N321 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
03/18/2022	G.J.	47	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Unemployed	Married	Latex Meropenem Vancomycin
Code Status	**Height**	**Weight**	
Full code	188 cm.	93.4 kg.	

Medical History (5 Points)

Past Medical History: Patient has a past medical history of acute kidney injury, hyperlipidemia, diabetes mellitus, hypotension, and anemia. Patient is a paraplegic related to past spinal injury. Patient also has a history of chronic osteomyelitis. Patient has no history of childhood illness. Patient has allergies to latex, in which patient gets inflamed, itchy skin. Patient also has allergies to Meropenem and Vancomycin, in which patient experiences hives and shortness of breath.

Past Surgical History: Patient has had numerous spinal surgeries related to a fractured thoracic spine stemming from the year 2006. Patient also received a colostomy in 2006. Patient has had hip disarticulation on left lower extremity in 2020 related to osteomyelitis.

Family History: Patient's mother is living and has a diagnosis of mild scoliosis. Patient's father is living and is diabetic.

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Patient denies ever smoking. Patient also denies ever using recreational drugs. Patient socially uses alcohol and has one drink approximately every three months.

Assistive Devices: Patient uses a wheelchair and a Hoyer lift.

Living Situation: Patient is married and has two teenage daughters. Wife is the primary care giver at home and helps with the patient's healthcare needs including frequent wound care.

Education Level: Patient has a high school education level.

Admission Assessment

Chief Complaint (2 points): The patient's chief complaint is having dark brown urine with a putrid odor.

History of Present Illness – OLD CARTS (10 points): Onset: On March 18th a 47 y/o white, married, male was admitted to Carle Hospital complaining of dark brown urine with a strong putrid odor. He was accompanied by his wife. Patient also has Stage IV chronic ulcers on left, lower flank and was worried about a possible systemic infection and decided to seek medical attention. Duration: Patient claims that he noticed change in urine color approximately a week before hospital admittance. On day of admittance patient noticed that his urine was "darker than it ever had been previously". Patient states that the stage IV ulcer has been present for "several weeks" before change in urine color and odor. Characteristics: Patient says that the wound on left lower flank has a throbbing pain and feels like a "heartbeat". Patient states that the wound pain comes and goes and rates it is a "3 out of 10" on a pain scale while on pain medications. Patient claims that he has no pain upon urination and that the urine is dark in color and looked "like a possible infection". Patient states that the quantity of urine is significantly less than normal. Aggravating factors: Patient says that wound pain is worse "after cleaning and messing with the wound". Relieving factors: Patient says wound pain is relived after he takes pain medications. He also states that if he rests the pain is lessened. Treatment and Timing: Patient is being treated for ulcer pain with

fentanyl. When ulcer pain is present it usually lasts an hour and is intermittent. For the dark urine, patient is taking antibiotics to treat underlying infection. Severity: When not on any pain medication, patient states the ulcer pain is “horrible” and rates the pain a 10/10. When on pain medication the patient states that the pain is a 3/10 and after a wound care rates the pain a 5/10.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Sepsis

Secondary Diagnosis (if applicable): Not applicable.

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

Sepsis is a condition in which the body’s immunological reaction towards infection leads to life threatening medical emergencies and possible death. On a cellular level, there is an activation of immune cells which consist of natural killer cells, monocytes, neutrophils, and macrophages. These cells are activated due to the binding of specific bacterial endotoxins to the receptors of the immune cells. A response from proinflammatory cytokines then cause leukocytes to activate and replicate, initiation of a cascade of pathogen bound antibodies, and an induction of numerous immune cell reactions that cause an overreaction of immune response resulting in the injury and destruction of host cells and eventually body systems (Gyawali et al., 2019). Sepsis has a detrimental effect on body systems by causing a discrepancy between tissue and metabolic necessities and can cause reduced tissue oxygenation. This can cause hypotension and extremities that are cool to the touch, and failure of the coagulation system (Caraballo & Jaimes, 2019).

