic and symmetric. Ears are clean with small amount of cerumen. No drainage, redness or bleeding noted. Eyes are clear, sclera is white, no drainage, no laceration noted. No septal deviation noted. Nasal vestibule pink and moist. No exudate noted. Most of teeth are missing with some fron teeth present. Mucous membranes are intact with no lesions or bleeding. Uvula unable to be visualized due to pt's tongue blocking the view.
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 are clear, no murmur, gallops or dysrhythmia noted. Peripheral pulses are strong 2+ in hands and feet bilaterally. Capillary refill less than 3 seconds in all extremities. No jugular vein distension noted. No pitting edema.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒**	Breath sounds are clear, no egophony noted. Lung sounds are clear in all lobes. Regular rate

Breath Sounds: Location, character	and rhythm with nonlabored breathing.
GASTROINTESTINAL: **Diet at home:** regular **Current Diet:** regular **Height:** 5'6 **Weight:** 261 lbs **Auscultation Bowel sounds:** **Last BM:** 2/10/2022 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Bowel sounds are hypoactive in all quadrants. No incisions, scars, bruising, drains, distension or wounds noted. Abdomen is nontender and soft. No organomegaly or masses. Negative for rebound tenderness.
GENITOURINARY: **Color: dark yellow** **Character: hazy** **Quantity of urine: 500mL** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type: double lumen** **Size: 14G**	
MUSCULOSKELETAL: **Neurovascular status:** No deficits in sensation **ROM:** unable to assess **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 50** **Activity/Mobility Status:** assisted **Independent (up ad lib)** ☐ **Needs assistance with equipment:** No **Needs support to stand and walk:** Yes	ADL: Patient reports using cane, scooter and walker at home. Pt reports being able to move around the house and cook without difficulty. Strength is equal bilaterally. Patient hands and feet strength 2+ bilaterally.

NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** X4 **Mental Status:** conscious and oriented Speech: clear, nongarbled, no difficulty Sensory: no sensory deficits noted **LOC:** x4	
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):**	The patient is an adult in appropriate level of development. Pt reports that she lives with husband and a dog. She also states that her daughter and son are within the neighborhood. However, she states that she does not have any friends nearby. Patient mentioned praying to God, but that she is not religious.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1418	65	177/80, right arm, supine HOB elevated at 15 degrees	16	98.4 Fahrenheit	97% at room air
1303	66	157/74, supine, head of bed elevated at 15 degrees	14	97.6 Fahrenheit	95 % at room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1400	Numerical	Vagina	6-7	Achy	Pain medication
1300	Numerical	Perineum	5	Generalized	Pain medication

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** Both IVs are patent, no difficulty flushing **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	20G double lumen on anterior left wrist placed on 2/10/2022, IV is patent with no difficulty, clean and well dressed, no drainage noted 20G double lumen on right brachial area placed on 2/8/2022, clean and well dressed, no drainage noted - Potassium Chloride running at 10mEq/hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 mL of water, Potassium Chloride running at 10mEq/hr at 1349, patient was NPO on 2/9/2022	500mL of urine from indwelling catheter on 2/10/2022

Nursing Care

Summary of Care (2 points)

Overview of care: The patient is under normal nursing care. She may need assistance when ambulating

Procedures/testing done: right groin abscess punctured for lancing

Complaints/Issues: groin/vaginal pain

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: tolerating minimum activity, on regular food

Physician notifications: physical canceled all orders and held antibiotic for patient

Future plans for client: low glycemic index diet

Discharge Planning (2 points)

Discharge location: home with husband

Home health needs (if applicable): wound care

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

Follow up plan: follow up from admission with primary care provider

Education needs: wound care, diet, diabetes management

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.
Decreased cardiac output related to hypertension as evidenced by BP of 177/80.	This diagnosis is chosen because it is important to monitor the patient's cardiac status to promote her safety during the hospital stay.	1. The patient's vital signs must be assess at least every 4 hours. Any changes in her blood pressure, heart rate or rhythm must be reported. These changes	1. The patient's vital signs should remain within the baseline and all significant changes must be reported to the nurse for assessment immediately.	The client should be able to report any chest pain as it may be an indication of myocardial hypoxia. The patient should be able to verbalize dyspnea or other changes in her breathing.

