

N311 Care Plan # 4  
Lakeview College of Nursing  
Molly Niemerg

**Demographics (5 points)**

<b>Date of Admission</b> 08-12-15	<b>Client Initials</b> RG Room: 306	<b>Age</b> 64	<b>Gender</b> Male
<b>Race/Ethnicity</b> White	<b>Occupation</b> Metal Worker	<b>Marital Status</b> Divorced	<b>Allergies</b> Amoxicillin
<b>Code Status</b> Full Code	<b>Height</b> 60 inches	<b>Weight</b> 249.0 lbs	

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

Acute headache  
 Chronic pain  
 Decubitus ulcer of left buttock, unstageable  
 Degenerative lumbar disc  
 Dehiscence of surgical wound  
 Hypercholesterolemia  
 Hypertension  
 Methicillin resistant staphylococcus aureus  
 Morbid obesity  
 Post Op check  
 Pressure ulcer of left hip  
 Surgery follow-up  
 Vascular disease, peripheral

**Historical**

History of back surgery  
 History of left above knee amputation  
 History of right below knee amputation  
 History of appendectomy  
 History of cholecystectomy  
 Decubitus ulcer  
 Foot osteomyelitis, right  
 Foot ulcer  
 Foot ulcer with fat layer exposed  
 Skin ulcer of left great toe

**Past Surgical History:**

Amputation below right knee (04-21-21)  
Amputation Foot (11-30-18)  
Debridement hip (07-05-18)  
Amputation toe (04-30-18)  
Incision and drainage debridement hip (04-30-18)  
Excision lesion lower extremity (04-12-17)  
Amputation above knee, mid thigh  
Back surgery  
Colonoscopy  
Eye surgery  
Hemorrhoids  
Recorder (device)

**Family History:**

**Mother**

Coronary artery bypass grafts x5  
Coronary atherosclerotic disease  
Cardiovascular disease  
Diabetes Mellitus  
Heart Attack

**Father**

Cancer  
Cardiovascular disease  
Diabetes Mellitus

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

Substance → Use none (04-06-17)

Alcohol → Past user

Tobacco → Former smoker (10-12-17)

### **Admission Assessment**

#### **Chief Complaint (2 points):**

Resident stated he has shoulder and lower back pain related to recent back surgery. Resident stated his pain severity was a 5. Resident took morphine and hydrocodone two hours before assessment.

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

The resident stated pain started after he had back surgery. The pain is located in his lower back. The duration of his pain is constant. Resident stated the pain feels like a “stabbing” pain. Moving around in his chair or bed irritates his back. Laying flat or in semi-fowlers position helps. The only treatment that the resident has had is pain medication. These pain medications consist of morphine and hydrocodone.

### **Primary Diagnosis**

#### **Primary Diagnosis on Admission (3 points):**

Complex Regional Pain Syndrome

#### **Secondary Diagnosis (if applicable):**

Laminectomy/ or lumbosacral region

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

Complex regional pain syndrome is often misdiagnosed. Consistent pain can occur in children as well as adults. It occurs more often in women than men. Complex regional pain syndrome is very uncommon if you do not meet certain requirements of symptoms.

Complex regional pain syndrome “otherwise known as reflex sympathetic dystrophy syndrome.” (Cleveland Clinic, n.d.) Complex regional pain syndrome “causes pain; swelling; changes in skin color, texture and temperature and other symptoms.” (Cleveland Clinic, n.d.) “It usually affects your extremities- an arm, leg, hand or foot- but can affect any part of your body.” (Cleveland Clinic, n.d.) Scientists believe the “Complex regional pain syndrome starts after a soft tissue injury, fracture or surgery.” (Cleveland Clinic, n.d.) The pain is more present and continues to get worse after an injury, fracture, or surgery. “Experts believe that complex regional pain syndrome occurs as a result of dysfunction in the central or peripheral nervous systems.” (Cleveland Clinic, n.d.) “The abnormal functioning results in an overreaction to pain signals that the nervous system cannot shut off.” (Cleveland Clinic, n.d.) Complex regional pain syndrome starts out from a small complication that can result into a chronic complication over time.

