N321 Care Plan # 2

Lakeview College of Nursing

Name

Shivani Patel

Demographics (3 points)

Date of Admission 4/19/22	Client Initials K.A.T	Age 30	Gender Female
Race/Ethnicity White	Occupation Not employed	Marital Status Single	Allergies Sulfa, Toradol, Tramadol, Gabapentin, Ibuprofen, Penicillin, Zofran
Code Status Full Code	Height 157.5 cm	Weight 173.9 kg	

Medical History (5 Points)

Past Medical History: Dysmenorrhea, gallbladder disease, GERD, history of tear of ACL (anterior cruciate ligament), HTN, insomnia, migraines, mood swings, morbid obesity, oligomenorrhea, polycystic ovary syndrome, pilonidal cyst, sleep apnea, acute osteomyelitis of hand, ADHD, asthma, bipolar 2 disorder, bronchitis, chronic gastritis, depression, type 2 diabetes, thyroid disorder

Past Surgical History: Arm/hand soft tissue procedure, EGD/colonoscopy, laparoscopy, median nerve neuroplasty, pilonidal cyst excision, cholecystectomy, PR removal gallbladder, upper GI endoscopy, wisdom tooth extraction

Family History: Father- Heart/CHF, hypertension, diabetes, obesity. Mother- psychiatry issues. Maternal grandfather- cancer. Brother- obesity. Maternal grandmother- diabetes, hypertension, asthma, arthritis

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

Assistive Devices: N/A

Living Situation: Lives by herself at home.

Education Level: Received high school diploma

Admission Assessment

Chief Complaint (2 points): The patient came into the emergency department with complaints of left knee and leg pain

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

The patient came into the emergency on 4/19 with left knee and leg pain. She hit her knee on her car door and fell to the ground. She fell again when she was walking towards the door to her house. The patient was unable to ambulate and was experiencing full body numbness. The patient was also experiencing clonic jerks along with the symptoms. The patient is also experiencing shortness of breath and weakness. The pain has been ongoing since the fall on 4/19. The patient describes the pain as "sharp and stabbing". The pain increases when the patient moves around too much in bed or tries to get up to walk. The pain radiates to the patient's middle region of their back. The patient rests and takes Norco to relieve the pain. The patient has not done any treatment regarding this issue before coming to the emergency department. The patient states they are at a pain level of 8 from a scale of 0 to 10.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Leukocytosis

Secondary Diagnosis (if applicable): N/A

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

Leukocytosis is characterized by a high white blood cell count. This indicates than an individual has more white blood cells than normal. Leukocytosis occurs in response to an

inflammatory stressor. Increase of leukocytes is followed by the proliferation and the release of granulocyte and monocyte precursors in the bone marrow. An elevated white blood cell count is typically 11.0 x 10^9/L. When there are high levels of white blood cells in the body, this can cause blood to become very thick and impair blood flow. Acute and chronic leukocytosis above 25 x 10^9/mL can lead to several complications and can be fatal. This can cause a hyperviscosity type syndrome. Signs and symptoms of this include vision changes, bleeding, stroke or neurological changes, infraction, and ischemia. Signs and symptoms of leukocytosis are fever, bleeding or bruising, fatigue, dizziness, sweating, pain or tingling in arms, legs, or abdomen, trouble breathing, and weight loss. Patients with leukocytosis will often have low oxygen levels and might need to be put on a nasal cannula. An elevated white blood cell count is associated with a high blood pressure. Diagnostic testing used to diagnose leukocytosis would be a complete blood count (CBC). An elevated WBC past a certain value typically indicates a diagnosis of leukocytosis. A peripheral blood smear and a bone marrow biopsy can also be administered to diagnose leukocytosis. Treatment of leukocytosis includes IV fluids for extra fluids and electrolytes. The patient can also be given antibiotics to decrease inflammation and treat infection. Leukapheresis is a procedure that can be administered to decrease the number of WBCs. The patient can also be provided with oxygen to decrease the symptoms of shortness of breath. The patient is currently being provided with fluids through an IV. The patient was provided with oxygen because they their oxygen levels were low. The patient was also provided with several antibiotics to decrease inflammation caused by leukocytosis. Furthermore, in relation to the symptoms of leukocytosis, the patient experienced fatigue, numbness, shortness of breath, and pain.