Sepsis signs and symptoms include mental status changes, hypotension, and an increase in respiratory rate above 22 breaths per minute (Gyawali et al., 2019). Sepsis can also cause a high fever, tachycardia, and clammy skin (Higuera, 2020). Sepsis lab work expected findings include an increase of neutrophils in blood work, abnormally high PT and INR, high AST and ALT levels, an increased BUN, abnormal ABGs, and electrolyte imbalances (Mayo Clinic Staff, 2021). When it comes to diagnosis, blood and wound cultures can aid in identifying possible pathogen contaminations. There is also a sequential organ failure score (SOFA) that is used to aid measurement of the severity of the sepsis. Priority biomarkers of sepsis diagnosis include an increase in C-reactive proteins and an increase in procalcitonin (Leong et al., 2021). Sepsis is treated by a broad-spectrum antibiotic to fight the bacterial infection causing sepsis, IV fluid administration to prevent low blood pressure, which promotes blood flow to organs and decreases organ failure injury or failure risk, and corticosteroids to reduce inflammation (Higuera, 2020). This particular client was receiving antibiotic treatment and was on continuous IV fluids. This patient received lab work for C-reactive proteins for inflammation diagnostics and received a wound and urine cultures. The wound culture detected gram positive cocci and rare gram-negative bacilli. The urine culture detected Staphylococcus aureus.

Pathophysiology References (2) (APA):

Caraballo, C., & Jaimes, F. (2019). Organ dysfunction in sepsis: An ominous trajectory from infection to death. *Yale Journal of Biology and Medicine*, *90*, 629-640.

Gyawali, B., Ramakrishna, K., & Dhamoon, A. (2019). Sepsis: The evolution in definition, pathophysiology, and management. *Sage Journals*, *7*, 1-13. https://doi.org/10.1177/2050312119835043

Higuera, V. (2020). *What is sepsis: Symptoms, causes, diagnosis, treatment, and prevention*. Everyday Health. https://www.everydayhealth.com/sepsis/

Leong, K., Bhavita, G., Khanna, A., & McCurdy, M. (2021). Novel diagnostics and therapeutics in sepsis. *Biomedicines*, *9*, 311. https://doi.org/10.3390/biomedicines9030311

Mayo Clinic Staff. (2021). *Sepsis*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/sepsis/diagnosis-treatment/drc-20351219

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	4.5 – 6.2 million/mm^3	2.9 million/mm^3	3.54 million/ mm^3	The reason for the decreased RBC value is sepsis related inflammation (Jiang et al., 2019). The inflammation causes oxidative stress which results in less RBC in blood circulation (Luo et al., 2022).
Hgb	14-16.5 g/dL	7.5 g/dL	8.9 g/dL	The reason for the decreased

				Hgb value is because there is a decrease in RBCs due to an inflammatory response to combat the sepsis infection (Jung et al., 2019).
Hct	42 – 52%	26%	31.2%	The reason for the decreased value of Hct is related to inflammatory response which causes oxidative stress resulting in a decreased amount of RBC in blood circulation (Luo et al., 2022).
Platelets	150000 to 400000 cells/ mm^3	324000 cells/ mm^3	356000 cells/ mm^3	
WBC	4500 to 11,000 cells/ mm3	7290 cells/mm^3	6070 cells/mm^3	
Neutrophils	1800 to 7800 cells/mm3	5190 cells/mm^3	4110 cells/mm^3	
Lymphocytes	1,000 to 4800 cells/mm3	1810 cells/mm^3	1380 cells/mm^3	
Monocytes	0 to 800 cells/ mm3	4.7 cells/mm^3	0.24 cells/mm^3	
Eosinophils	0 to 450 cells/ mm3	5.2 cells/mm^3	0.27 cells/mm^3	
Bands	0 to 700 cells/ mm3	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 mEq/L	135 mEq/L	
K+	3.5- 5.0 mEq/L	4.4 mEq/L	4.1 mEq/L	
Cl-	95-105 mEq/L	108 mEq/L	107 mEq/L	The reason for high chloride levels is most likely due to fluid loss from high fever (Luo, 2017).
CO2	35-45 mmHg	23 mmHg	21 mmHg	The reason for low CO2 levels is due to dysfunctional cellular metabolism (Guo et al., 2020).
Glucose	Monitoring = 60-110 mg/dL	84 mg/dL	105 mg/ dL	
BUN	8-25 mg/dL	24 mg/dL	23 mg/dL	
Creatinine	0.6 to 1.3 mg/dL	1.08 mg/dL	1.02 mg/dL	
Albumin	3.4 to 5 g/dL	N/A	N/A	
Calcium	8.5 to 10.5 mg/dL	7.8 mg/dL	7.7 mg/ dL	The reason for low calcium levels is due to the gram-negative sepsis causing an abnormality in parathyroid and Vitamin D axis, resulting in hypocalcemia (Saint & Chopra, 2018).
Mag	1.5 to 2.6 mg/dL	1.5 mg/dL	1.7 mg/ dL	

