Medications

- Methadone (Dolophine)
  - Pharmacological: Opioid
  - Therapeutic: Opioid agonist
  - Why: Pt is a heroin user, used for withdrawals
  - Key assessments: Pt current drug use including over the counter
- Enoxaparin (Lovenox)
  - Pharmacological: Low molecular weight heparin
  - Therapeutic: Anticoagulation
  - Why: Reduce risk of DVT
  - Key assessments: Bleeding, fall in HCT or B/P
- Ampicillin-Sulbactam (Unasyn)
  - Pharmacological: Aminopenicillin
  - Therapeutic: Antibiotic
  - Why: Infection of right arm
  - Key assessment: allergic reactions

Labs and MRI done 03/03/2022

- Potassium: 3.4 (3.5-5.1)
  - Cocaine and heroin use
- Calcium: 8.3 (8.6-10.3)
  - May not be eating properly because of drug use
- Glucose: 103 (70-99)
  - Not diabetic may have eaten before test drawn, not significantly high
- RBC: 3.76 (3.80-5.30)
  - Antibiotics can cause lowered levels
- HGB: 11.7 (12.0-15.8)
  - Long term use of heroin
- HCT: 34.3 (36.0- 47.0)
  - Long term use of heroin
- Platelet count: 562 (140-440)
  - Infection of the arm. Pt has cellulitis in right

Pt positive for heroin, marijuana, and cocaine

MRI of right elbow positive for cellulitis; done due to chief complaint and swelling/warmth at site

** Normal values are in parentheses **

Demographic Data

Date of Admission: 02/27/2022
Admission Diagnosis/Chief Complaint: Swelling of the right arm near elbow, stated she was unable to use her heroin anymore.
Age: 41
Gender: Female
Race/Ethnicity: African American
Allergies: No known allergies
Code Status: Full
Height in cm: 172.7cm
Weight in kg: 77.5 kg
Psychosocial Developmental Stage: Normal for age
Cognitive Developmental Stage: Normal for age
Braden Score: 22
Morse Fall Score: 3
Infection Control Precautions: No infection precautions in place

Admission History

- Patient presents on complaints of not being able to use heroin because her right arm was swelling and hurting. She stated that it started a couple days before she decided to come in. It had gotten progressively worse and discomfit was constant. She feels like her arm is burning. Nothing helped the pain. She noticed her arm was red, warm, and very swollen. Patient has not sought previous treatment for this.

Medical History

Previous Medical History: No previous medical history.

Prior Hospitalizations: Knee dislocation 06/15/21. This was her only visit in the past 6 months.

Previous Surgical History: C-Section, no date was given.

Social History: Everyday smoker, smokes .20 packs/day. Pt says she is a marijuana and heroin user and will drink alcohol socially.

Pathophysiology

Disease process:
- Cellulitis is caused by cytokine and neutrophil response to bacteria breaching the epidermis. After germs have penetrated the skin they are attracted to the afflicted area. The most frequent bacteria that causes cellulitis is group a streptococci.

S/S of disease:
- Erythema
- Warmth
- Palpable pain

Method of Diagnosis:
- Physical assessment of affected skin
- MRI
- Blood test

Treatment of disease:
- Antibiotics
- Covering wound
- Wound care

Orders

- Methadone twice a day for withdrawal symptoms.

- Pt will be discharged today 03/03/2022. Pt was told the closet methadone clinic to keep up with her withdraw and reduce the chances of relapse.

Physical Exam/Assessment

General: Appears alert and oriented to person, place, and time, well groomed. Patient seems to be in acute distress, looking ill and toxic.

Integument: Skin color is dark brown. Skin is warm and dry upon palpation. Patient has no rashes or bruising. Patient does have a lesion/abscess on right upper arm. Normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Skin turgor normal mobility. Capillary refill less than 3 seconds fingers and toes bilaterally.

HEENT: Head and neck are symmetrical, trachea is midline without deviation thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally , red light reflex present bilaterally, Rosemburg 20/20, EOMs intact bilaterally. Bilateral auricles no visible or palpable deformities, lumps, or lesions. Bilateral canals clear with pearly grey tympanic membranes. Septum is midline, turbinates are moist and pink bilaterally and no visible bleeding or polyps. Bilateral frontal sinuses are nontender to palpation. Posterior pharynx and tonsils are moist and pink without exudate noted. Uvula is midline; soft palate rises and falls symmetrically. Hard palate intact. Dentition is good, oral mucosa overall is moist and pink without lesions noted.

Cardiovascular: Clear S1 and S2 without murmurs gallops or rubs. PMI palpable at 5th intercostal space at MCL. Normal rate and rhythm.

Respiratory: Normal rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted.

Genitourinary: Urine is light yellow with no visible particles. Patient has no pain with urination, no dialysis and no catheter.

Musculoskeletal: All extremities have full range of motion (ROM). Hand grips and pedal pushes and pulls demonstrate normal and equal strength. Balanced and smooth gait.

Neurological: Patient alert and oriented to person, place, and time. PERRLA. Cranial nerves intact I-IV. Negative Rhombergs. Deep tendon reflexes (DTRs) all locations 2+ bilaterally.

Most recent VS (include date/time and highlight if abnormal):

8:00 am 03/03/2022 vitals were taken.

B/P: 121/82, Pulse: 82, O2 stat: 99% on room air, Temp: 98.5

Pain and pain scale used:

0/10 pain; numerical pain scale used.

Nursing Diagnosis 1	**Nursing Diagnosis 2**	**Nursing Diagnosis 3**
Risk for bleeding related to anticoagulation therapy as evidence by enoxaparin injection	Risk for acute substance withdrawal syndrome related to methadone therapy as evidence by heroin use	Risk for acute pain related to cellulitis as evidence by swelling and warmth of arm
Rationale Pt is on anticoagulation therapy that puts her at risk for easily bleeding	**Rationale** Pt is a routine heroin abuser	**Rationale** Pt was diagnosed with cellulitis of right arm
Interventions **Intervention 1:** Examine wound dressings **Intervention 2:** educate pt on safety precautions to prevent bleeding	**Interventions** **Intervention 1:** promote and plan a self-care plan **Intervention 2:** encourage pt to attend support and therapy groups regularly	**Interventions** **Intervention 1:** preform comfort measurers to promote relaxation **Intervention 2:** Encourage pt to expresses when in pain or when it does not improve
Evaluation of Interventions Pt will stay free of any bleeding by understanding the risk	**Evaluation of Interventions** Pt will seek help after discharge to reduce possibility of relapse and hospitalization	**Evaluation of Interventions** Pt will stay free of pain

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