Pathophysiology References (2) (APA):

Mank, V., & Brown, K. (2020). Leukocytosis. *Europe PMC*, *10*(1), 1-10.

Smith, C. J., Kluck, L. A., Ruan, G. J., Ashrani, A. A., Marshall, A. L., Pruthi, R. K., & Go, R. S. (2021). Leukocytosis and tobacco use: An observational study of asymptomatic leukocytosis. *The American Journal of Medicine*, *134*(1), e31-e35.

Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.50-5.20	4.00	3.81	
Hgb	11.0-16.0	12.3	12.0	
Hct	34.0-47.0%	39.2	37.3	
Platelets	140-400	343	308	
WBC	4.00-11.00	16.68	10.28	The patient is experiencing leukocytosis. It indicates an inflammation or infection in the body (Pagana et al., 2019).
Neutrophils	47.0%-73.0%	N/A	N/A	
Lymphocytes	18.0%-42.0%	10.1	15.5	A low number of lymphocytes can indicate a possible infection. Leukocytosis is a common sign of infection (Pagana et al., 2019).
Monocytes	4.0%-12.0%	7.9	8.9	
Eosinophils	0.0-5.0%	0.4	1.8	
Bands	Less than or equal to 10%	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-	136-145	138	137	
K+	3.5-5.1	4.1	4.3	
Cl-	98-107	104	102	
CO2	22.0-29.0	22.0	25.0	
Glucose	74-100	117	123	The patient has type 2 diabetes, and patients tend to have high blood glucose levels with the condition (Pagana et al., 2019).
BUN	7-19	9	9	
Creatinine	0.55-1.02	0.66	0.67	
Albumin	3.5-5.0	2.5	N/A	A low albumin level signifies malnutrition (Pagana et al., 2019).
Calcium	8.9-10.6	9.0	N/A	
Mag	1.6-2.6	N/A	1.9	
Phosphate	2.5-4.5	N/A	N/A	
Bilirubin	0.2-1.2	0.6	N/A	
Alk Phos	40-150	138	N/A	
AST	5-34	22	N/A	
ALT	0-55	22	N/A	
Amylase	40-140	N/A	N/A	
Lipase	8-78	15	N/A	

Lactic Acid	**0.5-2.0**	**0.7**	**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	**2.0-3.0**	**N/A**	**N/A**	
PT	**11-13.5**	**N/A**	**N/A**	
PTT	**25-35**	**N/A**	**N/A**	
D-Dimer	**Less than 0.5**	**N/A**	**N/A**	
BNP	**Less than 100**	**N/A**	**N/A**	
HDL	**45-70**	**N/A**	**N/A**	
LDL	**Less than 100**	**N/A**	**N/A**	
Cholesterol	**Less than 200**	**N/A**	**N/A**	
Triglycerides	**Less than 150**	**N/A**	**N/A**	
Hgb A1c	**Less than 5.7%**	**N/A**	**N/A**	
TSH	**0.5-5.0**	**N/A**	**N/A**	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**Colorless-yellow/clear**	**Yellow/clear**	**N/A**	
pH	**5.0-7.0**	**6.5**	**N/A**	
Specific Gravity	**1.003-1.035**	**1.009**	**N/A**	

Glucose	**Negative**	**Negative**	**N/A**	
Protein	**6.0-8.0**	**8.0**	**N/A**	
Ketones	**Negative**	**Negative**	**N/A**	
WBC	**0-25**	**5**	**N/A**	
RBC	**0-20**	**1**	**N/A**	
Leukoesterase	**Negative**	**Negative**	**N/A**	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**Negative**	**Negative**	**N/A**	
Blood Culture	**Negative**	**N/A**	**N/A**	
Sputum Culture	**Negative**	**N/A**	**N/A**	
Stool Culture	**Negative**	**N/A**	**N/A**	

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana T. N. (2019). ***Mosby's diagnostic and laboratory desk reference*** **(14th ed.). Elsevier.**

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

The patient had an x-ray of the chest and left knee. X-rays can be used to detect most areas of the body. For instance, they produce images of tissues, bones, organs, and other internal

structures. X-rays help to diagnose tumors and bone injuries. An x-ray of the chest produces images of the heart, lungs, airways, blood vessels, and the bones of the chest.

