N321 Care Plan 1

Lakeview College of Nursing

Alexandria De Roeck

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
5/22/2022	DP	93	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Retired Cartographer	Widowed	hydromorphone, Iodine, and Amoxicillin
Code Status	**Height**	**Weight**	
DNR	5'9"	171.8	

Medical History (5 Points)

Past Medical History:

Stroke x 4, DVT- right leg, Expressive dysphagia, CVA, Quadriplegia, hyperlipidemia, hypertension

Past Surgical History:

Inguinal hernia repair, cataract with implant bilaterally, suprapubic catheter insertion, and PEG tube insertion

Family History:

Father- stroke, Mother-cancer, sister- stroke, daughter- diabetes

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

Former smoker quit 40 years ago, no alcohol use, never used drugs

Assistive Devices: hoyer lift

Living Situation: at home with his daughter as his main caretaker

Education Level:NA

Admission Assessment

Chief Complaint (2 points): Diarrhea/ distended abdomen

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

N321 CARE PLAN

Onset- 3 days ago

Location-abdomen/GI tract

Duration- Constant

Characteristic symptoms-swelling, fatigue

Associated Manifestations- dehydration

Relieving factors-NA

Treatment- None prior

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Ileus

Secondary Diagnosis (if applicable):Distended Abdomen

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

An ileus is an occlusion or a blockage of the bowel preventing the passage of the intestinal contents like stool or gasses, causing their accumulation near the site of the blockage. In the pathophysiology of ileus, it leads to an accumulation of fluids and gasses at elevated pressure and causes dysfunction of the bowel wall, This lead to fluid shifts and distention in the abdomen for this patient. A distended abdomen is noticeably swollen beyond its normal size. It is often associated with the feeling of being bloated or full of trapped gas and/or digestive contents. “However, abdominal distension isn’t always from digestive processes. Healthcare providers diagnose a distended abdomen in terms of the “five ‘f’s”: flatus (gas), fetus (pregnancy), feces (trapped poop), fluid (from several causes) or fat.” (Cleveland Clinic, 2021).

A distended abdomen can be very uncomfortable due to the pressure it puts on other organs and the skin. This patient's ileus was a blockage in his intestine that manifested with a distended abdomen.

Pathophysiology References (2) (APA):

Distended (Swollen) Abdomen: Causes, Symptoms & Treatment. (2021, September 30). Cleveland Clinic. Retrieved May 26, 2022, from https://my.clevelandclinic.org/health/symptoms/21819-abdominal-distension-distended-abdomen

Vilz TO;Stoffels B;Strassburg C;Schild HH;Kalff JC; (2017). Ileus in adults. Deutsches Arzteblatt international. Retrieved May 26, 2022, from https://pubmed.ncbi.nlm.nih.gov/28818187/

Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	**4.2-5.4**	**4.34**	**3.53**	**Low RBC indicates kidney damage or abnormal function (Pagana, 2019).**
Hgb	**12-16**	**13.2**	**10.6**	**Low Hgb indicates the beginning of anemia,(Pagana,2019).**
Hct	**37-47**	**39.0**	**31.9**	**Low Hct is related to the patient's low RBC (Pagana, 2019).**
Platelets	**150-400**	**183**	**151**	**Platelet level within normal limits.(Pagana, 2019).**
WBC	**4.5-11.0**	**8.04**	**631**	**WBC level is severely elevated This can indicate an infection or high levels of inflammation (Pagana, 2019).**
Neutrophils	**55-70**	**NA**	**NA**	**NA**
Lymphocytes	**20-40**	**13.3**	**29.1**	**Lymphocytes are a kind of WBC which can further suggest infection (Pagana,2019).**

Monocytes	**2-8**	**9.8**	**14.2**	**Increased level of monocytes are related to the patient's high WBCs both indicate infection or inflammation. (Pagana, 2019)**
Eosinophils	**1-4**	**0.5**	**1.3**	**Low levels of eosinophils indicate an increase of the secretion of cortisol. (Pagana, 2019).**
Bands	**0-5**	**NA**	**NA**	**NA**