Complex regional pain syndrome has signs and symptoms that vary from person to person. “Pain is usually the leading and most disabling symptom.” (Cleveland Clinic, n.d.) Symptoms include “continuous pain that gets worse over time, pain that is out of proportion to the severity of your injury, and extreme sensitivity to pain such that a very light touch to your skin produces severe pain.” (Cleveland Clinic, n.d.) “Pain that spreads, burning pain or a feeling that the affected limb is being squeezed, skin swelling, or decreased range of motion/loss of function, tremor.” (Cleveland Clinic, n.d.) “Changes in skin temperature, changes in skin color, changes in skin texture, or changes in nail or hair growth.” (Cleveland Clinic, n.d.) Researchers are trying to

figure out if sex has a difference on complex regional pain syndrome. “Oxidative stress has been implicated in its pathogenesis, whether pain behavior and the underlying mechanism are sex-specific is unclear.” (National Center for Biotechnology Information, 2017) There are several signs and symptoms that relate to complex regional pain syndrome.

Complex regional pain syndrome is hard to diagnose considering multiple people suffer from chronic pain. “Complex regional pain syndrome is diagnosed mainly through careful history, physical examination and review of your symptoms.” (Cleveland Clinic, n.d.) “Your healthcare provider will ask you if you've had a recent injury (such as a sprain), fracture, or surgery.” (Cleveland Clinic, n.d.) Providers will look for “change in the appearance, temperature, and texture of your skin.” (Cleveland Clinic, n.d.) They also might look for a “higher-than-expected amount of pain from an injury or any other disease or conditions that could cause your pains.” (Cleveland Clinic, n.d.) The patient will need to have “a specific number of symptoms described in this article must be present to confirm a diagnosis.” (Cleveland Clinic, n.d.) Providers will “order an electromyography to rule out other conditions such as neuropathy.” (Cleveland Clinic, n.d.) They can diagnosis complex regional pain syndrome but can be hard because several people do suffer from chronic pain.

Complex regional pain syndrome needs to be treated early otherwise it could make the symptoms worse over time. “The goal of treatment is to decrease your pain and other symptoms, restore function to the affected limb, and maintain the quality of your life.” (Cleveland Clinic, n.d.) Treatment methods can include “physical, occupational, psychotherapy or mirror therapy.” (Cleveland Clinic, n.d.) “Desensitization technique that involves touching the affected area with materials of different textures and weights and even placing the affected limb into the water of warmer and cooler temperatures.” (Cleveland Clinic, n.d.) Providers also try certain medications

“such as topical analgesic cream and patches, certain anesthetic medications like opioids, ketamine, dextromethorphan, etc.” (Cleveland Clinic, n.d.) The last treatment they would try is “alternative therapies like sympathetic nerve blocks, intrathecal drug pumps, or a spinal cord stimulation.” (Cleveland Clinic, n.d.) These treatments may not cure all the pain, but they may relieve it.

In conclusion, complex regional pain syndrome often gets overlooked. There are multiple treatments that can be used to reduce the pain, but they may not take away all the pain. Complex regional pain syndrome is more common in women.

### **Pathophysiology References (2) (APA):**

*Complex regional pain syndrome (CRPS): Symptoms & treatments.* Cleveland Clinic. (n.d.). Retrieved March 21, 2022, from <https://my.clevelandclinic.org/health/diseases/12085-complex-regional-pain-syndrome-crps>

Tang, C., Li, J., Tai, W. L., Yao, W., (2017, July 31). *Sex differences in complex regional pain syndrome type I (CRPS-I).* Journal of pain research. Retrieved March 23, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5548282/>

