

<p style="text-align: center;"><b>Medications</b></p> <p>Linezolid 600mg, PO, BID</p> <p>Enoxaparin 30mg, SubQ, Daily</p> <p>Finasteride 5mg, PO, Daily</p> <p>Tamsulosin 0.4mg, PO, Daily</p> <p>Cefepime 2mg, IV Piggyback, Q24H</p> <p>Atorvastatin 40mg, PO, HS</p> <p>Aspirin, 81mg, PO, Daily</p> <p>Carvedilol 2.25mg, PO, BID</p> <p>Clopidogrel 75mg, PO, Daily</p> <p>Metformin 500mg, PO, BID</p>	<p style="text-align: center;"><b>Demographic Data</b></p> <p><b>Date of Admission:</b> 4/7/2022</p> <p><b>Admission Diagnosis/Chief Complaint:</b> Left great toe pain</p> <p><b>Age:</b> 76</p> <p><b>Gender:</b> Male</p> <p><b>Race/Ethnicity:</b> Hispanic/Latino</p> <p><b>Allergies:</b> No known allergies</p> <p><b>Code Status:</b> Full Code</p> <p><b>Height in cm:</b> 168cm</p> <p><b>Weight in kg:</b> 82.5 kg</p> <p><b>Psychosocial Developmental Stage:</b> Appropriate</p> <p><b>Cognitive Developmental Stage:</b> Appropriate</p> <p><b>Braden Score:</b> 12, high risk</p> <p><b>Morse Fall Score:</b> 45</p> <p><b>Infection Control Precautions:</b> Standard precautions, not transmitted from person to person</p>	<p style="text-align: center;"><b>Pathophysiology</b></p> <p><b>Disease process:</b> Gangrene occurs when the blood flow to a large area of tissue is cut off. The lack of blood flow causes the tissue to break down and become necrotic. Gangrene comes in two forms; dry, which occurs when the blood supply is cut off and the area becomes dry, shrinks and turns black and then there's wet, which occurs if bacteria invades tissues, making the area swell, drain fluid and smell bad (<i>Gangrene</i>, 2022). Gangrene can be caused by an infection, injury, or chronic disease (Sorenson, 2018). Risk factors for gangrene include diabetes, peripheral artery disease, Raynaud's disease, burns, frostbite, and skin infections (<i>Gangrene</i>, 2022).</p> <p><b>S/S of disease:</b> skin discoloration (greenish/black), severe pain, numbness, foul smelling discharge, swelling, blistering (<i>Gangrene</i>, 2022)</p> <p><b>Method of Diagnosis:</b> Gangrene can be diagnosed with a physical exam observing for signs of tissues death. Increased white blood cells could indicate infection (Hinkle &amp; Cheever, 2018). Imaging testing and fluid and tissue sampling are other methods to diagnose gangrene (<i>Gangrene</i>, 2022)</p> <p><b>Treatment of disease:</b> Gangrene can be treated with antibiotics, surgery to remove dead tissue, maggot debridement, hyperbaric oxygen therapy and vascular surgery (<i>Gangrene</i>, 2022).</p>
<p style="text-align: center;"><b>Lab Values/Diagnostics</b></p> <p>Glucose: 164 (H)</p> <p>WBC: 14.6 (H)</p> <p>RBC: 3.56 (L)</p> <p>Platelets: 479 (H)</p> <p>Hgb: 27.2 (L)</p> <p>Creatinine: 3.26 (H)</p> <p>Calcium: 7.3 (L)</p> <p>Potassium: 5.2 (H)</p> <p>Lactic Acid: 2.2</p> <p>Albumin: 3.4 (L)</p> <p>X-ray: (Left great toe) showed soft tissue wound to left great toe and proximal soft tissue air density</p>	<p style="text-align: center;"><b>Admission History</b></p> <p>76 year old male presented to the ED with left great toe pain and dry gangrene. Pain started approximately 4 months ago and progressively worsened. Patient denies drainage but occasional bleeding from the site. Patient states walking has become too painful and avoids putting any pressure on the foot. Patient denies use of at home pain relievers.</p>	<p style="text-align: center;"><b>Active Orders</b></p> <p>Readmission prevention education</p> <p>Blood glucose monitoring</p> <p>Cardiac monitoring</p> <p>Urinary catheter care</p> <p>Turning and repositioning every 2 hours</p>
	<p style="text-align: center;"><b>Medical History</b></p> <p><b>Previous Medical History:</b> hyperlipidemia, peripheral arterial disease, hypertensive cardiovascular disease, hypertension, type 2 diabetes</p> <p><b>Prior Hospitalizations:</b> January 2022- pressure ulcer March 2022- CABG</p> <p><b>Previous Surgical History:</b> CABG (3.5 weeks ago) Cataracts</p> <p><b>Social History:</b> Denies alcohol use, denies substance use, former smoker, ½ a pack per day (2017)</p>	<p style="text-align: right;">1</p>

