N321 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
2/8/2022	P. L. L.	59	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Disability	Married	● **Humir**a (adalimumab) ● Plaquenil (hydroxychloroquin) ● Prednisone ● Sulfasalazine ● Augmentiac amoxicillin ● Clavulanate ● Latex ● Penicillin (Pcn)

Code Status	Height	Weight
Full	5’6”	198lbs (90kg)

Medical History (5 Points)

Past Medical History: Pneumonia COVID-19, AKI (Acute Kidney Injury), Rheumatoid Arthritis, Iron deficiency Anemia (10/16/21), Urinary Tract Infection (10/16/21), Acute encephalopathy and Type 2 diabetes.

Past Surgical History: Spine Surgery (rod replaced), PR ligate fallopian tube, total knee surgery (right and left), total hip surgery, cesarean section, gallbladder removal, hysterectomy, elbow surgery, hip arthroscopy, left heart catheter appendectomy and right total hip arthroplasty.

Family History: None provided.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Former smoker stopped 13 years ago, would smoke 1 pack a day. No alcohol or drug use.

Assistive Devices: Gait belt and dentures.

Living Situation: Richland Nursing and Rehab.

Education Level: Graduated high-school.

Admission Assessment

Chief Complaint (2 points): Patient complained of nausea, vomiting, diarrhea.

History of Present Illness – OLD CARTS (10 points): Onset of chief complaint was on 2/8/2022 which is admission date. Location was from head to abdominal area. Duration has been 2 days prior to coming into the Emergency room. Characteristics include nausea, vomiting, diarrhea, headache and runny nose. Aggravating factors included movement during physical therapy. No relieving factors helped with the issues. This is the first

time the patient is receiving treatment for this problem. The symptoms included nausea, vomiting, diarrhea, runny nose and headaches.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Low Blood Pressure and Tachycardia.

Secondary Diagnosis (if applicable): Sepsis

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

There is a portion of the nervous system that affects heart rate, blood pressure, and maintaining homeostasis in terms of the heart. This is called the autonomic nervous system, but like all body systems there are things that can go wrong (Feigofsky & Fedorowski, 2020).Hypotension is considered an abnormally low blood pressure, typically falling around 90/60 mmHg. To understand abnormalities in blood pressure one has to know what blood pressure is. Blood pressure reads two numbers: the top number is systolic and the bottom number is diastolic. Systolic pressure is the amount of pressure the heart produces during a beat while pumping blood. The diastolic pressure is the amount of pressure in the arteries between beats. Hypotension can cause low cardiac output meaning blood is not being pumped as efficiently as it should be. This lack of blood flow can cause damage to essentially all cells in the body including the heart. Without efficient blood flow there is not enough oxygen being promoted throughout the body, this can lead to ischemia. Some signs and symptoms include dizziness, fainting, blurred vision, fatigue, lack and concentration and in extreme cases shock. This can be an illness that people do not know they have until they check their blood pressure using a sphygmometer. In the patients initial assessment upon arrival at the ER their blood pressure was reading in the 70’s/30’s. Since being admitted the patient

has had an increase in blood pressure but the diastolic pressure is still low. The two blood pressures collected during clinical time were 124/58 mmHg and 122/62 mmHg. The client does not have any medications currently that are directly related to the low blood pressure. The focus of treatment is on clearing up the infection that is present, once that is treated there is a chance that the blood pressure will return to normal.

Pathophysiology References (2) (APA):

Feigofsky, S., & Fedorowski, A. (2020). Defining Cardiac Dysautonomia - Different Types, Overlap Syndromes; Case-based Presentations. *Journal of Atrial Fibrillation*, *13*(1), 2403. https://doi.org/10.4022/jafib.2403

Capriotti, T. (2020). *Pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company: ISBN 9780803694118

Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4-5.5	4.17	2.98	Patient has a history of anemia. Anemia is a condition where the body doesn't produce enough Red blood Cells(*Anemia*

