

N431 Care Plan # 2

Lakeview College of Nursing

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**Demographics (3 points)**

|                                    |                                 |                                  |  |
|------------------------------------|---------------------------------|----------------------------------|--|
| <b>Date of Admission</b><br>4/3/22 | <b>Client Initials</b><br>TG    | <b>Age</b><br>38                 | <b>Gender</b><br>Female                                  |
| <b>Race/Ethnicity</b><br>Caucasian | <b>Occupation</b><br>Unemployed | <b>Marital Status</b><br>Married | <b>Allergies</b><br>Morphine-hives<br>Penicillin's-hives |
| <b>Code Status</b><br>Full Code    | <b>Height</b><br>167.cm         | <b>Weight</b><br>78.3kg          |  |

**Medical History (5 Points)**

**Past Medical History:** Anxiety, bradycardia, cervical myelopathy, circadian rhythm sleep disorder (delayed sleep type), degenerative disc disease, mixed connective tissue disorder, dysphagia, endometriosis, goiter, hidradenitis, hypertension, malignant neoplasm of thyroid gland, post-surgical hypothyroidism, vitamin D deficiency, chronic pancreatitis, enlarged spleen, constipation, and depression.

**Past Surgical History:** Total abdominal hysterectomy with bilateral salpingo-oophorectomy (2013), exploratory laparoscopic uterus/ovaries (2013), laparoscopic cholecystectomy (2007, appendectomy, bilateral breast lumpectomy, cervical laser, cryotherapy, thyroidectomy, septoplasty, turbinate reduction excision, slings transvaginal tape, sphincterotomy papillotomy, gall stone removal.

**Family History:**

Patients Mother: heart disease, hypertension

Patients Father: Diabetes insipidus, Diabetes type 2, hypertension

Patients Maternal grandmother: thyroid cancer, stroke, breast cancer

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

Patient reports alcohol use 1-2x per month (wine/beer), smoking ½ pack of cigarettes per day for 15 years with periods of remission and denies drug use.

**Assistive Devices:** The patient wears both contacts/glasses.

**Living Situation:** The patient currently lives at home with her husband and daughter.

Education Level: The patient has a Highschool education.

**Admission Assessment**

**Chief Complaint (2 points):** Abdominal pain with right flank pain.

**History of Present Illness – OLD CARTS (10 points):** Patient states symptoms started four days prior to admission. The patient complains of pain in the abdomen, rectum, and right flank area. Pain is intermittent and varies in intensity. Upon arrival to the emergency room, the pain was rated at an “6-8/10”. Aside from pain, the patient is experiencing nausea, vomiting, potentially blood in stool and when wiping, and recent yellow, oily stools. Eating and drinking exasperate symptoms. The patient has been unable to find relief or have a bowel movement. She has tried Dulcolax with no relief. The patient states she has had a history of constipation in the past.

**Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Constipation

**Secondary Diagnosis (if applicable):**

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

Constipation is one of the most common conditions amongst adults. There are several different types of constipation, including idiopathic and secondary. With idiopathic constipation,

there is no actual cause. Secondary, however, can be related to chronic medical conditions such as diabetes, hypothyroidism, hypercalcemia, and certain medications, including opioids, antidepressants, and antiepileptics. The patient has previously had her thyroid removed and takes antidepressants such as fluoxetine and trazodone, and gabapentin, an antiepileptic. Constipation may be related to dehydration and slow-moving intestines (Capriotti, 2020).

To diagnose constipation, patients must exhibit two or more of the following symptoms for 25 % of the time for six months (Capriotti, 2020). Symptoms include straining, hard stools, a sensation of incomplete evacuation, anorectal obstruction, a need for manual removal of fecal matter, including digital evacuation, and three or fewer stools per week (Capriotti, 2020).

Diagnosis of constipation can be as simple as an abdominal x-ray, labs, and endoscopic evaluation (Capriotti, 2020). Lab tests include stool tests, urine testing, and blood testing. The patient's BUN was slightly low, indicating some level of dehydration that can attribute to constipation. The patient had an abdominal x-ray performed. This particular x-ray, also known as a KUB or kidney urinary bladder, revealed x-ray, also known as a KUB or kidney urinary bladder, revealed that the patient had constipation in her sigmoid and rectum. Stool diaries are also a great way to assess bowel patterns that may progress to constipation. Patients log their stools for 1-2 weeks using the Bristol Stool Form Scale (BSFS) (Review article: Diagnosis, management and ... - Wiley Online Library). This information can be shared with the provider to access any changes, including any dietary needing to be made changed.

Treatment for constipation includes increasing dietary fiber and laxatives, stool softeners, and suppositories (Capriotti, 2020). 20-25 g/day of fiber is the daily recommendation (Capriotti, 2020). Stool softeners aid in pulling water into the stool to do, as they say, soften it. The patient received docusate-senna but did not have a bowel movement during rotation. Typically,

docusate-senna will take approximately 6-12 hours to work and is best if given at bedtime. Increased fluid intake can also help relieve constipation as it has a flushing effect. When pharmacological measures are not enough, digital extraction may be necessary.

