N321 Care Plan # 1

Lakeview College of Nursing

Name

Shivani Patel

Demographics (3 points)

Date of Admission 3/1/2022	Client Initials M.Q.	Age 66	Gender Female
Race/Ethnicity Asian	Occupation Not employed	Marital Status Single	Allergies Plasma Human
Code Status Full code	Height 5'1"(154.9)	Weight 137 lbs	

Medical History (5 Points)

Past Medical History: Allergic rhinitis, anxiety, borderline diabetes, CVA, depression, GERD, HTN, hyperthyroidism, diffuse large B cell lymphoma, abdominal fistula, pancytopenia

Past Surgical History: C-section, cholecystectomy, endoscopic ultrasound, IR venous access, Lasik, port placement, stereotactic core biopsy, upper gastrointestinal endoscopy

Family History: Father/Mother- heart attack, Maternal grandmother- hypertension

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

History of smoking cigarettes

Quit date: 1/1/2001

Quantity and duration of use: not on file

Assistive Devices: None

Living Situation: Lives alone at home

Education Level: College graduate

Admission Assessment

Chief Complaint (2 points): The patient came into the emergency department with complaints of abdominal pain.

History of Present Illness – OLD CARTS (10 points): The patient was admitted to the emergency department with abdominal pain, and with a diagnosis of a mesenteric tumor in the abdomen. The pain started a week ago in the middle of the abdomen. The patient has been experiencing pain in her abdomen for about a week. The pain radiates throughout the middle of her abdomen. The pain is intermittent, and she describes it as "shooting and stabbing" pain. When the patient moves around too much, she starts to exhibit an increase in pain. The patient takes acetaminophen (Tylenol) to relieve pain. Resting also helps to reduce the pain. The patient has previously been in the ED in February regarding abdominal pain, but she was diagnosed with an abdominal fistula. At this moment, on a scale of 1-10, the patient states they have been at a pain level of 0.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Mesenteric tumor (perforation of mesenteric abdominal pass)

Secondary Diagnosis (if applicable): Intra-abdominal abscess

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

The mesentery is a set of tissues located in the abdomen, and it attaches the intestine to the wall of the abdomen and attaches it into place. Mesenteric tumors are rare and consist of a group of lesions. Masses can arise from any mesenteric components like the peritoneum, lymphatic tissue, fat, and connective tissue. The tumors can be classified as solid or cystic, benign or malignant (Dufay et al., 2019). A mesenteric tumor larger than 2cm can signify a pN2 disease. Lymphoma is the most common solid mesenteric tumor. Some signs and symptoms of mesenteric tumors are nausea, vomiting, diarrhea, bloating, and constipation.

The patient can experience a fast heart rate and respirations due to nausea. Potassium levels are usually lower with a mesenteric tumor. While the diagnosis is formed from a CT scan, the most common symptoms leading to the diagnosis of a mesenteric tumor are abdominal pain or mass. A complete blood cell count is necessary to diagnose a mesenteric mass. The treatment of mesenteric tumors is surgery which consists of local excision. Most cystic mesenteric lesions can be easily excised. It is important to drain the abdominal abscess caused by the mesenteric tumor. The patient was diagnosed with a mesenteric tumor considering she was experiencing abdominal pain. A CT scan of the patient's abdomen was performed and it showed a large mesentery necrotic mass with internal abscess.

Pathophysiology References (2) (APA):

Sembawa, H. A. (2020). Primary mesenteric gastrointestinal stromal tumor presented with acute small bowel obstruction. ***National Health Institutes of Health*****,** ***8*****(1), 1-10. https://doi.org/10.1093/jscr/rjaa225**

Dufay, C., Abdelli, A., Le Pennec, V., & Chiche, L. (2019). Mesenteric tumors: Diagnosis and treatment. ***Journal of Visceral Surgery*****,** ***149*****(4), e239-e251. https://doi.org/10.1016/j.jviscsurg.2012.05.005**

