

N431 Care Plan #2

Lakeview College of Nursing

Ashley Matusiak

Demographics (3 points)

Date of Admission 3-18-22	Client Initials J.D.D.	Age 49 y/o	Gender Female
Race/Ethnicity Caucasian	Occupation Employed: Arts council member	Marital Status Single	Allergies -atorvastatin: muscle pain -fluticasone-salmeterol: severe -theophylline: emotional
Code Status Full code	Height 160 cm	Weight 116 kg	

Medical History (5 Points)

Past Medical History: Arthritis, asthma, depression, dizziness, high cholesterol, HTN, laryngeal nodule, left knee pain, lumbar radiculopathy, major depressive disorder, morbid obesity, sarcoidosis, seasonal allergies, thyroid cancer, trochanteric bursitis (left hip)

Past Surgical History: Arthroscopy knee (left)(3-8-22), transforaminal lumbar epidural steroid injection with fluoroscopy (left)(3-7-22 & 7-20-21), trochanteric bursa injection with fluoroscopy (left)(11-10-21 & 2-20-21), trigger point injections (7-20-21), thyroidectomy (2018), arthroplasty knee total (11-28-17), knee (1989), bronchoscopy and biopsy, endobronchial ultrasound examination of mediastinum, laparoscopy, lumpectomy of breast, sinus

Family History: Mother: arthritis, DVT, skin cancer, vision disorder

Father: cardiovascular disease, diabetes mellitus, heart disease

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

Alcohol: current user, 1-2 times per year, Years used: 28, Tobacco: former smoker stopped at age 47, smoked around one pack a day for 26 years, no recreational drug use reported

Assistive Devices: Walker

Living Situation: Lives at home independently

Education Level: College educated, no barriers to learning

Admission Assessment

Chief Complaint (2 points): Chronic back pain

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

On March 18th, a 49-year-old female with a history of arthritis reported to the emergency department with complaints of increasing back pain. The patient reports that she has had back pain ongoing since last summer, but since receiving an epidural injection March 7, 2022, her pain has significantly worsened. She states the location of her pain is her “lower back”, and that it is also causing pain to radiate to her left buttock. She describes this pain as “sharp” in certain positions, and also reports that she feels “numbness” in her left buttock as well. She is also experiencing muscle spasms and rated her pain a 10/10 on the numeric scale upon admission. The patient states that moving around makes her pain worse, and that nothing seems to provide relief which is why she came in. The patient also reports trying to treat her pain at home with vicoprofen but did not get any relief for her symptoms.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Degenerative disc disease with disc bulging at multiple levels of lumbar spine

Secondary Diagnosis (if applicable): N/A

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

Degenerative disc disease, DDD, is an age-related disorder that can cause pain and dysfunction of motor and sensory spinal nerves and impede movement and sensation in the extremities (Capriotti, 2020). With the aging process, intervertebral discs and vertebral bones become compressed, which leads to narrowing or impingement of nerves entering and exiting

along the vertebrae (Capriotti, 2020). Over time, the gelatinous center inside intervertebral discs, called the nucleus pulposus, loses moisture and changes from flexible too rigid with less elasticity (Capriotti, 2020). As discs continue to flatten and collapse, this creates malalignment of vertebral bones (Capriotti, 2020). Malalignment pushes discs out of place and causes bulges, or herniated discs, which can often impinge on a spinal nerve and cause pain (Capriotti, 2020). The nerve pain from this narrowing can affect many body areas since nerve pain often radiates to the extremities. The legs, buttocks, and upper extremities are most often affected, although bowel elimination, urination, and sexual organs may also be affected (Capriotti, 2020).

The most common symptoms of degenerative disk disease are neck pain and back pain, as well as pain that comes and goes, lasting for weeks or months, numbness or tingling in extremities, pain radiating down buttocks, and pain that worsens with sitting, bending, or lifting (Cleveland Clinic, 2021). With a herniated disc, pain can be intensified with coughing, sneezing, straining, standing, and jarring motions (Capriotti, 2020). In lumbar DDD, weakness, sensory deficit, and ambulation problems may also occur (Capriotti, 2020). The symptoms present in the patient I cared for were lumbar back pain, tenderness along the spine, and pain that radiated down to the left buttock. The patient also reported that movement and ambulation worsened her pain.

