N311 Care Plan # 1

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 07/26/2021	Client Initials RS 214	Age 86	Gender F
Race/Ethnicity White	Occupation House Cleaning	Marital Status Divorced	Allergies Aspirin
Code Status Full Code	Height 64 inches	Weight 118.6	

Medical History (5 Points)

Past Medical History:

- Ongoing

    o Acute UTI

    o Fall Risk

    o Frequent falls

    o Generalized weakness

    o Hypertension (HTN)

    o Hypothyroid

    o Osteoarthritis

    o Osteoporosis

- Historical

    o GERD (gastroesophageal reflux disease)

    o Hypercholesteremia

Past Surgical History:

- Repair of umbilical hernia using surgical mesh (12/14/2012)

- Colonoscopy with hyperplastic polyp and severe diverticulosis (05/05/2006)

- Appendectomy with hysterectomy

- Cataract

- Right Hip Replacement

- Hysterectomy

- Open Reduction Internal Fixation Hip Trochanteric Nail Fixation (TPN) Femur IM Nail (07/23/2021)

Family History:

Mother (deceased) → heart attack

Brother and Sister had color cancer

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

Alcohol → denies use (01/25/2021)

Substance abuse → none (01/25/2021)

Tobacco → never smoked (03/12/2018)

<div align="center">Admission Assessment</div>

Chief Complaint (2 points):

Patient stated she had stomach pain with no specific area.

Pain: "Not too bad today, but most days it is a 10."

Severity → 2

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

Patient stated she has experienced stomach pain most of her life. The pain is always there, but the severity of the "pain was a 2" on February 10, 2022. Patient explained the pain was a dull feeling. Eating spicy foods irritates her stomach and causes pain to get worse. "I used to

take Pepto Bismol to relieve my stomach pain, but I don't take the medication anymore. "My

doctor told me I need to watch what I eat and make sure the foods aren't spicy."

<div align="center">Primary Diagnosis</div>

Primary Diagnosis on Admission (3 points):

Age related osteoporosis without current pathological fracture.

Secondary Diagnosis (if applicable):

Weakness/ Repeated Falls

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

Pathophysiology References (2) (APA):

GERD can affect daily living by the way you eat, sleep, and exercise.

There can be multiple causes to why you are experiencing these symptoms. With multiple

symptoms there are also multiple treatments that can help reduce the pain.

GERD, otherwise, known at Gastroesophageal reflux disease affects

many systems. GERD "occurs when the stomach acid frequently flows back into the tube

connecting your mouth and stomach. This backwash can irritate the lining of your esophagus."

(Mayo Clinic, 2020) This disease can cause damage to the lower esophagus by causing scar

tissue to form. This excessive tissue build up can result in problems with swallowing. When the

stomach breaks down the damage tissue it will result in an esophageal ulcer. When GERD keeps

reoccurring there is a greater risk for precancerous esophageal cancer. According to Mayo Clinic

2020, the cause of this disease is:

> When you swallow, a circular band of muscle around the bottom of your esophagus
>
> relaxes to allow food and liquid to flow into your stomach. The sphincter closes again. If
>
> the sphincter relaxes abnormally or weakens, stomach acid can flow back up into your

esophagus. This constant backwash of acid irritates the lining of your esophagus, often

causing it to become inflamed.

GERD can come and go as it pleases depending on your lifestyle choices.

The symptoms of GERD include: "a burning sensation in your chest,

usually after eating, which might be worse at night, chest pain, difficulty swallowing,

regurgitation of food or sour liquid, and sensation of a lump in your throat." (Mayo Clinic, 2020)

If you experience GERD at night, you may also have a chronic cough, laryngitis, new or

worsening asthma, or disrupted sleep.

In order to diagnosis GERD the doctor may have to perform an upper

endoscopy. An upper endoscopy is a thin tubed camera they put down your throat to observe. An

Ambulatory acid (pH) probe test is used to monitor and see how long the acid regurgitates.

Esophageal manometry, measures muscle contractions when you swallow. The last test they will

do is an X-ray of your upper digestive system. Treating GERD can result in over-the-counter

medications such as "antacids to neutralize stomach acid, medications to reduce acid production,

or mediations that block acid production and heal the esophagus." (Mayo Clinic, 2020) If the

over-the-counter medication doesn't work, they will move to the prescription medications such

as "prescription-strength H-2 receptor blockers, prescription-strength proton pump inhibitors, or

medication to strengthen the lower esophageal sphincter." (Mayo Clinic, 2020) They can also

perform surgery for the ones that can't be controlled by medication. They will perform a

"fundoplication, LINX device, and a transoral incisionless fundoplication (TIF). (Mayo Clinic,

2020) GERD can subside with the treatment needed.

In conclusion, there are multiple S/S of GERD that can be treated with least invasive to high invasive treatment. Starting with a lifestyle change is a good place to start when being diagnosed.