**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
<b>RBC</b>	“4.35-5.65 trillion cells/L” (Mayo Clinic, 2020)	N/A	3.22 trillion cells/L	My patient has back surgery and “major surgery can lead to significant blood loss, and your red blood cell count may fall below acceptable range.” (Procrit, n.d)
<b>Hgb</b>	“13.2-16.6 grams/dL” (Mayo Clinic, 2020)	11.1 grams/dL	27.0 grams/dL	My patient has a history of smoking. “Lifestyle factors can cause high hemoglobin.” (Cleveland Clinic, n.d.)
<b>Hct</b>	“38.3-48.6%” (Mayo Clinic, 2020)	33.5%	27.0%	“A lower-than-normal hematocrit can indicate a recent or long-term blood loss.” (Mayo Clinic, 2021)
<b>Platelets</b>	“135-317 billion/L” (Mayo Clinic, 2020)	N/A	174 billion/L	N/A
<b>WBC</b>	“4.5-11 billion cells/L” (Mount Sinai, n.d.)	4.3 billion cells/L	10.8 billion cells/L	N/A
<b>Neutrophils</b>	“40% to 60%” (Medline Plus)	N/A	83.4%	The patient has a high neutrophil count as evidenced by an “injury to his back.” (Cleveland Clinic, n.d.)
<b>Lymphocytes</b>	“20% to 40%” (Medline Plus)	N/A	7.9%	The patient is taking 2 different opioids medication that “may lower your lymphocyte levels.” (Health Line, 2019)
<b>Monocytes</b>	“2% to 8%” (Medline Plus)	N/A	7.8%	N/A
<b>Eosinophils</b>	N/A	N/A	N/A	N/A



<b>Bands</b>	N/A	N/A	N/A	N/A
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*High hemoglobin count: Causes, treatments.* Cleveland Clinic. (n.d.). Retrieved March 23, 2022, from <https://my.clevelandclinic.org/health/diseases/17789-high-hemoglobin-count>

Mayo Foundation for Medical Education and Research. (2020, December 22). *Complete blood count (CBC)*. Mayo Clinic. Retrieved March 14, 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 23, 2022, from <https://www.mayoclinic.org/tests-procedures/hematocrit/about>

U.S. National Library of Medicine. (n.d.). *Blood differential test: Medlineplus Medical Encyclopedia*. MedlinePlus. Retrieved March 14, 2022, from <https://medlineplus.gov/ency/article/003657.htm>

*What are neutrophils? what can cause high or low neutrophil count.* Cleveland Clinic. (n.d.). Retrieved March 23, 2022, from <https://my.clevelandclinic.org/health/body/22313-neutrophils>

**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-	"135-145 mEq/L" (Mayo Clinic, 2020)	140 mEq/L	137 mEq/L	N/A
K+	"3.6 to 5.2 mmol/L" (Mayo Clinic, 2020)	4.0 mmol/L	4.9 mmol/L	N/A
Cl-	"96 to 106 mEq/L" (Cleveland Clinic)	26 mEq/L	105 mEq/L	N/A
CO2	"22 to 29 mEq/L"	N/A	29 mEq/L	N/A

	(University of Rochester Medical Center”			
<b>Glucose</b>	“70 to 100 mg/dL” (Medline Plus)	N/A	100 mg/dL	N/A
<b>BUN</b>	“6 to 24 mg/dL” (Mayo Clinic, 2021)	24 mg/dL	20 mg/dL	N/A
<b>Creatinine</b>	“0.74 to 1.35 mg/dL” (Mayo Clinic, 2021)	N/A	1.92 mg/dL	My patient has a history of hypertension. “Hypertension can cause damage or disease that impacts kidney function.” (Health Line, 2019)
<b>Albumin</b>	N/A	N/A	N/A	N/A
<b>Calcium</b>	“8.5 to 10.2 mg/dL” (Cleveland Clinic)	N/A	9.2 mg/dL	N/A
<b>Mag</b>	N/A	N/A	N/A	N/A
<b>Phosphate</b>	N/A	N/A	N/A	N/A
<b>Bilirubin</b>	N/A	N/A	N/A	N/A
<b>Alk Phos</b>	N/A	N/A	N/A	N/A

