

N311 Care Plan # 3
Lakeview College of Nursing
Molly Niemerg

Demographics (5 points)

Date of Admission 07/12/2020	Client Initials BG 220	Age 77	Gender Female
Race/Ethnicity White	Occupation 3 rd grade Teacher	Marital Status Married	Allergies No known allergies
Code Status Full code	Height 65.0 inches	Weight 58.7 kg	

Medical History (5 Points)**Past Medical History:**

- **Medical**
 - Atrial fibrillation
 - Back pain
 - Bilateral pulmonary embolism
 - Blood bank alert
 - Colo-vaginal fistula
 - Colo-vesical fistula
 - Deep vein thrombosis (DVT) of right lower extremity
 - Dementia
 - Depression
 - Dysuria
 - GERD (gastroesophageal reflux disease)
 - Iron deficiency anemia
 - Scoliosis
- **Historical**

- o Colo-cutaneous fistula
- o Hospice care

Past Surgical History:

- IVC filter in place
- Colostomy in place
- Appendectomy
- Breast lumpectomy
- Colonoscopy

Family History: No qualifying data available

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

Alcohol → denies use

Substance abuse → none

Tobacco → never smoked

Admission Assessment**Chief Complaint (2 points):**

Patient stated she has lower back pain related to Scoliosis. Patient stated pain severity was a 2 on a Numeric Scale.

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

The patient stated her scoliosis pain started two months ago. The pain is located in her lower back. The duration of her pain comes and goes but she complains almost every day of pain. The

patient stated, “the pain feels achy.” Sitting for long periods irritates the pain but laying on her back helps her. The patient states, “I have never been treated for Scoliosis in the past.”

Primary Diagnosis

Primary Diagnosis on Admission (3 points):

Vesticointestinal fistula

Secondary Diagnosis (if applicable):

Deep Vein Thrombosis in right leg

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

A rectovaginal fistula can affect your daily living. This condition puts you at a greater risk for frequent urinary tract infections, skin breakdown, and more. Fistulas do not heal on their own and are more likely to happen in men than women. People who have fistulas are at greater risk for developing cancer, if not monitored.

A rectovaginal fistula is an “abnormal connection between the lower portion of your large intestine —your rectum—and your vaginal. Bowel contents can leak through the fistula, allowing gas or stool to pass through your vagina.” (Mayo Clinic, 2020) A rectovaginal fistula is also known as RVF, “is a result of a complication of an underlying disease, surgical procedure, or injury.” (Mayo Clinic, 2020) A “loss of wall integrity with ongoing inflammatory, infectious, or neoplastic processes at the rectal or vaginal wall can lead to erosion to the adjacent tissue or organ and establish an abnormal fistulous connection.” (Mayo Clinic, 2020) “When the initial process is reversible or curable, such as diverticulitis, fistulae have a better chance to resolve.” (NCBI, 2021) Fistulas are rare to have but can happen in men and women.

The symptoms can vary from the size or location of the fistula, “you may have minor symptoms or significant problems with continence and hygiene.” Some of the signs and symptoms for a rectovaginal fistula can include, “passage of gas, stool or pus from your vagina.” (Mayo Clinic, 2020) Others may include “foul-smelling vaginal discharge, recurrent vaginal or urinary tract infections, irritation or pain in the vulva, vagina and the area between your vagina and anus (perineum), and pain during sexual intercourse.” (Mayo Clinic, 2020) People may only experience a couple of symptoms rather than all.

There are multiple tests for identifying rectovaginal fistula. The most common type of test the doctors are able to do is a contrast test. “A vaginogram or a barium enema can help identify a fistula located in the upper rectum. These tests use a contrast material to show the vagina or the bowel on an X-ray image.” (Mayo Clinic, 2020) A blue dye test is a test that “involves placing a tampon into your vagina, then injecting blue dye into your rectum. Blue staining on the tampon indicates a fistula.” (Mayo Clinic, 2020) They also use a “CT, MRI, anorectal ultrasound, anorectal manometry, or a colonoscopy.” (Mayo Clinic, 2020) These tests will be able to identify your fistula, but the contrasts are more recommended.