Diagnostic Test Correlation (5 points):

The patient came into the emergency department with an injured knee. The x-ray was performed to assess any fractures or injuries to other structures. An x-ray of the chest was performed to reveal any damages of the chest bone. There were lower lung volumes with bronchovascular crowding, but there was no significant atelectasis. The visible bone anatomy appears to be negative. Regarding the x-ray of the knee, there was no acute soft tissue abnormality and visible effusion.

Diagnostic Test Reference (1) (APA):

Withers, P. J., Bouman, C., Carmignato, S., Cnudde, V., Grimaldi, D., Hagen, C. K., ... & Stock, S. R. (2021). X-ray computed tomography. ***Nature Reviews Methods Primers****,* ***1*****(1), 1-21.**

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

Home Medications (5 required)

Brand/ Generic	**Sulindac**	**Promethazine hydrochloride/Promethegan**	**Cyclobenzaprine hydrochloride/Amrix**	**Diphenhydramine hydrochloride/Benadryl**	**Clonidine/ Catapres**
Dose	**200 mg**	**25 mg**	**10 mg**	**25 mg**	**0.2 mg**
Frequency	**BID**	**Every 8 hrs. PRN**	**TID**	**Every 4 hrs. PRN**	**BID**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Pharmacologic class: NSAID Therapeutic class: analgesic, anti-inflammatory**	**Pharmacologic class: Phenothiazine Therapeutic class: Antiemetic, antihistamine, antivertigo, sedative-hypnotic**	**Pharmacologic class: Tricyclic antidepressant-like agent (TCA) Therapeutic class: Skeletal muscle relaxant**	**Pharmacological class: Antihistamine Therapeutic class: Antianaphylactic adjunct, antidyskinetic, antiemetic, antihistamine, antitussive (syrup), antivertigo, sedative-hypnotic**	**Pharmacological class: Centrally acting alpha agonist Therapeutic class: Analgesic, antihypertensive, behavior modifier**
Mechanism of Action	**May block the activity of cyclooxygenase, an enzyme needed to synthesize**	**Competes with histamine for H1-receptor sites, thereby antagonizing many histamine effects and reducing allergy signs and**	**Acts in the brain stem to reduce or abolish tonic muscle hyperactivity. Because cyclobenzaprine doesn't**	**Binds to central and peripheral H1 receptors, competing with histamine for these sites and preventing it**	**Stimulates peripheral alpha-adrenergic receptors in the CNS to produce transient vasoconstri**

	prostaglandins, which mediate the inflammatory response that cause local vasodilation, pain, and swelling. By blocking cyclooxygenase and inhibiting prostaglandins, this NSAID reduces inflammatory symptoms and pain	**symptoms. Promethazine also prevents motion sickness, nausea, and vertigo by acting centrally on medullary chemoreceptive trigger zone and by decreasing vestibular stimulation and labyrinthine function in the inner ear.**	**act at the neuromuscular junction or directly on skeletal muscle, it relieves muscle spasm without disrupting muscle function.**	**from reaching its site of action. By blocking histamine, diphenhydramine produces antihistamine effects, inhibiting GI, respiratory, and vascular smooth-muscle contraction; decreasing capillary permeability, which reduces flares, itching, and wheals; and decreasing lacrimal and salivary gland secretions.**	**ction and then stimulates central alpha-adrenergic receptors in the brain stem to reduce heart rate, peripheral vascular resistance, heart rate, and systolic and diastolic blood pressure. Although alpha2 adrenergic receptors in the brain are stimulated, the precise action that calms children with ADHD is unknown.**
Reason Client Taking	**To decrease pain and inflammation**	**Prevents nausea and vomiting**	**As adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal**	**Used to relieve allergies**	**Used to treat hypertension**