There are no particular labs or vital signs used to diagnose DDD. However, a complete blood count, differential WBC count, serum protein electrophoresis, and erythrocyte sedimentation rate may rule out other causes of spinal pain not related to disc disease or arthritis (Capriotti, 2020). A physical examination should be completed to diagnose DDD to test muscle strength, deep tendon reflexes, and sensory dermatomes (Capriotti, 2020). Dermatome maps help interpret the level and extent of sensory deficits that result from nerve impingement (Capriotti,

2020). The main tests used to diagnose DDD include imaging studies such as MRIs, x-rays, CT scans, and myelography. Imaging studies allow spaces between vertebrae to be measured over time and show the progression of DDD (Capriotti, 2020). The patient I treated in clinical had an MRI scan performed, which showed degenerative changes and disc bulging in the lumbar spine, which is likely why her pain is focused on her lumbar back and radiating down her left buttock.

Treatment for DDD can either be conservative or surgical. Conservative treatment includes physical therapy, medication pain management, and chiropractic care (Capriotti, 2020). The main goal of these measures is to alleviate pain and increase mobility. The patient I treated had used all conservative measures with no relief from her back pain. The patient's medications to control her pain and back spasms included lidocaine patches, fentanyl patches, gabapentin, and cyclobenzaprine. Some surgical options for DDD treatment include facetectomy, foraminotomy, laminectomy, and laminotomy, all of which include decompression of nerve tissue by widening spinal openings (Capriotti, 2020). Spinal fusion surgeries, another surgical option, can also be done to stabilize the vertebrae by connecting vertebrae with bone grafts or hardware such as rods and screws to reduce pain for the patient (Capriotti, 2020). A less invasive treatment option includes epidural steroid injections, which can help reduce inflammation at nerve roots and limit pain. The patient I treated in clinical has gotten epidural steroid injections twice and trigger point injections, but no major spinal surgeries yet. However, since she believes the epidural made her back pain worse, she will likely not have this procedure done again.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Degenerative disk disease: Causes, symptoms & treatment. Cleveland Clinic. (2021, May 27). Retrieved March 26, 2022, from <https://my.clevelandclinic.org/health/diseases/16912-degenerative-disk-disease>

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	3.90-4.98x10 ⁶ uL	4.83	N/A	
Hgb	12.0-15.5 g/dL	14.1	N/A	
Hct	35-45%	42.1	N/A	
Platelets	140-400x10 ³ uL	156	N/A	
WBC	4.0-9.0x10 ² uL	8.0	N/A	
Neutrophils	1.60-7.70x10 ³ uL	5.8	N/A	
Lymphocytes	1.00-4.90 x10 ³ uL	1.3	N/A	
Monocytes	0.2-0.95 x10 ³ uL	0.5	N/A	
Eosinophils	0.00-0.50 x10 ³ uL	0.3	N/A	
Bands	8-21 mg/dL	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-	135-145 mEq/L	137	N/A	
K+	3.5-5.1 mEq/L	4.0	N/A	
Cl-	98-107 mEq/L	102	N/A	