				2022). A side effect of Lovenox is anemia (Jones & Bartlett, 2021).
Hgb	12-15	12.2	8.8	Low Hgb is directly correlated with the low RBC because without red blood cells hemoglobin has nothing to attach to (Dorgalaleh et al, 2013).
Hct	38.3-48.6	36	27.4	
Platelets	150-400	183	116	Bacterial infections leading to sepsis can cause thrombocytopenia (Parikh, 2011). The patient is diagnosed with a bacterial infection and sepsis.
WBC	4.5-11	13.46	5.61	Elevated WBC is sign that there is infection present within the body (*High white blood cell count causes* 2020).
Neutrophils	2-7.5	12.33	4.6	Elevated neutrophil count presents when there is an infection, these are the "first responder" cells (Morris, 2018). Since the Patient has been treated with antibiotics the count has returned within normal values.

Lymphocytes	4.5-11.0	3.8	11.6	Elevated lymphocytes or lymphocytosis is a sign that the body is trying to fight an infection (*Lymphocytosis* 2021).
Monocytes	3-13	3.6	4.3	
Eosinophils	0.0-0.6	0.2	0.1	
Bands	None	None	None	

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-	**135-145**	**140**	**139**	
K+	**3.5-5.0**	**4.0**	**3.5**	
Cl-	**97-107**	**110**	**107**	The patient had an elevated chloride level due to possible dehydration from vomiting the past 2 days. Treatment options include medications that help prevent nausea, vomiting and diarrhea (Moore, 2018) which were all the symptoms our patient was experiencing.

CO2	**38-41**	**20.0**	**22.0**	The patient has low levels of carbon dioxide from possible diabetic ketoacidosis. This happens when the body's acid level goes up. This is due to the patients body not producing enough insulin to digest sugars (Medline, 2020). The patient does have diabetes and has an issue regulating her sugar.
Glucose	**70-110**	**290**	**127**	High blood sugar could be an indication that the patient is not breaking down sugars in her body and could end up damaging their vessels leading to a heart attack or stroke (Medline, 2020). The patient was on Lovenox to treat this issue and monitored every 4 hours of their sugar level.
BUN	**8-25**	**28**	**15**	A high BUN level could indicate that the patient has a kidney injury or is dehydrated (Medline, 2020). The patient had diarrhea and was vomiting for the last two days which could be the reason indicating a high BUN level due to excessive dehydration.

Creatinine	**0.6-1.3**	**1.36**	**0.72**	A high creatinine is centered specifically around the failure of the kidneys (Medline, 2020). The patient had an elevated creatinine level possibly due to diabetes and dehydration which can temporarily raise creatinine levels.
Albumin	**3.4-5.4**	**2.9**	**None**	A low albumin level could indicate malnutrition (Medline, 2020). The patient could have low levels due to vomiting the last few days and not taking in the proper nutrients they needed, resulting in temporary malnutrition.
Calcium	**8.6-10.2**	**7.5**	**7.9**	A low calcium level can be caused by a lack of Vitamin D. Vitamin D comes from sunlight, seafood, and dairy products (Medline, 2020). The patient was not able to enjoy a balanced diet the last couple of days due to vomiting and diarrhea which resulted in an improper and unbalanced meal intake which could have thrown off their calcium levels.

Mag	**1.3-3.0**	**None**	**1.2**	A low magnesium could be a result of diabetes and poor absorption of magnesium in food and supplements (Medline, 2020). Our patient did have diabetes and could not eat as they use to the east few days which could be why their magnesium levels would be low.
Phosphate		**None**	**None**	
Bilirubin	**0.3-1.0**	**3.3**	**3.6**	
Alk Phos	**44-147**	**101**	**105**	
AST	**10-30**	**36**	**27**	
ALT	**10-40**	**56**	**23**	
Amylase		**None**	**None**	
Lipase		**None**	**None**	
Lactic Acid	**0.5-1**	**3.79**	**1.21**	Elevated lactic acid levels are due to severe loss of water from the blood (Medline, 2020). Our patient lost lots of water from the blood from diarrhea and vomiting which led to a high lattice acid level.

