N311 Care Plan #3

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
1/10/22	RL	73	F
Race/Ethnicity	Occupation	Marital Status	Allergies
Caucasian	Retired English Teacher	Widowed	Phenobarbital
Code Status	Height	Weight	
Full	5'2	53kg	

Medical History (5 Points)

Past Medical History: Central Serous Choroidopathy, Chronic Constipation, Fibromyalgia, Foley catheter in place, GERD, Neurogenic bladder, Major Depression disorder with anxious distress, Anxiety, Spinal stenosis, Raynaud's disease, Insomnia, Hereditary spastic paraplegia

Past Surgical History: Suprapubic cystostomy with cystoscopy, Phacoemulsification cataract with interocular lens implantation, Cataract, Eye laser capsulotomy, Biopsy of breast open incisional, Colonoscopy, Open Reduction, and Internal Fixation of the wrist

Family History: Father: Cancer

Mother: Arthritis, Bipolar disorder, Diabetes Mellitus, Metabolic Liver Disease

Brother: Bipolar Disorder

Grandma: Arthritis, Depression, Heart Disease

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Patient states they smoked since they were eighteen to the age of twenty-eight. States she smoked half a pack every day for about 10 years.

Admission Assessment

Chief Complaint (2 points): Buttock's pain

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

This is a seventy-three-year-old patient who currently has complaints of buttock pain. She states this pain started years ago and is unable to recall when this pain first started. The location of the pain is on her buttocks but no specific area. The duration of this pain does not go away it seems to be “constant”. Alleviating factors to the pain are to not sit on her bottom for too long. Pain that aggravates it is “sitting on my bottom for long periods of time”. Reliving factors are walking around in the halls to relief pressure off her bottom and moving around. Family mentioned her slowly increasing weakness and talked about possibly placing her to a nursing home due to patient not being able to take care of herself adequately. She states for pain she takes Tylenol and it suppress the pain. Severity is moderate as pain is stated to be “5 out of 10” at 0700.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Urinary Tract Infection

Secondary Diagnosis (if applicable):N/A

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

Urinary Tract Infections become more common as people begin to age. My patient happened to get a UTI. “Urinary tract infections are caused by bacterium that invade the urinary epithelium cells causing irritation and inflammation of these cells. The infection can start in the urethra and can progress its way up to the bladder, ureters, or kidney” (Pathophysiology of an UTI, 2019, para.4). So, bacteria are introduced to the lower urinary tract most likely the bacteria are E-Coli which would then become inflamed and activate neutrophils to act upon it and come to the infected site. Bacteria would multiply and binds together. The immune system tries to fight it, but it will need antibiotics to be treated. UTI’s are caused by multiple different reasons, “the migration of this particular bacteria from the perianal area to the urethra opening may be due to poor wiping after a bowel movement, sexual intercourse or holding urine as urinating helps flush the bacteria from the body”(Pathophysiology of an UTI, 2019,para.6).My patient has a neurogenic bladder which highly pre disposes her to UTI’s as she cannot tell when she needs to go so it results in her either holding in her urine for a long period of time or having incontinent episodes.

Signs and symptoms caused by UTI's can vary some common symptoms include confusion, weakness, dizziness, and pain while urinating. My patient had a UTI a few weeks ago and showed symptoms of weakness, tremors, and seizures. This time prior to getting admitted she also presented the same symptoms which is why family members were hinting she might have a UTI.

Diagnostics for this infection include urinalysis or urine culture. Urine analysis test different labs especially WBC and Leuko esterase if it is elevated and positive it indicates positive for UTI "Urinalysis is a basic examination of urine that includes a description of the character of the urine, as well as biochemical and microscopic analysis"(Caprotti,2020,p.528).It also looks at the characteristics of the urine to be odorless, yellow, and clear anything otherwise is abnormal like dark urine with odor and sediment present. Urine culture tests to see any bacteria growing in urine. My patient had a urinalysis done which came back positive for Leukocyte esterase and elevated WBC of 8 which means my patient has a UTI.

