N321 Care Plan # 1

Lakeview College of Nursing

Name: Jakarrah Dandridge

Demographics (3 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
2 February 2022	P. L	59	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian – Non Hispanic/Latino	Disability	Married	Latex (Rash) Penicillin's (Rash)
Code Status	**Height**	**Weight**	
Full-Code	5'6"	198.6	

Medical History (5 Points)

Past Medical History: Abnormal Mammogram, Allergic rhinitis, Anxiety, Thyroid cancer, COPD, Diabetes mellitus type II, Hypertension, Sleep Apnea syndrome, Hyperlipidemia, Hypothyroidism

Past Surgical History: Elbow surgery (plates), Hip arthroscopy (procedure removal of infection), Left heart catheterization, Left total hip replacement, Removal of the gallbladder

Family History: None Noted

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Former smoker (1 pack a day quit on 1/16/2009), No alcohol use reported

Assistive Devices: None

Living Situation: Resides in a nursing home

Education Level: High school diploma

Admission Assessment

Chief Complaint (2 points): Concern for sepsis shock

History of Present Illness – OLD CARTS (10 points): The patient is a 59-year-old female with a history of type II DM, hypothyroidism, hyperlipidemia, rheumatoid arthritis, and seizure disorder was transferred for concern of septic shock requiring pressors. The patient lives in a nursing home. She developed nausea and loose stools this morning along with fever and no

complaints of abdominal pain or burning micturition. Multiple people in her nursing home have COVID-19. She presented to an outside ED and was found to be hypotension in the 70s/30s. She received 3L of NS with no improvement in BP hence started on levophed D-dimer was elevated. CXR showed pneumonitis. Covid test was negative. She was transferred for further management.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Hypovolemic shock

Secondary Diagnosis (if applicable): Severe sepsis w/ septic shock

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

Hypovolemic shock can be caused by a loss of blood or extracellular fluid. Blood loss causes hemorrhagic shock, which is hypovolemic shock. Hemorrhagic shock is almost always caused by a traumatic injury. Hemorrhagic shock can also be caused by a gastrointestinal (GI) bleed, an ectopic pregnancy hemorrhage, surgical intervention bleeding, or vaginal bleeding. Hypovolemic shock occurs when the intravascular volume is depleted, whether by extracellular fluid loss or blood loss. The body responds by raising sympathetic tone, which causes an increase in heart rate, cardiac contractility, and peripheral vasoconstriction. In hypovolemic shock, the initial changes in vital signs are an increase in diastolic blood pressure and narrowed pulse pressure. Systolic blood pressure decreases when volume status decreases. As a result, oxygen transport to important organs can no longer keep up with demand. Lactic acidosis occurs when cells convert from aerobic to anaerobic metabolism. Blood flow is diverted from other organs when sympathetic drive develops, preserving blood supply to the heart and brain. This causes tissue ischemia and lactic acidosis to worsen. There will be worsening hemodynamic compromise if it

is not corrected. Early use of blood products over crystalloid resuscitation improves outcomes for patients in hemorrhagic shock. The exact fluid deficit for patients in hypovolemic shock due to fluid losses cannot be ascertained. As a result, it's best to start with 2 liters of isotonic crystalloid solution infused fast in order to reestablish tissue perfusion as quickly as possible. Blood pressure, urine output, mental status, and peripheral edema can all be used to track fluid replacement. Fluid responsiveness can be measured using a variety of methods, including ultrasound, central venous pressure monitoring, and pulse pressure fluctuation, as discussed above. Vasopressors should not be utilized in hypovolemic shock because they can decrease tissue perfusion.

