N321 Care Plan # 2

Lakeview College of Nursing

Alfonso Crane

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
03/31/2022	*J.S.*	*75*	*Male*
Race/Ethnicity *African American*	**Occupation** *Unemployed*	**Marital Status** *Single*	**Allergies** *NKDA*
Code Status *Full Code*	**Height** *5'4"*	**Weight** *175 lbs.* *BMI: 30.04 kg/m^2*	

Medical History (5 Points)

Past Medical History: *Iritis, Anemia*

Past Surgical History: *Abdominal surgery (unclear of date – 1990s)*

Family History: *Father (deceased) – Asthma | Mother (deceased) – Diabetes, HTN | Sister – healthy |*

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): *The client was a previous smoker – cannot recall when he stopped smoking | The client does not use alcohol and has no illicit drug use. |*

Assistive Devices: *None*

Living Situation: *The client lives with their sister at home.*

Education Level: *High school graduate.*

Admission Assessment

Chief Complaint (2 points): *Pain in both legs*

History of Present Illness – OLD CARTS (10 points): *Upon assessment, the client denies chest pain and shortness of breath. The client appears to be in no acute distress. The client is a 75-year-old male with a past medical history of iritis and anemia. The client is admitted for painful leg swelling and the left leg has progressively gotten worse since December 2021. The client reports continuous pain and swelling in both their legs, and there is little pain at rest. The client rates the pain a 1 on a 0-10 numerical pain scale range at time of assessment. The client is currently taking gabapentin, gentamicin, and meropenem to treat infections and leg pain.*

Primary Diagnosis

Primary Diagnosis on Admission (2 points): *Sepsis, due to unspecified organism*

Secondary Diagnosis (if applicable): *N/A*

Pathophysiology of the Disease, APA format (20 points): *Pathophysiology of primary diagnosis can be found on page 4 of Care Plan.*

Pathophysiology References (2) (APA):

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

Carle Database (2022)

Hinkle, J.L., & Cheever, K. H. (2022). *Brunner & suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.

Pierrakos, C., Velissaris, D., Bisdorff, M., Marshall, J. C., & Vincent, J. L. (2020). Biomarkers of sepsis: Time for a reappraisal. *Critical Care*, *24*(1), 1-15.

Pathophysiology of Sepsis

Sepsis is a body-wide infection that takes over the host's immune system. The most susceptible hosts for sepsis include immunocompromised persons, older adults, and infants. Bacteria is the most common cause of sepsis, but any viral, fungal, or parasitic organism can also cause a sepsis infection (Capriotti, 2020). Bacterial sepsis is the overproduction of bacteria in the bloodstream, resulting in an infection. Infection usually begins in one organ system and then spreads into the bloodstream, causing sepsis. The microorganisms that invade our body tissues provoke an immune response (Hinkle & Cheever, 2022). This immune response results in the activation of biochemical cytokines and mediators associated with an inflammatory response leading to poor tissue perfusion (Hinkle & Cheever, 2022).

Because sepsis is an evolving process that can result in septic shock and other life-threatening organ dysfunctions, it is crucial to recognize and treat signs and symptoms early. Symptoms of sepsis or septic shock can include hypotension, and increasing heart rate, leading to tachycardia, hyperthermia, and fever (Hinkle & Cheever, 2022). Other clinical manifestations include an elevated respiratory rate, decreased urinary output, nausea/vomiting/diarrhea, and decreased gastric motility (Hinkle & Cheever, 2022). As sepsis progresses, tissues become less acidic and perfused, and compensation fails, leading to organ dysfunction (Hinkle & Cheever, 2022). It is vital to monitor the client for related symptoms to prevent septic shock.

