

N321 Care Plan #2

Lakeview College of Nursing

Name: Christina Oakley

N321 CARE PLAN

Demographics (3 points)

Date of Admission 3-2-2022	Client Initials S.L.C.	Age 57	Gender Female
Race/Ethnicity Caucasian	Occupation Undetermined	Marital Status Single	Allergies Sulfonamide Antibiotics Flu Vaccine
Code Status Full Code	Height 5'4"	Weight 156 lbs 9.6 oz.	

Medical History (5 Points)

Past Medical History: Colon cancer, anxiety, and rheumatoid arthritis

Past Surgical History: Adenoidectomy, bladder surgery, colonoscopy, hysterectomy, knee arthroscopy x2 left, and tonsillectomy

Family History: N/a

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

No history on file for tobacco use, alcohol use, and drug use

Assistive Devices: N/a

Living Situation: Undetermined

Education Level: Undetermined

Admission Assessment

Chief Complaint (2 points): Nausea/ Vomiting and abdominal pain

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

Susan is a Caucasian female with a past medical history of colon cancer, anxiety, and rheumatoid arthritis. Was transferred to Carle with nausea/vomiting, and abdominal pain.

Patient present with complaints of weight loss, nausea, vomiting, and generalized abdominal pain that has been present the past 2-3 months. Patient describes the abdominal

N321 CARE PLAN

pain as achy. Patient describes the vomiting as a yellow color, depending on the food digested. Patient states 30 pound weight loss the last 2-3 months due to poor oral intake. Nausea and vomiting has been intermittent with decreased oral intake. She also complains of abdominal bloating the past few days. Patient denies associated fever, chills, malaise, syncope, visual changes, headache, dizziness, neck stiffness, hearing changes, cough, dyspnea, wheezing, chest pain, palpitations, constipation, diarrhea, melena, hematochezia, dysuria, hematuria, focal unilateral neurological weakness or numbness, speech changes, joint pain, depression, anxiety, suicide ideation, hallucination, and rash. Patient reports no other aggravating or alleviating factors. Patient takes Amitriptyline for pain but no other medications for her other symptoms.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Hyperbilirubinemia

Secondary Diagnosis (if applicable): Acute cholangitis

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

Most Bilirubin is produced when hemoglobin is broken down into unconjugated bilirubin. The remainder of the production of bilirubin is from the breakdown of other heme proteins like cytochrome, myoglobin, and tryptophan. Hyperbilirubinemia can be described as an excess accumulation of bilirubin. Bilirubin is chemically reformatted and altered by the liver. The reformation of bilirubin makes it safe to excrete in stool and urine. Hyperbilirubinemia happens when the amount of red blood cells that are being broken down is abnormally high or when the liver isn't able to discard hemoglobin in the bloodstream. Although hyperbilirubinemia can be classified as predominantly

N321 CARE PLAN

unconjugated or conjugated, many hepatobiliary disorders cause both forms.

Unconjugated bilirubin is formed from the breakdown of red blood cells. It isn't soluble in water and can't be excreted in the urine. Conjugated bilirubin has been altered by the liver and is water-soluble. This allows it to be readily passed in urine and bile. With

hyperbilirubinemia, the excessive amount of bilirubin can cause symptoms of jaundice.

Hyperbilirubinemia can also be caused by diseases like hemolysis and dyserythropoiesis.

Other health conditions like Gilbert syndrome can reduce the rate of bilirubin conjugation that result in increased levels of indirect bilirubin. Yellowing of the skin and yellowing of the sclera of the eyes, darkening of the urine, and pale, clay-colored stools can be present.

Jaundice is caused from the bilirubin not entering through the liver and bile ducts quickly enough, which causes it to build up in the blood and deposit into the skin. The normal range for total bilirubin for older children and adults is 0.3-1 milligram per deciliter.