			conditions		
Contraindications (2)	**-Asthma, urticaria, or allergic-type reactions induced by aspirin or other NSAID - Hypersensitivity to sulindac, other NSAIDs, and their components; in setting of coronary artery bypass graft (CABG) surgery**	**- Children under the age of 2; comatose state - Hypersentivity to promethazine, other pheothiazines, or their components; intra-arterial or subcutaneous injection**	**- Acute recovery phase of MI; arrhythmias, including heart block and other conduction disturbances - Hypersensitivity to cyclobenzaprine or its components**	**- Breastfeeding - Hypersensitivity to diphenhydramine, similiar antihistamines, or their components; use in newborns or premature infants**	**- Anticoagulant therapy (epidural infusion); bleeding diathesis; (epidural infusion) - Hypersensitivity to clonidine or its components, including adhesive used in transdermal patch; injection-site infection (epidural infusion)**
Side Effects/Adverse Reactions (2)	**-Aseptic meningitis - Hypoglycemia**	**-Akathisia -Hypotension**	**- Hypoglycemia -Orthostatic hypotension**	**-Confusion - Photosensitivity**	**-Agitation -Decreased libido**
Nursing Considerations (2)	**-Use sulindac cautiously in patients with hypertension, and**	**- Inject I.M. form deep into large muscle mass, and rotate sites. -Give I.V. injection at no more than 25**	**-Use cyclobenzaprine cautiously in patients with history of low seizure threshold.**	**- Expect to give parenteral form of diphenhydramine only when oral ingestion isn't**	**-Be aware that clonidine should not be used in most patients with severe**

	monitor blood pressure closely throughout therapy. Drug may cause hypertension or worsen it. - Monitor liver enzymes because, in rare cases, elevated levels may progress to severe hepatic reactions, including fatal hepatitis, hepatic failure, and liver necrosis.	**mg/min; rapid I.V. administration may produce a transient drop in blood pressure.**	**- Be aware that drug is not recommended for use in the elderly because higher plasma levels of cyclobenaprine occurs in the elderly increasing risk of serious adverse reactions.**	**possible. -Keep elixir container tightly closed. Protect elixir and parenteral forms from light.**	**cardiovascular disease or in those who are not hemodynamically stable because of the potential for severe hypotension. -Use clonidine cautiously in elderly patients, who may be more sensitive to its hypotensive effect.**

Hospital Medications (5 required)

Brand/ Generic	**Enoxaparin sodium/Lovenox**	**Hydroxyzine hydrochloride/ Atarax**	**Albuterol sulfate/AccuNeb**	**Hydrocodone bitartrate-acetaminophen/Norco**	**Famotidine/ Pepcid**
Dose	**40 mg**	**100 mg**	**90 mcg-2 puff**	**5-325 mg**	**40 mg**
Frequency	**BID**	**PRN**	**PRN**	**Every 4 hrs PRN**	**Once daily**
Route	**Subcutaneous**	**Oral**	**Inhaler**	**Oral**	**Oral**
Classification	**Pharmacologic class: Low-molecular-weight heparin Therapeutic class: Anticoagulant**	**Pharmacologic class: Piperazine derivative Therapeutic class: Anxiolytic, Antiemetic, antihistamine, sedative-hypnotic**	**Pharmacologic class: Adrenergic Therapeutic class: Bronchodilator**	**Pharmacologic class: Opioid Therapeutic class: Opioid analgesic**	**Pharmacologic class: Histamine-2 blocker Therapeutic class: Antiulcer agent**
Mechanism of Action	**Potentiates the action of antithrombin III, a coagulation inhibitor. By binding with antithrombin III, enoxaparin rapidly binds with and inactivates clotting factors (primarily factor Xa and thrombin).**	**Competes with histamine for histamine1 receptor sites on surfaces of effector cells. This suppresses results of histaminic activity, including edema, flare, and pruritus.**	**Albuterol attaches to beta2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert adenosine triphosphate (ATP) to cyclic adenosine monophos**	**Binds to and activates opioid receptors at sites in the periaquaductal and periventricular gray matter, the ventromedial medulla, and the spinal cord to produce pain relief.**	**In digestion, parietal cells in the gastric epithelium secrete hydrogen (H+) ions, which combine with chloride ions (Cl−) to form hydrochloric acid (HCl), as shown below left. However, HCl can inflame, ulcerate,**