Risk factors associated with sepsis and septic shock include immunocompromised people, people under the age of 1 and over 65, malnourishment, chronic illness, invasive procedures, and multiple surgeries (Hinkle & Cheever, 2022). Infection precautions can aid in the reduction in the incidence of sepsis – hand hygiene is the most important technique to keep in mind when trying to reduce incidences of sepsis or any infection. Aseptic technique and proper cleaning of equipment and client environment are other safety measures to ensure infection prevention.

There are no clear diagnostic tests to determine whether a person has sepsis. However, laboratory tests and clinical data can indicate the presence of or risk for sepsis. Laboratory values studied in regards to indicating a presence or risk for sepsis are procalcitonin (PCT), C-reactive protein (CRP), and WBC counts (Pierrakos et al., 2020). These elevated inflammatory markers are present in people with sepsis. Lactate levels are also elevated in a person with sepsis because of the maldistribution of blood (Hinkle & Cheever, 2022). A *Quick* SOFA scale assessment is done on a client in the ICU setting with suspicion of sepsis – screening for the development of sepsis (Hinkle & Cheever, 2022).

There are multiple treatment options for sepsis individuals, including fluid replacement therapy, pharmacological therapy, and nutritional therapy (Hinkle & Cheever, 2022). Administration of fluid replacement therapy provides to correct tissue hypoperfusion that results from the inflammatory response due to sepsis infection (Hinkle & Cheever, 2022). It is essential to monitor the client's blood pressure, mentation, respiratory rate, urine output, and serum lactate levels when administering fluid replacement. Pharmacological therapy is the treatment option for sepsis when fluid therapy alone does not improve tissue perfusion; vasopressor agents, such as norepinephrine or dopamine, are administered. A broad-spectrum antibiotic is administered for the unknown infecting organism until a culture and sensitivity test report are provided (Hinkle & Cheever, 2022). Nutritional supplementation should be administered within 24 to 48 hours of ICU admission to address the hypermetabolic state of an individual experiencing a septic shock. The client is currently receiving gentamicin and meropenem to treat the infection (Carle Database, 2022). These medications are antibiotics that help treat severe bacterial infections.

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 (Carle Database, 2022)	Admission Value	Today's Value	Reason for Abnormal Value
RBC (×10^6)	*3.5-5.2*	*3.28*	*3.36*	*This value is within normal limits.*
Hgb (g/dL)	*11-16.8*	*10.1*	*10.2*	*The client has a PMH of anemia. Anemia can cause a decreased value of Hgb (Hinkle & Cheever, 2022).*
Hct	*34%-47%*	*31.0*	*31.4%*	*The client has a PMH of anemia. Anemia can cause a decreased value of Hct (Hinkle & Cheever, 2022).*
Platelets	*140,000-400,000*	*226,000*	*292,000*	*This value is within normal limits.*
WBC (cells/mcL)	*4,000-11,000*	*13,400*	*10,760*	*This value is within normal limits.*
Neutrophils	*40%-80%*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022.*
Lymphocytes	*20%-40%*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022.*
Monocytes	*2%-10%*	*7.5%*	*15.1%*	*A client with an infection can have an increased monocyte value (Hinkle & Cheever, 2022). The client is diagnosed with sepsis.*
Eosinophils	*0%-8%*	*0.0%*	*0.7%*	*This value is within normal limits.*
Bands (Immature neutrophils)	*0%-10%*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022.*

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

Lab	Normal Range (Carle Database, 2022) (Hinkle & Cheever, 2022)	Admission Value	Today's Value	Reason For Abnormal
Na- (mmol/L)	*136-145*	*139*	*138*	*This value is within normal limits.*
K+ (mmol/L)	*3.5-5.1*	*3.9*	*4.3*	*This value is within normal limits.*