Pathophysiology References (2) (APA):

Daniel, C. (2021, April 15). *The danger of too-high bilirubin*. Verywell Health. Retrieved March 7, 2022, from <https://www.verywellhealth.com/bilirubin-definition-and-description-1759872#toc-causes>

Tholey, D. (2022, February 22). Jaundice - hepatic and biliary disorders. Merck Manuals Professional Edition. Retrieved March 7, 2022, from <https://www.merckmanuals.com/professional/hepatic-and-biliary-disorders/approach-to-the-patient-with-liver-disease/jaundice#:~:text=Pathophysiology%20of%20Jaundice&text=Unconjugated%20bilirubin%20binds%20to%20albumin,in%20bile%20into%20the%20duodenum.>

N321 CARE PLAN

Laboratory Data (15 points)

ADMISSION VALUES AND TODAY'S VALUE ARE THE SAME DAY

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	-----	2.79	Low levels of RBCs can be due to anemia (Healthline, 2022).
Hgb	11.0-16.0	-----	11.3	
Hct	34.0-47.0%	-----	33.1%	Low levels of hematocrit can be due to nutritional problems like low iron (EMedicineHealth, 2020).
Platelets	140-400	-----	145	
WBC	4.00-11.0	-----	3.48	Low levels of WBCs can be caused by autoimmune diseases such as rheumatoid arthritis (WebMD, 2020).
Neutrophils	1.60-7.70	-----	2.28	
Lymphocytes	1.00-4.90	-----	0.73	Low numbers of lymphocytes can be caused by autoimmune disorders such as rheumatoid arthritis (WebMD, 2021).
Monocytes	0.00-1.10	-----	0.41	
Eosinophils	0.00-0.50	-----	0.01	
Bands	no order	-----	no order	

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	-----	132	Low levels of sodium can be due to severe vomiting or diarrhea (WebMD, 2020).
K+	3.5-5.1	-----	3.6	
Cl-	98-107	-----	96	Low levels of chloride can be due to severe vomiting or diarrhea (WebMD, 2018).

N321 CARE PLAN

CO2	22.0-29.0	-----	26.0	
Glucose	74-100	-----	84	
BUN	10-20	-----	3	Low levels of BUN can be due to malnutrition (WebMD, 2021).
Creatinine	0.55-1.02	-----	0.58	
Albumin	3.5-5.0	-----	3.0	Low levels of albumin can be caused by malnutrition (MedicalNewsToday, 2018).
Calcium	8.9-10.6	-----	8.0	Low levels of calcium can be due to a disorder that interferes with the body's ability to absorb calcium (WebMD, 2021).
Mag	1.6-2.6	-----	1.8	
Phosphate	no order	-----	no order	
Bilirubin	0.2-1.2	-----	10.2	High levels of bilirubin can be caused by anemia (WebMD, 2021).
Alk Phos	40-150	-----	197	Low levels of Alk Phos can indicate protein deficiency (Healthline, 2021).
AST	5-34	-----	167	High AST can be caused by an injection of medicine into the muscle (Healthline, 2021).
ALT	0-55	-----	54	
Amylase	no order	-----	no order	
Lipase	no order	-----	no order	
Lactic Acid	no order	-----	no order	

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

Lab Test	Normal	Value on	Today's	Reason for Abnormal
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N321 CARE PLAN

	Range	Admission	Value	
INR	no order	-----	no order	
PT	no order	-----	no order	
PTT	no order	-----	no order	
D-Dimer	no order	-----	no order	
BNP	no order	-----	no order	
HDL	no order	-----	no order	
LDL	no order	-----	no order	
Cholesterol	no order	-----	no order	
Triglycerides	no order	-----	no order	
Hgb A1c	no order	-----	no order	
TSH	no order	-----	no order	

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	no order	-----	no order	
pH	no order	-----	no order	
Specific Gravity	no order	-----	no order	
Glucose	no order	-----	no order	
Protein	no order	-----	no order	
Ketones	no order	-----	no order	
WBC	no order	-----	no order	
RBC	no order	-----	no order	
Leukoesterase	no order	-----	no order	