CO2	22-29 mEq/L	30	N/A	Sarcoidosis an autoimmune disorder this patient has a history of can affect the lungs causing increased CO2 levels (Cleveland Clinic, 2018).
Glucose	70-99 mg/dL	86	N/A	
BUN	6-20 mg/dL	18	N/A	
Creatinine	0.50-1.00 mg/dL	0.79	N/A	
Albumin	3.4-5.4 g/dL	4.3	N/A	
Calcium	8.4-10.5 mg/dL	9.1	N/A	
Mag	1.6-2.6 mg/dL	N/A	N/A	
Phosphate	3.4-4.5 mg/dL	N/A	N/A	
Bilirubin	0.2-1.0 mg/dL	0.4	N/A	
Alk Phos	44-147 uL	73	N/A	
AST	0-35 uL	24	N/A	
ALT	4-36 uL	35	N/A	
Amylase	60-120 uL	N/A	N/A	
Lipase	0-160 uL	N/A	N/A	
Lactic Acid	0.5-2.2 mmol/L	N/A	N/A	
Troponin	<0.04 ng/mL	N/A	N/A	
CK-MB	3-5%	N/A	N/A	
Total CK	22-198 uL	N/A	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	0.9-1.1	N/A	N/A	
PT	11.5-15.0	N/A	N/A	
PTT	25-35 Sec	N/A	N/A	
D-Dimer	<0.05	N/A	N/A	
BNP	>400	N/A	N/A	
HDL	>60	N/A	N/A	
LDL	<130	N/A	N/A	
Cholesterol	<200	N/A	N/A	
Triglycerides	<150	N/A	N/A	
Hgb A1c	4.0-5.6%	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	Clear/ Yellow	Cloudy/yellow	N/A	Cloudy urine could be the result of dehydration (Cleveland Clinic, 2021).
pH	5.0-9.0	6.0	N/A	
Specific Gravity	1.003-1.020	1.026	N/A	High specific gravity also indicates dehydration which could make back pain worse (Cleveland Clinic, 2021).
Glucose	Negative	Negative	N/A	
Protein	Negative	Trace	N/A	Protein in the urine can indicate a problem with kidney functioning, but it is likely just

				age related (Cleveland Clinic, 2021).
Ketones	Negative	Negative	N/A	
WBC	Negative	2	N/A	Inflammation in the body may increase WBCs in the urine, and the patient has many conditions such as arthritis which cause inflammation (Watson, 2022).
RBC	Negative	Negative	N/A	
Leukoesterase	Negative	Negative	N/A	

Arterial Blood Gas **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
pH	7.35-7.45	N/A	N/A	
PaO2	10.7-13.3	N/A	N/A	
PaCO2	35-45	N/A	N/A	
HCO3	22-26	N/A	N/A	
SaO2	92-100	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	Negative	Negative	N/A	

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

Lab Correlations Reference (1) (APA):

Cloudy urine: Causes, treatment, & what does it mean. Cleveland Clinic. (2021, September 28). Retrieved March 25, 2022, from <https://my.clevelandclinic.org/health/symptoms/21894-cloudy-urine>

Sarcoidosis: Causes, symptoms & treatment. Cleveland Clinic. (2018, February 4). Retrieved March 25, 2022, from <https://my.clevelandclinic.org/health/diseases/11863-sarcoidosis-overview>

Watson, S. (2022, January 27). *Leukocytes in urine: 3 possible causes.* WebMD. Retrieved March 25, 2022, from <https://www.webmd.com/a-to-z-guides/leukocytes-urine>

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

-MRI Spine lumbar with contrast: results showed degenerative changes and diffuse disc bulging at multiple levels of the lumbar spine with mild left L5-S1 neural foraminal stenosis

Diagnostic Test Correlation (5 points):

An MRI can help confirm a diagnosis of lumbar degenerative disc disease and rule out any other lower back conditions as contributing factors to the patient's symptoms. An MRI scan is also useful in evaluation of the nerves of the lumbar spine, as well as the surrounding soft tissues and can also help detect a collapsed disc as well as cartilaginous endplate erosion, bulging discs, and pinched nerves (Boah, 2018).

Diagnostic Test Reference (1) (APA):

Boah, A. O. (2018, April 17). *How lumbar degenerative disc disease is diagnosed*. Spine. Retrieved March 26, 2022, from <https://www.spine-health.com/blog/how-lumbar-degenerative-disc-disease-diagnosed#:~:text=An%20MRI%20scan%20can%20also,bulging%20discs%20and%20pinched%20nerves.>

**Current Medications (10 points, 1 point per completed med)
*10 different medications must be completed***

Home Medications (5 required)