Phosphate	2.7 to 4.5 mg/dl	N/A	N/A	
Bilirubin	0.3 – 1.0 mg/dL	0.4 mg/dL	N/A	
Alk Phos	40-150 units/L	125 units/L	N/A	
AST	10-40 units/ L	8 units/L	N/A	
ALT	5 to 34 units/L	5 units/L	N/A	
Amylase	25 to 151 units/L	N/A	N/A	
Lipase	10/140 units/L	N/A	N/A	
Lactic Acid	4.5 to 19.8 mg/dL	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	1.0 to 1.5 ratio	1.3 ratio	N/A	
PT	11-13 seconds	15.9 seconds	N/A	
PTT	25-35	N/A	N/A	

	seconds			
D-Dimer	< 500 ng/mL	N/A	N/A	
BNP	<100 pg/mL	N/A	N/A	
HDL	30/70 mg/dL	N/A	N/A	
LDL	< 130 mg/dL	N/A	N/A	
Cholesterol	<130 mg/dL	N/A	N/A	
Triglycerides	150 mg/dL	N/A	N/A	
Hgb A1c	<5.7%	N/A	N/A	
TSH	0.5 to 5.0 mIU/L	N/A	N/A	

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Pale yellow, clear	Brown, cloudy	Light yellow, clear	Due to a urinary tract infection from abnormal urogenital flora (Porat et al., 2022).
pH	4.5 to 7.8	5.0	N/A	
Specific Gravity	1.016 to 1.022	1.022	N/A	
Glucose	>0.5 g/day	Negative	N/A	
Protein	Negative	30	N/A	High protein levels in the urine results from inflammation (Eske,

				2019).
Ketones	Negative	15	N/A	Increased ketones the urine is present with infection or stress (Brennan, 2021).
WBC	< or = to 4 cells/HPF	>1000	N/A	Increased WBC in urine is an indication of a urinary tract infection and/or inflammation (Watson, 2022).
RBC	<3 cells/HPF	N/A	N/A	
Leukoesterase	2-5 cells/HPF	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	Urogenital flora detected	N/A	Due to a urinary tract infection from abnormal urogenital flora (Porat et al., 2022).
Blood Culture	Negative	Negative	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

Brennan, D. (2021). *What is ketonuria?*. WebMD. https://www.webmd.com/diabetes/what-is-ketonuria

Eske, J. (2019). *What to know about protein test and results*. Medical News Today. https://www.medicalnewstoday.com/articles/325320

Guo, Z., Wang, U., Xie, C., Hua, G., Ge, S., Li, Y. (2020). Effects of respiratory rate on venous-to-arterial CO2 tension difference in septic shock patients undergoing volume mechanical ventilation. *European Journal of Medical Research*, *25*, 6. https://doi.org/10.1186/s40001-020-00402-9

Jiang, Y., Feng-Quan, J., Fang, K., Meng-Meng, A., Bei-Bei, J., Cao, D., & Gong, P. (2019). Inflammatory anemia-associated parameters are related to 28 day mortality in patients with sepsis admitted to the ICU: A preliminary observational study. *Annals of Intensive Care*, *9*(67). https://doi.org/10.1186/s13613-019-0542-7

Jiang, S. M., Youn-Jung, K., Ryoo, S. M., & Kim, W. Y. (2019). Relationship between low hemoglobin levels and mortality in patients with septic shock. *Acute and Critical Care*, *2*, 141-147. https://doi.org/10.4266/acc.2019.00465

Luo, K. (2017). *All you need to know about hyperchloremia*. Medical News Today. https://www.medicalnewstoday.com/articles/319801

Luo, M., Chen, Y., Li, N., & Qing, H. (2022). Association between hematocrit and the 30-day mortality of patents with sepsis: A retrospective based on the large scale clinical database. *Plos One*, *17*(3), e0265758. https://doi.org/10.1371/journal.pone.0265758

Martin, P. (2021). *Complete normal lab values reference guide*. Nurselabs. https://nurseslabs.com/normal-lab-values-nclex-nursing/

Porat, A., Bhutta, B.S., Kesler, S. (2022). *Urosepsis*. NCBI. https://www.ncbi.nlm.nih.gov/books/NBK482344/

Saint, S., & Chopra, V. (2018). *Hypocalcemia*. Oxford Medicine Online. https://oxfordmedicine.com/view/10.1093/med/9780190862800.001.0001/med-9780190862800-chapter-77

Watson, S. (2022). *What causes leukocytes in urine?*. WebMD. https://www.webmd.com/a-to-z-guides/leukocytes-urine

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Patient received X-ray of the right lower extremity ruling out osteomyelitis related to sepsis on 3/18/2022.