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	3.50-5.20	2.64	2.86	Low levels of RBCs can be due to anemia (Pagana et al., 2019).
Hgb	11.0-16.0	7.6	8.5	The patient has low iron (Pagana et al., 2019).
Hct	34.0-47.0%	23.5%	26.9%	Low levels of hematocrit can be due to nutritional problems like low iron (Pagana et al., 2019).
Platelets	140-400	85	87.6	Low platelet levels can indicate thrombocytopenia (Pagana et al., 2019).
WBC	4.00-11.00	10.49	6.91	
Neutrophils	47.0%-73.0%	N/A	N/A	
Lymphocytes	18.0%-42.0%	1.7%	8.8%	Low levels indicate the blood doesn't have enough white blood cells. It can also indicate infections (Pagana et al., 2019).
Monocytes	4.0%-12.0%	2.6%	2.3%	Low levels of monocytes can result from chemotherapy (Pagana et al., 2019).
Eosinophils	0.0-5.0%	0.0	0.0	
Bands	Less than or equal to 10%	5.2%	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-	136-145	134	135	Low levels of sodium can be caused by nausea and muscle weakness (Pagana et al., 2019).
K+	3.5-5.1	3.2	4.7	Low potassium may be a result of diarrhea (Pagana et al., 2019).
Cl-	98-107	102	109	High levels can indicate dehydration (Pagana et al., 2019).
CO2	220-290	250	190	It can indicate an electrolyte imbalance, or that there is a problem removing carbon dioxide

				through your lungs (Pagana et al., 2019).
Glucose	**74-100**	**109**	**168**	**The cause of high blood sugar can be caused by dehydration and a lack of exercise (Pagana et al., 2019).**
BUN	**10-20**	**10**	**22**	**High levels of BUN can be due to dehydration (Pagana et al., 2019).**
Creatinine	**0.55-1.02**	**0.69**	**0.59**	
Albumin	**3.4-4.8**	**2.6**	**N/A**	**Low levels of albumin can be caused by malnutrition (Pagana et al., 2019).**
Calcium	**8.9-10.6**	**8.1**	**N/A**	**Low levels of calcium can be due to a disorder that interferes with the body's ability to absorb calcium (Pagana et al., 2019).**
Mag	**1.6-2.6**	**1.3**	**N/A**	**It is caused by decreased absorption of magnesium in the gut or increased excretion of magnesium in the urine (Pagana et al., 2019).**
Phosphate	**2.5-4.5**	**N/A**	**N/A**	
Bilirubin	**0.2-0.5**	**N/A**	**N/A**	
Alk Phos	**40-150**	**147**	**N/A**	
AST	**5-34**	**16**	**N/A**	
ALT	**0-55**	**19**	**N/A**	
Amylase	**40-140**	**N/A**	**N/A**	
Lipase	**8-78**	**13**	**N/A**	
Lactic Acid	**0.50-2.20**	**0.57**	**N/A**	

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	**2.0-3.0**	**N/A**	**N/A**	
PT	**11-13.5**	**N/A**	**N/A**	
PTT	**25-35**	**N/A**	**N/A**	
D-Dimer	**less than 0.5**	**N/A**	**N/A**	
BNP	**less than 100**	**N/A**	**N/A**	
HDL	**45-70**	**N/A**	**N/A**	
LDL	**less than 100**	**N/A**	**N/A**	
Cholesterol	**less than 200**	**N/A**	**N/A**	
Triglycerides	**less than 150**	**N/A**	**N/A**	
Hgb A1c	**less than 5.7%**	**N/A**	**N/A**	
TSH	**0.5-5.0**	**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**	**Straw/clear**	**N/A**	**Straw- colored urine can indicate dehydration (Pagana et al., 2019).**
pH	**5.0-7.0**	**7.0**	**N/A**	
Specific Gravity	**1.003-1.035**	**1.035**	**N/A**	
Glucose	**Negative**	**Negative**	**N/A**	
Protein	**Negative**	**Negative**	**N/A**	
Ketones	**Negative**	**Negative**	**N/A**	
WBC	**0-25**	**5**	**N/A**	
RBC	**0-20**	**4**	**N/A**	