**Physical Exam/Assessment**

**General:** No acute stress noted, well nourished

**Integument:** Dry gangrene at left great toe, no purulent drainage, decreased sensation in lower extremities, impaired skin integrity

**HEENT:** normal hearing to voice, normal conjunctiva, midline, PERRLA

**Cardiovascular:** normal rate, regular rhythm, no murmur, gallop, rub, or edema observed

**Respiratory:** lungs clear to auscultation, no rhonchi, no wheezing, or rales, nonlabored breathing

**Genitourinary:** soft, nontender abdomen, normal bowel sounds in all four quadrants, nondistended abdomen, foley catheter in place, no catheter pain reported

**Musculoskeletal:** normal range of motion, equal strength in all limbs, no tenderness or swelling, impaired mobility due to wound dressing

**Neurological:** A&O x 3, patient slightly confused with impaired judgement, cooperative, mood stable and appropriate

**Most recent VS (include date/time and highlight if abnormal):** Temp: 36.9 C, HR: 69, RR: 16, O2 sat: 91%, BP: 158/69

**Pain and pain scale used:** 10/10 at surgical site, Numeric scale

<p align="center"><b>Nursing Diagnosis 1</b></p> <p>Ineffective breathing pattern related to decreased lung expansion as evidenced by patient's O2 saturation level of 91%</p>	<p align="center"><b>Nursing Diagnosis 2</b></p> <p>Impaired tissue integrity related to altered arterial circulation as evidenced by patient's past medical history of peripheral arterial disease and current gangrene diagnosis</p>	<p align="center"><b>Nursing Diagnosis 3</b></p> <p>Noncompliance related to difficulty with making lifestyle changes as evidenced by patient's current diagnosis of gangrene and history of unresolved foot pain</p>
<p align="center"><b>Rationale</b></p> <p>Patient currently on bedrest and unable to walk as much as he normally would due to his limited mobility related to his wound dressing and reported pain.</p>	<p align="center"><b>Rationale</b></p> <p>Patient currently admitted for gangrene, and infection that occurs when blood flow is cut off to a larger area.</p>	<p align="center"><b>Rationale</b></p> <p>Patient has type 2 diabetes and should be observing lower extremities daily for wounds, patient admits to having foot pain for 4 months prior to admission</p>
<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> assess patient's mental, respiratory, and cardiac status every 2 hours</p> <p><b>Intervention 2:</b> observe for indicators of hypoxia</p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> assess legs, feet and between the toes for ulcerations</p> <p><b>Intervention 2:</b> teach the patient the importance of walking and range of motion exercises for knee, hip and ankle</p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> assess patient's understanding of disease process, medical management and treatment plan. Explain and clarify information as indicated.</p> <p><b>Intervention 2:</b> assess for nonadherence, such as financial constraints, memory problems, inconvenience, or misunderstanding</p>
<p align="center"><b>Evaluation of Interventions</b></p> <p>Patient responded well to interventions. No decrease in oxygen saturation levels, no decrease in mental status, still A&amp;O x 3</p>	<p align="center"><b>Evaluation of Interventions</b></p> <p>Patient responded well to interventions. Patient's lower extremity tissue remained intact during shift</p>	<p align="center"><b>Evaluation of Interventions</b></p> <p>Patient did not respond well to interventions. Patient currently slightly confused. Education with a caretaker or family member present recommended.</p>

**References (3) (APA):**

*Gangrene.* (2022). Johns Hopkins Medicine. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/gangrene#:~:text=What%20is%20gangrene%3F,skin%20a%20greenish%2Dbblack%20color.>

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Sorenson, M., Quinn, L., & Klein, D. (2018). *Pathophysiology: Concepts of Human Disease* (1st ed.). Pearson.

Swearingen, P. L. (2018). *All-in-One Care Planning Resource: Medical-Surgical, Pediatric, Maternity, and Psychiatric Nursing Care Plans (All-In-One Care Planning Resource: Med-Surg, Peds, Maternity, & Psychiatric Nursing)* (2nd ed.). Mosby.