Pathophysiology References (2) (APA):

Septic Shock. (n.d.). Sepsis Alliance. Retrieved February 13, 2022, from https://www.sepsis.org/sepsisand/septic-shock/?gclid=CjwKCAjwh5qLBhALEiwAioods8UKfzmlcGFUw9EKKuug_4Nwexj5R6y5cgT7dlbHPpXumjM20dNf4xoCs34QAvD_BwE

Mayo Clinic. (2018). *Sepsis - Symptoms and causes*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/sepsis/symptoms-causes/syc-20351214

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	3.50 – 5.20	4.17	N/A	
Hgb	11.0 – 16.0 g/ dL	12.1	N/A	
Hct	34.0 – 47.0%	36.0	N/A	
Platelets	140-400	183	N/A	
WBC	4.00 – 11.00	13.46 ^	N/A	A high white blood cell count is common in sepsis (Farkas, 2020).
Neutrophils	47.0 – 73.0%	N/A	N/A	
Lymphocytes	18.0 – 42.0%	3.8	N/A	
Monocytes	4.0 – 12.0%	3.6	N/A	
Eosinophils	0.0 – 5.0%	0.2	N/A	
Bands	0.0 – 10.0%	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 mmol/L	142	139	
K+	3.5 – 5.1 mmol/L	3.4 v	3.5	The patient's potassium is only slightly decreased. Prescription drugs that stimulate urination can cause excessive potassium loss in urine (Mayo Clinic Staff, 2020).
Cl-	98 – 107 mmol/L	108	107	
CO2	22.0 – 29.0 mmol/L	23.0	22	
Glucose	74 – 100 mg/dL	216 ^	127 ^	Patient is diabetic, but stress & anxiety can also cause increased glucose levels (Bottaro, 2021).

BUN	10 – 20 mg/ dL	29 ^	15	This usually means your kidneys aren't working well, but it can also be a caused by dehydration. (Leeuwen and Bladh, 2021)
Creatinine	0.55 – 1.02 mg/dL	1.80 ^	0.72	This can be caused by chronic kidney disease, dehydration, and certain medications (Leeuwen and Bladh, 2021)
Albumin	3.4 – 5.0 g/dL	2.9 v	N/A	This could signify malnutrition. (Leeuwen and Bladh, 2021)
Calcium	8.9 – 10.6 mg/dL	8.0 v	7.9 v	Hypothyroidism can decrease serum calcium level (Leeuwen and Bladh, 2021); patient has hypothyroidism.
Mag	1.6 – 2.6 mg/dL	N/A	1.2 v	Low magnesium can be associated with diabetes, poor absorption, chronic diarrhea, celiac disease, and hungry bone syndrome. In this patient's case it can be related to her diabetes. (Leeuwen and Bladh, 2021)
Phosphate	N/A	N/A	N/A	
Bilirubin	0.1 – 1.0 mg/dL	0.9	N/A	
Alk Phos	46 – 116 U/ L	51	N/A	
AST	0 – 37 U/L	14	N/A	
ALT	16 – 62 U/L	23	N/A	
Amylase	N/A	N/A	N/A	
Lipase	N/A	N/A	N/A	
Lactic Acid	0.50 – 2.20 mmol/L	3.39 ^	1.21	Shock and sepsis may lead to an increased lactic acid level (Leeuwen and Bladh, 2021); patient presented with concern for septic shock.

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	1.1	N/A	
PT	11.7 – 13. Sec	14.5 ^	N/A	An elevated PT indicates it is taking longer for the blood to clot (Leeuwen and Bladh, 2021).
PTT	22.4 – 35.9 Sec	28.2	N/A	
D-Dimer	45 – 500 ng/ mL	1,918 ^	N/A	An elevated D-dimer could mean you have a blood clotting condition. Patient was on medicine for DVT which could correlate with this lab result (Leeuwen and Bladh, 2021).
BNP	N/A	N/A	N/A	
HDL	N/A	N/A	N/A	
LDL	N/A	N/A	N/A	
Cholesterol	N/A	N/A	N/A	
Triglycerides	N/A	N/A	N/A	
Hgb A1c	N/A	N/A	N/A	
TSH	0.350 – 4.940 U	N/A	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	Colorless – yellow	Dark & Cloudy / Yellow	N/A	
pH	5 – 9	5.0	N/A	
Specific Gravity	1.003 – 1.035	> = 1.030 !	N/A	This slight elevation can indicate mild dehydration (Leeuwen and Bladh, 2021).
Glucose	(-)	(-)	N/A	
Protein	(-)	30 !	N/A	Proteins in the blood elevate as your body fights an infection or other inflammation. (Mayo clinic staff,