*Calcium blood test: What it is, purpose, procedure & results.* Cleveland Clinic. (n.d.). Retrieved March 14, 2022, from <https://my.clevelandclinic.org/health/diagnostics/22021-calcium-blood-test>

*Chloride blood test: What it is, procedure, risks & results.* Cleveland Clinic. (n.d.). Retrieved March 14, 2022, from <https://my.clevelandclinic.org/health/diagnostics/22023-chloride-blood-test>

Mayo Foundation for Medical Education and Research. (2020, July 11). *Low potassium (hypokalemia)*. Mayo Clinic. Retrieved March 14, 2022, from <https://www.mayoclinic.org/symptoms/low-potassium/basics/definition/sym-20050632>

Mayo Foundation for Medical Education and Research. (2020, May 23). *Hyponatremia*. Mayo Clinic. Retrieved March 14, 2022, from

<https://www.mayoclinic.org/diseases-conditions/hyponatremia/symptoms-causes/syc-20373711>

Mayo Foundation for Medical Education and Research. (2021, August 19). *Blood urea nitrogen (BUN) test*. Mayo Clinic. Retrieved March 14, 2022, from <https://www.mayoclinic.org/tests-procedures/blood-urea-nitrogen/about/pac-20384821>

Mayo Foundation for Medical Education and Research. (2021, February 25). *Creatinine tests*. Mayo Clinic. Retrieved March 14, 2022, from <https://www.mayoclinic.org/tests-procedures/creatinine-test/about/pac-20384646>

Seladi-Schulman, J. (2019, July 24). *High creatinine symptoms: What may occur when your levels are off*. Healthline. Retrieved March 23, 2022, from <https://www.healthline.com/health/high-creatinine-symptoms#causes>

*Total carbon dioxide (blood)*. Carbon Dioxide (Blood) - Health Encyclopedia - University of Rochester Medical Center. (n.d.). Retrieved March 14, 2022, from [https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=167&contentid=carbon\\_dioxide\\_blood](https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=167&contentid=carbon_dioxide_blood)

U.S. National Library of Medicine. (n.d.). *Blood sugar test: Medlineplus medical encyclopedia*. MedlinePlus. Retrieved March 14, 2022, from <https://medlineplus.gov/ency/article/003482.htm>

**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

<b>Leukoesterase</b>	N/A	N/A	N/A	N/A
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**Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.**

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	N/A	N/A	N/A	N/A
<b>Blood Culture</b>	N/A	N/A	N/A	N/A
<b>Sputum Culture</b>	N/A	N/A	N/A	N/A
<b>Stool Culture</b>	N/A	N/A	N/A	N/A

**Lab Correlations Reference (1) (APA):**

*Calcium blood test: What it is, purpose, procedure & results.* Cleveland Clinic. (n.d.). Retrieved March 14, 2022, from <https://my.clevelandclinic.org/health/diagnostics/22021-calcium-blood-test>

*Chloride blood test: What it is, procedure, risks & results.* Cleveland Clinic. (n.d.). Retrieved March 14, 2022, from <https://my.clevelandclinic.org/health/diagnostics/22023-chloride-blood-test>

Mayo Foundation for Medical Education and Research. (2020, December 22). *Complete blood count (CBC).* Mayo Clinic. Retrieved March 14, 2022, from <https://www.mayoclinic.org/tests-procedures/complete-blood-count/about/pac-20384919>

Mayo Foundation for Medical Education and Research. (2020, July 11). *Low potassium (hypokalemia).* Mayo Clinic. Retrieved March 14, 2022, from <https://www.mayoclinic.org/symptoms/low-potassium/basics/definition/sym-20050632>

Mayo Foundation for Medical Education and Research. (2020, May 23). *Hyponatremia.* Mayo Clinic. Retrieved March 14, 2022, from