Leukoesterase	**Negative**	**Negative**	**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	**Negative**	**N/A**	**N/A**	
Blood Culture	**No growth**	**No growth**	**N/A**	
Sputum Culture	**Negative**	**N/A**	**N/A**	
Stool Culture	**Negative**	**N/A**	**N/A**	

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana T. N. (2019). ***Mosby's diagnostic and laboratory desk reference*** **(14th ed.). Elsevier.**

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

The patient had a CT of the abdomen done and a CT of the pelvis with contrast. A CT of the abdomen and pelvis helps to detect diseases of the small bowel, colon, and other internal organs. It is performed to assess tumors, lesions, obstructions, and pain regarding the abdomen.

Diagnostic Test Correlation (5 points):

The CT scan revealed a central mesentery large necrotic mass with internal abscess. There is a persistent fistulous track with an adjacent small bowel loop. There is a slight gas leaking into the adjacent mesenteric fat. There is no acute bowel obstruction, but the large and small bowel loops are slightly prominent showing fluid and gas-filled content. There was a small bowel perforation from the lymphoma mass.

Diagnostic Test Reference (1) (APA):

Dufay, C., Abdelli, A., Le Pennec, V., & Chiche, L. (2019). Mesenteric tumors: diagnosis and treatment. *Journal of Visceral Surgery*, *149*(4), e239-e251. https://doi.org/10.1016/j.jviscsurg.2012.05.005

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Hospital Medications (5 required)

Brand/ Generic	**Fluconazole (Diflucan)**		**Magnesium L-lactate (Mag-Tab SR)**	**Sertraline (Zoloft)**	
Dose	**400 mg**		**84 mg**	**50 mg**	
Frequency	**100 mL/hr daily**		**BID**	**Daily**	

Route	**IV**		**Oral**	**Oral**	
Classification	**Pharmacological class: Azole antifungal Therapeutic class: Antifungal**		**Pharmacological class: Mineral Therapeutic class: Electrolyte replacement**	**Pharmacological class: Selective serotonin reuptake inhibitor (SSRI) Therapeutic class: Antianxiety, antidepressant, antiobsessant, antipanic, antiposttraumatic stress, antipremenstrual dysphoric**	
Mechanism of Action	**Damages fungal cells by interfering with a cytochrome P-450 enzyme needed to convert lanosterol to ergosterol, an essential part of the fungal cell membrane.**		**Assists all enzymes involved in phosphate transfer reactions that use adenosine triphosphate (ATP). Magnesium is required for the normal function of the ATP-dependent sodium-potassium pump in muscle membranes.**	**Inhibits reuptake of the neurotransmitter serotonin available in nerve synapses. An elevated serotonin level may result in elevated mood and reduced depression. This action may also relieve symptoms of other psychiatric conditions attributed to serotonin deficiency and premenstrual dysmorphic disorder**	
Reason Client Taking	**Treat esophageal candidiasis**		**To correct magnesium deficiency**	**It is used to treat depression**	

Contraindications (2)	**-Coadministration of drugs known to prolong QT interval and which are metabolized via the enzyme CYP3A4 or concurrent therapy with terfenadine -Hypersensitivity to fluconazole or its components**		**-Hypersensitivity to magnesium salts -Hypersensitivity to any component to any magnesium-containing preparations**	**-Concurrent use of disulfiram or pimozide -Hypersensitivity to sertraline or its components**	
Side Effects/ Adverse Reactions (2)	**-Prolonged QT interval -Adrenal insufficiency**		**-Arrhythmias -Hypermagnesemia**	**-Drowsiness -Ventricular tachycardia**	
Nursing Considerations (2)	**-Assess for rash every 8 hours during, and notify prescriber if rash occurs -Monitor coagulation test results and assess the patient for bleeding if the patient is receiving an oral anticoagulant**		**-Be aware that magnesium sulfate is the elemental form of magnesium. Oral preparations aren't all equivalent. -Be aware that the drug isn't metabolized. Drug remaining in the GI tract produces watery stool within 30 minutes to 3 hours.**	**-Monitor patient for hypo-osmolarity of serum and urine and for hyponatremia, which may indicate sertraline-induced syndrome of inappropriate ADH secretion -Be aware that effective antidepressant therapy can promote the development of mania in predisposed people. If mania develops, notify the prescriber immediately and expect to**	

				withhold sertraline.	