Just like symptoms, the treatment also depends on the size of the fistula to determine if the treatment plan will be effective. The medications they can take to help treat the fistula is “antibiotics if the area around your fistula is infected or infliximab that can help reduce inflammation and heal fistulas.” (Mayo Clinic, 2020) Surgery is also a possibility whether it is “sewing an anal fistula plug or patch of biologic tissue into the fistula, using a tissue graft, repairing the anal sphincter muscles, or performing a colostomy before repairing a fistula in complex or recurrent cases.” (Mayo Clinic, 2020) Throughout the years they have been having clinical trials and home remedies to help with the pain. The home remedies are “washing with water, avoiding irritants, dry thoroughly, avoid rubbing with dry toilet paper, apply a cream or powder, or wear cotton underwear and loose clothing.” (Mayo Clinic, 2020) These treatments may not be a permanent fix to the fistula.

Fistulas are more likely to happen in men than women. Most fistulas that occur are usually a result of an infection. Fistulas can cause multiple problems if they are untreated including cancer. The patient needs to have good hygiene to stop the risk of infection.

Pathophysiology References (2) (APA):

Mayo Foundation for Medical Education and Research. (2020, December 5). *Rectovaginal fistula*. Mayo Clinic. Retrieved March 12, 2022, from <https://www.mayoclinic.org/diseases-conditions/rectovaginal-fistula/symptoms-causes/syc-20377108>

Tuma, F. (2021, October 30). *Rectovaginal fistula*. StatPearls. Retrieved March 12, 2022, from <https://www.ncbi.nlm.nih.gov/books/NBK535350/>

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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	“Female: 3.92-5.13 trillion cells/L” (Mayo Clinic, 2022)	N/A	3.51 trillion cells/L	My patient has a low red blood cell count related to her diagnosis of anemia. “The body does not make enough red blood cells, or the body breaks down red blood cells too fast.” (Cleveland Clinic, 2022)
Hgb	“Female: 11.6-15 grams/dL” (Mayo Clinic, 2022)	9.4 grams/dL	9.7 grams/dL	My patient has low hemoglobin related to her diagnosis of anemia. “The body cannot make enough hemoglobin, or the body makes hemoglobin, but the hemoglobin does not work right.” (Cleveland Clinic, 2022)
Hct	“Female: 35.5-44.9 percent” (Mayo Clinic, 2022)	31.6%	29.1%	My patient has low hematocrit related to her diagnosis of anemia. “A lower-than-normal hematocrit can indicate an insufficient supply of healthy red blood cells (anemia).” (Mayo Clinic, 2021)
Platelets	“Female: 157-371 billion/L” (Mayo Clinic, 2022)	74 billion/L	491 billion/L	My patient has thrombocytosis or high platelet count related to her diagnosis, iron deficiency. “Iron deficiency (ID) is a recognized cause of reactive thrombocytosis, even outside the setting of inflammation.” (NCBI, 2021)
WBC	“3.4-9.6 billion cells/L” (Mayo Clinic, 2022)	11.54 billion cells/L	8.0 billion cells/L	N/A
Neutrophils	“Female: 1.56-6.45 cells/L” (Mayo Clinic, 2022)	10.41 cells/L	5.7 cells/L	N/A

Lymphocytes	“Female: 0.95-3.07 cells/L) (Mayo Clinic, 2022)	0.65 cells/L	1.5 cells/L	N/A
Monocytes	“Female: 0.26-0.81 cells/L) (Mayo Clinic, 2022)	N/A	0.7 cells/L	N/A
Eosinophils	“Females: 0.03-0.48 cells/L” (Mayo Clinic, 2022)	N/A	0.1 cells/L	“A lower-than-normal eosinophil count overproduction of certain steroids in the body (such as cortisol).” (Mount Sinai, 2022)
Bands	“Females: 0.01-0.08 cells/L” (Mayo Clinic, 2022)	N/A	0.1 cells/L	N/A

Eosinophil count - absolute. Mount Sinai Health System. (n.d.). Retrieved March 11, 2022, from <https://www.mountsinai.org/health-library/tests/eosinophil-count-absolute>

Evstatiev, R., Bukaty, A., Jimenez, K., Kulnigg-Dabsch, S. (2021, May). *Iron deficiency alters megakaryopoiesis and platelet phenotype independent of thrombopoietin.* American journal of hematology. Retrieved March 11, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4114532/>

Low hemoglobin: Causes & symptoms. Cleveland Clinic. (2022). Retrieved March 11, 2022, from <https://my.clevelandclinic.org/health/symptoms/17705-low-hemoglobin>