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

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

Review article: *Diagnosis, management and ...* - Wiley Online Library. (n.d.). Retrieved April 15, 2022, from <https://onlinelibrary.wiley.com/doi/full/10.1111/apt.16369>

### Laboratory Data (15 points)

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

| Lab | Normal Range          | Admission Value | Today's Value | Reason for Abnormal Value   |
|-----|-----------------------|-----------------|---------------|---|
| RBC | 4.0-6.60 million/cumm | 4.32            | 3.32          | Decreased RBCs can be related to dehydration. The patient's intake had been very limited over the last 4 days (Pagana et al., 2020). Upon arrival to the ER, an IV and fluids were started. Anemia, chronic illnesses, and dietary deficiency can also lead to low RBC levels (Pagana et al., 2020). The patient has an autoimmune system condition known as mixed connective tissue disease. |
| Hgb | 14-18 Gm/dL           | 14.0            | 12.3          | Low Hgb can be caused by rheumatoid arthritis, systemic lupus erythematosus, anemia, and the dietary deficiency (Pagana et al., 2020). The patient has mixed  |

|                    |                      |             |              |   |
|--------------------|----------------------|-------------|--------------|---|
|                    |                      |             |              | connective tissue disease and has had decreased dietary intake over the last 4 days.  |
| <b>Hct</b>         | <b>36 - 44%</b>      | 40.9%       | 36.4%        |   |
| <b>Platelets</b>   | <b>150-450 k/cum</b> | <b>121</b>  | <b>107</b>   | Low platelet counts can be related to certain types of anemia, medications, and auto immune disease (Pagana et al., 2020). The patient has a condition known as mixed connective tissue disease. This disease consists of a diagnosis of at least two of the following conditions: systemic lupus erythematosus, systemic sclerosis, polymyositis, dermatomyositis, and rheumatoid arthritis (Sapkota, 2021). |
| <b>WBC</b>         | <b>4.5 – 10.8</b>    | 6.2         | 5.4          |   |
| <b>Neutrophils</b> | <b>55 – 70%</b>      | 67.4%       | 5.4          |   |
| <b>Lymphocytes</b> | <b>20-40%</b>        | 23%         | 29.9%        |   |
| <b>Monocytes</b>   | <b>2-8%</b>          | <b>8.6%</b> | <b>10.3%</b> | Increased monocytes are related to chronic inflammatory disorders (Pagana et al., 2020). The patient has mixed connective tissues disease.  |
| <b>Eosinophils</b> | <b>0-6%</b>          | 0.6%        | 1.5%         |   |
| <b>Bands</b>       | <b>0-10%</b>         | n/a         | n/a          |   |

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

| <b>Lab</b> | <b>Normal Range</b>  | <b>Admission Value</b> | <b>Today's Value</b> | <b>Reason For Abnormal</b>  |
|------------|----------------------|------------------------|----------------------|---|
| <b>Na-</b> | <b>136-145 mEq/L</b> | 137                    | 142                  |   |
| <b>K+</b>  | <b>3.5-5</b>         | 4.27                   | 4.53                 |   |
| <b>Cl-</b> | <b>98-106 mEq/L</b>  | 102                    | <b>109</b>           | Elevated chloride levels can be cause by administration of IV fluids, overhydration, and vomiting (Pagana et al., 2020). The patient is currently receiving 0.9% normal saline or NaCl. |

|                    |   |      |      |  |
|--------------------|---|------|------|--|
| <b>CO2</b>         | <b>22-30 mEq/L</b>                                | 22.9 | 24.9 |  |
| <b>Glucose</b>     | <b>74-106mg/dL</b>                                | 88   | 73   | Decreased glucose levels could be related to decreased dietary intake (Pagana et al., 2020). The patient was placed on an NPO diet upon admission.   |
| <b>BUN</b>         | <b>10-20</b>                                      | 10   | 6.8  | Decreased BUN can be related to a diet low in protein, malnutrition, sever liver damage, acute kidney impairment, or dehydration (Pagana et al., 2020). The patient takes gabapentin and has had decreased fluid intake for the past 4 days. The patient also has kidney stone present in the left kidney. |
| <b>Creatinine</b>  | <b>0.5-1.2mg/dL</b>                               | 1.06 | 1.13 |  |
| <b>Albumin</b>     | <b>3.5-5mg/dL</b>                                 | 4.7  | 4.0  |  |
| <b>Calcium</b>     | <b>9-10.5mg/dL</b>                                | 9.8  | 9.1  |  |
| <b>Mag</b>         | <b>1.3-2.1 mEq/dL</b>                             | 2.1  | n/a  |  |
| <b>Phosphate</b>   | <b>3-4.5 mg/dL</b>                                | 3.5  | n/a  |  |
| <b>Bilirubin</b>   | <b>0.3-1mg/dL</b>                                 | 0.7  | n/a  |  |
| <b>Alk Phos</b>    | <b>30-120 U/L</b>                                 | 87   | n/a  |  |
| <b>AST</b>         | <b>0-35 U/L</b>                                   | 14   | 11   |  |
| <b>ALT</b>         | <b>4-36 U/L</b>                                   | 13   | 10   |  |
| <b>Amylase</b>     | <b>60-120 U/L</b>                                 | n/a  | n/a  |  |
| <b>Lipase</b>      | <b>0-160 U/L</b>                                  | n/a  | n/a  |  |
| <b>Lactic Acid</b> | <b>Venous blood: 5-20 mg/dL or 0.6-2.2 mmol/L</b> | n/a  | n/a  |  |

|                 |   |     |     |  |
|-----------------|---|-----|-----|--|
|                 | <b>Arterial blood: 3-7 mg/dL or 0.3-0.8mmol/L</b> |     |     |  |
| <b>Troponin</b> | <b>0-0.04 ng/mL</b>                               | n/a | n/a |  |
| <b>CK-MB</b>    | <b>3-5 %</b>                                      | n/a | n/a |  |
| <b>Total CK</b> | <b>22-198 U/L</b>                                 | n/a | n/a |  |