Treatments for this infection patients are usually prescribed antibiotics depending on their severity. "Antibiotic treatment for the specific pathogen is prescribed. In individuals" (Pathophysiology of an UTI, 2019, para.11.). My patient was treated with antibiotics specifically 4 mg of Rocephin once IV push for her current UTI.

Pathophysiology References (2) (APA):

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives*. VitalSource Bookshelf Online. Retrieved March 2, 2022, from https://fadavisreader.vitalsource.com/reader/books/9781719641470/epubcfi/6/56[%3Bvnd.vst.idref%3Dc12]! /4/2/2/44/2

Pathophysiology of an UTI. Urinary Tract Infection Case Study. (2019). Retrieved March 12, 2022, from https://u.osu.edu/utieducation/pathophysiology-of-uti/

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	4.0-5.8x10^6/ mcL	3.62 mcl	N/A	The patient has low rbc due to possible anemia or not enough iron intake in diet. Since her Hgb and hct were both low.
Hgb	12.0-15.8g/dL	11.4 g/dL	N/A	Patient has low readings for Hgb due

				to not enough red blood cells being produced. “Lack of RBC mass and low Hgb and Hct occur because there is a deficient number of RBCs” (Capriotti 2020, p. 278).
Hct	36.0-47.0%	33.4%	N/A	Patient has low Hct due to low red blood cells being produced. “lack of RBC mass and low Hgb and Hct occur because there is a deficient number of RBCs”(Capriotti, 2020, p.278).
Platelets	140-440K/ mcL	334 mcl	N/A	N/A
WBC	4.0-12.0K/ mcL	6.4 mcl	N/A	N/A
Neutrophils	40-60%	76.2%	N/A	Patients Neutrophils are high due to an active urinary tract infection “they are the first responders to an infection” (Capirotti,2020, p.246).
Lymphocytes	19-49%	13.5%	N/A	The medications this patient takes causes low levels of lymphocytes “adverse reactions to clonazepam is leukopenia” (Jones, 2020, p. 248).
Monocytes	3.0-13.0%	8.7%	N/A	N/A
Eosinophils	0.0-8.0%	0.6%	N/A	N/A
Bands	0.0-10.0%	N/A	N/A	N/A

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-	134-144mmol/L	131 mmol/ L	N/A	This patient has hyponatremia due to her electrolyte imbalance due to overhydration as her urine is colorless. “Electrolyte imbalances, particularly hyponatremia, can occur due to side effects of medications, insensitivity of the thirst center, or inadequate hydration” (Capriotti, 2020, pg.127).

K+	3.5-5.1mmol/L	4.1 mmol/L	N/A	N/A
Cl-	98-107mmol/L	94 mmol/L	N/A	My patient has a neurogenic bladder and a UTI which is problem with kidneys and can cause electrolyte imbalances," "levels of electrolytes in your blood are regulated by your kidneys, an electrolyte imbalance such as hypochloremia may be caused by a problem with your kidneys" (Seladi-Schulman, 2018, para. 5).
CO2	21-31mmol/L	31 mmol/L	N/A	N/A
Glucose	70-99mg/dL	96 mg/dL	N/A	N/A
BUN	7-25 mg/dL	7 mg/dL	N/A	N/A
Creatinine	0.50-1.20mg/dL	0.48 mg/dL	N/A	My patient is becoming weaker and in need of a nursing home. She is small and frail as she ages. "A frail individual will have a low amount of serum creatinine daily" (Capriotti, 2020, p.528).
Albumin	3.5-5.7 g/dL	3.8 g/dL	N/A	N/A
Calcium	8.6-10.3 mg/dL	9.3 mg/dL	N/A	N/A
Mag	1.6-2.6 mg/dL	N/A	N/A	N/A
Phosphate	2.4-4.5 units/L	N/A	N/A	N/A
Bilirubin	0.3-1.0 mg/dL	0.3 mg/dL	N/A	N/A
Alk Phos	34-104 units/L	90 units/L	N/A	N/A