Moore, K. (2018). *Chloride blood test: Procedure, risks, and results*. Healthline.

https://www.healthline.com/health/chloride-test-blood

(2022). MedlinePlus - Health Information from the National Library of Medicine. https://medlineplus.gov

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	**2-3**	**1.2**	**None**	Patient is also taking Lovenox, an anticoagulant. INR is used to determine clotting time, anticoagulant use such as Lovenox purposely prevents clotting. (Kelecy, 2018)
PT	**9.5-11.3**	**14.5**	**None**	A high PT level means the blood is not nourished with vitamin K to clot as it should, but patient is purposely taking Lovenox to prevent clotting. (Medline, 2018).

PTT	**30-40**	**28.2**	**None**	A lower levels of PTT is another way to check clotting factors. As mentioned above the patient is taking anticoagulants.
D-Dimer	**220-500**	**1918**	**None**	A high D-Dimer level shows risks for a blood clot (Medline, 2021).. The patient also has limited mobility puting her at an even higher risk for a DVT.
BNP		**None**	**None**	
HDL		**None**	**None**	
LDL		**None**	**None**	
Cholesterol		**None**	**None**	
Triglycerides		**None**	**None**	
Hgb A1c		None	None	
TSH		None	None	

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	**Yellow**	**Yellow**	**None**	
pH	**4.5-8**	**5.0**	**None**	
Specific Gravity	**1.005-1.025**	**>1.030**	**None**	A high specific gravity urine can express dehydration (Medline, 2020). The client has having diarrhea and vomiting, which in turn means large fluid loss.
Glucose	**<130**	**Negative**	**None**	
Protein	**<150**	**30**	**None**	
Ketones	**20-40**	**20**	**None**	
WBC	**<2-5**	**14**	**None**	A high white blood cell count indicated that the patient is suffering from an infection (Roland, 2019). The patient is septic at this time.

RBC	**<2**	**7**	**None**	
Leukoesterase	**Negative/Moderate**	**Moderate**	**None**	

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		**None**	**None**	
Blood Culture		**Negative**	**None**	
Sputum Culture		**None**	**None**	

Stool Culture		**None**	**None**	

Lab Correlations Reference (1) (APA):

Mayo Foundation for Medical Education and Research. (2020, November 24). *High white blood cell count causes*. Mayo Clinic. Retrieved February 13, 2022, from https://www.mayoclinic.org/symptoms/high-white-blood-cell-count/basics/causes/sym-20050611

Mayo Foundation for Medical Education and Research. (2021, July 22). *Lymphocytosis (high lymphocyte count) causes*. Mayo Clinic. Retrieved February 13, 2022, from https://www.mayoclinic.org/symptoms/lymphocytosis/basics/causes/SYM-20050660#:~:text=%20If%20your%20doctor%20determines%20that%20your%20lymphocyte,autoimmune%20disorder%20causing%20ongoing%20%28chronic%29%20inflammation%20More%20

Mayo Foundation for Medical Education and Research. (2022, February 11). *Anemia*. Mayo Clinic. Retrieved February 13, 2022, from https://www.mayoclinic.org/diseases-conditions/anemia/symptoms-causes/syc-20351360

Morris, S. (2018, September 29). *Neutrophils: Definition, counts, and more*. Healthline. Retrieved February 13, 2022, from https://www.healthline.com/health/neutrophils

Parikh, F. (2011). *Infections and thrombocytopenia*. The Journal of the Association of Physicians of India. Retrieved February 13, 2022, from https://pubmed.ncbi.nlm.nih.gov/27730774/#:~:text=Occasionally%20these%20patients%20can%

20go%20on%20to%20develop,a%20part%20of%20sepsis%20with%20disseminated%20intravascular%20coagulation.