N321 CARE PLAN

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	no order	-----	no order	
Blood Culture	no order	-----	no order	
Sputum Culture	no order	-----	no order	
Stool Culture	no order	-----	no order	

Lab Correlations Reference (1) (APA):

Ambardekar, N. (2021, March 14). *Blood urea nitrogen (BUN) test: High vs. low levels, normal range*. WebMD. Retrieved March 7, 2022, from <https://www.webmd.com/a-to-z-guides/blood-urea-nitrogen-test>

Bhargava, H. (2020, June 11). *Hyponatremia: Symptoms, causes, and treatments*. WebMD. Retrieved March 7, 2022, from <https://www.webmd.com/a-to-z-guides/what-is-hyponatremia>

Brennan, D. (2021, June 21). *Hypocalcemia: Symptoms, causes, treatments, and more*. WebMD. Retrieved March 7, 2022, from <https://www.webmd.com/a-to-z-guides/what-is-hypocalcemia>

Brennan, D. (2021, May 11). *Lymphocytes: What's a normal count?* WebMD. Retrieved March 7, 2022, from <https://www.webmd.com/a-to-z-guides/what-are-lymphocytes>

N321 CARE PLAN

Burke, D. (2021, December 14). *Aspartate aminotransferase (AST) test (SGOT) purpose*. Healthline. Retrieved March 7, 2022, from <https://www.healthline.com/health/ast>

Cafasso, J. (2022, February 16). Red Blood Cell Count (RBC): Purpose, procedure, and preparation. Healthline. Retrieved March 7, 2022, from <https://www.healthline.com/health/rbc-count>

Davis, C. P. (2020, October 8). Hematocrit blood test: Normal, high, low Ranges & Chart. eMedicineHealth. Retrieved March 7, 2022, from https://www.emedicinehealth.com/hematocrit_blood_test/article_em.htm

Felson, S. (2021, February 6). Bilirubin test: High vs. low levels, direct vs. indirect. WebMD. Retrieved March 7, 2022, from <https://www.webmd.com/a-to-z-guides/bilirubin-test>

Lovering, C. (2021, November 5). An alkaline phosphatase (ALP) test: Levels and more. Healthline. Retrieved March 7, 2022, from <https://www.healthline.com/health/alp>

Luo, E. K. (2018, March 8). Hypoalbuminemia: Causes, treatment, and symptoms. Medical News Today. Retrieved March 7, 2022, from <https://www.medicalnewstoday.com/articles/321149>

N321 CARE PLAN

Seladi-Schulman, J. (2018, September 29). Hypochloremia: Levels, symptoms, treatment, and more. Healthline. Retrieved March 7, 2022, from <https://www.healthline.com/health/hypochloremia>

Stump-Sutliff, K. A. (2020, January 26). Low white blood cell count: 6 possible causes for a low WBC. WebMD. Retrieved March 7, 2022, from <https://www.webmd.com/cancer/white-blood-cell-count-low>

Diagnostic Imaging

All Other Diagnostic Tests (5 points): N/a

NO OTHER DIAGNOSTIC TESTS

Diagnostic Test Correlation (5 points):

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	Potassium tablets	Nortriptyline (Pamelor) capsules			
Dose	10 meQ	10 mg			
Frequency	Daily	Nightly			
Route	Oral	Oral			
Classification	Electrolyte	Tricyclic			

N321 CARE PLAN

	supplement	antidepressants			
Mechanism of Action	Used to increase the potassium content of the body. Approximately 98% of all potassium in the body exists within the cells. This intracellular predominance is utilized by all cells for tonicity homeostasis and membrane potential dynamic. In cardiomyocytes and neurons, repolarization occurs through the movement of potassium ions out of cells through channel proteins. Potassium abnormalities rarely manifest as CNS pathologies.	Amitriptyline increases noradrenergic or serotonergic neurotransmission by blocking norepinephrine or serotonin transporter at presynaptic terminals. Chronic treatment with amitriptyline desensitizes presynaptic autoreceptors and heteroreceptors, producing long-lasting changes in monoaminergic neurotransmission.			
Reason Client Taking	Hypokalemia	Nerve pain			
Contraindications (2)	Other medications like non-steroidal anti-inflammatory medications and certain medical conditions like chronic kidney disease	Hypersensitivity to the drug and medications that can increase QTc			
Side Effects/Adverse Reactions (2)	GI irritation and severe throat irritation	Blurred vision and urinary retention			
Nursing Considerations	Educate the patient on hypokalemia and	Provide medication counseling and			