Mayo Foundation for Medical Education and Research. (2021, December 14). *Hematocrit Test.* Mayo Clinic. Retrieved March 11, 2022, from <https://www.mayoclinic.org/tests-procedures/hematocrit/about/pac-20384728>

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-	“Adults: 136-144 mmol/L” (Cleveland Clinic,	N/A	142 mmol/L	N/A

	2022)			
K+	“Adults: 3.5-5 mmol/L” (Cleveland Clinic, 2022)	N/A	3.8 mmol/L	N/A
Cl-	“Adults: 97-105 mmol/L” (Cleveland Clinic, 2022)	N/A	104 mmol/L	N/A
CO2	“Adults: 22-30 mmol/L” (Cleveland Clinic, 2022)	N/A	29 mmol/L	N/A
Glucose	“Adults: 70-110 mg/dL” (IAPAC, 2021)	134 mg/dL	86 mg/dL	N/A
BUN	“Adults: 6- 24 mg/dL” (Mayo Clinic, 2022)	96 mg/dL	6 mg/dL	N/A
Creatinine	“Female: 0.6-1.8 g/day” (IAPAC, 2021)	1.89 g/day	0.69 g/day	N/A
Albumin	“Adults: 3.1-4.3 g/dL” (IAPAC, 2021)	2.9 g/dL	2.6 g/dL	“Lower-than-normal albumin levels in your may indicate inflammation due to sepsis, surgery or another condition such as a fistula.” (Cleveland Clinic)
Calcium	“Adults: 8.5-10.2 mmol/L” (Cleveland Clinic, 2022)	7.7 mmol/L	7.7 mmol/L	A low calcium level could indicate “a consequence of vitamin D inadequacy or hypoparathyroidism, or a resistance to these hormones.” (NCBI, 2020)

Mag	N/A	N/A	N/A	N/A
Phosphate	N/A	N/A	N/A	N/A
Bilirubin	“Adults: 0.0-1.0 mg/dL” (IAPAC, 2021)	N/A	0.6 mg/dL	N/A
Alk Phos	“Female: 30-100 units/L” (IAPAC, 2021)	162 units/L	80 units/L	N/A

Albumin blood test: What it is, purpose, procedure & results. Cleveland Clinic. (n.d.). Retrieved March 11, 2022, from <https://my.clevelandclinic.org/health/diagnostics/22390-albumin-blood-test>

Electrolytes: Types, purpose and normal levels. Cleveland Clinic. (n.d.). Retrieved March 11, 2022, from <https://my.clevelandclinic.org/health/diagnostics/21790-electrolytes>

Fong, J., & Khan, A. (2020, February). *Hypocalcemia: Updates in diagnosis and management for primary care.* Retrieved March 12, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3279267/>

Normal laboratory values. International Association of Providers of AIDS Care. (2021, May 18). Retrieved March 11, 2022, from <https://www.iapac.org/fact-sheet/normal-laboratory-values/>

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	N/A	N/A	N/A	N/A
pH	N/A	N/A	N/A	N/A
Specific Gravity	N/A	N/A	N/A	N/A
Glucose	N/A	N/A	N/A	N/A

Protein	N/A	N/A	N/A	N/A
Ketones	N/A	N/A	N/A	N/A
WBC	N/A	N/A	N/A	N/A
RBC	N/A	N/A	N/A	N/A
Leukoesterase	N/A	N/A	N/A	N/A

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	N/A	N/A	N/A	N/A
Blood Culture	N/A	N/A	N/A	N/A
Sputum Culture	N/A	N/A	N/A	N/A
Stool Culture	N/A	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Albumin blood test: What it is, purpose, procedure & results. Cleveland Clinic. (n.d.). Retrieved March 11, 2022, from <https://my.clevelandclinic.org/health/diagnostics/22390-albumin-blood-test>

Eosinophil count - absolute. Mount Sinai Health System. (n.d.). Retrieved March 11, 2022, from <https://www.mountsinai.org/health-library/tests/eosinophil-count-absolute>

Evstatiev, R., Bukaty, A., Jimenez, K., Kulnigg-Dabsch S., (2021, May). *Iron deficiency alters megakaryopoiesis and platelet phenotype independent of thrombopoietin.* American journal of hematology. Retrieved March 11, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4114532/>

Fong, J., & Khan, A. (2020, February). *Hypocalcemia: Updates in diagnosis and management for primary care*. Retrieved March 12, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3279267/>