Diagnostic Test Correlation (5 points):

This patient has a history of osteomyelitis and is a paraplegic. The purpose of this x-ray was to rule out or diagnose infection or septicemia of the bone. Septicemia may spread through the blood stream and into the bone. The patient also has diabetes, which increases the risk for bone infections (Garcia et al., 2018). The x-ray concluded that there was absence of bone infection indication, and the bone was not affected by the sepsis infection.

Diagnostic Test Reference (1) (APA):

Garcia de Pozo, E., Collazos , J., Carton, J. A., Camparro, D., & Asensi, V. (2018). Factors predicative of relapse in adult bacterial osteomyelitis of long bone. *BMC Infectious Diseases*, *18*, 635. https://doi.org/10.1186/s12879-018-3550-6

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

Home Medications (5 required)

Brand/Generic	Tylenol/acetaminophen	Dex4/glucose	Sgard/ melatonin	Desitin/ zinc oxide	Apo-Cal/ calcium carbonate
Dose	500 mg	32 g	3mg	15-49% concentration	200 mg
Frequency	PRN every 4 hours	PRN	PRN at night	3 Times daily	3 Times daily
Route	Oral	Oral	Oral	Topical	Oral
Classification	Antipyretic	Glucose elevating agent (Multum, 2021).	Hormone	Skin protectant (Tiwari et al., 2018).	Antacid
Mechanism of Action	Acts directly on the hypothalamus temperature regulating center and inhibits prostaglandin E2 synthesis.	Increases insulin release (Multum, 2021).	Increases melatonin release causing circadian rhythm regulation (Cuhna, 2021).	Decreases cell viability by increasing membrane lipid peroxidation (Tiwari et al., 2018).	Increases cellular calcium.
Reason Client Taking	Patient is taking to relieve mild pain scored between 1-3 out of 10 or to reduce fever greater than 100.4.	Patient takes glucose if blood sugar is less than 54	Occasional insomnia	To treat skin irritation	Heartburn and indigestion
Contraindications (2)	1. Hypersensitivity to acetaminophen 2. Hepatic impairment	1. Patient unresponsive 2. Patient is unable to swallow (Multum, 2021).	1. concurrent sodium oxybate use 2. Concurrent immunosuppressive usage	1. patient has severe burns on affected area. 2. patient has had hives with	1. patient has renal calculi. 2. Patients blood levels show hypophosphatemia.

			(Cuhna, 2021).	previous use of zinc oxide (Tiwari et al., 2018)	
Side Effects/Adverse Reactions (2)	1. Abdominal pain 2. Nausea	1. lightheadedness 2. sweating (Multum, 2021).	1. headache 2. abdominal cramps (Cuhna, 2021).	1. Hives 2. Itchiness (Multum, 2021).	1. hypercalcemia 2. nausea
Nursing Considerations (2)	1. Before administration assess AST, ALT and bilirubin levels. 2. Monitor renal function	1. Educate patient to chew tablet and not swallow 2. Assess blood sugar before administering glucose (Multum, 2021).	1. Administer before bedtime 2. Educate patient about not using heavy machinery after taking. (Cuhna, 2021).	1. Clean affected area with soap and water before applying topical cream 2. Do not apply on skin that is broken (Multum, 2021).	1. Urge patient to chew tablets thoroughly 2. Store at room temperature and protect from heat

Hospital Medications (5 required)