Cl- (mmol/L)	*98-107*	*102*	*101*	*This value is within normal limits.*
CO2 (mmol/L)	*22-29*	*18*	*22*	*This value is within normal limits.*
Glucose (mg/dL)	*74-100*	*122*	*109*	*A client with an infection can have an increased glucose value (Hinkle & Cheever, 2022). The client is diagnosed with sepsis; decreased glucose clearance contributes to hyperglycemia.*
BUN (mg/dL)	*10-20*	*13*	*10*	*This value is within normal limits.*
Creatinine (mg/dL)	*0.55-1.02*	*0.86*	*0.68*	*This value is within normal limits.*
Albumin (g/dL)	*3.5-5*	*1.8*	*3.6*	*This value is within normal limits.*
Calcium (mg/dL)	*8.9-10.6*	*9.3*	*7.1*	*Sepsis can cause a reduction in total value of calcium (Hinkle & Cheever, 2022).*
Mag (mg/dL)	*1.6-2.6*	*1.4*	*2.2*	*This value is within normal limits.*
Phosphate (mg/dL)	*2.5-4.5*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
Bilirubin (mg/dL)	*0.2-1.6*	*1.5*	*0.8*	*This value is within normal limits.*
Alk Phos (U/L)	*40-150*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
AST (U/L)	*5-34*	*17*	*39*	*Infections, like sepsis, can cause elevated liver enzymes, AST (Hinkle & Cheever, 2022).*
ALT (U/L)	*0-55*	*7*	*15*	*This value is within normal limits.*
Amylase (U/L)	*25-125*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
Lipase (U/L)	*<140*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
Lactic Acid (mmol/L)	*Venous: 0.5-1.7* *Arterial: 0.36-1.25*	*7.1*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*

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

Lab Test	**Normal Range** (Hinkle & Cheever, 2022)	**Value on Admission**	**Today's Value**	**Reason for Abnormal**
INR	*0.8-1.2*	*1.3*	*1.2*	*This value is within normal limits.*
PT	*11 sec - 13 sec*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
PTT	*21 sec - 35 sec*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
D-Dimer (ng/mL)	*<250*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
BNP (pg/mL)	*<100*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
HDL (mg/dL)	*Males: 35-65 Females: 35-80*	*52*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
LDL (mg/dL)	*<160 if no CAD and <2 risk factors <130 if no CAD and 2+ risk factors <100 if CAD is present*	*74*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
Cholesterol (mg/dL)	*Males: <205 Females: <190*	*145*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
Triglycerides (mg/dL)	*Males: 44-180 Females: 10-190*	*93*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
Hgb A1c	*4.4%-6.4%*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
TSH (mIU/L)	*0-15*	*3.8*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*

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

Lab Test	**Normal Range**	**Value on Admission**	**Today's Value**	**Reason for Abnormal**
Color & Clarity	*Yellow to amber Clear to slightly hazy*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
pH	*5.0-9.0*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
Specific Gravity	*1.003-1.030*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*

Glucose	*Negative*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
Protein	*Negative*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
Ketones	*Negative*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
WBC	*Negative/0-5*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
RBC	*Negative/0-2*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
Leukoesterase	*Negative*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*

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	*<100,000 CFU/mL*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
Blood Culture	*Negative*	*Pending*	*N/A*	*Blood culture taken on 04/02/2022. Awaiting review by physician as of 04/07/2022.* *Source: Blood – peripheral draw*
Sputum Culture	*Normal*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*
Stool Culture	*Negative*	*N/A*	*N/A*	*There was no lab value on the date of assessment: 04/07/2022*

Lab Correlations Reference (1) (APA):

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

Carle Database (2022)

Hinkle, J.L., & Cheever, K. H. (2022). *Brunner & suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.

Diagnostic Imaging

What is a CT scan with contrast?