<https://www.mayoclinic.org/diseases-conditions/hyponatremia/symptoms-causes/syc-20373711>

Mayo Foundation for Medical Education and Research. (2021, August 19). *Blood urea nitrogen (BUN) test*. Mayo Clinic. Retrieved March 14, 2022, from <https://www.mayoclinic.org/tests-procedures/blood-urea-nitrogen/about/pac-20384821>

Mayo Foundation for Medical Education and Research. (2021, February 25). *Creatinine tests*. Mayo Clinic. Retrieved March 14, 2022, from <https://www.mayoclinic.org/tests-procedures/creatinine-test/about/pac-20384646>

*Total carbon dioxide (blood)*. Carbon Dioxide (Blood) - Health Encyclopedia - University of Rochester Medical Center. (n.d.). Retrieved March 14, 2022, from [https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=167&contentid=carbon\\_dioxide\\_blood](https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=167&contentid=carbon_dioxide_blood)

U.S. National Library of Medicine. (n.d.). *Blood differential test: Medlineplus Medical Encyclopedia*. MedlinePlus. Retrieved March 14, 2022, from <https://medlineplus.gov/ency/article/003657.htm>

U.S. National Library of Medicine. (n.d.). *Blood sugar test: Medlineplus medical encyclopedia*. MedlinePlus. Retrieved March 14, 2022, from <https://medlineplus.gov/ency/article/003482.htm>

### **Diagnostic Imaging**

#### **All Other Diagnostic Tests (10 points):**

Patient has no updated diagnostic tests.

#### **Diagnostic Imaging Reference (1) (APA):**

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

**Medications (5 required)**

<b>Brand/ Generic</b>	“Arymo ER/morphine sulfate” (Nurse’s Drug Handbook, 2021, p. 908)	“Anjeso/meloxicam” (Nurse’s Drug Handbook, 2021, p. 826)	“Hysingla ER/hydrocodone acetaminophen” (Nurse’s Drug Handbook, 2021, p. 649)	“Celexa/citalopram hydrobromide” (Nurse’s Drug Handbook, 2021, p. 279)	“Pravachol/pravastatin sodium” (Nurse’s Drug Handbook, 2021, p. 1079)
<b>Dose</b>	60 mg	15 mg	10-325 mg	20 mg	20 mg
<b>Frequency</b>	2 tablets every 8 hours for pain	1 tablet daily	1 tablet every 6 hours; give every 2 hours for severe	1 tablet daily	1 tablet at bedtime
<b>Route</b>	By mouth (orally)	By mouth (orally)	By mouth (orally)	By mouth (orally)	By mouth (orally)
<b>Classification</b>	“Pharmacologic class: Opioid Therapeutic class: Opioid analgesic Controlled substance schedule: II” (Nurse’s Drug Handbook, 2021, p. 908)	“Pharmacologic class: NSAID Therapeutic class: Analgesic” (Nurse’s Drug Handbook, 2021, p. 826)	“Pharmacologic class: Opioid Therapeutic class: Opioid analgesic Controlled substance schedule: II” (Nurse’s Drug Handbook, 2021, p. 649)	“Pharmacologic class: Selective serotonin reuptake inhibitor (SSRI) Therapeutic class: Antidepressant” (Nurse’s Drug Handbook, 2021, p. 279)	“Pharmacologic class: HMG-CoA reductase inhibitor (statin) Therapeutic class: Antilipemic” (Nurse’s Drug Handbook, 2021, p. 1079)
<b>Mechanism of Action</b>	“Binds with and activates opioid receptors	“Blocks cyclooxygenase, the enzyme needed to synthesize	“Binds to and activates opioid receptors at	“Blocks serotonin reuptake by adrenergic nerves,	“Inhibits cholesterol synthesis in liver by blocking the