Brand/Generic	Nascobal/ cyanocobalamin	Ivanz/ ertapenem	Pepcid/ famotidine	Actiq/ fentanyl	Ferrous sulfate
Dose	1,000 mcg	1 g	20 mg	50mcg	324 mg
Frequency	Daily	Daily	Twice daily	Q 72 hours	Daily
Route	Oral	IV	Oral	Patch	Oral
Classification	B vitamins	Antibiotic	Antiulcer agent	Opioid analgesic	Antianemic
Mechanism of Action	Binds to proteins and enters tissue cells	Inhibits synthesis of bacterial cell wall and binds to penicillin binding proteins allowing bacterial cell wall lysis.	Reduces HCl formation and prevents histamine from binding with H2 receptors	Binds to opioid receptor in CNS	Binds to hemoglobin to normalize RBC production
Reason Client Taking	To aid in RBC production	To treat septic infection	To treat reflux	To treat severe pain	To increase RBC production
Contraindications (2)	1. Sensitivity to cobalt 2. hypersensitivity to B12 vitamins	1. hypersensitivity to beta-lactams 2. hypersensitivity to amide type anesthetics	1. Hypersensitivity to famotidine 2. Hypersensitivity to other H2 receptor antagonists	1. Patient with an upper airway obstruction 2. Patient with opioid nontolerance	1. Patient with hemolytic anemias 2. Patient with hemochromatosis
Side Effects/Adverse Reactions (2)	1. diarrhea 2. nervousness	1. Elevated liver enzymes 2. oral	1. Dizziness 2. headache	1. Euphoria 2. Respiratory depression	1. Chest pain 2. tooth discoloration

		candidiasis			
Nursing Considerations (2)	1. Assess and monitor for thrombocytosis 2. Monitor for symptoms of hypokalemia	1. Monitor patient closely for anaphylactic reaction 2. Don't use with solutions that contain dextrose	1. Instruct patient to chew tablet thoroughly before swallowing 2. Instruct patient to take medication 30 minutes before antacids	1. Do not apply patch if broken or damaged 2. Monitor respiratory rate	1. Monitor patient for angioedema 2. Instruct patient to take medication with a full glass of water

Medications Reference (1) (APA):

Cuhna, J. (2021). *Melatonin*. RxList. https://www.rxlist.com/consumer_melatonin/drugs-condition.htm

Jones & Bartlet Learning. (2021). *Nurse's drug handbook* (12th ed.). Jones & Bartlett Publishers.

Multum, C. (2021). *Glucose*. Drugs.com. https://www.drugs.com/mtm/glucose.html

Multum, C. (2021). *Zinc oxide topical*. Drugs.com. https://www.drugs.com/mtm/zinc-oxide-topical.html

Tiwari, V., mishia, N., Gadami, K., Solanki, P.S., Shak, N.A., Tiwari. (2018). Mechanism of antibacterial activity of zinc oxide nanoparticle against Carbapenem-resistant Acinetobacter baumannii. *Froniers in Microbiology.* https://doi.org/10.3389/fmicb.2018.01218

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert and oriented to time, place, person, and situation x4 No distress indicated Overall appearance is cheerful. Patient appears to look stated age. Patient is clean and well groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type: N/A**	Skin around the lower left abdominal wound is pink and inflamed. Skin is warm to the touch. Patient has elastic turgor. Patient has splotchy light pink rashes on lower abdomen. Patient has bruise on left right lower abdomen approximately two inches in length. **Patient has a Braden Score of 11** Patient has stage IV ulcer on left lower abdomen No drains present
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck symmetrical, normal cephalic. Neck has no mass and is symmetrical Patient's ears are free of discharge bilaterally Patient's eyes are symmetrical with no redness, drainage, or crusting bilaterally. Pupils are equal in size and reactive to light and accommodation bilaterally Conjunctiva is pink and moist. Nose is symmetrical with no drainage. Teeth are slightly yellow in color. .
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: N/A**	S1 and S2 present. Normal cardiac rhythm. Peripheral pulses equal bilaterally, +2, Capillary refill is approximately 4 seconds. No neck vein distention present. No edema present.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	No wheezes present in all lung fields. No rhonchi present in all lung fields. Slight crackles indicated in left lower lobe that cleared with coughing. Symmetric air entry and normal breathing effort.

Time	Pulse	B/P				Oxygen
0723	84 beats/min	103/51 mmHg		18 breaths/min	98.3 F (Oral)	95% on room air
0945	93 beats/min	110/54		15 breaths/min	98.7 F (Oral)	95% on room

Assessment

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

Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

		mmHg			air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0723	Numeric scale rated a 3 out of 10	Left lower abdomen	Mild	Throbbing pain	Moved patient to a more comfortable position
0945	Numeric scale rated a 2 out of 10	Left lower abdomen	Mild	Throbbing pain	Turned television on upon patient request due to his wanting to focus on something besides the pain

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:**	20 gauge Left antecubital space

Date on IV: **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	3/22/2022 IV fluid is Lactated Ringer's IV is not occluded and allows flow into patient's vein No erythema present, minimal blood present around IV insertion site. Dressing is dry and intact with no signs of infection.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
240 mL of water **500 mL of IV fluid** **350 mL of water** **Total = 1090 mL**	Approximately 370 mL: patient incontinent x1 void

Nursing Care

Summary of Care (2 points)

Overview of care: Patient received frequent pain assessments, routine vital signs, and wound care. Pain management is PRN and wound care must was premedicated. Patient was turned every two hours and rested between care. Patient also receives blood sugar glucose checks regularly.