Home Medications (5 required)

Brand/Generic	**Acetaminophen (Tylenol)**	**Albuterol sulfate (Accuneb)**	**Omeprazole (Prilosec)**	**Pantoprazole (Protonix)**	
Dose	**325 mg**	**90 mcg**	**20 mg**	**10 mg**	
Frequency	**PRN**	**PRN**	**Daily**	**PRN**	
Route	**Oral**	**Inhalation**	**Oral**	**Oral**	
Classification	**Pharmacologic class: Nonsalicylate, paraaminophenol derivative Therapeutic class: Antipyretic, nonopioid analgesic**	**- Pharmacologic class: Adrenergic - Therapeutic class: Bronchodilator**	**- Pharmacologic class: Proton pump inhibitor - Therapeutic class: Antiulcer**	**- Pharmacologic class: Proton pump inhibitor Therapeutic class: Antiulcer**	

Mechanism of Action	**Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature-regulating center in the hypothalamus by inhibiting the synthesis of prostaglandin E2**	**Albuterol attaches to beta 2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert adenosine triphosphate (ATP) to cyclic adenosine monophosphate (cAMP). This reaction decreases intracellular calcium levels. It also increases intracellular levels of cAMP, as shown. Together, these effects bronchial smooth muscle cells and inhibit histamine release**	**Omeprazole interferes with gastric acid secretion by inhibiting the hydrogen potassium adenosine triphosphatase enzyme system, or proton pump, in gastric parietal cells.**	**Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphatase (H+-K+-ATPase) enzyme system, or proton pump, in gastric parietal cells. Normally, the proton pump uses energy from hydrolysis of ATPase to drive H+ and chloride (Cl–) out of parietal cells and into the stomach lumen in exchange for potassium (K+), which leaves the stomach lumen and enters parietal cells. After this exchange,**	

				H+ and Cl– combine in the stomach to form hydrochloric acid (HCl). Pantoprazole irreversibly inhibits the final step in gastric acid production by blocking the exchange of intracellular H+ and extracellular K+, thus preventing H+ from entering the stomach and additional HCl from forming.	
Reason Client Taking	**To relieve mild to moderate pain**	**To prevent exercise-induce bronchospasm**	**It is used to treat GERD**	**It is used to treat GERD**	
Contraindications (2)	**- Hypersensitivity to acetaminophen or its components -Severe hepatic impairment**	**- Hypersensitivity to albuterol or its components**	**- Concurrent therapy with rilpivirine-containing products - Hypersensitivity to**	**- Concurrent therapy with rilpivirine-containing products - Hypersensitivity to**	

			omeprazole, substituted benzimidazoles, or their components	**pantoprazole, substituted benzimidazoles, or their components**	
Side Effects/Adverse Reactions (2)	**- Hopotension - Anaphylaxis**	**-Anxiety -Pharyngitis**	**-Chest pain - Hypertension**	**- Hyperglycemia -Bronchitis**	
Nursing Considerations (2)	**-Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment -Monitor renal function in patient on long-term therapy. Keep in mind that blood or albumin in urine may indicate nephritis; decreased urine**	**-Administer pressurized inhalations of albuterol during the second half of inspiration, when airways are open wider and aerosol distribution is more effective -Be aware that drug tolerance can develop with prolonged use.**	**-Give omeprazole before meals, preferably in the morning for once-daily dosing. If needed, also give an antacid, as prescribed -Know that because drugs can interfere with absorption of vitamin-B12, monitor patient for macrocytic anemia.**	**-Ensure the continuity of gastric acid suppression during transition from oral to I.V. pantoprazole (or vice versa) because even a brief interruption of effective suppression can lead to serious complications. -Don't give pantoprazole within 4 weeks of testing for Helicobacter pylori because antibiotics, bismuth preparations, and**	

	output may indicate nephritis; decreased urine output may indicate renal failure; and dark brown urine may indicate the presence of the metabolite phenacetin.			**proton pump inhibitors suppress H. pylori and may lead to false-negative results. Drug also may cause false-positive results in urine screening tests for tetrahydrocannabinol. Consult guidelines for pantoprazole use before testing.**	

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2021). 2021 *Nurse's drug handbook* (twentieth).