Low hemoglobin: Causes & symptoms. Cleveland Clinic. (n.d.). Retrieved March 11, 2022, from <https://my.clevelandclinic.org/health/symptoms/17705-low-hemoglobin>

Mayo Foundation for Medical Education and Research. (2020, December 22). *Complete blood count (CBC)*. Mayo Clinic. Retrieved March 11, 2022, from <https://www.mayoclinic.org/tests-procedures/complete-blood-count/about/pac-20384919>

Mayo Foundation for Medical Education and Research. (2021, December 14). *Hematocrit Test*. Mayo Clinic. Retrieved March 11, 2022, from <https://www.mayoclinic.org/tests-procedures/hematocrit/about/pac-20384728>

Test ID : CBC. CBC - Overview: Complete Blood Cell Count (CBC) with Differential, Blood. (n.d.). Retrieved March 11, 2022, from <https://www.mayocliniclabs.com/test-catalog/overview/9109#Clinical-and-Interpretive>

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

The resident had a Chest X-ray on February 11th, 2022. The resident was at risk for possible pneumonia in the lungs. The results show there was no acute infection.

The resident had an Electrocardiogram on February 11th, 2022. The test was performed because the patient showed symptoms of acute ischemia. The resident's normal heart rate was 76. The resident had a normal axis, no segment changes, and normal intervals. The “QRS complex represents ventricular depolarization” (NCBI, 2022) The resident's ventricular depolarization appears normal. The resident showed no sign of acute ischemia.

The resident had a Computer Tomography on February 11th, 2022. The test was performed on the abdomen and pelvis with radiology to visualize the resident’s fistulas. The patient has multiple fistulas that showed in the same place as they were a year ago. The test showed a large hiatal hernia with no swelling so low suspicion for volvulus. Computer Tomography showed findings of diverticulitis and a possible urinary tract infection.

Diagnostic Imaging Reference (1) (APA):

Ashley, E. A. (2021, January 1). *Conquering the ECG*. Cardiology Explained. Retrieved March 11, 2022, from <https://www.ncbi.nlm.nih.gov/books/NBK2214/>

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)

Brand/ Generic	“Nexterone/ amiodarone hydrochloride ” (Nurse’s Drug Handbook, 2021, p. 61-63)	“Eliquis/ apixaban” (Nurse’s Drug Handbook, 2021, p. 84- 85)	“Ferretts/ ferrous sulfate” (Nurse’s Drug Handbook, 2021, p. 548-549)	“Lopressor/ metoprolol tartrate” (Nurse’s Drug Handbook, 2021, p. 871- 872)	“Zofran/ ondansetron hydrochlorid e” (Nurse’s Drug Handbook, 2021, p. 1000-1002)
Dose	200 mg	5 mg	325 mg	25 mg	4 mg
Frequency	One every morning	2x daily	3x daily	2x daily	Every 8 hours as needed
Route	By mouth (orally)	By mouth (orally)	By mouth (orally)	By mouth (orally)	By mouth (orally)
Classificati on	“Pharmacologi c class: Benzofuran derivative Therapeutic class: Class III antiarrhythmi c” (Nurse’s Drug Handbook, 2021, p. 61-63)	“Pharmacol ogic class: Factor Xa inhibitor Therapeuti c class: Anticoagula nt” (Nurse’s Drug Handbook, 2021, p.84- 85)	“Pharmaco logic class: Hematinic Therapeuti c class: Antianemia , nutritional supplement ” (Nurse’s Drug Handbook, 2021, p. 548-549)	“Pharmacolog ic class: Beta- adrenergic blocker Therapeutic class: Antianginal, antihypertensi ve” (Nurse’s Drug Handbook, 2021, p. 871- 872)	“Pharmacolo gic class: Selective serotonin receptor antagonist Therapeutic class: Antiemetic” (Nurse’s Drug Handbook, 2021, p. 1000-1002)