Brand/Generic	Proair/albuterol	Eltroxin/levothyroxine	Prinivil/lisinopril	Singulair/ montelukast	Apo-naproxen/ naproxen
Dose	90 mcg/inh, 2 puffs	175 mcg	10 mg	10 mg	550 mg
Frequency	Every 6 hours as needed for shortness of breath	Daily	Daily	Daily	Twice a day
Route	Inhalation	Oral	Oral	Oral	Oral
Classification	Pharm: adrenergic, Thera: bronchodilator	Pharm: synthetic thyroxine, Thera: thyroid hormone replacement	Pharm: ACE inhibitor, Thera: antihypertensive	Pharm: leukotriene receptor antagonist, Thera: antiallergen	Pharm: NSAID, Thera: analgesic
Mechanism of Action	Attaches to beta2 receptors on bronchial cell membranes, converting ATP to cAMP. This decreases calcium intracellular levels and increases cAMP which relax bronchial smooth muscles and inhibits histamine release.	Replaces endogenous thyroid hormone which may exert its physiologic effects by controlling DNA transcription and protein synthesis.	May reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II which is a potent vasoconstrictor. May also inhibit renal and vascular production of angiotensin II.	Antagonizes receptors for cysteinyl leukotrienes, produced by arachidonic acid metabolism and released from eosinophils, mast cells, and other cells.	Blocks cyclooxygenase the enzyme needed to synthesize prostaglandins, which mediate the inflammatory response and cause local pain, swelling, and vasodilation.
Reason Client Taking	The patient takes this to relieve shortness of breath caused by her sarcoidosis.	The patient had a thyroidectomy and uses this as a hormone replacement for T4.	The patient takes this to treat her hypertension.	The patient takes this to treat her asthma.	The patient takes this for her arthritis pain and degenerative disc disease pain.
Contraindications (2)	-Hypersensitivity to albuterol or its components -N/A	-Hypersensitivity to levothyroxine -N/A	-High potassium diet -Alcohol use	-N/A	-Asthma -rhinitis -alcohol use
Side Effects/Adverse Reactions (2)	-CV: HTN or hypotension -RESP: bronchospasm	-CV: arrhythmias -ENDO: hyperthyroidism	-CNS: CVA -CV: hypotension	-CNS: seizures -GI: pancreatitis	-ENDO: hypoglycemia -GI: GI bleeding
Nursing	-Monitor	-Use caution in	-Monitor BP	-Not for acute asthma	-Monitor BP in

Considerations (2)	potassium levels drug may cause hypokalemia -Hypertension can be worsened on albuterol	cardiovascular disease -Undergo regular thyroid function tests	often, especially during first two weeks -Monitor creatinine levels may affect renal function	attack -Monitor patient for adverse reactions like cardiac or pulmonary symptoms	patients with hypertension -Monitor for GI bleeding signs
Key Nursing Assessment(s)/Lab(s) Prior to Administration	-N/A	-N/A	-Do not give when HR less than 60	N/A	-N/A
Client Teaching Needs (2)	-Wait one minute between inhalations -Immediately report signs of allergic reaction such as rash and itching	-Take separate from antacids at least 4 hours apart -Patient should report signs of hyperthyroidism, like chest pain	-May cause non-productive cough -Warn patient about orthostatic hypotension, move slowly	-May cause suicidal tendencies -Do not stop taking abruptly must be tapered off	-Do not exceed recommended dosage -Warn about GI bleed symptoms such as black tarry stools

Hospital Medications (5 required)