Roland, J. (2019, March 8). *Leukocytes in urine: What you should know*. Healthline. Retrieved February 22, 2022, from https://www.healthline.com/health/leukocytes-in-urine#causes

Kelecy, M. W., Shutt, T., Rostas, J., & Martin, R., 2nd (2018). Clinical effect of enoxaparin on international normalized ratio following hepato-pancreatico-biliary and gastroesophageal resection. *Journal of surgical oncology*, *118*(1), 15–20. https://doi.org/10.1002/jso.25113

Diagnostic Imaging

All Other Diagnostic Tests (5 points): X-Ray, ECG (electrocardiogram), echocardiogram and Doppler.

Diagnostic Test Correlation (5 points): The X-ray was to check for any signs of pneumonia from past covid, however, there was a patchy mild bibasilar airspace which could represent early pneumonitis or inflammation of the lungs and lung space. The ECG was done due to the patient having acute chest pain and tachycardia, this was to check for any potential MI . The ECG ruled out a normal sinus rhythm with an inferior infarct. . The echocardiogram is done due to hypotension, which resulted in normal findings. The doppler was used to check for any potential DVT. .

Diagnostic Test Reference (1) (APA):

Current Medications (10 points, 1 point per completed med)

10 different medications must be completed

Home Medications (5 required)

Brand/Generic	donepezil (Aricept)	duloxetine (Cymbalta)	levETIRAcetam (Keppra)	Famotidine (Pepcid)	Levothyroxine
Dose	5mg	60mg	500mg	20mg	137mcg
Frequency	At bedtime	2x Daily	2x Daily	Daily	Daily at 0700

Route	Oral	Oral	Oral	Oral	Oral
Classification	Acetylcholinesterase inhibitor (Antidementia)	Selective serotonin and norepinephrine reuptake inhibitor (Antidepressant)	Pyrrolidine derivative (Anticonvulsant)	Histamine-2 blocker (antiulcer agent)	Synthetic thyroxine (Thyroid hormone replacement)
Mechanism of Action	Raises acetylcholine levels in the cerebral cortex by inhibiting acetylcholinesterase, this can help promote cognition	Increases noradrenergic and serotonergic activity, these can help elevate mood.	Protects against secondary seizure activity by preventing epileptiform bursts.	Reduces HCL acid formation by preventing histamines from binding to H2 receptors	Replaces endogenous thyroid hormone
Reason Client Taking	Client is taking this for prevention of Dementia and Dementia related diseases. At her age cognitive ability may be decreasing.	While depression is not noted in the chart, this is typically prescribed as an antidepressant.	Seizures are not noted in the chart but this medication is typically prescribed for many seizure types.	Patient was prescribed this after gallbladder removal surgery to curb acid reflux.	Hypothyroidism is not noted in the chart but levothyroxine is a thyroid hormone replacement.

Contraindications (2)	Hypersensitivity to donepezil, piperidine derivatives and their components.	Chronic liver disease Hypersensitivity to duloxetine.	Hypersensitive to levetiracetam and its components.	Hypersensitivity to famotidine and other H2 receptor antagonists.	Hypersensitivity to levothyroxine and uncorrected adrenal insufficiency.
Side Effects/Adverse Reactions (2)	Seizures, and abnormal ECG	Seizures and suicidal ideation	Hypotension And Leukopenia	Arrhythmias and aplastic anemia	Angioedema and arrhythmias
Nursing Considerations (2)	1. Use cautiously with patients with bladder issues , drug can affect output 2. Use with caution with patients	1. Patients with delayed gastric emptying should proceed with caution due to the enteric coating that	1. IV form should form only be given if the oral is not possible 2. Do not stop dosing abruptly as a seizure may occur.	1. Shake oral suspension before administration 2. IV solution should be given over 2 minutes	1. Should not be used to treat obesity or to support weightloss 2. Use cautiously with older adult patients and patients with cardiac

	with respiratory diseases, the medication may cause bronchocon striction.	does not break down until a pH of 5.5. Is reached. 2. Do not give to patients with renal failure because it could lead to toxicity.			issues, can cause cardiac contractility, cardiac wall thickness and heart rate.