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, Clear	Colorless, clear	N/A	Colorless urine indicates overhydration.
pH	5.0-9.0	7	N/A	N/A
Specific Gravity	1.003-1.013	1.005	N/A	N/A
Glucose	Normal	Normal	N/A	N/A
Protein	Negtive	Negative	N/A	N/A
Ketones	Negative	Negative	N/A	N/A
WBC	0.0-0.5	8	N/A	Patient has a high white blood count indicating she has a UTI. "Leukocyte esterase measures the amount of enzyme secreted by white blood cells (WBCs); a high amount (positive result) is indicative of either a bladder or kidney infection"(Capriotti, 2020, p.527)
RBC	0.0-3.0	1	N/A	
Leuko esterase	Negative	Positive	N/A	My patient had a urinalysis done and it showed positive due to her having a urinary tract infection. "If positive: urinary tract infection" (Capriotti, 2020,p.527 Table 22-1).

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

Lab Correlations Reference (1) (APA):

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives*. VitalSource Bookshelf Online. Retrieved March 2, 2022, from https://fadavisreader.vitalsource.com/reader/books/9781719641470/epubcfi/6/56 [%3Bvnd.vst.idref%3Dc12]! /4/2/2/44/2

Jones, D.W. (2021). *Nurse's drug handbook.* (A. Bartlett, Ed.) (19th ed.). Jones & Bartlett Learning.

Seladi-Schulman, J. (2018, September 29). *Hypochloremia: Levels, symptoms, treatment, and more*. Healthline. Retrieved March 2, 2022, from https://www.healthline.com/health/hypochloremia#prevention

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

MRI w/ and w/out contrast

This patient had an MRI done due to having seizures prior to being admitted to the hospital. Patient also had a syncope so an MRI was ordered to see if there's any brain bleed and/or to what may have caused the seizure. "A brain MRI can help doctors look for conditions such as bleeding, swelling, problems with the way the brain developed, tumors, infections, inflammation, damage from an injury or a stroke, or problems with the blood vessels. The MRI also can help doctors look for causes of headaches or seizures" (Hirsch,2020, para.4). The MRI showed age related parenchymal volume loss with mild ventricular prominence and nonspecific mild ventricular prominence cerebral whole gliosis. No extra fluid collection. Normal sella. Paranasal

sinuses intact. The mild parenchymal volume loss with mild ventricular prominence is a brain atrophy that can play a part of where the seizures come from.

Diagnostic Imaging Reference (1) (APA):

Hirsch, L. (Ed.). (2022, February). *Magnetic Resonance Imaging (MRI): Brain (for parents) - nemours kidshealth*. KidsHealth. Retrieved March 6, 2022, from https://kidshealth.org/en/parents/mri-brain.html#:~:text=A%20brain%20MRI%20can%20help,causes%20of%20headaches%20or%20seizures.

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

Medications (5 required)

Brand/ Generic	Klonopin (or Rivotril) /Clonazepam	Lexapro/ escitalopram	Tramadol/ Ultram	Tylenol/ Acetaminophen	Bustab/ Buspirone
Dose	1mg	10mg	50mg	650mg	10mg
Frequency	TID	Daily	BID	Q8	BID
Route	PO	PO	PO	PO	PO
Classification	Pharmacological: Benzodiazepine Therapeutic: Anticonvulsant, antipanic	Pharmacological: Selective serotonin Inhibitor Therapeutic: Antidepressant	Pharmacologic: Opioid antagonist Therapeutic: Opioid analgesic	Pharmacological: Non-salicylate, par aminophenol derivative Therapeutic: Antipyretic, nonopioid analgesic	Pharmacological: Azapirone Therapeutic: Anxiolytic
Mechanism of Action	“Stimulates peripheral alpha androgenic receptors in the to	“Inhibits re uptake me of the neurotransmitters serotonin by CNS	“Binds with mu receptors and inhibits the reuptake of non-	“Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and	“May act as a partial agonist of serotonin 5-hydroxyrypt amine