				2020.) The patient has a concern for sepsis and potentially a UTI since E. Coli was detected in the urine.
Ketones	(-)	Trace !	N/A	This trace of ketones could be a result of the patients elevated glucose levels (Leeuwen and Bladh, 2021).
WBC	0-2, 3-5 HPF	>100 !	N/A	This is a potential sign of infection (Leeuwen and Bladh, 2021).
RBC	0-2 , 3-5 HPF	4-10 !	N/A	Elevated RBC in urine could indicate urinary tract problems, such as the patients potential UTI (Leeuwen and Bladh, 2021).
Leukoesterase	(-)	Moderate !	N/A	Similar to WBC, this could be a potential sign of infection (Leeuwen and Bladh, 2021).

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	Nothing detected	>100,000 cfu/mL E. Coli detected	N/A	The patient has a UTI (UCSF Health, 2020).
Blood Culture	Pending	Pending	Pending	
Sputum Culture	Pending	Pending	Pending	
Stool Culture	Pending	Pending	Pending	

Lab Correlations Reference (1) (APA):

(Ascp), M. B. M. L. A. V. M., & Msn, R. M. B. L. (2021). *Davis's Comprehensive Manual of Laboratory and Diagnostic Tests with Nursing Implications (Davis's Comprehensive Manual of Laboratory & Diagnostic Tests with Nursing Implications)* (9th ed.). F.A. Davis Company.

Bottaro, A. (2021, May 6). *Can stress cause high blood sugar? what you need to know*. Verywell Health. Retrieved February 14, 2022, from https://www.verywellhealth.com/can-stress-cause-high-blood-sugar-5116560

Farkas, J. D. (2020, February). *The complete blood count to diagnose septic shock*. Journal of thoracic disease. Retrieved February 14, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7024748/

Mayo Clinic Staff. (2020, November 10). *High Blood Protein Causes.* Retrieved February 12, 2022, from https://www.mayoclinic.org/symptoms/high-blood-protein/basics/causes/sym-20050599

Mayo Clinic Staff. (2020, July 11). *Low potassium (hypokalemia) causes*. Mayo Clinic. Retrieved February 14, 2022, from https://www.mayoclinic.org/symptoms/low-potassium/basics/causes/sym-20050632

Urine Culture - Clean Catch. (2020, October 06). Retrieved from https://www.ucsfhealth.org/medical-tests/urine-culture

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest X-Ray

Diagnostic Test Correlation (5 points): Chest pain

Diagnostic Test Reference (1) (APA):

Hinkle, J.L., & Cheever, K. H. (2022). Brunner & suddarth's textbook of medical-surgical Nursing (15 t:h ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

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

Home Medications (5 required)

Brand/Generic	Trexall (methotrexate)	Levoxyl (levothyroxine)	Cymbalta (duloxetine)	Tylenol (acetaminophen)	Keppra (levetiracetam)
Dose	20 mg	137 mcg	60 mg	500 mg	500 mg
Frequency	weekly	daily	2x daily	PRN	BID
Route	oral	oral	oral	oral	oral
Classification		Thyroid Product	Antidepressant	Analgesics	SV2A Ligands
Mechanism of Action	Inhibits dihydrofolic acid reductase; inhibits purine and thymidylic acid synthesis, which in turn interferes with DNA synthesis, repair, and cellular replication; cell cycle specific for S phase of cycle May inhibit rapid proliferation of epithelial cells in skin	Synthetic T4; thyroid hormone increases basal metabolic rate, increases utilization and mobilization of glycogen stores, promotes gluconeogenesis; involved in growth development and stimulates protein synthesis	Exact mechanism of action unknown; inhibits reuptake of serotonin and norepinephrine; weakly inhibits reuptake of dopamine; has no MAOI activity; has no significant activity for histaminergic H1 receptor or alpha2-adrenergic receptor	Acts on hypothalamus to produce antipyresis May work peripherally to block pain impulse generation; may also inhibit prostaglandin synthesis in CNS	Antiepileptic mechanism unknown; may inhibit voltage-depedent N-type calcium channels; may bind to synaptic proteins that modulate neurotransmitter release; through displacement of negative modulators may facilitate GABA-ergic inhibitory transmission
Reason Client Taking	Rheumatoid arthritis	Hypothyroidism	Anxiety Depression	Pain	Seizures