- *A CT scan provides detailed images of the body structures, bone density, texture, and surgical hardware (Holman et al., 2019). CT scans provide visualization of soft tissues.*
    - *If contrast media is prescribed, assess for allergy, and ensure that the client has adequate fluid intake following testing (Holman et al., 2019).*

CT scan for the client is found below (Carle Database, 2022):

<u>Performed on:</u> 03/31/2022

<u>Procedure:</u> CT abdomen, pelvis w/ IV contrast

<u>Hx:</u> 75-year-old male. Iritis, anemia

<u>Findings/Impression:</u>

1. *Bulky abdominal and left pelvic retroperitoneal lymphadenopathy is of uncertain etiology, but could be due to prostate cancer or lymphoma.*
2. *Nonspecific structure in the L5 vertebral body. Consider correlation with contrast-enhanced MRI for further assessment.*
3. *Additional findings include probable renal cysts, left inguinal hernia, small ventral abdominal hernia.*

Diagnostic Test Reference (1) (APA):

Carle Database (2022)

Holman, H. C., Williams, D., Sommer, S., Johnson, J., Ball, B. S., Wheless, L., Leehy, P., & Lemon, T. (2019). *RN adult medical surgical nursing: Review module* (11th ed.). Assessment Technologies Institute.

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

Home Medications (5 required)

NOTE: The client is not on any home medications!

Brand/Generic	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Dose	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Frequency	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Route	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Classification	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Mechanism of Action	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Reason Client Taking	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Contraindications (2)	*1. N/A 2. N/A*	*1. N/A 2. N/A*	*1. N/A 2. N/A*	*1. N/A 2. N/A*	*1. N/A 2. N/A*
Side Effects/Adverse Reactions (2)	*1. N/A 2. N/A*	*1. N/A 2. N/A*	*1. N/A 2. N/A*	*1. N/A 2. N/A*	*1. N/A 2. N/A*
Nursing Considerations (2)	*1. N/A 2. N/A*	*1. N/A 2. N/A*	*1. N/A 2. N/A*	*1. N/A 2. N/A*	*1. N/A 2. N/A*

Hospital Medications (5 required) (Carle Database, 2022), (Jones and Bartlett Learning, 2021)

NOTE: The client is only on 3 hospital medications!

Brand/Generic	***G:*** *gabapentin* ***B:*** *Gralise, Neurontin*	***G:*** *gentamicin* ***B:*** *Cidomycin*	***G:*** *meropenem* ***B:*** *Merrem I.V.*	*N/A*	*N/A*
Dose	*200 mg*	*100 mg*	*500 mg*	*N/A*	*N/A*
Frequency	*3x/daily*	*Daily*	*Every 6 hours*	*N/A*	*N/A*

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Route	*P.O.*	*I.V. push*	*I.V. push*	*N/A*	*N/A*
Classification	***Pharm:*** *1-amino-methyl cyclohexaneacetic acid* ***Therapeutic:*** *Anticonvulsant*	***Pharm:*** *Aminoglycoside* ***Therapeutic:*** *Antibiotic*	***Pharm:*** *Carbapenem* ***Therapeutic:*** *Antibiotic*	*N/A*	*N/A*
Mechanism of Action	*Gabapentin's MOA is unknown, but is structurally similar to GABA. GABA inhibits the rapid firing of neurons associated with seizures. It also may prevent exaggerated responses to painful stimuli and pain related responses to normally innocuous stimuli to account for its effectiveness in relieving restless legs syndrome symptoms.*	*Binds to negatively charged sites on the outer membrane of bacteria, thereby disrupting the membrane's integrity. Gentamicin also binds to bacterial ribosomal subunits and inhibits protein synthesis. Both actions lead to cell death.*	*Penetrates cells walls of most gram-negative and gram-positive bacteria inactivating penicillin-binding proteins. This action inhibits bacterial cell wall synthesis and causes cell death.*	*N/A*	*N/A*
Reason Client Taking	*To treat moderate to severe primary restless legs syndrome.*	*To treat serious bacterial infections.*	*To treat serious bacterial infections*	*N/A*	*N/A*
Contraindications (2)	*1. Hypersensitivity to gabapentin.* *2. Hypersensitivity to gabapentin's components.*	*1. Hypersensitivity to gentamicin.* *2. Hypersensitivity to other aminoglycosides.*	*1. Hypersensitivity to meropenem.* *2. Hypersensitivity to other carbapenem drugs.*	*1. N/A* *2. N/A*	*1. N/A* *2. N/A*
Side Effects/Adverse Reactions (2)	*1. CNS: Seizures* *2. CV: Hypotension*	*1. RESP: Respiratory depression* *2. GU: Nephrotoxicity*	*1. CNS: Seizures* *2. OTHER: Sepsis*	*1. N/A* *2. N/A*	*1. N/A* *2. N/A*
Nursing Considerations (2)	*1. Know that gabapentin capsules may be opened and mixed with applesauce, fruit juice, pudding, or water before administration.* *2. Give the drug at least 2 hours after an antacid.*	*1. Expect to obtain a body fluid or tissue specimen for culture and sensitivity, as ordered, before gentamicin therapy begins, or check test results, if available.* *2. Know that any report of dizziness, hearing*	*1. Obtain body fluid and tissue samples, as ordered, for culture and sensitivity testing. Expect to review test results, if possible, before giving the first dose of meropenem.* *2. Monitor the patient with creatinine clearance of*	*1. N/A* *2. N/A*	*1. N/A* *2. N/A*