	produce transient vasoconstriction and then stimulates central alpha androgenic receptors in the brain stem to reduce heart rate, peripheral vascular resistance, heart rate, systolic and diastolic blood pressure" (Jones,2021, p.247).	neurons thereby increasing the amount of serotonin available in nerve synapses. An elevated serotonin level may result in an elevated mood and reduced anxiety or depression" (Jones, ,2021, p.401).	epinephrine and serotonin, which may accounbt for tramadol's analgesic effect "(Jones,2021, p.1091).	interfering with pain impulse generation in the peripheral nervous syndrome" (Jones,2021, p.9).	receptors in the brain, reducing antianxiety affects" (Jones,2021, p.149).
Reason Client Taking	Seizures/ Anxiety	Depression/ Anxiety	Pain	Pain	Anxiety
Contraindications (2)	Hypersensitivity to clonazepam, Acute narrow angle glaucoma (Jones, 2021, p.247).	"Concomitant therapy with pimozide, hypersensitivity to escitalopram" (Jones pg.401,2021).	"Hypersensitivity to tramadol or its components, Gastrointestinal obstruction" (Jones, 2021, p.1091).	"Hypersensitivity ti acetaminophen or its components, severe hepatic impairment" (Jones, 2021, p.9).	"Hypersensitivity to buspirone or its components, or renal impairments" Jones,2021, p.501).
Side Effects/Adverse Reactions (2)	Weakness, Leukopenia (Jones, 2021, p.247).	Seizures, serotonin syndrome" (Jones,2021, p.401).	Seizures, weakness (Jones, 2021, p.1091).	Leukopenia, Muscle spasms (Jones, 2021,p.9).	Insomnia, tremors (Jones, 2021, p.501).

Medications Reference (1) (APA):

Jones, D.W. (2021). *Nurse's drug handbook.* (A. Bartlett, Ed.) (19th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: Alertness: Orientation: Distress: Overall appearance:	The patient was alert and oriented to person, place, time, and situation. Alert and Oriented times four (A&O x4). The patient showed no signs of distress. Overall physical appearance was well groomed,maintained, and cared for.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y☐ N ☐ Type:	N/A
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	N/A .
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y ☐ N ☐ Edema Y ☐ N ☐	N/A

Location of Edema:	
RESPIRATORY: Accessory muscle use: Y☐ N ☐ Breath Sounds: Location, character	N/A
GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y ☐ N ☐ Nasogastric: Y ☐ N ☐ Size: Feeding tubes/PEG tube Y ☐ N ☐ Type:	N/A
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y ☐ N ☒ Dialysis: Y ☐ N ☒ Inspection of genitals: Catheter: Y ☒ N ☐ Type:Superpubic Size:16 FR	The patient's urine was light yellow and clear. An output of 875 mL was emptied from the foley. Patient stated, "I do not have pain when urinating, I have a foley". Patient does not have dialysis. Patients' genitals were not assessed. Patient does have a Suprapubic 16 French foley in place since 12/13/21.
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y☐ N ☐ Fall Risk: Y ☐ N☐ Fall Score: Activity/Mobility Status: Independent (up ad lib) ☐	N/A

Needs assistance with equipment ☐ Needs support to stand and walk ☐	
NEUROLOGICAL: MAEW: Y ☐ N☐ PERLA: Y ☐ N☐ Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐ Orientation: Mental Status: Speech: Sensory: LOC:	N/A
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):	N/A

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	60	128/70	12	97.8	100% RA

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	0-10	Buttocks	5	Sore &Constant	Repositioning in chair, readjusting seat, walking hallways to relieve pressure off bottom.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