<p>Mechanism of Action</p>	<p>“Acts on cardiac cell membranes, prolonging repolarization and the refractory period and raising ventricular fibrillation threshold. Drug relaxes vascular smooth muscles, mainly in coronary circulation, and improves myocardial blood flow. It relaxes peripheral vascular resistance and myocardial oxygen consumption.” (Nurse’s Drug Handbook, 2021, p. 61-63)</p>	<p>“Inhibits free and clot-bound factor Xa and prothrombinase activity. Although apixaban has no direct effect on platelet aggregation it does indirectly inhibit platelet aggregation induced by thrombin. By inhibiting factor Xa, apixaban decreases thrombin generation and thrombin development.” (Nurse’s Drug Handbook, 2021, p.84-85)</p>	<p>“Acts to normalize RBC production by binding with hemoglobin or by being oxidized and stored as hemosiderin or aggregated ferritin in reticuloendothelial cells of the bone marrow, liver, and spleen. Iron is an essential component of hemoglobin, myoglobin, and several enzymes, including catalase, cytochromes, and peroxidase. Iron is needed for catecholamine metabolism and normal neutrophil function.” (Nurse’s Drug Handbook, 2021, p. 871-872)</p>	<p>“Inhibits stimulation of beta-receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand. These effects help relieve angina, minimize cardiac tissue damage from a myocardial infarction, and help relieve symptoms of heart failure. Metoprolol also helps reduce blood pressure by decreasing renal release of renin.” (Nurse’s Drug Handbook, 2021, p. 871-872)</p>	<p>“Blocks serotonin receptors centrally in the chemoreceptor or trigger zone and peripherally at vagal nerve terminals in the intestine. This action reduces nausea and vomiting by preventing serotonin release in the small intestine (probable cause of chemotherapy- and radiation-induced nausea and vomiting) and by blocking signals to the CNS. Ondansetron may also bind to other serotonin receptors and to mu-opioid receptors.” (Nurse’s Drug Handbook, 2021, p.</p>
-----------------------------------	---	---	---	---	---

			Handbook, 2021, p. 548-549)		1000-1002)
Reason Client Taking	Chest Pain	Anticoagulation	“To prevent iron deficiency.” (Nurse’s Drug Handbook, 2021, p. 548-549)	Hypertension	Nausea
Contraindications (2)	“Cardiogenic Shock” (Nurses Drug Handbook, 2021, p. 62) “SA node dysfunction” (Nurses Drug Handbook, 2021, p. 62)	“Active pathological bleeding.” (Nurses Drug Handbook, 2021, p. 85) “Severe hypersensitivity to apixaban or its components.” (Nurses Drug Handbook, 2021, p. 85)	“Hypersensitivity to iron salts or their components” (Nurse’s Drug Handbook, 2021, p. 549) “Hemolytic anemias” (Nurse’s Drug Handbook, 2021, p. 549)	“Hypersensitivity to other beta blockers” (Nurse’s Drug Handbook, 2021, p. 872) “Systolic blood pressure less than 100 mm Hg” (Nurse’s Drug Handbook, 2021, p. 872)	“Concomitant use of apomorphine.” (Nurses Drug Handbook, 2021, p. 1002) “Hypersensitivity to ondansetron or its components.” (Nurses Drug Handbook, 2021, p. 1002)
Side Effects/Adverse Reactions (2)	“Arrhythmias” (Nurses Drug Handbook, 2021, p. 62) “Aplastic or hemolytic anemia” (Nurses Drug Handbook, 2021, p. 63)	“Vaginal Hemorrhage” (Nurses Drug Handbook, 2021, p. 85) “Excessive bleeding” (Nurses Drug Handbook, 2021, p. 85)	“Hypotension” (Nurse’s Drug Handbook, 2021, p. 550) “Back pain” (Nurse’s Drug Handbook, 2021, p. 550)	“Arrhythmias” (Nurses Drug Handbook, 2021, p. 873) “Hypotension” (Nurse’s Drug Handbook, 2021, p. 873)	“Hypotension” (Nurses Drug Handbook, 2021, p. 1002) “Arrhythmias” (Nurses Drug Handbook, 2021, p. 1002)

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2021 Nurse’s drug handbook* (20th ed.), (p. 61-63, 84-85, 548-549, 871-872, 1000-1002). Jones & Bartlett Learning.