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

| <b>Lab Test</b> | <b>Normal Range</b>   | <b>Value on Admission</b> | <b>Today's Value</b> | <b>Reason for Abnormal</b> |
|-----------------|---|---------------------------|----------------------|----------------------------|
| <b>INR</b>      | <b>0.8-1.1</b>  | n/a                       | n/a                  |                            |
| <b>PT</b>       | <b>11-13.5 sec</b>  | n/a                       | n/a                  |                            |
| <b>PTT</b>      | <b>25-36 sec</b>  | n/a                       | n/a                  |                            |
| <b>D-Dimer</b>  | <b>Greater than 0.4 mcg/mL or greater than 250 ng/mL</b>                  | n/a                       | n/a                  |                            |
| <b>BNP</b>      | <b>Less than 100 pg/mL</b>  | n/a                       | n/a                  |                            |
| <b>HDL</b>      | <b>Male: greater than 45 mg/dL<br/><br/>Female: greater than 55 mg/dL</b> | n/a                       | n/a                  |                            |
| <b>LDL</b>      | <b>Adult: less than 130 mg/dL<br/><br/>Children: less than 110 mg/dL</b>  | n/a                       | n/a                  |                            |

|                      |                            |     |       |  |
|----------------------|----------------------------|-----|-------|--|
| <b>Cholesterol</b>   | <b>Less than 200 mg/dL</b> | n/a | n/a   |  |
| <b>Triglycerides</b> | <b>40-180 mg/dL</b>        | n/a | n/a   |  |
| <b>Hgb A1c</b>       | <b>Below 5.7%</b>          | n/a | n/a   |  |
| <b>TSH</b>           | <b>0.5-5 mU/L</b>          | n/a | 1.850 |  |

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

| <b>Lab Test</b>            | <b>Normal Range</b>   | <b>Value on Admission</b> | <b>Today's Value</b> | <b>Reason for Abnormal</b> |
|----------------------------|---|---------------------------|----------------------|----------------------------|
| <b>Color &amp; Clarity</b> | <b>Clear, Amber/<br/>Yellow</b>                               | n/a                       | n/a                  |                            |
| <b>pH</b>                  | <b>4.6-8<br/>Average: 6</b>                                   | n/a                       | n/a                  |                            |
| <b>Specific Gravity</b>    | <b>1.005-1.03</b>   | n/a                       | n/a                  |                            |
| <b>Glucose</b>             | <b>30-300<br/>mg/day</b>                                      | n/a                       | n/a                  |                            |
| <b>Protein</b>             | <b>0-8 mg/dL</b>  | n/a                       | n/a                  |                            |
| <b>Ketones</b>             | <b>Negative</b>   | n/a                       | n/a                  |                            |
| <b>WBC</b>                 | <b>0-4 per low-<br/>power field<br/>Negative for<br/>cast</b> | n/a                       | n/a                  |                            |
| <b>RBC</b>                 | <b>Less than or<br/>equal to 2,<br/>negative for<br/>cast</b> | n/a                       | n/a                  |                            |
| <b>Leukoesterase</b>       | <b>Negative</b>   | n/a                       | 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-<br>7.45mm Hg                | n/a                | n/a           |                         |
| PaO2  | 80-100 mm<br>Hg                   | n/a                | n/a           |                         |
| PaCO2 | 35-45 mm<br>Hg                    | n/a                | n/a           |                         |
| HCO3  | 22-26 mEq/<br>L                   | n/a                | n/a           |                         |
| SaO2  | greater than<br>or equal to<br>95 | 97                 | 99            |                         |

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:<br>less than<br>10,000 per<br>mm of U<br><br>Positive:<br>greater than<br>100,000 per<br>mm of U | Pending            | Pending       | In process.             |
| Blood Culture  | Negative   | Pending            | Pending       | In process.             |
| Sputum Culture | Normal<br>Upper RT   | n/a                | n/a           |                         |
| Stool Culture  | Normal   | n/a                | n/a           |                         |

|  |                             |  |  |  |
|--|-----------------------------|--|--|--|
|  | <b>intestinal<br/>flora</b> |  |  |  |
|--|-----------------------------|--|--|--|

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

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference* (13th ed.). Mosby.

Sapkota, B. (2021, April 18). *Mixed connective tissue disease*. StatPearls [Internet]. Retrieved November 6, 2021, from <https://www.ncbi.nlm.nih.gov/books/NBK542198/>.

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):**

**Xray abdomen/pelvis:**

Reason: abdominal and R flank pain w/ constipation. Bleeding per Rectum.

Impression: wall thickening of the cecum, ascending colon, transverse colon, possibly due to under distension. Constipation of the sigmoid and rectum. Rectum dilated. Clinically exclude stercoral colitis. 6mm lower pole R renal calculus.

**Diagnostic Test Correlation (5 points):**

An abdominal x-ray is used to rule out a bowel obstruction when a patient presents with constipation. This x-ray is also known as a KUB as areas within the region of the kidneys, ureters, and bladder can be visualized (Capriotti, 2020). The patient's x-ray revealed no bowel obstruction and ruled out a possible secondary diagnosis of stercoral colitis. The x-ray did show constipation of the sigmoid and rectum and a 6mm kidney stone in the lower pole of the right kidney. These findings are consistent with the patient's inability to pass stool in 4 days and right flank pain.