Hospital Medications (5 required)

Brand/Generic	Enoxaparin (Lovenox)	Gabapentin (Neurontin)	Insulin Aspart (NovoLOG)	Meropenem (Merrem)	NONE

Dose	40mg	600mg	181-230=3 units 231-280=6 units 281-330=9 units 331-380=12 units >380= 15 units	500mg/200mL/Hr	
Frequency	Daily at 1300	3 times daily	PRN	Every 8 hours	
Route	Subcutaneous	Oral	Subcutaneous	IV Push	
Classification	Heparin	Anti-convulsant	Insulin	Carbapenem antibiotic (Thienamycin)	
Mechanism of Action	Rapidly binds and inactivates clotting factors (thrombin and Factor Xa)	Inhibits the primary neurotransmitters associated with seizures and can dull neuropathic pain.	Lowers blood glucose by stimulating excess glucose uptake by the fat and skeletal muscles.	Penetrates cell walls of bacteria, inhibiting binding of these bacteria.	
Reason Client Taking	Client is currently immobile from bilateral total knee replacements and is receiving physical therapy. The	Client takes gabapentin to help control nerve pain associated with many of her past surgeries.	The patient has Type II diabetes and while in the hospital setting insulin is preferred for glucose control.	Client is septic and is taking this to fight the infection.	

	lack of activity and spending most of her time in a hospital bed puts her at risk for a deep vein thrombosis.				
Contraindications (2)	Active major bleeding and pork products	Hypersensitivity to gabapentin and its components.	Hypersensitivity to insulin and its components.	Hypersensitivity to meropenem, other carbapenem drugs, beta-lactams, and their components.	
Side Effects/Adverse Reactions (2)	A-fib and hematemesis	Intracranial hemorrhage and subdural hematoma	Diabetic ketoacidosis and hypoglycemia	Renal failure and hemolytic anemia	
Nursing Considerations (2)	1. Use with caution on patients who have a history of heparin induced thrombocytopenia	1. The capsules can be opened and mixed with applesauce and juice.	1. Nurse should check the patient's glucose prior to administration 2. Use with caution in	1. Obtain body fluid sample for cultures and sensitivity testing	

	2. Use with caution for patients at risk for GI bleed.	2. Administer initial dose before bed to limit adverse effects.	patients with Liver or kidney diseases.	2. For IV bolus as 10 ml sterile water for injection to 500mg/20ml	

Medications Reference (1) (APA): Jones & Bartlett Learning. (2021). *Nurse's Drug Handbook* (20th ed.).

Assessment

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

GENERAL: **Alertness: x4**	A Nurse should check to make sure the client is alert and oriented of person, time, place and reason for being admitted.

Orientation: x4 **Distress: None** **Overall appearance: Well-groomed**	By doing so the nurse can assess for confusion and any deficits in the patient Neuro capabilities.
INTEGUMENTARY: **Skin color: Normal** **Character: Normal** **Temperature: Warm, Dry** **Turgor: <3** **Rashes: None** **Bruises: None** **Wounds: None** **Braden Score: 11** **Drains present: Y☐ N ☒** **Type: None**	Here, nurses should check for signs of skin damage/ wounds. These can range from bruises to ulcerated skin. With the patient's risk for Pressure sores this is important to be assessed.
HEENT: **Head/Neck: Normal, Cephalic** **Ears: Symmetrical, Bilateral** **Eyes: Symmetrical, Bilateral** **Nose: Midline, No Deviation** **Teeth: Dentures**	The nurse is checking here to make sure the face is symmetrical, as facial droop is a sign of stroke. Any injuries previous or new should be noted. .

CARDIOVASCULAR: **Heart sounds: S1 and S2 were heard with no murmurs or gallops.** **S1, S2, S3, S4, murmur, etc.** **Cardiac rhythm (if applicable): Not applicable** **Peripheral Pulses: +2** **Capillary refill: <3** **Neck Vein Distention: Y ☐ N ■** **Edema Y ☐ N ■** **Location of Edema: None**	Due to the patients low blood pressure and tachycardia, here the nurse would check for any obvious arrhythmias or physical complications to make sure the heart is working as properly as it could.
RESPIRATORY: **Accessory muscle use: Y☐ N ■** **Breath Sounds: Location, character** Auscultation on anterior and posterior locations of the body. Slight wheezes were heard.	The patient had pneumonia so checking for any lasting repercussions of that is crucial. Slight wheezing can be heard in the patient but this may be due to the previous diagnosis or positioning of the client.