			phate (cAMP). This reaction decreases intracellular calcium levels. It also increases intracellular levels of cAMP.		**and perforate gastric and intestinal mucosa normally protected by mucus. Famotidine, an H2-receptor antagonist, reduces HCl formation by preventing histamine from binding with H2 receptors on the surface of parietal cells.**
Reason Client Taking	**Prevent DVT**	**Helps to relieve anxiety**	**Helps to treat and prevent bronchospasms**	**Treats severe pain**	**Treats heartburn and indigestion**
Contraindications (2)	**-Active major bleeding; history of immune-mediated heparin-induced thrombocytopenia (HIT) within past 100 days or in the presence of circulating**	**-Early pregnancy - hypersensitivity to cetirizine, hydroxyzine, levocetirizine or their components; prolonged QT interval**	**- Hypersensitivity to albuterol or its components -Albuterol can cause transient ischemia**	**-Acute or severe bronchial asthma (in an unmonitored setting or in the absence of resuscitative equipment) - Hypersensitivity to hydrocodone bitartrate or any of its components**	**- Hypersensitivity to famotidine, other H2-receptor antagonists, or their components -Skin reactions like rash and pruritis**

	antibodies, which may persist for several years - Hypersensitivity to benzyl alcohol				
Side Effects/Adverse Reactions (2)	**-Confusion -Bloody stools**	**-Prolonged QT interval -Headache**	**-Anorexia - Angioedema**	**-Dizziness -Arthralgia**	**- Agranulocytosis - Bronchospasm**
Nursing Considerations (2)	**-Know that use of multidose vials should be avoided if at all possible in pregnant women because benzyl alcohol may cross the placenta and cause fetal harm. -Use cautiously in those with bleeding diathesis, diabetic retinopathy, hepatic or renal impairment, recent GI hemorrhage**	**-Don't give hydroxyzine by subcutaneous or I.V. route because tissue necrosis may occur. -Inject I.M. form deep into large muscle, using Z-track method.**	**- Administer pressurized inhalations of albuterol during second half of inspiration, when airways are open wider and aerosol distribution is more effective. -Be aware that drug tolerance can develop with prolonged use.**	**-Be aware that hydrocodone increases the risk of abuse, addiction, and misuse. Know that to ensure that the benefits of hydrocodone therapy outweigh the risks, a Risk Evaluation and Mitigation Strategy (REMS) is required. -Know that hydrocodone should not be given to a patient with impaired consciousness, nor should the drug be administered on an as-**	**-Shake famotidine oral suspension vigorously for 5 to 10 seconds before administration. -Know that adult patients who have a suboptimal response or an early symptomatic relapse after completing famotidine therapy, should be evaluated for gastric malignancy.**

	or ulceration, or uncontrolled hypertension. Expect delayed elimination in elderly patients and those with renal insufficiency.			**needed basis.**	

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2021). 2021 *Nurse's drug handbook* (twentieth).

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**The patient is alert and oriented** **The patient seems mildly distressed** **Pt well dressed in clean gown** **Pt's skin, hair, nails clean and well maintained**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Skin color: White** **Character: Skin is warm and dry upon palpation** **Temperature: Taken orally and was 97.5 F** **Turgor: Skin has normal turgor** **Pt has small visible bruising on left arm** **Normal quantity, distribution, and texture of hair** **Braden score: 15** **There are no drains present**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head/Neck: Head and neck are symmetrical. Normocephalic and atraumatic. Oropharynx clear, mucosa moist. No cervical lymphadenopathy, normal range of motion, no rigidity.** **Ears: Left/right external ear normal. No loss of hearing, grossly intact.** **Eyes: No visible drainage from eyes, the bilateral sclera is white, the bilateral cornea is clear, bilateral conjunctiva is pink. Bilateral lids are moist and pink without any discharge -Eyes are symmetrical in appearance/ Extraocular movements: extraocular movements intact** **Conjunctiva/sclera: conjunctivae normal** **Pupils: pupils are equal, round, reactive to light** **Nose: Septum is midline and no visible bleeding from nose** **Teeth: Did not notice plaque or tartar. Teeth are white and somewhat aligned with gums. The mucous membrane is moist** .