**Diagnostic Test Reference (1) (APA):**

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

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

**Home Medications (5 required)**

|                            |   |   |  |   |   |
|----------------------------|---|---|--|---|---|
| <b>Brand/Generic</b>       | Estradiol (Estrace)                                 | Fluoxetine (Prozac)   | Pantoprazole delayed release (Protonix)                                | Gabapentin (Gralise)  | Trazodone (Trazodone D)   |
| <b>Dose</b>                | 1mg   | 20mg  | 40mg   | 600 mg  | 100mg   |
| <b>Frequency</b>           | at bedtime  | Daily   | at bedtime   | TID (three times daily)<br>PRN  | at bedtime  |
| <b>Route</b>               | PO  | PO  | PO   | PO  | PO  |
| <b>Classification</b>      | Estrogen<br>Hormone<br><br>(Jones & Bartlett, 2019) | Selective serotonin reuptake inhibitor (SSRI)<br><br>Antidepressant<br><br>(Jones & Bartlett, 2019) | Proton pump inhibitor<br><br>Antiulcer<br><br>(Jones & Bartlett, 2019) | 1-amino-methyl-cyclohexaneacetic acid<br><br>Anticonvulsant<br><br>(Jones & Bartlett, 2019) | Triazolopyridine derivative<br><br>Antidepressant<br><br>(Jones & Bartlett, 2019) |
| <b>Mechanism of Action</b> | Increases the rate of                               | Selectively inhibits  | Interferes with gastric  | Exact mechanism of  | Blocks serotonin  |

|   |   |   |   |  |   |
|---|---|---|---|--|---|
|   | DNA and RNA synthesis in cells of female reproductive organs, pituitary gland, hypothalamus, and other target organs.<br><br>(Jones & Bartlett, 2019) | reuptake of neurotransmitter serotonin by CNS neurons and increase amount of serotonin available in nerve synapses.<br><br>(Jones & Bartlett, 2019) | acid secretion by inhibiting the proton pump in gastric parietal cells.<br><br>(Jones & Bartlett, 2019) | action unknown, GABA inhibits the rapid firing of neurons associated with seizures, pain, and restless leg syndrome.<br><br>(Jones & Bartlett, 2019) | reuptake along the presynaptic neuronal membrane, causing an antidepressant effect. Also inhibits the vasopressor response to norepinephrine, which reduces blood pressure. |
| <b>Reason Client Taking</b>               | Hormone replacement Hysterectomy  | Depression  | Acid reflux   | Pain   | Anxiety   |
| <b>Contraindications (2)</b>              | Hypersensitivity<br><br>Known or suspected breast cancer<br><br>(Jones & Bartlett, 2019)  | Hypersensitivity to fluoxetine.<br><br>Use within 14 days of an MAO inhibitor.<br><br>(Jones & Bartlett, 2019)                                      | No contraindications related to this patient.<br><br>(Jones & Bartlett, 2019)                           | Depression, Hypersensitivity<br><br>(Jones & Bartlett, 2019)   | Hypersensitivity to trazadone<br><br>Use within 14 days of an MAO inhibitor.<br><br>(Jones & Bartlett, 2019)  |
| <b>Side Effects/Adverse Reactions (2)</b> | Constipation<br><br>Fibrocystic breast changes<br><br>(Jones & Bartlett, 2019)  | Stomach ulcer<br><br>Suicidal ideation<br><br>(Jones & Bartlett, 2019)  | Anxiety<br><br>Depression<br><br>(Jones & Bartlett, 2019)   | Anaphylaxis<br><br>Hyponatremia<br><br>(Jones & Bartlett, 2019)  | Hypotension<br><br>Hyponatremia<br><br>(Jones & Bartlett, 2019)   |
| <b>Nursing Considerations (2)</b>         | Administer oral preparations with or  | Monitor patient for depression and watch  | Administer delayed release 30 minutes   | Do not give drugs sooner than 2 hrs after  | Monitor patient for arrhythmias.  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
|  | <p>immediately after food to decrease nausea.</p> <p>May worsen mood disorders including anxiety and depression.</p> <p>(Jones &amp; Bartlett, 2019)</p>                         | <p>for suicidal tendencies.</p> <p>Monitor patient for possible serotonin syndrome.</p> <p>(Jones &amp; Bartlett, 2019)</p>                                  | <p>before meals.</p> <p>Know that proton pump inhibitors should be not given longer than necessary due to increased risk of osteoporosis related hip, wrists, and spine fractures.</p> <p>(Jones &amp; Bartlett, 2019)</p> | <p>administration of an antiacid.</p> <p>Capsules may be opened and mixed with food.</p> <p>(Jones &amp; Bartlett, 2019)</p>                            | <p>Give after meal to avoid upset stomach.</p> <p>(Jones &amp; Bartlett, 2019)</p>   |
| <p><b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b></p> | <p>Monitor liver enzymes as estrogen may elevate liver enzymes.</p> <p>Monitor weight as estrogens can cause sodium and fluid retention.</p> <p>(Jones &amp; Bartlett, 2019)</p> | <p>Assess QT interval as it may become prolonged.</p> <p>Monitor sodium levels as fluoxetine may cause hyponatremia.</p> <p>(Jones &amp; Bartlett, 2019)</p> | <p>Monitor magnesium levels. Potential for hypomagnesemia.</p> <p>Monitor glucose. May cause hyperglycemia.</p> <p>(Jones &amp; Bartlett, 2019)</p>  | <p>Monitor blood sugar as may lead to hypoglycemia.</p> <p>Monitor blood pressure hypotension is a side effect.</p> <p>(Jones &amp; Bartlett, 2019)</p> | <p>Monitor blood pressure. May cause hypotension.</p> <p>Assess sodium levels. May cause hyponatremia.</p> <p>(Jones &amp; Bartlett, 2019)</p> |
| <p><b>Client Teaching Needs (2)</b></p>                                | <p>Inform patient of increased risk of</p>   | <p>Educate patient on the increased</p>  | <p>Do not crush medication. Take whole.</p>  | <p>Educate patient when a dose is missed, do</p>  | <p>Avoid taking on an empty stomach due</p>  |

|  |   |  |   |   |  |
|--|---|--|---|---|--|
|  | <p>cancer including breast.</p> <p>Advise of less serious side effects such as abdominal pain, breast pain, bloating, and nausea.</p> <p>(Jones &amp; Bartlett, 2019)</p> | <p>risk of serotonin syndrome and the s/s.</p> <p>Urge family and caregivers to monitor patient for any changes in well-being, including suicidal ideations.</p> <p>(Jones &amp; Bartlett, 2019)</p> | <p>Do not use take OTC medications or herbal substances without consulting with provider first.</p> <p>(Jones &amp; Bartlett, 2019)</p> | <p>not take if within 2 hours of next dose do not double up, wait until next dose, and resume normal schedule.</p> <p>Educate patient that medication may cause suicidal tendencies and to report and concerns immediately.</p> <p>(Jones &amp; Bartlett, 2019)</p> | <p>to probability of upset stomach.</p> <p>Move slowly when standing after taking medication as orthostatic hypotension is an adverse side effect.</p> <p>(Jones &amp; Bartlett, 2019)</p> |
|--|---|--|---|---|--|