Procedures/testing done: Patient received an x-ray on lower right extremity. Patient also received culture infected wound located at the lower left abdomen.

Complaints/Issues: Patient complained about mild, throbbing pain rated a 3/10. Patient also complained of trouble swallowing ertapenem tablets.

Vital signs (stable/unstable): Vital signs stable excluding blood pressure. Patient is hypotensive, but at manageable levels.

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

Physician notifications: Physician notified regarding trouble swallowing ertapenem tablets.

Future plans for client: Anticipate that client will need routine wound care upon discharge.

Discharge Planning (2 points)

Discharge location: Patient will be discharged home with his wife.

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Patient will need to follow up with wound care physician

Education needs: Patient will need fall injury prevention education, medication education, wound care education and education to prevent skin injury prior to discharge.

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 shock related to reduced blood flow to vital organs as evidenced by hypotension	This nursing diagnosis was chosen because hypotension related to sepsis indicates lack of blood flow to vital organs depleting them of oxygen which can lead to organ failure and septic shock (Higuera, 2020).	**1.** Monitor blood pressure **2.** Monitor for changes in mental status such as confusion, lethargy, and stupor.	• **1.** Patient will present with adequate perfusion as evidenced by stable vital signs and usual level of mentation.	The client was compliant on receiving routine vital signs and mental status checks. Client agrees with the outcome goals and hypotension is being controlled and monitored. No modifications of plan necessary.
2. Risk for infection	This nursing diagnosis was chosen because	**1.** Encourage changing positions every 2 hours	**1.** Patient will show an improvement in wound healing.	The patient was compliant upon assessment of wound.

related to Stage IV pressure ulcer as evidenced by extensive tissue damage	further infection may occur due to open wound providing an entrance for pathogens.	**2.** Reassess skin for signs of worsening infection regularly.		Client agrees with the outcomes of goals and infection control and prevention is being implemented. Modifications may be necessary if worsening infection is present.
3. Risk for fatigue related to diminished oxygen transport of blood as evidenced by a decrease in red blood cells.	This nursing diagnosis was chosen because fatigue can restrict the patient's ability to deliver self-care needs.	**1.** Encourage frequent rest periods. **2.** Educate about ways to conserve energy	**1.** Patient will verbalize an increase in energy	Patient understood the importance of frequent resting and how to conserve energy. Client utilized frequent rest periods and was compliant on conserving energy by taking time to complete daily activities.

Other References (APA):

Higuera, V. (2020). *What is sepsis: Symptoms, causes, diagnosis, treatment, and prevention*. Everyday Health.

https://www.everydayhealth.com/sepsis/

Concept Map (20 Points):

Subjective Data

Patient denies shortness of breath
Patient denies nausea
Patient states that he is “feeling well”
Patient denies fever or chills
Patient states pain is throbbing
Patient states trouble swallowing ertapenem

Objective Data

Heart rate = 84 beats per minute
Blood pressure = 103/51 mmHg
Temperature = 98.3 F Oral
SpO2 = 95% on room air
Weight = 93.4 kg
Height = 188 cm
BMI = 26.4

Client Information

atient was admitted on 3/18/2022
Patient is 47 years old
Patient is white/Caucasian
Patient is married with two teenage daughters
Patient is a full code status
Patient has allergies to Latex, Vancomycin, and Meropenem

Nursing Diagnosis/Outcomes

Risk for shock related to reduced blood flow to vital organs as evidenced by hypotension. Outcome is to control hypotension to an acceptable level.

Risk for infection related to Stage IV pressure ulcer as evidenced by extensive tissue damage. Outcome is to implement infection control and prevention measures and to education client about these implementations to prevent further spread of infection.

Risk for fatigue related to diminished oxygen transport of blood as evidenced by a decrease in red blood cells. The expected outcome is an increase in energy.

Nursing Interventions

There will be interventions to monitor blood pressure and for change in mental status,. There will also be interventions to ensure patient is changing positions every 2 hours to prevent worsening of pressure sores and frequent inspection of these sores to assess infection status. The nurse will also educate the patient about the importance of frequently resting and conserving energy in the healing process.