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:**	**Regular tachycardic rate/rhythm, normal heart sounds, no murmur Clear S1 and S2 without any murmurs** **Peripheral pulse: 3+** **Capillary refill: 2 seconds** **No edema or neck vein distention**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	No accessory muscle use **Breath sounds: normal breath sounds. Equal and clear bilaterally** **Effort: pulmonary effort is normal. No respiratory distress** **Regular depth and pattern; labored breathing; expansion symmetrical** **No cough, rhonchi, crackles, or wheezing** **The patient is receiving oxygen**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Diet at home: regular **Current diet: regular** **Height: 157.5 cm** **Weight: 173.9 kg** **Bowel sounds: normoactive** **Last BM: 4/20/22** **Upon palpation there is no pain and no abdominal mass present. The abdomen is soft** **Tenderness: There is no abdominal tenderness. There is no guarding or rebound tenderness** **Inspection: none** **Distention: none** **Incisions: none** **Scars: none** **Drains: none** **Wounds: small wound on left upper arm** **No ostomy, nasogastric, or feeding tubes**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:**	**Clear yellow** **No pain with urination** **No dialysis** **Genitals appear to be normal** **No catheter** **Did a straight can on patient on 4/20/22**

Catheter: Y ☐ N ☒ **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Neurovascular status: abnormal **No swelling. Limited range of motion (left knee range of motion decreased. No CVA tenderness** **Cervical back- limited range of motion** **Strength: Patient noticeably weak** **Supportive devices: none** **ADL assistance: none** **Fall risk: yes** **Fall risk score: 29** **Mobility status: patient not able to move freely without equipment. Pt dependent. Needs assistance when standing or walking. Patient restricted from ambulating**
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is alert and oriented x4. Orientation, mental status, speech, sensory are all within normal limits. Strength is not equal in all extremities. Does not move all extremities well. Patient has weak left/right dorsiflexion and weak left/right plantar flexion. Weakness in arms and legs **Cranial nerves grossly intact, speech clear** **PERRLA: yes, normal pupil accommodation** **Sensory: normal sensation**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Coping method: resting, smartphone, television **Developmental level: developmental status appropriate for age** **Patient is calm and cooperative. The patient is also accepting and participates in care. Behavior is appropriate to the situation. The patient does not state that they are religious. The patient has minimal family support and lives by herself at home.**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:50am	**84**	**130/82**	**22**	**97.8F(oral)**	**93%**
11:00am	**92**	**128/69**	**22**	**97.5F(oral)**	**94%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
7:50am	**0-10**	**Back**	**8**	**Sharp/ stabbing**	**Hydrocodone-acetaminophen (Norco)/rest**
11:00am	**0-10**	**Back**	**9**	**Sharp/ stabbing**	**Hydrocodone-acetaminophen (Norco)/rest**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	**Size of IV: 20** **Location of IV: Right upper arm** **Date on IV: 4/19/22** **Patency of IV: open** **Signs of erythema, drainage, etc.: no signs** **IV dressing assessment: dry and intact**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Fluids- 240 mL	**525 mL- straight cath**

Nursing Care

Summary of Care (2 points)

Overview of care: Patient is diagnosed with leukocytosis. Labs are being drawn daily to monitor how effective treatment is.

Procedures/testing done: X-ray of chest and left knee

Complaints/Issues: No complaints/issues

Vital signs (stable/unstable): Vital signs are stable

Tolerating diet, activity, etc.: Patient tolerating diet. Not able to tolerate any physical activity

Physician notifications: None

Future plans for client: Undetermined

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: No surgical intervention planned. The patient will need to follow-up with outpatient

Education needs: The patient will be educated on how to prevent the spread of infection by doing proper hand hygiene. They will be asked to monitor for any signs/symptoms of infection.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rationale	Interventions	Outcome Goal	Evaluation

• 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	• Explain why the nursing diagnosis was chosen	**(2 per dx)**	**(1 per dx)**	• How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for infection related to a WBC count of 16.68 as evidenced by leukocytosis	**The patient has their labs drawn and their WBC count was 16.68. The patient was also feeling trouble breathing and generalized weakness**	**1.The patient will have a CBC count done to assess if there has been any improvement with their WBC count. The patient will be instructed on maintaining proper hand hygiene to reduce the spread of infection.** **2.A high WBC count indicates an infection; thus, it is important for the patient to take their antibiotics in a timely manner as prescribed.**	**1. The goal is to decrease the patient's WBC count. The patient will be required to notify the nurse if any symptoms of inflammation or infection arise.**	**The patient was very understanding of when they needed to notify the nurse regarding their condition. They were also aware that they needed to take their antibiotics in a timely manner. The patient was also informed that they will have their labs drawn at a daily basis to monitor their WBC count. The patient was aware that they needed to do proper hand hygiene before and after performing tasks or touching contaminated surfaces.**
2. Risk for malnutrition	**The patient was**	**1. The patient will be**	**1. The goal is to raise albumin**	**The patient did well with**