Contraindications (2)	-Influenza vaccine -Zoster vaccine	-Sodium iodide I-131 -Sucroferric oxyhydroxide	-Isocarboxazid -Phenelzine	-Severe active liver disease -Severe hepatic impairment	-Hypersensitivity to levetiracetam -N/A
Side Effects/Adverse Reactions (2)	-Rash -Renal Failure	-Increased pulse -Diarrhea	-Nausea -Dry mouth edema	- Hypotension -Peripheral	-Headache -Increased BP
Nursing Considerations (2)	-Monitor results of CBC, chest x-ray, and renal function -Assess patient for bleeding and infection	-The capsule must be swallowed whole -Administer 30-60 minutes before breakfast	-Be cautious with patients with a history of mania, drug can activate it -Obtain baseline B/P before administering	-Use cautiously in patients with hypovolemia -Monitor renal function	-Monitor closely for suicidal thoughts -Avoid stopping drug abruptly it may increase seizure activity

Hospital Medications (5 required)

Brand/ Generic	**Vabomere (meropenem)**	**Aricept (donepezil)**	**Lovenox (enoxaparin)**	**Neurontin (gabapentin)**	**Pepcid (famotidine)**
Dose	200mL/hr	5 mg	40 mg	600 mg	1 mg
Frequency	Every 8 hours	Once at bedtime	Daily	3x Daily	3 x Daily
Route	IV Push	Oral	Sub Q injection	Oral	Oral

Classification	Carbapenems	Acetylcholinesterase AInhibitors	Anticoagulant	GABA Analogs	Histamine H2 Antagonist
Mechanism of Action	Meropenem: Inhibits bacterial cell wall synthesis by binding to several of the penicillin-binding proteins (PBPs), which, in turn, inhibit the final transpeptidation step of peptidoglycan synthesis in bacterial cell walls, thus inhibiting cell wall biosynthesis; bacteria eventually lyse as a result of ongoing activity of cell wall autolytic enzymes (autolysins and murein hydrolases) while cell wall assembly is arrested	Reversible acetylcholinesterase inhibitor: increases acetylcholine concentrations, which in turn enhances cholinergic neurotransmission	LMWH; antithrombotic that inhibits factor Xa by increasing inhibition rate of clotting proteases that are activated by antithrombin III Generally, does not increase PT or PTT	GABA analogue; structurally related to neurotransmitter GABA, but has no effect on GABA binding, uptake, or degradation; presence of gabapentin binding sites throughout the brain reported; mechanism for analgesic and anticonvulsant activity unknown	Blocks H2 receptors of gastric parietal cells, leading to inhibition of gastric secretions

Reason Client Taking	UTI	Dementia	DVT prophylaxis	Seizures	
Contraindications (2)	Hypersensitivity to meropenem Hypersensitivity to carbapenem	-dronedarone -thioridazine	-Defibrotide -Mifepristone	Hypersensitivity to gabapentin -N/A	Hypersensitivity to famotidine -N/A
Side Effects/Adverse Reactions (2)	-Increased ALT -Hypokalemia	-Diarrhea -Insomnia	-Hemorrhage -Fever	-Dizziness -Drowsiness	-Dizziness Constipation
Nursing Considerations (2)	-Monitor for diarrhea -Monitor for blisters or rash	-Use cautiously with patients with asthma -Verify if the patient has cardiac. disease	-Don't give drug by IM injection -Keep protamine sulfate nearby in case of accidental overdose	-Capsules may be opened and mixed with applesauce -Don't exceed 12 hrs between doses on a 3x a day schedule	-Shake for 5-10 seconds before administering -Dilute injection form

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *Nurse's Drug Handbook 2021*. Jones & Bartlett Learning. (Original work published 2021)

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient is alert x3 oriented x3 appears to be in no distress overall appearance well groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises: 0** **Wounds: 0** **Braden Score: 2** **Drains present: Y☐ N ☒** **Type:**	 White Intact Warm, dry Visible redness over eyelid and face Normal turgor No rashes, bruises, or lesions present No drains present Braden Score- 2
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 The head and neck are symmetrical trachea is midline without deviation Conjunctiva clear Oral cavity pink moist and clear Auricles are bilateral no visible deformities The septum is midline no visible bleeding
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:**	Rate and rhythm S1, S2 are normal without murmur, click, rub, or gallops. No neck vein distension. No edema present.

RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Dyspnea No accessory muscle usage Short and labored respirations No crackles or wheezes
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:**	Home diet gluten free Liquid diet 5’6’’ 198.6 lbs No sounds recorded LBM 11/02/2022 morning Abdomen was soft and nontender No Ostomy No Nasogastric No feeding tubes
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	No urine output, patient has urinary retention.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 45**	.

Activity/Mobility Status: **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐ Yes, a fall risk Fall score 45 All extremities have full range of motion with assistance No equipment Bedrest	
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Equal strength Clear speech Alert and oriented
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):**	Talks to husband on phone for coping Adult developmental status Lives in a nursing home

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	94	118/59	20	97.5 F	100
1100	96	120/62	20	97.5 F	100

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	0	N/A	N/A	N/A	N/A

1100	0	N/A	N/A	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	18 Gauge
Location of IV:	Back of Hand
Date on IV:	02/02/2022
Patency of IV:	Open Flow
Signs of erythema, drainage, etc.:	None
IV dressing assessment:	Intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
400	Not Recorded

Nursing Care

Summary of Care (2 points)

Overview of care: B/P stable, implementing a straight catheter for urinary retention.

The family was notified. The patient did well with turning in bed.

Procedures/testing done: X-ray abnormal fining indicating early pneumonitis

Complaints/Issues: Complaints of diarrhea (resolved)

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Bedrest patient is on a clear liquid diet

Physician notifications: None recorded

Future plans for the client: Obtain urine output, Implement range of motion

Discharge Planning (2 points)