		loss, or ringing in the ears should be taken very seriously. Hold the drug with any report of these problems.	*10 to 26 mL/min for signs and symptoms of heart failure, renal failure, seizures, or shock.*		

Medications Reference (1) (APA):

Carle Database (2022)

Jones & Bartlett Learning. (2021). *2021 Nurse's Drug Handbook* (20th ed.). Jones & Bartlett Learning

Assessment

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

GENERAL: **Alertness:** *Alert* **Orientation:** *Oriented x3* **Distress:** *No acute distress* **Overall appearance:** *Ungroomed and tired.*	*Mr. S is a 75-year-old male. The client is ungroomed and tired. Height 5'4", weight 175 lb, BMI 30.04 kg/m^2, T 99.8℉ oral, P 75 2+ b/l, RR 17, BP 126/68 R arm sitting, 95% O_2 on room air. The client appears to be in no acute distress.*
INTEGUMENTARY: **Skin color:** *brown* **Character:** *warm and dry* **Temperature:** *warm* **Turgor:** *less than two seconds.* **Rashes:** *None* **Bruises:** *None* **Wounds:** *Lower left extremity* **Braden Score:** *16 (mild risk)* **Drains present: Y☐ N ❌** **Type:** *N/A*	*Skin is warm and dry upon palpation. Skin turgor is less than two seconds, normal mobility. Nails are without clubbing. There are no rashes or bruises upon inspection. The client has a lower left extremity wound. Wound is moist, pink, and sloughy. Characteristics of wound: | Temp: warm | Turgor: firm | Edge: irregular | Drainage: moderate – dressing applied | Wound care: normal saline |. The client's capillary refill is less than 3 seconds between fingers and toes bilaterally. Braden score of 16 based on assessment DOS: 04.07.22*
HEENT: **Head/Neck:** *Skull is normocephalic. Curly hair. Trachea midline.* **Ears:** *WNL* **Eyes:** *WNL* **Nose:** *WNL* **Teeth:** *Has dentures, poor dentition.*	*The client's head and neck are symmetrical. The trachea is midline and there are non-palpable lymph nodes and lobes. The uvula is midline and tonsil size 2+. There is acuity to regular voices. There is no visible abnormality of ears or palpable deformities. The sclera is white bilaterally. The client's cornea is clear b/l. Their conjunctiva is pink b/l with no mucus.* *The client does not wear glasses. Their EOMs are intact b/l and PERRLA b/l. The client's septum is midline. The client has had no oral/dental surgeries, but there is poor dentition. The client has dentures.*
CARDIOVASCULAR: **Heart sounds:** *Clear S1 and S2 w/o murmurs.* **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** *N/A* **Peripheral Pulses:** *Pulses 2+ b/l* **Capillary refill:** *Less than 3 seconds* **Neck Vein Distention: Y ☐ N ❌** **Edema Y ❌ N ☐** **Location of Edema:** *Left and right lower extremities.*	*Upon auscultation, there are clear S1 and S2 without murmurs. The client's PMI is palpable at the 5th intercostal space at the MCL. There is a normal rate and rhythm. Mr. S' extremities are brown, warm, and dry. Non-pitting edema located in left and right lower extremities from groin to dorsum of feet, palpated in all extremities. The epitrochlear lymph nodes are nonpalpable b/l. The client's pulses are 2+ b/l. Their capillary refill is less than 3 seconds between fingers and toes b/l.*