	(mainly mu receptors) in brain and spinal cord to produce analgesia and euphoria.” (Nurse’s Drug Handbook, 2021, p. 910)	prostaglandins , which mediate the inflammatory response and cause local pain, swelling, and vasodilation. By inhibiting prostaglandins , the NSAID meloxicam reduces inflammatory symptoms. It also relieves pain because prostaglandins promote pain transmission from the periphery to the spinal cord.” (Nurse’s Drug Handbook, 2021, p. 827)	sites in the periaqueductal and periventricular gray matter, the ventromedial medulla, and the spinal cord to produce pain relief.” (Nurse’s Drug Handbook, 2021, p. 650)	which normally release this neurotransmitter from their storage sites when activated by a nerve impulse. This blocked reuptake increases serotonin levels at nerve synapses, which may elevate mood and reduce depression.” (Nurse’s Drug Handbook, 2021, p. 280)	enzyme needed to convert hydroxymethylglutaryl-CoA (HMG-CoA) to mevalonate, a cholesterol precursor. When cholesterol synthesis is blocked, the liver also increases breakdown of LDL cholesterol.” (Nurse’s Drug Handbook, 2021, p. 1080)
<b>Reason Client Taking</b>	Pain	Chronic Pain Syndrome	Pain	Major Depression Disorder	Hyperlipidemia
<b>Contraindications (2)</b>	“Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment.” (Nurse’s Drug	“Urticaria induced by hypersensitivity to aspirin or other NSAIDs” (Nurse’s Drug Handbook, 2021, p. 827) “Hypersensitivity to meloxicam or its components”	“Known or suspected gastrointestinal obstruction” (Nurse’s Drug Handbook, 2021, p. 650) “Hypersensitivity to hydrocodone bitartrate	“Hypersensitivity to citalopram or its components.” (Nurse’s Drug Handbook, 2021, p. 280) “Pimozide therapy” (Nurse’s Drug Handbook,	“Persistent elevated liver enzymes” (Nurse’s Drug Handbook, 2021, p. 1080) “Hypersensitivity to pravastatin or its components.” (Nurse’s Drug Handbook, 2021, p. 1080)

	Handbook, 2021, p. 910) “Gastrointestinal obstruction” (Nurse’s Drug Handbook, 2021, p. 910)	(Nurse’s Drug Handbook, 2021, p. 827)	or any of its components” (Nurse’s Drug Handbook, 2021, p. 650)	2021, p. 280)	
<b>Side Effects/Adverse Reactions (2)</b>	“Constipation” (Nurse’s Drug Handbook, 2021, p. 910) “Amblyopia” (Nurse’s Drug Handbook, 2021, p. 910)	“CVA” (Nurse’s Drug Handbook, 2021, p. 827) “Back pain” (Nurse’s Drug Handbook, 2021, p. 827)	“Depression” (Nurse’s Drug Handbook, 2021, p. 650) “Constipation (may be severe)” (Nurse’s Drug Handbook, 2021, p. 651)	“CVA” (Nurse’s Drug Handbook, 2021, p. 280) “Depression” (Nurse’s Drug Handbook, 2021, p. 280)	“Depression” (Nurse’s Drug Handbook, 2021, p. 1080) “Constipation” (Nurse’s Drug Handbook, 2021, p. 1080)

**Medications Reference (1) (APA):**

Jones & Bartlett Learning. (2021). *2021 Nurse’s drug handbook* (20th ed.), (p. 279-280, 649-651, 826-827, 908-910, 1079-1080) Jones & Bartlett Learning.