**Hospital Medications (5 required)**

|                       |                        |                              |                         |                      |                       |
|-----------------------|------------------------|------------------------------|-------------------------|----------------------|-----------------------|
| <b>Brand/Generic</b>  | metronidazole (Flagyl) | docusate-senna (Peri-Colace) | liothyronine (Triostat) | ondansetron (Zofran) | ciprofloxacin (Cipro) |
| <b>Dose</b>           | 500mg                  | 100mg                        | 5mcg                    | 4mg                  | 500mg                 |
| <b>Frequency</b>      | TID                    | BID                          | Daily                   | q6h PRN              | BID                   |
| <b>Route</b>          | IV                     | PO                           | PO                      | IV                   | PO                    |
| <b>Classification</b> | Nitroimidaz            | Surfactant                   | Synthetic               | Selective            | Fluoroquinol          |

|                             |   |  |  |  |   |
|-----------------------------|---|--|--|--|---|
|                             | ole<br>Antiprotozoal<br><br>(Jones & Bartlett, 2019)  | Stool softener/stimulant laxative<br><br>(Jones & Bartlett, 2019)  | triiodothyronine (T3)<br><br>Thyroid hormone replacement<br><br>(Jones & Bartlett, 2019)   | serotonin receptor antagonist<br><br>Antiemetic<br><br>(Jones & Bartlett, 2019)  | one derivative<br><br>Antibiotic<br><br>(Jones & Bartlett, 2019)  |
| <b>Mechanism of Action</b>  | Undergoes intracellular chemical reduction during anaerobic metabolism. After metronidazole is reduced, it damages DNA's helical structure and breaks strands, which inhibits bacterial nucleic acid synthesis and causes cell death.<br><br>(Jones & Bartlett, 2019) | Docusate draws water into the intestines to soften stool. Senna aids the intestines in excretion of stool.<br><br>(Jones & Bartlett, 2019) | Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis.<br><br>(Jones & Bartlett, 2019) | Blocks serotonin receptors centrally in chemoreceptor or trigger zone and peripherally at vagal nerve terminal in the intestine.<br><br>(Jones & Bartlett, 2019) | Inhibits the enzyme DNA gyrase, which is responsible for the unwinding and supercoiling of bacterial DNA before it replicates.<br><br>By inhibiting this enzyme causing bacterial cells to die.<br><br>(Jones & Bartlett, 2019) |
| <b>Reason Client Taking</b> | Potential infection   | Constipation   | Thyroid Hormone Replacement (previous thyroidectomy)   | Nausea   | Potential infection   |
| <b>Contraindications</b>    | Administrative  | Should not be  | No   | No   | No  |

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| <p><b>ns (2)</b></p>                             | <p>on of disulfiram within 2 weeks of initial dose of metronidazole,<br/><br/>Hypersensitivity to metronidazole<br/>(Jones &amp; Bartlett, 2019)</p>   | <p>used in conjunction with other laxatives.<br/><br/>Should not be taken if patient is experiencing rectal bleeding.<br/><br/>(Jones &amp; Bartlett, 2019)</p>                            | <p>contraindications pertain to this patient.<br/><br/>(Jones &amp; Bartlett, 2019)</p>  | <p>contraindications pertain to this patient.<br/><br/>(Jones &amp; Bartlett, 2019)</p>   | <p>contraindications pertain to this patient.<br/><br/>(Jones &amp; Bartlett, 2019)</p>   |
| <p><b>Side Effects/Adverse Reactions (2)</b></p> | <p>Leukopenia<br/><br/>Encephalopathy<br/><br/>(Jones &amp; Bartlett, 2019)</p>  | <p>Diarrhea<br/><br/>Stomach cramps<br/><br/>(Jones &amp; Bartlett, 2019)</p>  | <p>Insomnia<br/><br/>Rash<br/>(Jones &amp; Bartlett, 2019)</p>   | <p>Agitation<br/><br/>Angioedema<br/><br/>(Jones &amp; Bartlett, 2019)</p>  | <p>Hypoglycemia<br/><br/>Dizziness<br/><br/>(Jones &amp; Bartlett, 2019)</p>  |
| <p><b>Nursing Considerations (2)</b></p>         | <p>Discontinue IV infusion during metronidazole infusion.<br/><br/>Stop infusion immediately if patient experiences peripheral neuropathy or seizures.<br/><br/>(Jones &amp; Bartlett, 2019)</p> | <p>Administer with one full glass of water.<br/><br/>Take medication at night. Bowel movements should occur within 6-12 hours of administration.<br/><br/>(Jones &amp; Bartlett, 2019)</p> | <p>Administer table as a single dose before breakfast.<br/><br/>Liothyronine is used most often for rapid onset or rapidly reversible thyroid hormone replacement.<br/><br/>(Jones &amp; Bartlett, 2019)</p> | <p>Monitor patient for serotonin syndrome.<br/><br/>Ondansetron may mask symptoms of adynamic progressive ileus or gastric distension after abdominal surgery. Monitor patients for decreased bowel activity.</p> | <p>Obtain culture and sensitivity test results before giving ciprofloxacin.<br/><br/>Patient should be well hydrate to avoid alkaline urine which may lead to crystalluria.<br/><br/>(Jones &amp; Bartlett, 2019)</p> |