GASTROINTESTINAL: **Diet at home: Diabetic** **Current Diet: Diabetic** **Height: 5'6"** **Weight: 190lbs (90kgs)** **Auscultation Bowel sounds: Normoactive** **Last BM: "3 days ago" stated on 2/10/2022** **Palpation: Pain, Mass etc.: None** **Inspection:** **Distention: None** **Incisions: None** **Scars: None** **Drains: None** **Wounds: None** **Ostomy: Y ☐ N ■** **Nasogastric: Y ☐ N ■** **Size: None** **Feeding tubes/PEG tube Y ☐ N ■** **Type: None**	A nurse should inspect for any wounds, incisions, scars, or bruising. Then the nurse would auscultate for bowel sounds and chart. If there are no bowel sounds then this is cause for concern. After auscultating, the abdominal area could be palpated for any masses or irregularly large organs.

GENITOURINARY: **Color: Dark Yellow** **Character:** **Quantity of urine: 720 ml** **Pain with urination: Y ☐ N ■** **Dialysis: Y ☐ N ■** **Inspection of genitals: Normal** **Catheter: Y ■ N ☐** **Type: Straight Catheter** **Size: 16Fr**	Checking Urine can be insightful on the status of hydration in the patient. If the urine is too dark it could indicate dehydration. Patients urine was normal, but did have to be straight cathed twice prior to clinical time.
MUSCULOSKELETAL: **Neurovascular status:** **ROM: Weak, Limited** **Supportive devices: None** **Strength: Weak Bilaterally** **ADL Assistance: Y ■ N ☐** **Fall Risk: Y ■ N☐** **Fall Score: High Fall Risk** **Activity/Mobility Status: Up with 2 people.** **Independent (up ad lib) Needs assistance**	Patient was weak in all extremities bilaterally, and needed help with ADL's. This had to assessed because patient was coming from nursing facility that she was at for physical therapy.

Needs assistance with equipment Yes **Needs support to stand and walk Yes**	
NEUROLOGICAL: **MAEW: Y ■ N☐** **PERLA: Y ■ N☐** **Strength Equal: Y ■ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** (+2) **Orientation: x4** **Mental Status: x4** **Speech: Appropriate for age.** **Sensory: Normal reactive** **LOC: None**	Checking the neurological status of the patient is important to make sure that there is no brain injury, or even a chemical imbalance that could be affecting the patient.
PSYCHOSOCIAL/CULTURAL: **Coping method(s): None** **Developmental level: At stated age** **Religion & what it means to pt.: Not religious** **Personal/Family Data (Think about home environment, family structure, and available family support): Lives at home with husband.**	A patient's cultural status is important because it could be important to them. Patients should be asked these questions in case of emergency, or even to see what kind of support a patient may have when leaving the hospital.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1156	96	124/58 mmHg	20	97.6 F (36.4 C)	95%
1627	99	122/62 mmHg	20	97.9 F (36.6 C)	94%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1147	0-10 “7.”	Lower back		Burning, aching	Given 500mg of acetaminophen
1642	0-10 “0.”	None	None	None	None

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock

Size of IV:20 & 22 **Location of IV: Left brachial (20) and Right wrist (22)** **Date on IV: 2/10/22** **Patency of IV: Flushed without difficulty** **Signs of erythema, drainage, etc.: none** **IV dressing assessment: clean, dry and intact.**	1000mL of 0.9% Saline

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
750 mL of water was ingested while attending clinicals.	2,350 mL was noted in the chart for the last 24 hours .