N321 CARE PLAN

(2)	continue to monitor serum potassium levels	evaluate patient adherence			
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Hospital Medications (5 required)

Brand/Generic	Enoxaparin (Lovenox) syringe	Lactulose oral solution	Ondansetron HCl (PF) injection (Zofran)	Guaifenesin oral liquid (Organidin NR)	Piperacillin-tazobactam (Zosyn)
Dose	40 mg	10 mg	4mg	200 mg	4.5 g; 200 mL/hr
Frequency	Daily @1300	3 times daily	Daily PRN	Every 4 hours PRN	Every 6 hours
Route	Subcutaneous	Oral	IV Push	Oral	IVPB
Classification	Anticoagulant	Disaccharide Therapeutic	Antiemetics	Expectorants	Beta-lactamase inhibitor
Mechanism of Action	Accelerates the rate of the neutralization of certain activated coagulation factors by antithrombin, but the mechanisms may also be involved. The antithrombotic effects of enoxaparin is	Arrives unchanged in the colon, where it breaks down into lactic acid and small amounts of acetic and formic acids, acidifying fecal contents.	Ondansetron acts both centrally and peripherally to prevent and treat nausea and vomiting. Central effects are mediated by the antagonism of 5HT-3 serotonin	Reduces viscosity of secretions by increasing the amount of respiratory tract fluid and irritates gastric mucosa.	Piperacillin kills bacteria by inhibiting the synthesis of bacterial cell walls. It binds preferentially to specific penicillin-binding proteins (PBPs) located inside bacterial cell walls. PBPs vary

N321 CARE PLAN

	well correlated to the inhibition of factions Xa.	Acidification leads to increased osmotic pressure in the colon, which, in turn, increases stool water content and softens stool. Also, lactulose makes intestinal contents more acidic than blood. This prevents ammonia diffusion from the intestine into blood, as occurs in hepatic encephalopathy. The trapped ammonia is converted into ammonia ions and, by lactulose's cathartic effect, is expelled in feces with other nitrogenous wastes.	receptors in the area postrema. The area postrema, located on the fourth ventricle floor, contains the "chemoreceptor or trigger zone." This zone senses neurotransmitters like serotonin, toxins, and other signals and plays a role in mediating the sensation of nausea and subsequent vomiting.		among bacterial species, and thus susceptibility to piperacillin depends on the ability of piperacillin to bind to each species' specific PBPs.
Reason Client Taking	Undergoing abdominal	To prevent portal-	To prevent nausea and	To treat cough and congestion	To treat pneumonia

N321 CARE PLAN

	surgery who are at risk for thromboembolic complications	systemic encephalopathy	vomiting		
Contraindications (2)	In other medications that are used to treat or prevent blood clots	Hypersensitivity to lactulose or its components and low galactose diet.	Low amount of magnesium in the blood and known hypersensitivity	High blood pressure and diabetes	Low amount of potassium in the blood and patients with a history of allergic reactions to any of the penicillins, cephalosporins, or beta-lactamase inhibitors.
Side Effects/Adverse Reactions (2)	Easy bruising and bleeding gums	Hyperglycemia and abdominal cramps	Dizziness and anxiety	Stomach pain and headache	Constipation and nausea
Nursing Considerations (2)	Assess for bleeding and hemorrhage and notify physician if enoxaparin causes excessive anticoagulation.	Monitor diabetic patients for hyperglycemia because lactulose contains galactose and lactose. Plan to replace fluids if frequent bowel movements cause hypovolemia.	Assess for dizziness and drowsiness. Monitor fluid and electrolyte status.	Patients should take care to avoid irritants that stimulate their cough. Assess the quantity and consistency of sputum.	Monitor signs of allergic reactions and anaphylaxis or skin reactions. Notify the physician if any serious bleeding occurs.