Brand/Generic	Amrix/ cyclobenzaprine	Neurontin/ gabapentin	DermaFlex/ lidocaine	Crestor/ rosuvastatin	Zoloft/ sertraline
Dose	10 mg	300 mg	One patch (5%)	10 mg	200 mg
Frequency	Three times daily	Once daily at bedtime	One patch every 24 hours	Daily	Once daily at bedtime
Route	Oral	Oral	Transdermal patch	Oral	Oral
Classification	Pharm: tricyclic antidepressant, Thera: skeletal muscle relaxant	Pharm: 1-amino-methyl cyclohexane acetic acid, Thera: anticonvulsant	Pharm: amide derivative, Thera: class IB antiarrhythmic, local anesthetic	Pharm: HMG-CoA reductase inhibitor, Thera: antilipemic	Pharm: SSRI, Thera: anti-anxiety/antidepressant
Mechanism of Action	Acts in the brain stem to reduce or abolish tonic muscle hyperactivity. It relieves muscle spasm without disrupting muscle function.	Exact mechanism of action unknown, GABA inhibits rapid firing of neurons associated with seizures. It may also prevent exaggerated responses to pain stimuli and relieve postherpetic neuralgia.	Combines with fast sodium channels in myocardial cell membranes, which inhibits sodium influx into cells and decreases ventricular depolarization, as well as automaticity and excitability during diastole. It also blocks nerve impulses.	Inhibits the enzyme HMG-CoA reductase and reduces lipid levels by increasing the number of hepatic low-density lipoprotein receptors on the cell surface to increase uptake and catabolism of LDL.	Inhibits reuptake of the neurotransmitter serotonin by CNS neurons, thereby increasing the amount of serotonin available in nerve synapses. An elevated serotonin level may result in elevated mood and reduced depression.
Reason Client Taking	The patient takes this to treat her muscle spasms caused by back pain.	The patient takes this for nerve pain caused by spinal stenosis in her vertebrae.	The patient takes this for back pain relief.	The patient takes this to treat her high cholesterol.	The patient takes this to treat her depression.
Contraindications (2)	-Hyperthyroidism -Alcohol use	-CNS depressants -Alcohol	-Hypersensitivity to lidocaine -N/A	-Hypersensitivity to rosuvastatin -N/A	-NSAIDs -N/A
Side Effects/Adverse Reactions (2)	-CNS: seizures -CV: arrhythmias	-CV: hypotension -ENDO: hypoglycemia	-CNS: malignant hyperthermia -CV: bradycardia	-GI: hepatitis -GU: acute renal failure	-CNS: cerebrovascular spasm -CV: atrial arrhythmias
Nursing	-Monitor patient for	-Give at bedtime to	-Monitor for	-Monitor liver	-Do not give if

Considerations (2)	serotonin syndrome -Prevent falling if patient dizzy or weak	reduce adverse reactions especially ataxia -Give at least two hours after an antacid	respiratory depression -Check blood drug level as ordered	enzymes -Monitor serum lipoprotein levels as ordered	patient has bradycardia -Monitor liver enzymes, BUN, and creatinine
Key Nursing Assessment(s)/Lab(s) Prior to Administration	-N/A	-N/A	-Respiratory rate	-N/A	-N/A
Client Teaching Needs (2)	-Avoid alcohol -Inform about possible lack of alertness and dexterity	-Do not stop drug abruptly -Inform patient about possible ataxia, or dizziness, they should avoid hazardous activity till affects are known	-Patient should report difficulty speaking, dizziness, or vision changes -Teach how to properly dispose of patches, fold in half	-Follow low-fat, low cholesterol diet -Wait at least two hours after to take antacids	-NSAID use increases bleeding risk teach about GI bleeding -Advise patient to avoid hazardous activity till drug affects on CNS are known

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2020 Nurse's Drug Handbook* (19th ed.).

Assessment

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

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Alert to verbal/physical stimuli A&O x4 No distress noted Pt is well-groomed and nourished
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<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>Skin color appropriate for ethnicity Skin warm, dry, and intact Instant recoil less than 2 secs No rashes, bruising, or wounds 21 No drains noted</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Atraumatic, normocephalic, no tracheal deviation, rise and fall of thyroid present Lymph nodes non-palpable TMs normal bilaterally, normal hearing, no drainage or pain Pupils equal round reactive to light, EOMs intact, no eye irritation Nose normal no polyps Mouth mucosa pink and moist, teeth intact, no tonsil swelling</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 checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>. Regular rate and rhythm, no murmurs rubs or gallops, normal S1 and S2, Pedal pulses equal 3+, radial pulses equal 3+, cap refill <3 secs, No JVD or edema</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>. Normal respiratory effort with no accessory muscle use, lungs clear to auscultation bilaterally, no wheezing rhonchi or crackles, rise and fall of chest equal</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM:</p>	<p>Mediterranean diet at home Heart healthy diet in hospital 160 cm 116 kg Bowel sounds heard in all 4 quadrants, 5 sounds per minute 3-20-22</p>