**Assessment**

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

<p><b>GENERAL:</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></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><b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds: .</b>  <b>Braden Score:</b>  <b>Drains present: Y</b> <input type="checkbox"/> <b>N</b> <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p>The skin is an olive color. The character of the patient's skin is dry and flaky, but warm. Turgor has a non-tenting of the skin. There appears to be no rashes, bruises, or wounds. The resident scored a 19 on the Braden score, which indicates the patient is at low risk. There is no drainage present.</p>
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>The Head and neck are symmetrical, the trachea is midline. The thyroid is non palpable, and no lymphadenopathy is present. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink with no visible drainage. Pupils constrict, but the patient is blind with the right eye with strabismus present. No lumps or lesions are present on the auricles bilaterally. The septum is midline with no drainage present. The uvula is midline; the soft palate rises and falls symmetrically. The hard palate is intact. Detention is good, oral mucosa is moist and pink without lesions.</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention: Y</b> <input type="checkbox"/> <b>N</b> <input checked="" type="checkbox"/>  <b>Edema Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/>  <b>Location of Edema: Hands</b></p>	<p>Clear S1 and S2 without murmurs or gallops. Normal rate and rhythm. There are no peripheral pulses present as evidenced by bilateral above-the-knee amputation. Capillary refills in less than 3 seconds. There is no neck vein distention. Non-pitting edema is present on bilateral hands.</p>

<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>Accessory muscles are not used during breathing. Normal rate and pattern of respirations. Respirations are non-labored and symmetrical.</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>              <b>Distention:</b>              <b>Incisions:</b>              <b>Scars:</b>              <b>Drains:</b>              <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Type:</b></p>	<p>The resident's diet at home and current diet are normal. The patient's height is 60 inches and weighs 249 pounds. The resident's last bowel movement was the first week of March but doesn't recall an exact date. Bowel sounds are hyperactive x3 present in RUQ, LUQ, and LLQ. Upon inspection, there is no distention, incisions, scars, drains, or wounds. The resident does not have an ostomy, nasogastric, or a feeding tube.</p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input type="checkbox"/>              <b>Type:</b>              <b>Size:</b></p>	<p>N/A</p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/> No  <b>Needs assistance with equipment</b> <input type="checkbox"/> Yes  <b>Needs support to stand and walk</b> <input type="checkbox"/> Yes</p>	<p>The resident has an active range of motion and uses a wheelchair as an assisted device. The residents' left side is weaker. The resident does need assistance with ADL and is at risk for falls. The resident scored a 25 on the Morse fall risk which indicates moderate risk. The resident is not independent and needs assistance. The resident cannot stand or walk as evidenced by bilateral above-the-knee amputation.</p>

<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input checked="" type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>The patient can move arms well. Pupils are round and reactive to light, but not equal as evidenced by strabismus. The left side is slightly weaker. The resident is alert and oriented by 4. The resident has difficulty coming up with words due to the 2 strokes he has in the past. Equal sensory bilaterally with no loss of consciousness.</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>The resident wants out of the nursing home. The residents' coping methods involve sitting in front of the window on a cold sunny day, otherwise enjoys sitting outside. The resident lives alone with his dog.</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0945	70	178/86 mmHg	12	97.3 F	95%

**Pain Assessment, 1 set (5 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
0900	Numeric	Lower Back and Shoulder	5	Stabbing	*Allow the resident to lay flat or in semi-fowlers.

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
240 mL	Voided 900 mL in urinal

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

<p style="text-align: center;"><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<p style="text-align: center;"><b>Rationale</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p style="text-align: center;"><b>Interventions (2 per dx)</b></p>	<p style="text-align: center;"><b>Outcome Goal (1 per dx)</b></p>	<p style="text-align: center;"><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the client/family respond to the nurse’s actions?                             <ul style="list-style-type: none"> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul> </li> </ul>
<p><b>1.</b> Chronic pain related to prolonged dehiscence of wound site as evidenced by chronic use of narcotics and altered sleep pattern.</p>	<p>The resident complains of pain every day of it being a 10 or higher. The resident has gone through bilateral above-the-knee amputations and back surgery.</p>	<p><b>1.</b> Assess the patient's pain every 2 hours.</p> <p><b>2.</b> “Teach patient about relaxation techniques, guided imagery, massage, or music therapy.” (Nursing Diagnosis, 2020, p. 426)</p> <p><b>3.</b> “Use behavior modification.” (Nursing Diagnosis, 2020, p. 426)</p> <p><b>4.</b> Work with staff and relay</p>	<p><b>1.</b> The residents' pain severity will rate below 5 before April 1st, 2022.</p>	<p>The patients pain remains under a 5 and found ways to relax during the pain.</p>