480mL	Urine 875 mL

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

Nursing Diagnosis • 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	Rationale • Explain why the nursing diagnosis was chosen	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Activity intolerance related to physical deconditioning as evidence by progressive weakness (Phelps,2020, p.5).	This nursing diagnosis was chosen due to family members deciding that weakness is increasing and in possible need of a nursing home	1.Get physical therapy twice a week to increase strength and endurance 2.Turn patient every two hours due to her buttocks pain to prevent pressure ulcers	1. The goal is for the patient to be able to sit on side of bed by herself and have minimal assistance to get up and use the walker progressively by the week and having physical therapy work with her twice a week to teach her strength and endurance exercises.	The family was glad to see the patient trying her hardest to gain strength back and have supportive staff. The client's response was delighted to see herself slowly getting back to her strength before her rehab stay. Outcome was met patient no longer struggled sitting herself on the side of the bed and standing to use the walker with little to no help needed.

2. Risk for neurogenic infection related to continued need for foley catheter as evidence by previous infection. (Phelps,2020).	This nursing diagnosis was chosen due to her having reoccurring urinary tract infections and having foley in placemaking it easy to catch an infection if it is not properly cleaned and taken care of.	1. Keep catheter clean, without kinks, catheter care, empty catheter every four hours to check for good amount of output at least 1500-2000mL per day. 2.Instruct patient to report incidence of loose bowel movements or any bowel movements immediately so it does not get in contact with foley catheter or vagina.	1.Foley catheter remain clean, odorless, urine clear and yellow with no sediment present. Remains free of kinks and output at least 1500-2000mL per day.	The goal was met family was pleased to see output and urine clear and odorless. Patient was glad to have good output of 875mL just in the daytime while I was present. Patient reported one incontinence of bowel movement as I was able to clean her up as soon as I was notified and help maintain foley catheter clean. While emptying urine seemed clear, yellow, odorless, and free of sediment.

Other References (APA):

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

Concept Map (20 Points):

Subjective Data

"I used to teach English"
Aggravating pain: "sitting on my bottom for long periods of time".
"My pain is constant and sore"
"My pain is 5 out of 10"

Nursing Diagnosis/Outcomes

Diagnosis 1: Activity intolerance related to physical deconditioning as evidence by progressive weakness (Phelps,2020,p.5).
Outcome 1: . The goal is for the patient to be able to sit on side of bed by herself and have minimal assistance to get up and use the walker progressively by the week and having physical therapy work with her twice a week to teach her strength and endurance exercises.
Diagnosis 2: Risk for neurogenic infection related to continued need for foley catheter as evidence by previous infection (Phelps,2020).

Outcome 2: The goal was met family was pleased to see output and urine clear and odorless. Patient was glad to have good output of 875mL just in the daytime while I was present. Patient reported one incontinence of bowel movement as I was able to clean her up as soon as I was notified and help maintain foley catheter clean. While emptying urine seemed clear, yellow, odorless and free of sediment.

Objective Data

Vital Signs:
Temp:97.8
HR60
Oxy:100% RA
B/P:128/70

Client Information

This is a seventy three year old who presents with buttocks pain but primarily diagnosis of a UTI with a surgical history of Suprapubic cystostomy with cystoscopy, and history of Foley catheter in place, Neurogenic bladder, Major Depression disorder with anxious distress, Anxiety, Spinal stenosis, Hereditary spastic paraplegia.

Nursing Interventions

Intervention A 1: Get physical therapy twice a week to increase strength and endurance
A2: Turn patient every two hours due to her buttocks pain to prevent pressure ulcers
Intervention B 1: Keep catheter clean, without kinks, catheter care, empty catheter every four hours to check for good amount of output at least 1500-2000mL per day.
B2: Instruct patient to report incidence of loose bowel movements or any bowel movements immediately so it does not get in contact with foley catheter or vagina.