Medications Reference (1) (APA):

N321 CARE PLAN

Albrecht, H. H., Dicipinigaitis, P. V., & Guenin, E. P. (2017, December 11). Role of guaifenesin in the management of chronic bronchitis and upper respiratory tract infections. Multidisciplinary respiratory medicine. Retrieved March 7, 2022, from [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5724298/#:~:text=Guaifenesin%2C%20a%20mucoactive%20drug%2C%20acts,US%20\(per%20OTC%20Monograph\).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5724298/#:~:text=Guaifenesin%2C%20a%20mucoactive%20drug%2C%20acts,US%20(per%20OTC%20Monograph).)

Cunha, J. P. (2022, January 4). Lovenox (enoxaparin sodium injection): Uses, dosage, side effects, interactions, warning. RxList. Retrieved March 7, 2022, from <https://www.rxlist.com/lovenox-drug.htm>

Griddine, A. (2021, September 29). Ondansetron. StatPearls [Internet]. Retrieved March 7, 2022, from <https://www.ncbi.nlm.nih.gov/books/NBK499839/>

Jones & Bartlett Learning, LLC. (2021). 2021 Nurse's Drug Handbook (twentieth).

McMahon, R. S., & Bashir, K. (2021, August 10). Potassium chloride. StatPearls [Internet]. Retrieved March 7, 2022, from <https://www.ncbi.nlm.nih.gov/books/NBK557785/>

Omudhome Ogbru, P. D. (2019, October 15). Piperacillin/Tazobactam (zosyn) uses, Side Effects & Dosage. MedicineNet. Retrieved March 7, 2022, from https://www.medicinenet.com/piperacillintazobactam_sodium-injection/

N321 CARE PLAN

[article.htm#what_is_piperacillin/](#)

[tazobactam sodium injection and how does it work mechanism of action](#)

Thour, A., & Marwaha, R. (2022, February 7). Amitriptyline. StatPearls [Internet].

Retrieved March 7, 2022, from

[https://www.ncbi.nlm.nih.gov/books/NBK537225/#:~:text=Mechanism%20of%20Action,-Amitriptyline%20is%20in&text=Amitriptyline%20increases%20noradrenergic%20or%20serotonergic,or%20SERT\)%20at%20presynaptic%20terminals.](https://www.ncbi.nlm.nih.gov/books/NBK537225/#:~:text=Mechanism%20of%20Action,-Amitriptyline%20is%20in&text=Amitriptyline%20increases%20noradrenergic%20or%20serotonergic,or%20SERT)%20at%20presynaptic%20terminals.)

Assessment

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

GENERAL: Alertness: A&O x4 Orientation: Distress: N/a Overall appearance:	Patient was alert and oriented x4. No distress appeared to be present. Patient knew the person, place, and time.
INTEGUMENTARY: Skin color: Yellow/pale Character: Warm and dry Temperature: 98.2 F Turgor: Normal Rashes: None	Skin is yellow and pale. Skin was warm and dry upon touch. Temperature was taken orally and was 98.2 F. Skin turgor was normal. No rashes present on the body. Bruises (ecchymotic) present on both arms. No wounds present on the body. Branden score