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**The patient is alert and oriented** **The patient does not seem visibly distressed** **Pt well dressed in clean gown** **Pt's skin, hair, nails clean and well maintained**
INTEGUMENTARY: **Skin color:** **Character:**	**Skin color: White** **Character: Skin is warm and dry upon palpation**

Temperature: **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**Temperature: Taken orally and was 97.8 F** **Turgor: Skin has normal turgor** **Pt has no visible bruising** **Normal quantity, distribution, and texture of hair** **Braden score: 20** **The patient has a JP drain**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head/Neck: Head and neck are symmetrical. Normocephalic and atraumatic** **Ears: Left/right external ear normal** **Eyes: No visible drainage from eyes, the bilateral sclera is white, the bilateral cornea is clear, bilateral conjunctiva is pink. Bilateral lids are moist and pink without any discharge** **Extraocular movements: extraocular movements intact** **Conjunctiva/sclera: conjunctivae normal** **Pupils: pupils are equal, round, reactive to light** **Nose: Septum is midline and no visible bleeding from nose** **Teeth: Did not notice plaque or tartar. Teeth are white and somewhat aligned with gums. The mucous membrane is moist** .
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 ☐** **Location of Edema:**	**Normal heart rate and rhythm. Clear S1 and S2 without any murmurs** **Peripheral pulse: 3+** **Capillary refill: 2 seconds** **No edema or neck vein distention**
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**No accessory muscle use** **Breath sounds: normal breath sounds** **Effort: pulmonary effort is normal. No respiratory distress**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:**	**Diet at home: regular** **Current diet: full liquid** **Height: 5'11"** **Weight: 137 lbs** **Bowel sounds: hyperactive** **Last BM: 3/10/22**

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:**	**Upon palpation there is pain and an abdominal mass present. The abdomen is soft** **Tenderness: There is abdominal tenderness. There is no guarding or rebound** **Inspection: none** **Distention: none** **Incisions: none** **Scars: none** **Drains: JP drain** **Wounds: none** **No ostomy, nasogastric, or feeding tubes** **Swelling od abdomen**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**Clear yellow** **No pain with urination** **No dialysis** **Genitals appear to be normal** **No catheter**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Neurovascular status: normal** **No swelling. Normal range of motion** **Cervical back- normal range of motion** **Strength: Patient noticeably strong** **Supportive devices: none** **ADL assistance: none** **Fall risk: yes** **Fall risk score: 9** **Mobility status: patient able to move freely without equipment. Pt independent. Does not need assistance when standing or walking.**
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:**	**MAEW: no** **PERLA: no** **Strength is equal** **Orientation: pt oriented** **Mental status: pt is alert and oriented to person, place, and time** **Speech: normal** **Sensory: normal sensation** **Pt awake and alert**

LOC:	**LOC: pt awake and alert**
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):**	**Coping method: resting, smartphone, television** **Developmental level: developmental status appropriate for age** **Patient is calm and cooperative. The patient is also accepting and participates in care. Behavior is appropriate to the situation. The patient does not state that they are religious. The 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
7:52	**70**	**143/70**	**18**	**97.8 F**	**96%**
11:41	**62**	**146/78**	**18**	**97.7 F**	**96%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
7:52	**1-10**	**N/A**	**N/A**	**N/A**	**N/A**
11:41	**1-10**	**N/A**	**N/A**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:**	**Size of IV: 20** **Location of IV: Right lower arm** **Date on IV: 3/1/22** **Patency of IV: open**

Signs of erythema, drainage, etc.: **IV dressing assessment:**	**Signs of erythema, drainage, etc.: no signs** **IV dressing assessment: dry and intact**

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
800- fluids **200- Fluconazole** **2000- clinimix-e-parenteral nutrition mixture**	**800 mL**

Nursing Care

Summary of Care (2 points)

Overview of care: Patient is diagnosed with a mesenteric tumor. Labs are being done daily to monitor how effective treatment is.