RESPIRATORY: **Accessory muscle use:** Y☐ N ❌ **Breath Sounds: Location, character**	*Upon auscultation, the client's lungs are resonant. The anterior and posterior breath sounds are clear bilaterally. There is a past history of smoking use, but no illicit drug use.*
GASTROINTESTINAL: **Diet at home:** *Regular* **Current Diet:** *Regular Diet* **Height:** *5'4"* **Weight:** *175 lbs.* **Auscultation Bowel sounds:** *Active in all 4 quadrants.* **Last BM:** *04.07.2022* **Palpation: Pain, Mass etc.:** *No palpable mass or pain.* **Inspection:** **Distention:** *None* **Incisions:** *None* **Scars:** *None* **Drains:** *None* **Wounds:** *None* **Ostomy:** Y ☐ N ❌ **Nasogastric:** Y ☐ N ❌ **Size:** *N/A* **Feeding tubes/PEG tube** Y ☐ N ❌ **Type:** *N/A*	*Upon inspection, the client's abdomen flat. There are active and normal bowel sounds and no tenderness after palpation of all four quadrants. The client's BMI is 30.04 kg/m^2, indicating obesity. The client's appetite has been normal, and he denies nausea, pain, and vomiting. The client is incontinent, and there is no pain with defecation. There is no distention, incisions, scars, drains, or wounds visible on the abdomen. There is no ostomy, NG tube, feeding/PEG tube in place for this client.*
GENITOURINARY: **Color:** *Yellow* **Character:** *Odorless* **Quantity of urine:** *N/A – incontinent* **Pain with urination:** Y ☐ N ❌ **Dialysis:** Y ☐ N ❌ **Inspection of genitals:** *The client is uncircumcised* **Catheter:** Y ☐ N ❌ **Type:** *N/A* **Size:** *N/A*	*No urine sample was collected during the assessment. Urinary incontinence. No pain with urination and no indication of flow.* *The client is uncircumcised and there is no discharge or visual lesion. Testes descended bilaterally.*
MUSCULOSKELETAL: **Neurovascular status:** *Normal* **ROM:** *Active* **Supportive devices:** *None* **Strength:** *Decreased* **ADL Assistance:** Y ❌ N ☐ **Fall Risk:** Y ❌ N☐ **Fall Score:** *14* **Activity/Mobility Status:** *2 assist*	*The client shows no signs of muscular atrophy in limbs. The client's arm muscle strength is rated at a 3/5 and their hip muscle strength is rated at a 3/5. The client needs assistance and a gait belt is necessary from a sitting to standing position. Client is at a fall risk with a score of 14.* *Non-pitting edema present in left and right lower extremities from groin to dorsum of feet.*