Nursing Care

Summary of Care (2 points)

Overview of care: Care

Procedures/testing done: Bladder Scan

Complaints/Issues: NONE

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Tolerates minimal activity, Diet is Diabetic**.**

Physician notifications: Physician was notified after the bladder scan. The bladder scan results had a retention of 1000 mL of urine, Physician was asked what type of catheter to use; Straight or Foley.

Future plans for client: Client will recover from sepsis and be discharged back to Richland **Nursing** and Rehab.

Discharge Planning (2 points)

Discharge location: Richland Nursing and Rehab in Olney, Il

Home health needs (if applicable): N/A

Equipment needs (if applicable): Gait belt, and assistive walking device (i.e. walker or cane)

Follow up plan: Follow up with a Primary care doctor if new symptoms occur if symptoms worsen return to the ER.

Education needs: Infection Control, Range of Motion Exercises.

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	● 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.

priority to lowest priority pertinent to this client				
1. Risk for fall related to bilateral knee replacement as evidenced by the admission to a rehabilitation center.	The patient should be monitored because it has been previously stated that they went to the rehabilitation center to relearn to walk. A fall could cause new damage, and they have already had a bilateral knee replacement and a hip arthroplasty. .	1. Improve the environment to make it safer such as: keeping the call light and over the bed tray close so the patient does not have to get up. 2. Make sure the patient knows how to use the call light and what they should use it for, such as getting help to the bathroom.	1. Patient will use call light when needing assistance to get up. They will also not get up because everything will be within arms reach.	Unable to assess. The response that is hoped for is, the patient will understand that they cannot get out of bed without assistance and will use their call light when they need to. The patient would have to be responsive to the idea for this to work.

2. Risk for Impaired skin integrity related to lack of mobility as evidenced by the Braden score.	Since the patient is lacking mobility they are at risk for a pressure ulcer. The patient is already fighting an infection, a pressure ulcer will prolong healing	1. Inspect the patients skin every 8 hours, 2. Reposition patient every 2 hours.	1. Patient skin will not remain intact with no redness.	Unable to assess. Expected: The patient will respond positively to repositioning and will alert the nurse of any discomfort.
3. Decreased Cardiac Output related to tachycardia and hypotension as evidenced by vital signs.	Patient was admitted on the basis of Tachycardia and hypotension. Resting heart rate is nearing 100 while in the hospital and the diastolic pressure is running upper 50's and lower 60's.	1.Monitor vital every 4 hours and report irregularities. 2. Check for edema in face, arms and legs bilaterally.	1. Heart rate and blood pressure will be within the designated range set by the provider.	Unable to assess Expected: Patient will be receptive to vital signs being taken and charted every four hours. They will also alert the nurse if any feelings of racing heartbeat, dizziness, or hard time breathing.

Concept Map (20 Points):

Subjective Data

Patient has a history of smoking 1 pack a day but quit 13 years ago.
Patient rated pain a "7" on a scale of 0-10.
Patient is not religious
Her main family support is her husband

Nursing Diagnosis/ Outcomes

1. Risk for fall related to bilateral knee replacement as evidenced by the admission to a rehabilitation center.Patient will use call light when needing assistance to get up. They will also not get up because everything will be within arms reach.
2. Risk for Impaired skin integrity related to lack of mobility as evidenced by tl Braden score. Patient skin will not remain intact with no redness.
3. Decreased Cardiac Output related to tachycardia and hypotension as evidenc by vital signs. Heart rate and blood pressure will be within the designated range set by the provider.

Objective Data

All Lab results

All vital signs

IV assessment

Input and Output

Client Information

P.L.L

59

Female

Allergies (listed above)

PMH and PSH (listed above)

Caucasian

Married

Not employed/ on Disability

Nursing Interventions

1. Improve the environment to make it safer such as: keeping the call light and over the bed tray close so the patient does not have to get up.
2. Make sure the patient knows how to use the call light and what they should use it for, such as getting help to the bathroom.
3. Inspect the patients skin every 8 hours,
4. Reposition patient every 2 hours.
5. Monitor vital every 4 hours and report irregularities.
6. Check for edema in face, arms and legs bilaterally.