Procedures/testing done: CT scan of abdomen/pelvis

Complaints/Issues: No complaints/issues

Vital signs (stable/unstable): Vital signs are stable

Tolerating diet, activity, etc.: Patient tolerating diet and activity

Physician notifications: None

Future plans for client: Undetermined

Discharge Planning (2 points)

Discharge location: Patients home

Home health needs (if applicable): The patient has a contract with a home care agency. The patient needs a home TPN

Equipment needs (if applicable): Not applicable

Follow-up plan: No surgical intervention planned. The patient will need to follow-up with outpatient

Education needs: The patient will be educated on how to care for a JP drain, and how often the patient needs to empty it

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

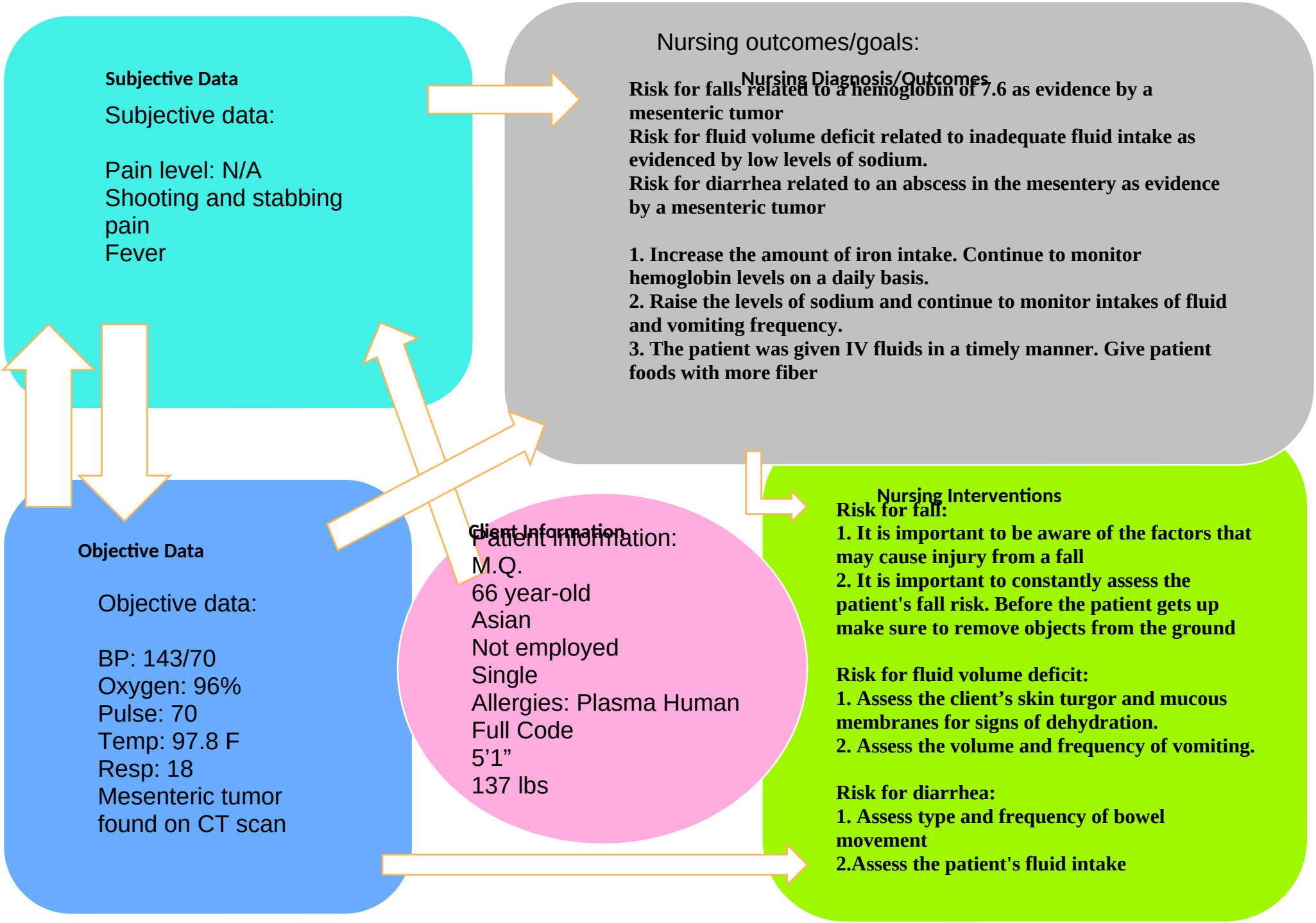
Nursing Diagnosis ● Include full nursing diagnosis with "related to" and "as evidenced by" components ● Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** ● Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 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. Risk for falls related to a hemoglobin of 7.6 as evidence by a mesenteric tumor	**After admission, the patient's lab indicated a hemoglobin level of 7.6 which indicates anemia**	**1. It is important to be aware of the factors that may cause injury from a fall** **2. It is important to constantly assess the patient's fall risk. Before the patient gets up**	**1. Increase the amount of iron intake. Continue to monitor hemoglobin levels on a daily basis.**	**The client was cooperative when teaching how to increase hemoglobin levels. The patient agreed to eat foods with more iron.**