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|   |   |  |   | (Jones & Bartlett, 2019)   |   |
| <b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b> | <p>May alter AST, SGOT, LDH and triglycerides . Labs should be performed prior to administration for baseline value.</p> <p>Assess LOC prior, may cause confusion and encephalopathy.</p> <p>(Jones &amp; Bartlett, 2019)</p> | <p>Assess patient for signs of a bowel obstruction.</p> <p>Ensure patient is not on any other laxative or stool softener. (Jones &amp; Bartlett, 2019)</p>                                 | <p>Monitor blood pressure.</p> <p>Monitor heart rate.</p> <p>(Jones &amp; Bartlett, 2019)</p>   | <p>Assess bowel activity</p> <p>Monitor potassium and magnesium levels. May decrease levels leading to risk for QT interval prolongation .</p> <p>(Jones &amp; Bartlett, 2019)</p> | <p>Assess patient’s hydration status.</p> <p>Monitor blood glucose. Hypoglycemia and hyperglycemia can both occur.</p> <p>(Jones &amp; Bartlett, 2019)</p>                  |
| <b>Client Teaching Needs (2)</b>                                | <p>Instruct patient to take the full course of medication.</p> <p>Medication may cause dry mouth. Sugar free chewing gum or candies can help with this adverse effect.</p> <p>(Jones &amp;</p>                                | <p>Contact provider if you do not have a bowel movement within 1 week of using medication.</p> <p>Eat foods high in fiber to ease bowel movements.</p> <p>(Jones &amp; Bartlett, 2019)</p> | <p>Inform patient that this medication is usually taken for life.</p> <p>Educate patient that this medication is taken in the morning before breakfast.</p> <p>(Jones &amp;</p> | <p>Report rashes immediately.</p> <p>Report decreased bowel movements.</p> <p>(Jones &amp; Bartlett, 2019)</p>   | <p>Notify provider of changes in limb movement.</p> <p>Report blood or watery stools up to two months after drug therapy has ended.</p> <p>(Jones &amp; Bartlett, 2019)</p> |

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|  | Bartlett,<br>2019) |  | Bartlett,<br>2019) |  |  |
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**Medications Reference (1) (APA):**

Jones & Bartlett Learning. (2019). *2020 Nurse’s drug handbook* (19th ed.). Jones & Bartlett Learning.

**Assessment**

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

|   |  |
|---|--|
| <b>GENERAL:</b><br><b>Alertness:</b><br><b>Orientation:</b><br><b>Distress:</b><br><b>Overall appearance:</b>   | A&O x4 (Person, place, time, situation)<br><br>No apparent distress. The patient was able to rest comfortably during most of my rotation.<br>Well-groomed and dressed appropriately.   |
| <b>INTEGUMENTARY:</b><br><b>Skin color:</b><br><b>Character:</b><br><b>Temperature:</b><br><b>Turgor:</b><br><b>Rashes:</b><br><b>Bruises:</b><br><b>Wounds:</b><br><b>Braden Score:</b><br><b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br><b>Type:</b> | Ivory<br>Dry<br>Warm to touch.<br>Normal Skin turgor (2+)<br>No rashes present.<br>No bruises present.<br>No wounds observed<br><br>21   |
| <b>HEENT:</b><br><b>Head/Neck:</b><br><b>Ears:</b><br><b>Eyes:</b><br><b>Nose:</b><br><b>Teeth:</b>   | Symmetric, free of lesions<br>Symmetric, dry auricles, no drainage present<br>Symmetric. Sclera white, cornea clear, conjunctiva pink. No drainage or lesions present.<br>Septum is midline without deviation.<br>Mucosa pink and moist. Dentition intact. |

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| <p><b>CARDIOVASCULAR:</b><br/> <b>Heart sounds:</b><br/> <b>S1, S2, S3, S4, murmur etc.</b><br/> <b>Cardiac rhythm (if applicable):</b><br/> <b>Peripheral Pulses:</b><br/> <b>Capillary refill:</b><br/> <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Location of Edema:</b></p>   | <p>Clear S1 and S2 sounds without gallops, murmurs, or rubs.<br/>                     N/A<br/>                     Bilateral radial pulses 2+. Bilateral dorsalis pedis pulses 1+<br/>                     Capillary refill 3+ fingers and toes bilaterally.<br/><br/>                     No edema present.</p>   |
| <p><b>RESPIRATORY:</b><br/> <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Breath Sounds: Location, character</b></p>  | <p>Clear lung sounds anterior and posteriorly bilaterally.</p>   |
| <p><b>GASTROINTESTINAL:</b><br/> <b>Diet at home:</b><br/> <b>Current Diet</b><br/> <b>Height:</b><br/> <b>Weight:</b><br/> <b>Auscultation Bowel sounds:</b><br/> <b>Last BM:</b><br/> <b>Palpation: Pain, Mass etc.:</b><br/> <b>Inspection:</b><br/>         <b>Distention:</b><br/>         <b>Incisions:</b><br/>         <b>Scars:</b><br/>         <b>Drains:</b><br/>         <b>Wounds:</b><br/> <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/>         <b>Size:</b><br/> <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/>         <b>Type:</b></p> | <p>Regular<br/>                     Nothing by mouth (NPO) progressed to low fiber<br/>                     167.6 cm<br/>                     78.4 kg<br/>                     Normoactive bowel sounds in all 4 quadrants.<br/>                     4 days ago.<br/><br/>                     No masses present. No pain with palpation.<br/><br/>                     Slight distension.<br/>                     No incisions observed.<br/>                     Scarring consistent with abdominal surgeries.<br/>                     No drains present.<br/>                     No wounds observed.</p> |
| <p><b>GENITOURINARY:</b><br/> <b>Color:</b><br/> <b>Character:</b><br/> <b>Quantity of urine:</b><br/> <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Inspection of genitals:</b><br/> <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/>         <b>Type:</b><br/>         <b>Size:</b></p>   | <p>Yellow<br/>                     Clear<br/>                     500 mL</p>   |