<p>Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>No pain, guarding, or masses noted upon palpation Abdomen soft and nontender, no distention incision scars, drains, or wounds noted</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Yellow Cloudy Voided x1 (Unable to measure) Pt reports no abnormalities of genitalia</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" 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>. Alert, awake, and responsive Pt reports no headache, numbness, or tingling Pt uses walker Strength in upper extremities equal 5+ Strength in lower extremities equal 5+ Tenderness along spine 50 medium fall risk Independent with one standby No assistance needed with equipment or to stand and walk</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" 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>A&O x4 Strength equal in both upper and lower extremities 5+ Pt cognitive and shows normal thought process Speech appropriate for age Senses intact Awake and alert</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>. Pt stated that she copes by using humor, setting goals, and self-limitations Erik Ericksons stage: generativity vs stagnation Not religious Lives at home alone, her boyfriend helps take care of her when back pain bad</p>
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Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	82 beats per minute	139/89 mmhg	18 breaths per minute	36.4 C	98%
1100	89 beats per minute	116/73 mmhg	18 breaths per minute	35.9 C	93%

Vital Sign Trends: The patient has hypertension so that is likely why her blood pressure is elevated. The patient also has asthma and sarcoidosis which affect her lungs and that can cause a slightly decreased SPO2.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	Numeric	Back with left buttock	6/10	Sharp pain with numbness, tingling, and spasms	-Gave pain medications
1100	Numeric	Back with left buttock	6/10	Sharp pain with numbness, tingling, and spasms	-Changed patient position

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22g Location of IV: peripheral right hand Date on IV: 3-19-22 Patency of IV: Patent Signs of erythema, drainage, etc.: no phlebitis, no infiltration, flushes easily IV dressing assessment: dry/intact	Saline lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1530 ml	Voided x1 (unable to measure)

Nursing Care

Summary of Care (2 points)

Overview of care: This patient’s care focused mainly on pain prevention, so we did a lot of medication passes, and we also made sure the patient ambulated around for three times.

Procedures/testing done: The patient had no procedures or testing today.

Complaints/Issues: The patient’s only complaint was her back pain.

Vital signs (stable/unstable): The patient’s vitals were stable, although she does have hypertension but that is a normal finding for her. She also had a low SPO2 of 93% but she does have multiple lung conditions.

Tolerating diet, activity, etc.: The patient is tolerating diet, however activity and moving around is still very painful for her.

Physician notifications: Physician did not need to be notified of any status changes.

Future plans for client: I anticipate that the patient will be discharged home with physical therapy, and pain medications. Also believe she is planning on meeting with Dr. Mitry regarding her epidural injections and back pain.

Discharge Planning (2 points)

Discharge location: Discharge to her home with boyfriend

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A patient already has walker

Follow up plan: Follow up with Dr. Mitry about epidural injections and back pain.

Education needs: Possible education on pain medications, such as lidocaine patches and gabapentin.

Nursing Diagnosis (15 points)

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

<p>Nursing Diagnosis</p> <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 	<p>Rationale</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Interventions (2 per dx)</p>	<p>Outcome Goal (1 per dx)</p>	<p>Evaluation</p> <ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<p>1. At risk for chronic pain</p>	<p>This diagnosis was chosen as number one because the patient has been dealing with back pain for so long</p>	<p>1. Give pain medications and lidocaine patch 2. Offer to help her change positions or stretch</p>	<p>1. Patient will rate pain 5/10 after medication administration.</p>	<p>Goal not met. Patient reported pain was a 6/10 after medications, however this is still a significant decrease in pain.</p>