Discharge location: No discharge plans on file

Home health needs (if applicable): None recorded

Equipment needs (if applicable): None recorded

Follow up plan: None as of now

Education needs: None as of now

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

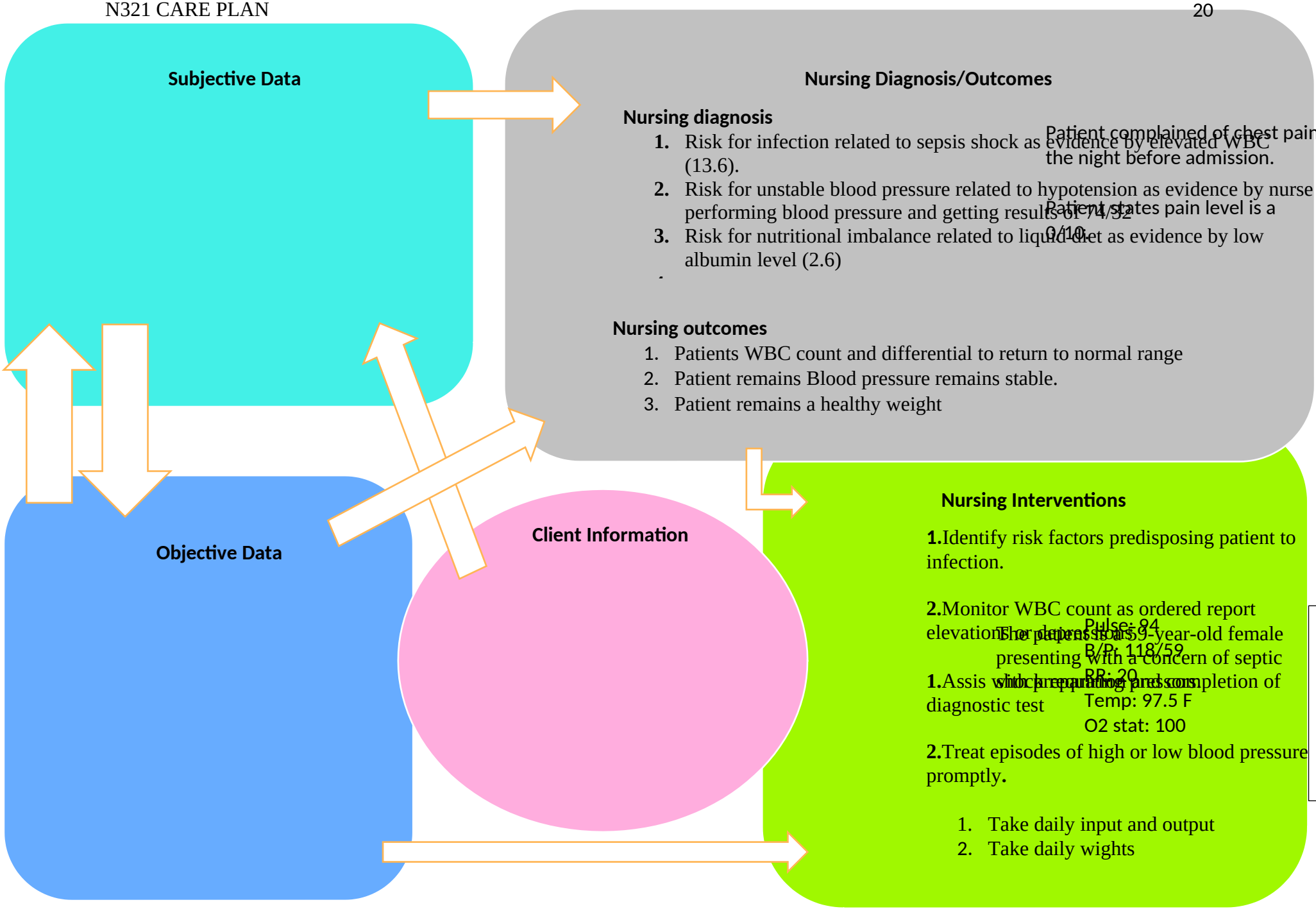
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for infection related to sepsis shock as evidence by elevated WBC (13.6).	Patient was admitted with a concern for sepsis shock.	**1.** Identify risk factors predisposing patient to infection. **2.**Monitor WBC count as ordered report elevations or depressions	**1.** Patients WBC count and differential to return to normal range	Family was in coherence with the nursing decisions Patients vital sign remain within normal limits

2. Risk for unstable blood pressure related to hypotension as evidence by nurse performing blood pressure and getting results of 74/32	Patient admitted to hospital with BP in at 74/32	**1.** Assis with preparation and completion of diagnostic test 2.Treat episodes of high or low blood pressure promptly	**1.** Patient remains Blood pressure remains stable.	Family was in coherence with the nursing decisions Patients vital sign remain within normal limits
3. Risk for nutritional imbalance related to liquid diet as evidence by low albumin level (2.6)	Patient is on a liquid diet	**1.**Take daily input and output **2.**Take daily wights	**1.** Patient remains a healthy weight	Family was in coherence with the nursing decisions Patients weight remains healthy

Other References (APA):

Linda Lee Phelps. (2020). *Sparks & Taylor's Nursing Diagnosis Reference Manual.* Wolters Kluwer Medical.

Concept Map (20 Points):


Subjective Data
Patient complained of chest pain the night before admission.
Patient states pain level is a 0/10.
Nursing Diagnosis/Outcomes
Nursing diagnosis
1. Risk for infection related to sepsis shock as evidence by elevated WBC (13.6).
2. Risk for unstable blood pressure related to hypotension as evidence by nurse performing blood pressure and getting results of 74/32
3. Risk for nutritional imbalance related to liquid diet as evidence by low albumin level (2.6)
Nursing outcomes
1. Patients WBC count and differential to return to normal range
2. Patient remains Blood pressure remains stable.
3. Patient remains a healthy weight
Objective Data
Client Information
The patient is a 59-year-old female presenting with a concern of septic shock requiring pressors.
Pulse: 84
B/P: 118/59
RR: 20
Temp: 97.5 F
O2 stat: 100
Nursing Interventions
1.Identify risk factors predisposing patient to infection.
2.Monitor WBC count as ordered report elevation or depression.
1.Assis with collecting and completion of diagnostic test
2.Treat episodes of high or low blood pressure promptly.
1. Take daily input and output
2. Take daily wights