Assessment

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

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>The resident is Alert and Oriented x4. The resident appears to be in no acute distress. The resident’s overall appearance is well-groomed.</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>The resident’s skin is red and irritated. The patient’s skin is warm to touch with no turgor present. There appear to be no rashes, bruises, wounds, or drainage present. There is excoriation to the perianal area with treatment cream. The resident scored a 14 on the Braden score, indicating she is a medium risk for skin breakdown.</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>N/A</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>N/A</p>

<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>N/A</p>
<p>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 <input type="checkbox"/> N <input type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>N/A</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Size:</p>	<p>N/A</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>N/A</p>

<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>N/A</p>
<p>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):</p>	<p>The resident has the potential for skin breakdown Patient refuses to go to the bathroom and chooses to go in depends. This incident happens multiple times a shift.</p>

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0730	64	94/58 mmHg	20	36.5 C	93%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900	Numeric Scale	Lower back	2	Achy	*Resident lays flat in bed till lunch after using the bathroom.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
----------------	----------------

480 ml of hot chocolate	<p>*Minimal output to ostomy.</p> <p>*Minimal incontinence x1</p>

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

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 			<ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? <ul style="list-style-type: none"> • Client response, status of goals and outcomes, modifications to plan.
<p>1. Risk for skin integrity as evidenced by being incontinence</p>	<p>Resident refuses to go to the bathroom after breakfast, lunch, and supper and chooses to go in her depends.</p>	<p>1. Rotate resident every 2 hours and monitor frequency of turning</p> <p>2. Try to persuade the resident to use the restroom before laying down after meals.</p> <p>3. “Assist with active ROM exercises at</p>	<p>1. Resident’s skin will remain intact and maintain adequate skin circulation through March.</p>	<p>Resident understood they had to go to the bathroom because they’re at the risk for skin integrity. Resident was able to use the restroom before laying down.</p>

		<p>least every 4 hours.” (Nursing Diagnosis, 2021, p. 569) 4. Use devices to prevent skin integrity by using mattresses, pillows, and padding to prevent skin breakdown. 5. Lubricate as needed for redness or non-blanchable areas. 6. Protects patient bony prominences with padding.</p>		
<p>2. Toileting Self-Care Deficit as evidenced by lack of self-care.</p>	<p>Resident refuses to go to the bathroom after breakfast, lunch, and supper.</p>	<p>1. Encourage resident to use the restroom before laying down. 2. Monitor intake and output. 3. Monitor patients skin integrity. 4. Assist with toileting. 5. Provide a toileting routine. 6. “Provide, positive,</p>	<p>1. Resident will understand the risks for skin integrity by not choosing to use the restroom at appropriate times by March 24th, 2022.</p>	<p>The resident understood what she was at risk for. Patient agreed to use the restroom after meals or to use her call light.</p>

		constructive feedback when assisting with toileting.” (Nursing Diagnosis, 2021, p. 530)		
--	--	--	--	--

Other References (APA):

Phelps, L.L. (2020). *Sparks and Taylor’s nursing diagnosis reference manual* (11th ed.), p. 530, 569. Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

- *A&O x4
- *No acute distress and well groomed
- *Pulse 64
- *Blood Pressure-94/58
- *Respiratory 10
- *Temperature 36.5 C
- *Oxygen
- *Urinary
- *Wheeled for assisted device 10 minutes.
- *"My back hurts too bad to go to the bathroom."
- *bag. "I just want to lay down in my bed."
- *Refusal to use the restroom after breakfast.
- *Rather go in depend instead of using toilet, happens multiple times a shift.

Objective Data

Nursing Diagnosis/Outcomes

* Risk for skin integrity as evidenced by being incontinent

Outcome: Resident's skin will remain intact and maintain adequate skin circulation through March

- *Rotate resident every 2 hours and monitor frequency of turning.
- *Try to persuade the resident to use the restroom before laying down after meals.
- *Encourage ambulation if possible or assist with active ROM exercises at least every 4 hours." (Nursing Diagnosis, 2021)
- * Use devices to prevent skin integrity by using mattresses, pillows, and padding to prevent skin breakdown.
- * Lubricate as needed for redness or non-blanchable areas.
- * Protects patient bony prominences with padding.

Client Information: 77-year-old female with a history of Colon/Vaginal fistula, vesical fistula, Iron deficiency anemia, Dementia, Scoliosis, and Colocutaneous fistula. The resident is noncompliant.

Outcome: Resident will understand the risks for skin integrity by not choosing to use the restroom at appropriate times by March 24th, 2022.

- * Encourage resident to use the restroom before laying down.
- * Monitor patients skin integrity.
- * Assist with toileting.
- * Provide a toileting routine.
- * "Provide, positive, constructive feedback when assisting with toileting." (Nursing Diagnosis, 2021)