Independent (up ad lib) ☐ **Needs assistance with equipment** ❌ **Needs support to stand and walk** ❌	
NEUROLOGICAL: **MAEW: Y** ❌ **N**☐ **PERLA: Y** ❌ **N**☐ **Strength Equal: Y** ❌ **N** ☐ **if no -** **Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation:** *Oriented x4* **Mental Status:** *Alert and oriented x3* **Speech:** *Coherent speech* **Sensory:** *Intact* **LOC:** *None*	*The patient is alert and relaxed. Mr. S is oriented x3; to person, place, and time. The client cannot recall why they were in the hospital. The client presents with coherent speech, and their senses are intact. Upon assessment, PERRLA b/l. The client's strength is equal throughout. The client performed pedal pushes and hand grips with ease.*
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** *Medication* **Developmental level:** *Speech is coherent, appropriate for age.* **Religion & what it means to pt.:** *The client did not disclose this information.* **Personal/Family Data (Think about home environment, family structure, and available family support):** *The client was previously homeless. The client now lives with their sister.*	*The client is alert and oriented x3 (to person, place, time, and). Thought processes and speech are coherent. The client did not disclose religion and what it meant to them. Mr. S was previously homeless and is now living with their sister.*

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0715	*90 bpm*	*109/80; R arm sitting*	*18*	*99.5°F oral*	*95% on room air*
1144	*75 bpm*	*126/68; R arm sitting*	*17*	*99.8°F oral*	*95% on room air*

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0715	*1/10 (Numerical Rating Scale)*	*"Everywhere"*	*Not severe*	*Aching; sharp*	*N/A*
1144	*1/10 (Numerical Rating Scale)*	*Left leg*	*moderate*	*Aching; sharp*	*N/A*

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: *22 G* **Location of IV:** *R lower forearm, anterior, distal* **Date on IV:** *04/01/2022* **Patency of IV:** *Intact* **Signs of erythema, drainage, etc.:** *None* **IV dressing assessment:** *Clean, dry, intact.*	*Medications:* *gentamicin IVPB at 200 mL/hour daily*

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
At time of assessment: *240 mL water* *100 mL gentamicin (daily)* *TOTAL: 340mL*	*At time of assessment:* *TOTAL: Unknown – urinary incontinence*

Nursing Care

Summary of Care (2 points)

Overview of care: *Manage the client's sepsis and non-pitting edema in both lower extremities.*

Procedures/testing done: *Blood culture (04/05/2022) – pending results*

Complaints/Issues: *The client rated pain in their left leg a 1/10 on the numerical grading scale.*

Vital signs (stable/unstable): *Vital signs were stable – There are no abnormal vital signs upon assessment.*

Tolerating diet, activity, etc.: *The client is tolerating a regular diet.*

Physician notifications: *Recommend extended care facility at discharge.*

Future plans for client: *Anticipating the client for physical therapy. Wound care is anticipated for the client as well.*

Discharge Planning (2 points)

Discharge location: *The client will be going home with their sister*

Home health needs (if applicable): *N/A*

Equipment needs (if applicable): *Wheelchair*

Follow up plan: *Needs ongoing physical therapy due to decreased independence with functional mobility.*

Education needs: *Neuro re-education. Physical therapy. Wound care education will be necessary as well.*

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 septic shock related to reduction of arterial/venous blood flow as evidenced by sepsis infection.*	*The client is at an increased risk for septic shock due to sepsis infection. Septic shock is a life-threatening condition.*	**1.** *Monitor hemodynamic status frequently, including blood pressure, heart rate, and oxygen saturation.* **2.** *Administer intravenous fluids, oxygen, and medication as prescribed.*	**1.** *The client will maintain adequate blood pressure to maintain tissue perfusion.*	*The client's blood pressure was adequate to maintain tissue perfusion. The client understood the need for aggressive management of underlying medical conditions to prevent hypoperfusion.*
2. *Risk for impaired gas exchange related to altered blood flow as evidenced by sepsis infection*	*The client is at an increased risk for impaired gas exchange due to ineffective oxygen supply.*	**1.** *Assess and record pulmonary status every 4 hours or more frequently if the client's condition is unstable.* **2.** *Change the client's position every 2 hours to mobilize secretions and allow aeration of all lung fields.*	**1.** *The client will maintain adequate ventilation and have clear breath sounds on auscultation.*	*The client will have normal breath sounds and respiratory rate will remain within established limits. The client and/or family members will state understanding of causes for impaired gas exchange and behaviors to prevent it.*