N321 CARE PLAN

Bruises: On both arms Wounds: None . Braden Score: 21 Drains present: Y <input type="checkbox"/> N x Type:	was 21. No drains present on the body.
HEENT: Head/Neck: Symmetrical Ears: Eyes: Nose: Teeth:	Head/face/eyes/nose symmetrical at rest and with movement. Eyes were yellow.
CARDIOVASCULAR: Heart sounds: Normal S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Normal Capillary refill: Normal Neck Vein Distention: Y <input type="checkbox"/> N x Edema Y <input type="checkbox"/> N x Location of Edema:	Heart sounds are normal. Heart rate is within normal limits. Regular rhythm. Cap refill is normal. No present neck vein distention. No edema is present in the body.
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N x Breath Sounds: Location, character	No accessory muscle use. Regular depth and pattern; unlabored; expansion symmetrical. Breath sounds are clear and equal bilaterally; no cough.
GASTROINTESTINAL: Diet at home: Normal Current Diet: Clear liquid Height: 5'4" Weight: 156 lbs 9.6 oz. Auscultation Bowel sounds: Equal Last BM: Undetermined Palpation: Pain, Mass etc.: Normal; no pain Inspection: Distention: N/a Incisions: N/a Scars: N/a Drains: N/a Wounds: N/a Ostomy: Y <input type="checkbox"/> N x Nasogastric: Y <input type="checkbox"/> N x Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N x Type:	No diet at home. Current diet is clear liquids. Patient weighs 156 lbs 9.6 oz and height is 5'4". Upon inspection, auscultation, and palpation, normal findings are present. Bowel sounds are equal and the last bowel movement is undetermined. No distention, incisions, scars, drains, or wounds.

N321 CARE PLAN

GENITOURINARY: Color: Yellow Character: Clear Quantity of urine: Normal Pain with urination: Y <input type="checkbox"/> N x Dialysis: Y <input type="checkbox"/> N x Inspection of genitals: Catheter: Y <input type="checkbox"/> N x Type: Size:	No reported or observed difficulties with voiding; urine reported or observed as clear, yellow and without foul odor. Patient does not have a foley catheter.
MUSCULOSKELETAL: Neurovascular status: ROM: Yes Supportive devices: N/a Strength: Equal ADL Assistance: Y <input type="checkbox"/> N x Fall Risk: Y <input type="checkbox"/> N x Fall Score: 6 Activity/Mobility Status: Independent (up ad lib) X Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/>	Patient currently denies pain/discomfort. Patient doesn't report any paresthesia or paralysis. No noticeable pulselessness or pallor. Patient has full range of motion with no assistive devices. No muscle weakness, joint swelling or tenderness in all extremities. Symmetrical movement of extremities bilaterally. Patient is a moderate fall risk with a score of 6. Patient is independent.
NEUROLOGICAL: MAEW: Y x N <input type="checkbox"/> PERLA: Y x N <input type="checkbox"/> Strength Equal: Y x N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Normal Mental Status: Normal Speech: Normal Sensory: Normal LOC: Alert and oriented	Person was alert and knew the person, place, and time. Normal movement of all extremities. Normal PERLA. Eyes are yellow. Equal strength in all extremities. Orientation, mental status, speech, and sensory are all within normal limits. Level of consciousness is 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):	Patient is calm and cooperative. Patient is also accepting and participates in care. Behavior is appropriate to the situation. Patient does not state that they are religious. Patient's personal family data is undetermined.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
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N321 CARE PLAN

0708	85	124/75	18	97.7 F (Oral)	96% (room air)
1122	83	123/84	18	98.2 F (Oral)	94% (room air)

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0708	0-10	Abdomen	3	Aching	Medications
1122	0-11	Denies Pain/Comfort			

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 G Location of IV: Right arm Date on IV: 3/1 Patency of IV: Open/not blocked Signs of erythema, drainage, etc.: None IV dressing assessment: Clean/dry/intact	Peripheral IV on 3/1. The size of the IV is a 20 gauge. The location of the IV is on the anterior right lower forearm.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
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N321 CARE PLAN

300 mL	N/a

Nursing Care

Summary of Care (2 points)

Overview of care: Patient is being treated for hyperbilirubinemia and acute cholangitis. Labs are being done daily to monitor how effective treatment is.

Procedures/testing done: CBC and Chemistry lab test

Complaints/Issues: Patient has no complaints or issues.

Vital signs (stable/unstable): Vitals signs are currently stable.