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| <p><b>MUSCULOSKELETAL:</b><br/> <b>Neurovascular status:</b><br/> <b>ROM:</b><br/> <b>Supportive devices:</b><br/> <b>Strength:</b><br/> <b>ADL Assistance:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br/> <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br/> <b>Fall Score:</b> 45<br/> <b>Activity/Mobility Status:</b><br/> <b>Independent (up ad lib)</b> x <input checked="" type="checkbox"/><br/> <b>Needs assistance with equipment</b> <input type="checkbox"/><br/> <b>Needs support to stand and walk</b> <input type="checkbox"/></p> | <p>Full range of motion in all extremities.<br/><br/>                 No supportive devices needed.<br/><br/>                 Full range of motion in all extremities.<br/><br/>                 No supportive devices needed.<br/>                 Patient has generalized weakness due to current condition such as lack of food intake and fatigue.<br/><br/>                 45, moderate risk<br/>                 Patient ambulated to the restroom one time without assistance. She is able to make changes in position independently with little difficulty.</p> |
| <p><b>NEUROLOGICAL:</b><br/> <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br/> <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br/> <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -<br/> <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input checked="" type="checkbox"/><br/> <b>Orientation:</b><br/> <b>Mental Status:</b><br/> <b>Speech:</b><br/> <b>Sensory:</b><br/> <b>LOC:</b></p>  | <p>Pupils are equal, round, reactive to light, and accommodating.<br/>                 Equal strength of the hands and feet while performing handgrips and pedal pushes/pulls.<br/><br/>                 A&amp;O x4 (Person, place, time, and situation)<br/>                 Alert with no signs of distress.<br/>                 Speech is comprehensible.<br/>                 No sensory deficits.<br/><br/>                 The patient is alert and oriented with no alterations of mental status.</p>  |
| <p><b>PSYCHOSOCIAL/CULTURAL:</b><br/> <b>Coping method(s):</b><br/> <b>Developmental level:</b><br/> <b>Religion &amp; what it means to pt.:</b><br/> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>   | <p>Patient utilizes her faith, exercise, and the support of her family when coping with certain situations.<br/><br/>                 Appropriate for age.<br/>                 Patient is a Christian who grew up in a Christian household. Her and her family attend church every Sunday and are active participants in extra services hosted by the church such as bible studies. She relies heavily on her faith to help when she is feeling down.</p>   |

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|  | <p>Patient appears to have a solid support system at home. Her husband sat with her during my rotation, and she homeschools her daughter. Their family has additional support through the church as well.</p> |
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**Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

| Time  | Pulse | B/P    | Resp Rate | Temp         | Oxygen |
|-------|-------|--------|-----------|--------------|--------|
| 07:45 | 63    | 96/60  | 16        | 97.7<br>Oral | 96     |
| 10:50 | 48    | 106/70 | 16        | 97.5<br>Oral | 99     |

**Vital Sign Trends:** Patient states she has a history of bradycardia and lower blood pressure.

Nurse and provider are aware of vital trends.

**Pain Assessment, 2 sets (2 points)**

| Time  | Scale         | Location        | Severity | Characteristics | Interventions   |
|-------|---------------|-----------------|----------|-----------------|---|
| 07:45 | 0-10, numeric | No pain present | 0/10     | No pain present | No interventions needed. Continue to monitor  |
| 10:50 | 0-10, numeric | Abdomen         | 2-3/10   | Mild cramping   | Patient states she does not need anything right now. She just received Zofran and thought that that would take away some of |

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|  |  |  |  |  | the discomfort. |
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**IV Assessment (2 Points)**

| IV Assessment  | Fluid Type/Rate or Saline Lock   |
|--|--|
| <b>Size of IV:</b><br><b>Location of IV:</b><br><b>Date on IV:</b><br><b>Patency of IV:</b><br><b>Signs of erythema, drainage, etc.:</b><br><b>IV dressing assessment:</b> | 20 gauge<br>R hand<br>4/11/22<br><br>Free of occlusion. Patient is receiving normal saline at a rate of 150mL/hr.<br>No signs of erythema or drainage present.<br>Clean, dry, and intact |

**Intake and Output (2 points)**

| Intake (in mL) | Output (in mL) |
|----------------|----------------|
| 120mL of water | 500 mL urine   |

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care:** Patient was asleep or resting for most of the rotation. I assisted the patient in ordering lunch after her diet was changed from NPO to low fiber. The patient ordered grilled cheese and rice, but I was unable to observe how she tolerated it. I also made myself available and frequently assessed pain throughout the rotation to ensure patient comfort.

**Procedures/testing done:** Patient did not have any procedures done during the rotation. A urinalysis was ordered, but results weren't available during my rotation.

**Complaints/Issues:** The patient did not have any complaints or issues.

**Vital signs (stable/unstable):** The patients vital signs remained normal for her. Her blood pressure and heart rate tend to run low per the patient. Patient does have a documented history of bradycardia

**Tolerating diet, activity, etc.:** Patient ambulated to the restroom one time without assistance. Her diet changed from NPO to low fiber during the last half of rotation. She ordered a grilled cheese and cup of rice. I was unable to observe how she tolerated this meal.