		"may indicate impending cardiac failure or other complications " (Phelps, 2020, p. 82) 2. Patient should be instructed to report chest pain immediately as "it may signal myocardial hypoxia or injury" (Phelps, 2020, p. 82).		
Impaired skin integrity related to surgery as evidenced by puncture on left labia.	This diagnosis is chosen because any break in the skin should be monitored. Without proper monitoring, the patient's infection due to cellulitis may worsen and she may become septic.	1. Facility protocol must be followed for treating a surgical wound in order to "ensure provision of appropriate care" (Phelps, 2020, p. 567). 2. "Maintain infection control standards to help minimize the risk of nosocomial infections" (Phelps, 2020, p. 567).	1. With proper provision of care, the patient's puncture site should heal properly and no further infection should develop while the patient is in the hospital.	There should not be any changes in the patient's wound care. The patient would ideally be more aware of wound care when she is at home.
Ineffective health maintenance	This is an important diagnosis	1. Evaluate the patient's mindset about	The patient should be able to verbalize	The patient is agreeable to educate herself

related to unregulated DM, as evidenced by a blood glucose of 225mg/dL.	because with uncontrolled hyperglycemia, the patient is at a higher risk for infections. Hyperglycemia can also lead to vascular damage.	managing her diabetes (Phelps, 2020). 2. Discuss with patient the possible complications related to unregulated hyperglycemia (Phelps, 2020).	the importance of managing her diabetes. She should also be able to identify some of the complication associated with unregulated hyperglycemia.	on possible complications of unregulated hyperglycemia. She should also be able to come up with a diet plan in order to help manage her blood sugar.

Other References (APA):

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

Wolters Kluwer

Concept Map (20 Points):

Subjective Data

The patient upon admission, states that she has been experiencing pain in her left labia. As of 2/20/2022, she reports her pain being achy with a severity of 6-7 on a numerical scale. She has also previously stated perineum pain of 5/10 on a numerical scale. The patient stated that she does not have any friends in the state of Illinois and that her son and daughter live in h neighborhood.

Nursing Diagnosis/Outcomes

Decreased cardiac output related to hypertension as evidenced by BP of 177/80.
Impaired skin integrity related to surgery as evidenced by puncture on left labia.
Ineffective health maintenance related to unregulated DM, as evidenced by a blood glucose of 225mg/dL.

Outcomes:
The patient's vital signs should remain within the baseline and all significant changes must be reported to the nurse for assessment immediately.
With proper provision of care, the patient's puncture site should heal properly and no further infection should develop while the patient is in the hospital.
The patient should be able to verbalize the importance of managing her diabetes. She should also be able to identify some of the complication associated with unregulated hyperglycemia.

Objective Data

As of 02/10/2022, her most recent vitals are as follows:
BP: 177/80, right arm, supine, HOB elevated at 15 degrees
Pulse: 65
Respirations: 16
Temperature: 98.4 F
O2 saturation: 97%, room air
Blood glucose: 225mg/dL
Pain: 6/10, numerical, achy, vagina

Client Information

The patient is a 55-year-old white female. She is 5'6 tall and weighs 261 lbs. She is allergic to sulfa. She is currently unemployed and uses a cane, scooter and walker at home. She has a past medical history of hypertension, unregulated diabetes, depression, and morbid obesity. Her Code status is Full. She

Nursing Interventions

The patient's vital signs must be assess at least every 4 hours. Any changes in her blood pressure, heart rate or rhythm must be reported. These changes "may indicate impending cardiac failure or other complications" (Phelps, 2020, p. 82)
Quality protocol must be followed for treating a surgical wound in order to "ensure provision of appropriate care" (Phelps, 2020, p. 567).
Evaluate the patient's mindset about managing her diabetes (Phelps, 2020).
Discuss with patient the possible complications related to unregulated hyperglycemia (Phelps, 2020).