3. *Risk for hyperthermia related to increase in metabolic rate as evidenced by sepsis infection.*	*The client is at risk for hyperthermia due to their sepsis infection. If not treated, hyperthermia can be fatal.*	**1.** *Take temperature every 1 to 4 hours to obtain an accurate core temperature.* **2.** *Monitor heart rate and rhythm, blood pressure, respiratory rate, LOC and level of responsiveness, and capillary refill every 1 to 4 hours.*	**1.** *The client will remain afebrile and maintain adequate hydration, with a balanced input and output within normal limits.*	*The client will identify appropriate measures to reduce fever and prevent dehydration. The client is afebrile and remains alert and responsive.*

Other References (APA):

Phelps, L.L. (2020). *Sparks and Taylor's Nursing Diagnosis Reference Manual* (11th ed.). Wolters Kluwer.

Concept Map (20 Points): *Concept Map can be found on page 21 of Care Plan.*

N321 CARE PLAN

Subjective Data

- *Pain in both lower extremities*
- *Pain Scale: 1/10 (on Numerical Rating Scale)*
  - *"It hurts everywhere." "My left leg hurts."*
- *The client denies chest pain and shortness of breath.*
- *The client appears to be in no acute distress.*
- *The client is single*
- *The client lives with their sister.*

Nursing Diagnosis/Outcomes

- *Risk for septic shock related to reduction of arterial/venous blood flow as evidenced by sepsis infection.*
  - *The client's blood pressure was adequate to maintain tissue perfusion.*
  - *The client understood the need for aggressive management of underlying medical conditions to prevent hypoperfusion.*
- *Risk for impaired gas exchange related to altered blood flow as evidenced by sepsis infection*
  - *The client will have normal breath sounds and respiratory rate will remain within established limits.*
  - *The client and/or family members will state understanding of causes for impaired gas exchange and behaviors to prevent it.*
- *Risk for hyperthermia related to increase in metabolic rate as evidenced by sepsis infection.*
  - *The client will identify appropriate measures to reduce fever and prevent dehydration.*
  - *The client is afebrile and remains alert and responsive.*

Objective Data

- *Vital Signs: height 5'4", weight 175 lbs, T 99.8℉ oral, P 75, R 16, BP 126/68 R arm sitting, O2 95% on room air.*
- *Hospital medications:*
  - ***G:** gabapentin | **B:** Gralise, Neurontin*
  - ***G:** gentamicin | **B:** Cidomycin*
  - ***G:** meropenem | **B:** Merrem I.V.*
- *Fall Risk Score: 14*
- *Braden Scale Score: 16*
- *Wound on lower left extremity*

Client Information

- *75-year-old male admitted for pain and swelling in their legs*
- *Wound located on lower left extremity*
- *PMH:*
  - *Iritis | Anemia*
- *PSH:*
  - *Abdominal surgery – unclear of date (~1990s)*
- *Former smoker*
- *No alcohol and no illicit drug use.*
- *The client is compliant.*

Nursing Interventions

- *Some nursing interventions include:*
  - *Monitor hemodynamic status frequently, including blood pressure, heart rate, and oxygen saturation.*
  - *Administer intravenous fluids, oxygen, and medication as prescribed.*
  - *Assess and record pulmonary status every 4 hours or more frequently if the client's condition is unstable.*
  - *Change the client's position every 2 hours to mobilize secretions and allow aeration of all lung fields.*
  - *Take temperature every 1 to 4 hours to obtain an accurate core temperature.*
  - *Monitor heart rate and rhythm, blood pressure, respiratory rate, LOC and level of responsiveness, and capillary refill every 1 to 4 hours.*