Mayo Foundation for Medical Education and Research. (2020, May 22). *Gastroesophageal reflux disease (GERD)*. Mayo Clinic. Retrieved February 17, 2022, from https://www.mayoclinic.org/diseases-conditions/gerd/diagnosis-treatment/drc-20361959

Nurseslab. (2021, February 11). *Gastroesophageal reflux: Study guide for Nurses*. Nurseslabs. Retrieved February 17, 2022, from https://nurseslabs.com/gastroesophageal-reflux/

Phelps, L.L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC <mark>Highlight All Abnormal Labs</mark>—**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				
Hgb				
Hct				
Platelets				
WBC				
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

Chemistry <mark>Highlight All Abnormal Labs</mark>—**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-				
K+				
Cl-				
CO2				
Glucose				
BUN				

Creatinine				
Albumin				
Calcium				
Mag				
Phosphate				
Bilirubin				
Alk Phos				

Urinalysis <mark>Highlight All Abnormal Labs</mark>—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				
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

Cultures <mark>**Highlight All Abnormal Labs**</mark>**—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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (1) (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Diagnostic Imaging Reference (1) (APA):

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic					
Dose					
Frequency					
Route					
Classification					
Mechanism of Action					
Reason Client Taking					
Contraindications (2)					
Side Effects/Adverse Reactions (2)					

Medications Reference (1) (APA):

Assessment

Physical Exam (18 points) – <mark>HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS</mark>

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	.
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:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	.
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:	

GENITOURINARY:
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐   N ☐
Dialysis: Y ☐   N ☐
Inspection of genitals:
Catheter: Y ☐   N ☐
  Type:
  Size:	

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 ☐** **Needs support to stand and walk ☐**	.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **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):	.

Vital Signs, 1 set (5 points) – <mark>HIGHLIGHT ALL ABNORMAL VITAL SIGNS</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:05	61	<mark>160/100</mark>	14	36.3 C	97

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
10:00	Numeric Scale	Stomach by gallbladder	2	Dull today, stabbing most days	*Make sure she doesn't eat spicy foods *Stomach pain caused by GERD

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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

and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	chosen			• Client response, status of goals and outcomes, modifications to plan.
1. GERD	*** She complained of stomach pain when I asked how she was feeling today. "My stomach hurts most days."**	**1.Watch what she eats/ no spicy food diet.** **2.Manage her weight. Make sure she is receiving enough nutrients.** **3. Have patient remain in an upright position after she eats.** **4. Eat at a decent pace. Do not eat too fast and inhale the food.**	**1. Lessen/eliminate stomach pain by following these interventions.**	**Patient Understood the teaching of how important it is to stay away from spicy foods. Patient's pain has decreased to little or no pain present.**
2. Activity intolerance	***My patient is at risk for falls because of her age and the diagnosis of osteoporosis.**	**1. Call light within reach.** **2. Inspect the room, make sure there are no foreign objects in her way such as cords, rugs, or shoes.**	**1. The patient is free from falls.**	**The patient understood my teaching of receiving assistance before getting up.**

		3. If the facility has wristband for fall risks. **4. Make the room well-lit so the patient is able to see clearly.** **5. Knowledge the patient about the risk of falling without assistance.**		

Other References (APA):

Concept Map (20 Points)

Subjective Data

"I don't eat spicy foods because it makes my stomach hurt."

"Spaghetti made my stomach hurt last night."

"I can't walk anywhere without help."

"I broke my right leg and hip from falling"

"When I go to the bathroom, I have to hold on to the side rails."

Nursing Diagnosis/Outcomes

GERD

Outcome: Patient will understand the teaching of not eating spicy foods.

Activity Intolerance

Outcome: Teach patient to understand the teaching about receiving assistance when performing ADL.

Objective Data

Patients holds stomach when discussing pain.
Blood Pressure→160/100
Pulse→61
Respiration Rate→14
Temperature→36.3 C
Oxygen→97
Pain→2
Patient experiences satiety; feeling of fullness when in pain.
Vitals are within limits besides BP.
Patient seems hopeless on being able to walk
Unable to get out of wheelchair without assistance
A&O x2
No acute distress and is well groomed

Client Information

86-year-old female with a history of osteoporosis, Right Hip Replacement, GERD, Open Reduction Internal Fixation Hip Trochanteric Nail Fixation, and Femur IM Nail that. Patient is compliant.

Nursing Interventions

*Nutrition Diet with no spicy foods.
   * Manage weight for proper nutrients.
   * Patients remains upright after she eats for at least 3 hours.
   * Don't eat right before bed.
   * Pace yourself while eating.

*Allow patient to do/assist of ADL as possible.
*Fall risk band
* The room needs to have proper lighting for the patient to see
* No items laying around such as rugs, cords, shoes.
* Patients room closest to the nursing station.
* Knowledge patient of the risk for falls.
* Call light within reach when the patient is in her room.