related to an albumin level of 2.5 as evidenced by infection	**diagnosed with leukocytosis. Patients with this condition are prone to getting an infection. The infection causes malnutrition in patient's and decreases albumin levels**	**recommended to eat foods high in energy and nutrients like oatmeal, eggs, and chicken.** **2.It is important to monitor the patient's intake and output to assess for dehydration.**	**levels and get the patient to consume efficient amount of nutrients throughout the day. The patient will be advised to consume 2 to 3 liters of water a day. Any signs of malnutrition will need to be reported to the nurse.**	**understanding the foods they needed to consume. The patient ordered foods rich in nutrients throughout the day. The patient will still need to be advised to consume more fluids. The patient is being provided with fluids currently. The patient's albumin levels will be checked daily.**
3. Risk for falls related to shortness of breath and fatigue as evidenced by a fall risk of 29	**The patient came into the emergency department presenting with knee pain from their fall. Along with having a high WBC count, the patient felt shortness of breath and fatigue. The patient is at risk for falls**	**1. The patient's belonging will be placed close to them, and their call light will be always near them. The patient will be educated on how to use a call light.** **2 Fall precautions will be put in place and the bed alarm will be turned on. The nurse will do frequent rounding's on the patient throughout**	**1. The goal is to prevent further falls. Fall precautions will continue to be in place and the patient's fall risk will be reassessed.**	**The patient did a good job of understanding they needed to press the call light if they needed something. They were aware that they will not be able to get up until their condition improved.**

		the day.		

Other References (APA):

Phelps, L. L. (2020). ***Sparks & Taylor's nursing diagnosis reference manual*****. Wolters Kluwer.**

Concept Map (20 Points):

Subjective Data

Pain level: 8
Shooting and stabbing
Shortness of brain and weakness

Objective Data

BP: 128/69
Oxygen: 94%
Pulse: 92
Temp: 97.5F (oral)
Resp: 22
Leukocytosis evidenced by WBC count of 16.68

Client Information

K.A.T
30 yrs. old
White
Not employed
Single
Allergies: Sulfa, Toradol, Tramadol, Gabapentin, Ibuprofen, Penicillin, Zofran
Full code
157.5 cm
173.9 kg

Nursing Diagnosis/Outcomes

1. Risk for infection related to a WBC count of 16.68 as evidenced by leukocytosis

- The goal is to decrease the patient's WBC count. The patient will be required to notify the nurse if any symptoms of inflammation or infection arise.

2. Risk for malnutrition related to an albumin level of 2.5 as evidenced by infection

- The goal is to raise albumin levels and get the patient to consume efficient amount of nutrients throughout the day. The patient will be advised to consume 2 to 3 liters of water a day. Any signs of malnutrition will need to be reported to the nurse.

3. Risk for falls related to shortness of breath and fatigue as evidenced by a fall risk of 29

- The goal is to prevent further falls. Fall precautions will continue to be in place and the patient's fall risk will be reassessed.

Nursing Interventions

Risk for infection:
1.The patient will have a CBC count done to assess if there has been any improvement with their WBC count. The patient will be instructed on maintaining proper hand hygiene to reduce the spread of infection.
2. A high WBC count indicates an infection; thus, it is important for the patient to take their antibiotics in a timely manner as prescribed.

Risk for malnutrition:
1. The patient will be recommended to eat foods high in energy and nutrients like oatmeal, eggs, and chicken.
2.It is important to monitor the patient's intake and output to assess for dehydration.

Risk for falls:
1. The patient's belonging will be placed close to them, and their call light will be always near them. The patient will be educated on how to use a call light.
2 Fall precautions will be put in place and the bed alarm will be turned on. The nurse will do frequent rounding's on the patient throughout the day.