		<p>information between shifts.</p> <p>5. “Encourage self-care activities.” (Nursing Diagnosis, 2020, p. 426)</p>		
<p>2. Ineffective coping related to insufficient social support as evidenced by behavioral changes and dependence of opioids.</p>	<p>The resident has difficulty coping with his current living situation.</p>	<p>1. “If possible, assign a consistent care provider to provide continuity of care and promote development of therapeutic relationship.” (Nursing Diagnosis, 2020, p. 135)</p> <p>2. Explain treatments properly and address fears.</p> <p>3. “Discourage dependent behavior by assisting patient only when necessary.” (Nursing Diagnosis, 2020, p. 135)</p> <p>4. Help patient recognize and feel good about positive personal qualities and accomplishments.” (Nursing Diagnosis, 2020,</p>	<p>1. The patient will know how to cope with stress and current living situation by April 7<sup>th</sup>, 2022.</p>	<p>The resident has been able to cope with his living situation, pain, and stress. Behavioral changes have been made with a positive outlook.</p>

		p. 135) 5. Help patient identify coping strategies that work for the patient. 6. “Teach patient relaxation techniques of deep breathing and guided imagery.” (Nursing Diagnosis, 2020, p. 136)		
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**Other References (APA):**

Phelps, L.L. (2020). *Sparks and Taylor’s nursing diagnosis reference manual* (11<sup>th</sup> ed.), p. 135-136, 426. Wolters Kluwer.

**Concept Map (20 Points):**

### Subjective Data

- \*A&O x4
  - \*No acute distress and well groomed
  - \*Pulse-70
  - \*Blood Pressure- 178/86
  - \*Respiration-12
  - \*Temperature- 97.3 F
  - \*Oxygen 95%
  - \*Mobility- none with scholized scooter
  - \*Resident goes to bathroom alone
- “I need pain medication.”  
 “My back hurts from moving.”  
 “I try not to move because it hurts when I do.”  
 “I can not do an assessment on me till 10 o'clock.”  
 “I live alone with scholized scooter”  
 “I want to get a digital home being alone”  
 “I keep coming back to the nursing home.”

### Nursing Diagnosis/Outcomes

64-year-old male with a history of bilateral above the knee amputation, chronic pain related to prolonged use of narcotics and altered sleep patterns.

more hypertensive, chronic pain, degenerative lumbar disc, and hyperchlosterolemia. The resident is compliant.

**Outcome Goal:** The patient will know how to cope with stress and current living situation by April 7<sup>th</sup>, 2022.

- \*Assess the patient's pain every 2 hours.
- \*“Teach patients about relaxation techniques, guided imagery, massage, or music therapy.” (Nursing Diagnosis, 2020, p. 426)
- \*“Use behavior modification.” (Nursing Diagnosis, 2020, p. 426)
- \*“Work with staff and relay information between shifts regarding self-care activities.” (Nursing Diagnosis, 2020, p. 426)

**Outcome Goal:** The residents pain severity will rate below 5 before April 15, 2022.

- \*“If possible, assign a consistent care provider to provide continuity of care and promote development of therapeutic relationship.” (Nursing Diagnosis, 2020, p. 135)
- \*Explain treatments properly and address fears.
- \*Discourage dependent behavior by assisting patient only when necessary.” (Nursing Diagnosis, 2020, p. 135)
- \*Help patient recognize and feel good about positive personal qualities and accomplishments.” (Nursing Diagnosis, 2020, p. 135)
- \*Help patient identify coping strategies that work for the patient.
- \*“Teach patient relaxation techniques of deep breathing and guided imagery.” (Nursing Diagnosis, 2020, p. 136)

### Nursing Interventions