<p>related to degenerative disc disease, as evidenced by patient rating pain a 10/10 on admission and stating that she has had back problems since “last summer”.</p>	<p>without relief from symptoms, and because it is the reason she came in for treatment.</p>			
<p>2. At risk for impaired physical mobility related to back pain, as evidenced by patient stating, “moving makes my pain worse”, and the patient being in pain while ambulating.</p>	<p>This diagnosis was chosen because the patient has reported staying in bed and not moving around much due to her pain during position changes and ambulation.</p>	<p>1. Assess ROM and strength in extremities 2. Check skin integrity, assess for pressure ulcers</p>	<p>1. Patient will change position in bed every 2 hours</p>	<p>Goal met. The patient allowed me to help her change positions, and she understands why this is important.</p>
<p>3. At risk for activity intolerance related to back</p>	<p>This diagnosis was chosen because the patient vented for a while to me about how her pain has affected her career, and how she must stay home a lot and</p>	<p>1. Provide frequent rest periods 2. Ambulate patient as ordered</p>	<p>1. Patient will ambulate around hospital floor to nurse’s station.</p>	<p>Goal met. Patient ambulated to nurse’s station; however, patient was visibly grimacing.</p>

<p>pain, as evidenced by the patient stating that her pain “has made working really hard” but she does not want to quit her job.</p>	<p>participate from online, and she does not like this.</p>			
<p>4. At risk for falling related to chronic pain, as evidenced by patient grimacing while walking, and her fall risk score of 50.</p>	<p>This diagnosis was chosen because the patient uses a walker and is in significant pain while ambulating which could lead to falls. She also suffers from random spasms which can make ambulation difficult.</p>	<ol style="list-style-type: none"> 1. Apply no slip socks, place bed in low position, call light in reach 2. Teach patient which medications that she is taking may make her dizzy or unsteady. 	<ol style="list-style-type: none"> 1. Patient will use call light and wear non-slip socks. 	<p>Goal met. The patient kept on her non-slip socks and used call-light when she needed help efficiently.</p>

Other References (APA):

Concept Map (20 Points):

Subjective Data

The patient reports “stabbing” pain and numbness in her lower back as well as pain radiating down her left buttock.
The patient rates her pain a 10/10 on admission and a 6/10 on 3-21-22.

Diagnosis/outcomes

- 1.) At risk for chronic pain related to degenerative disc disease, as evidenced by patient rating pain a 10/10 on admission and stating that she has had back problems since “last summer”.
 - a. Patient will rate pain 5/10 after medication administration
 - b. Goal not met. Patient reported pain was a 6/10 after medications, however this is still a significant decrease in pain.
- 2.) At risk for impaired physical mobility related to back pain, as evidenced by patient stating, “moving makes my pain worse”, and the patient being in pain while ambulating.
 - a. Patient will change position in bed every 2 hours
 - b. Goal met. The patient allowed me to help her change positions, and she understands why this is important.
- 3.) At risk for activity intolerance related to back pain, as evidenced by the patient stating that her pain “has made working really hard” but she does not want to quit her job.
 - a. Patient will ambulate around hospital floor to nurse’s station.
 - b. Goal met. Patient ambulated to nurse’s station; however, patient was visibly grimacing.
- 4.) At risk for falling related to chronic pain, as evidenced by patient grimacing while walking, and her fall risk score of 50.
 - a. Patient will use call light and wear non-slip socks.
 - b. Goal met. The patient kept on her non-slip socks and used call-light when she needed help efficiently.

Nursing Interventions

- 1.) Give pain medications and lidocaine patch
- 2.) Offer to help her change positions or stretch
- 3.) Assess ROM and strength in extremities
- 4.) Check skin integrity, assess for pressure ulcers
- 5.) Provide frequent rest periods
- 6.) Ambulate patient as ordered
- 7.) Apply no slip socks, place bed in low position, call light in reach
- 8.) Teach patient which medications that she is taking may make her dizzy or unsteady.

Objective Data

The patient had an MRI spine lumbar with contrast which showed degenerative changes and diffuse disc bulging at multiple levels of the lumbar spine with mild left L5-S1 neural foraminal stenosis
The patients vitals also showed BP increases and low SPO2 of 93%

Client Information

This patient is a 49 y/o female with a history of arthritis, who reports an increase in back pain following an epidural injection she had on 3-7-22. The patient has had chronic back pain since last summer but reports it has worsened since epidural procedure.