**Physician notifications:** The physician was notified of patient’s low pulse rate during rounds.

**Future plans for client:** Pending patient is able to tolerate lunch she will be discharged home today or tomorrow.

**Discharge Planning (2 points)**

**Discharge location:** Discharge patient to her home.

**Home health needs (if applicable):** n/a

**Equipment needs (if applicable):** n/a

**Follow up plan:** The patient was told to schedule a consult with GI.

**Education needs:** Pt has dealt with constipation in the past and she is aware as to when she should contact the physician.

**Nursing Diagnosis (15 points)**

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

| <b>Nursing Diagnosis</b><br>• Include full nursing diagnosis with “related to” and “as evidenced by” | <b>Rationale</b><br>• Explain why the nursing diagnosis was chosen | <b>Interventions (2 per dx)</b> | <b>Outcome Goal (1 per dx)</b> | <b>Evaluation</b><br>• How did the client/family respond to the nurse’s actions?<br>• Client response, |
|--|--|---------------------------------|--------------------------------|--|
|  |  |                                 |                                |  |

| <p>components</p> <ul style="list-style-type: none"> <li>Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>                |  |   |  | <p>status of goals and outcomes, modifications to plan.</p>   |
|---|--|---|--|---|
| <p>1. Altered bowel elimination related to pain and decreased bowel movements as evidence by patient reporting no bowel movement in 4 days.</p> <p>(Phelps et al., 2020).</p> | <p>This diagnosis was chosen as the patient has not had a bowel movement in 4 days. This has caused the patient pain and discomfort.</p> | <p>1. Administer medications as prescribed by provider.<br/>2. Encourage the patient to eat foods high in fiber.</p>        |  | <p>Patient has not had a bowel movement yet. Antiemetic medications had decreased discomfort. Patient has been changed from an NPO diet to low fiber. I was unable to observe how the patient tolerate her new diet or its effects.</p> |
| <p>2. Risk for bowel obstruction related to constipation.</p> <p>(Phelps et al., 2020).</p>   | <p>This diagnosis was chosen based on the patients lack bowel movements over the past 4 days.</p>  | <p>1. Assess bowel sounds every 4 hrs.<br/>2. Monitor patient’s bowel movements after administration of docusate-senna.</p> |  | <p>Patient’s bowel sounds were still normoactive during my rotation. Patient had not had a bowel movement yet but had received docusate-senna.</p>  |
| <p>3. Acute pain related to constipation as evidence by patient stating intermittent abdominal discomfort</p>   | <p>This diagnosis was chosen based on the patient’s pain levels during their admission. Following</p>                                    | <p>1. Assess patient’s pain frequently.<br/>2. Administer medications are recommended by provider.</p>                      |  | <p>Patients pain levels during my rotation were tolerable. She reported a 0/10 and a 3/10, with 3 being due to cramping. Patient stated she</p>   |

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|   | admission, the patients pain varied between 6-8/10.  |  |  | believed ondansetron was helping with cramping and did not need any other interventions.   |
| 4. Impaired skin integrity related constipation as evidence by blood on toilet paper when patient wipes<br><br>(Phelps et al., 2020). | This diagnosis was chosen as the patient stated she has experienced bleeding from her rectum when she wiped after attempting to defecate due to straining. | <ol style="list-style-type: none"> <li>1. Use medicated wet wipes to clean area to avoid further skin irritation.</li> <li>2. Educate patients to try and reduce straining when defecating.</li> </ol> |  | I was unable to observe these interventions during my rotation. I would educate the patient to try a product such as tucks to help with relieving discomfort and making bathroom visits more comfortable. I expect patient would be able to understand the importance of reducing straining during bathroom visits as she was very receptive to recommendations about her treatment and has dealt with constipation in the past. |

**Other References (APA):**

Phelps, L. L., Ralph, S. S., & Taylor, C. M. (2020). *Sparks & Taylor's nursing diagnosis reference manual* (10th ed.). Wolters Kluwer Health.

**Concept Map (20 Points)**

**Subjective Data**

Pt states he has not "pooped" in 4 days. Pt reports her pain was 6-8/10 overnight after admission 0-3/10 during my rotation. Pt states that bleeding from the rectum was observed when she was wiping. No relief at home with Dulcolax. Pain in rectum, abdomen, and R flank area.

**Nursing Diagnosis/Outcomes**

Altered bowel elimination related to pain and decreased bowel movements as evidence by patient reporting no bowel movement in 4 days.  
Goal: Pt will have a bowel movement by the end of the day.  
Risk for bowel obstruction related to constipation  
Goal: Pt will have a bowel movement before the end of the day reducing the risk for bowel obstruction.  
Acute pain related to constipation as evidence by patient stating intermittent abdominal discomfort.  
Goal: Pt will have a pain level below 3 during rotation.  
Impaired skin integrity related to constipation as evidence by blood on to paper when patient wipes.  
Pt will utilize wet wipe when cleaning up after defecating or attempting to do so.

**Objective Data**

BUN 6.8  
XF XUB: Constipation in sigmoid and rectum.  
Lack of bowel movement  
NPO/Low-fiber diet  
Docusate-Senna  
IV Fluids at a rate of 150mL/hr  
Ondansetron

**Client Information**

38 y/o female, smoker, history of constipation.

**Nursing Interventions**

Interventions:  
Administer medications as prescribed by provider.  
Encourage the patient to eat foods high in fiber.  
Interventions  
Assess bowel sounds every 4 hrs.  
Monitor patient's bowel movements after administration of docusate-senna.  
Interventions  
Assess patient's pain frequently.  
Administer medications as recommended by provider.  
Interventions  
Use medicated wet wipes to clean area to avoid further skin irritation.  
Educate patients to try and reduce straining when defecating