Tolerating diet, activity, etc.: Tolerating a clear liquid diet and also tolerating no activity.

Physician notifications: N/a

Future plans for client: Undetermined

Discharge Planning (2 points): Undetermined

Discharge location: Undetermined

Home health needs (if applicable): Undetermined

Equipment needs (if applicable): N/a

Follow up plan: Undetermined

Education needs: Undetermined

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis ● Include full	Rationale ● Explain why the nursing	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation ● How did the client/family
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N321 CARE PLAN

<p>nursing diagnosis with “related to” and “as evidenced by” components</p> <ul style="list-style-type: none"> Listed in order by priority – highest priority to lowest priority pertinent to this client 	<p>diagnosis was chosen</p>			<p>respond to the nurse’s actions?</p> <ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.
<p>1. Risk for fluid volume deficit related to inadequate fluid intake as evidenced by low levels of sodium.</p>	<p>After admission, a chemistry lab test was done that indicated a sodium level of 132.</p>	<p>1. Assess the client’s skin turgor and mucous membranes for signs of dehydration.</p> <p>2. Assess the volume and frequency of vomiting.</p>	<p>1. Raise the levels of sodium and to continue to monitor intakes of fluid and vomiting frequency.</p>	<p>Client was calm and cooperative with the chemistry lab test being done. Patients will help achieve their goal by being cooperative and attempting to consume more liquids.</p>
<p>2. Risk for malnutrition related to inadequate food intake as evidenced by low levels of albumin.</p>	<p>After admission, a chemistry lab was done that indicated an albumin level of 3.0.</p>	<p>1. Ascertain healthy body weight for age and height.</p> <p>2. Provide good oral hygiene and dentition.</p>	<p>1. Raise the levels of albumin and to continue to monitor albumin levels. Will continue to monitor fluid intake.</p>	<p>Client was cooperative with achieving goal by participating in oral hygiene and listening when being provided education regarding healthy body and weight for age and height.</p>
<p>3. Risk for infection related to chronic condition of rheumatoid arthritis.</p>	<p>After admission, a chemistry lab was done that indicated a low WBC level of 3.48.</p>	<p>1. Use proper handwashing.</p> <p>2. Continue to monitor</p>	<p>1. The patient will remain free of infectious processes, such as elevated temperature, or drainage from</p>	<p>Client was cooperative with teachings on how to help prevent infections. Patients will also use adequate hand washing before and after using the</p>

N321 CARE PLAN

id arthritis as evidenced by low levels of WBCs.		labs that might indicate an infection.	surgical sites or access sites.	bathroom, before and after meals, and after self-care and wound care.
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Other References (APA):

Concept Map (20 Points):

Subjective Data

Subjective Data: Patient has a pain in abdomen rated as a 3. Characterizes the pain as achey.

Nursing Diagnosis/Outcomes

Nursing diagnosis:

- Risk for fluid volume deficit related to inadequate fluid intake as evidenced by low levels of sodium.
- Risk for malnutrition related to inadequate food intake as evidenced by low levels of albumin.
- Risk for infection related to chronic condition of rheumatoid arthritis as evidenced by low levels of WBCs.

Objective Data

Objective data:
 Pulse: 83
 Blood pressure: 123/84
 Respirations: 18
 Temperature: 98.2 F (oral)
 Patient was alert and oriented

Client Information:

Age: 57
 Weight: 156 lbs. 9.6 oz.
 Height: 5'4"
 Female
 Caucasian
 Full Code
 Single
 Allergy to Sulfonamide
 Antibiotics and Flu
 vaccine

Nursing Interventions

- Nursing interventions:
- Risk for fluid volume deficit:
 1. Assess the client's skin turgor and mucous membranes for signs of dehydration.
 2. Assess the volume and frequency of vomiting.
 - Risk for malnutrition:
 1. Ascertain healthy body weight for age and height.
 2. Provide good oral hygiene and dentition.
 - Risk for infection:
 - Use proper handwashing.
 - Continue to monitor labs that might indicate an infection.