		make sure to remove objects from the ground		
2. Risk for fluid volume deficit related to inadequate fluid intake as evidenced by low levels of sodium.	**After admission, the patient's lab indicated a sodium level of 134**	**1. Assess the client's skin turgor and mucous membranes for signs of dehydration.** **2. Assess the volume and frequency of vomiting.**	**1. Raise the levels of sodium and continue to monitor intakes of fluid and vomiting frequency.**	**The patient was willing to understand their abnormal labs and continue to monitor their labs on a daily basis. Patients will help achieve their goal by being cooperative and attempting to consume more liquids.**
3. Risk for diarrhea related to an abscess in the mesentery as evidence by a mesenteric tumor	**The patient was admitted to the emergency department with abdominal pain which indicated there is a likelihood of getting diarrhea**	**1. Assess type and frequency of bowel movement** **2. Assess the patient's fluid intake**	**1. The patient was given IV fluids in a timely manner. Give patient foods with more fiber**	**Patient was very understanding of the interventions and agreed to consume foods high in fiber and make sure they drink more fluids.**

Other References (APA):

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

Concept Map (20 Points):


Subjective Data
Subjective data:
Pain level: N/A
Shooting and stabbing pain
Fever
Nursing outcomes/goals:
Nursing Diagnosis/Outcomes
Risk for falls related to a hemoglobin of 7.6 as evidence by a mesenteric tumor
Risk for fluid volume deficit related to inadequate fluid intake as evidenced by low levels of sodium.
Risk for diarrhea related to an abscess in the mesentery as evidence by a mesenteric tumor
1. Increase the amount of iron intake. Continue to monitor hemoglobin levels on a daily basis.
2. Raise the levels of sodium and continue to monitor intakes of fluid and vomiting frequency.
3. The patient was given IV fluids in a timely manner. Give patient foods with more fiber
Objective Data
Objective data:
BP: 143/70
Oxygen: 96%
Pulse: 70
Temp: 97.8 F
Resp: 18
Mesenteric tumor found on CT scan
Client Information
Patient Information:
M.Q.
66 year-old
Asian
Not employed
Single
Allergies: Plasma Human
Full Code
5'1"
137 lbs
Nursing Interventions
Risk for fall:
1. It is important to be aware of the factors that may cause injury from a fall
2. It is important to constantly assess the patient's fall risk. Before the patient gets up make sure to remove objects from the ground
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 diarrhea:
1. Assess type and frequency of bowel movement
2.Assess the patient's fluid intake