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**	**142**	**Sodium level is within normal limits (Pagana, 2019).**
K+	**3.5-5**	**3.5**	**2.9**	**Low levels of potassium is most likely related to the patient's recent history of diarrhea. (Pagana,2019).**
Cl-	**98-106**	**103**	**109**	**Elevated chloride levels suggest dehydration in this patient's case. (Pagana,2019).**
CO2	**23-30**	**23**	**24**	**CO2 level is within defined limits(Pagana, 2019)**
Glucose	**74-106**	**113**	**80**	**High glucose levels could be due to the patient's last feed or when the labs were drawn. (Pagana,2019).**
BUN	**10-20**	**29**	**23**	**Elevated BUN levels due to decreased fluid volume and the absorption of blood proteins into the small intestine.(Pagana, 2019)**
Creatinine	**0.5-0.8**	**1.2**	**0.82**	**Elevated levels of creatinine indicate that the kidneys are not working efficiently. (Pagana, 2019)**
Albumin	**3.5-5**	**NA**	**NA**	**NA**
Calcium	**4.5-5.6**	**10.8**	**9.5**	**Elevated levels of calcium indicate hypercalcemia, (Pagana, 2019).**
Mag	**1.3-2.1**	**2.2**	**2.0**	**Elevated levels of magnesium can indicate kidney damage which ties**

				in with the elevated creatinine. (Pagana, 2019).
Phosphate	**3.0-4.5**	**NA**	**NA**	**N/A**
Bilirubin	**0.3-1**	**NA**	**NA**	**N/A**
Alk Phos	**30-120**	**NA**	**NA**	**N/A**
AST	**10-30**	**NA**	**NA**	**N/A**
ALT	**10-40**	**NA**	**NA**	**N/A**
Amylase	**40-140**	**NA**	**NA**	**N/A**
Lipase	**0-160**	**NA**	**NA**	**N/A**
Lactic Acid	**0.5-2.2**	**NA**	**NA**	**N/A**

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**1**	**NA**	**NA**	**N/A**
PT	**9.5-11.8**	**NA**	**NA**	**N/A**
PTT	**30-40 secs**	**NA**	**NA**	**N/A**
D-Dimer	**<250**	**NA**	**NA**	**N/A**
BNP	**<100**	**NA**	**NA**	**N/A**
HDL	**<60**	**NA**	**NA**	**N/A**
LDL	**<130**	**NA**	**NA**	**N/A**
Cholesterol	**<200**	**NA**	**NA**	**N/A**
Triglycerides	**<150**	**NA**	**NA**	**N/A**

Hgb A1c	**4-5.6%**	**NA**	**NA**	**N/A**
TSH		**NA**	**NA**	**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	**Clear Yellow**	**Yellow Cloudy**	**Yellow clear**	**N/A**
pH	**4.6-8**	**5.0**	**NA**	**N/A**
Specific Gravity	**1.005-1.030**	**>1.035**	**NA**	**N/A**
Glucose	**Neg**	**Neg**	**NA**	**N/A**
Protein	**0-8**	**30**	**NA**	**This lab relates back to the level of WBC and lymphocytes as high levels of protein are also a sign of infection. (Pagana,2019).**
Ketones	**Neg**	**Neg**	**NA**	**N/A**
WBC	**Neg**	**631**	**NA**	**Severly elevated WBC is an indication of an infection. (Pagana,2019).**
RBC	**Neg**	**826**	**NA**	**RBCs in the urine could be indicative of a UTI, This lab result correlates with WBC and the other labs indicated kidney damage.(Pagana,2019).**
Leukoesterase	**Neg**	**Large**	**NA**	**Presence of leukoesterase further suggests that this patient may have a UTI**

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 < 10,000**	**NA**	**NA**	**N/A**

	Positive > 100,000			
Blood Culture	**Neg**	**NA**	**NA**	**N/A**
Sputum Culture	**Normal URT**	**NA**	**NA**	**This is the normal flora that is expected to be found in the body/sputum. (Pagana, 2019).**
Stool Culture	**Normal intestinal flora**	**NA**	**NA**	**N/A**

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference* (14th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT of the abdomen and pelvis.

Diagnostic Test Correlation (5 points):

Left chest pleural lipoma 2.8cm, fluid filled loops of large and small bowel throughout the abdomen extending to the rectum, consistent with an ileus or enteritis.

Diagnostic Test Reference (1) (APA):

Small Bowel Obstruction: Causes, Symptoms, Diagnosis & Treatment. (2019, March 20). Cleveland Clinic. Retrieved May 27, 2022, from https://my.clevelandclinic.org/health/diseases/15850-small-bowel-obstruction

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

Home Medications (5 required)

Brand/Generic	**Tylenol Acetaminophen**	**Atorvastatin Lipitor**	**Citalopram Celexa**	**Clonazepam Klono**	**Propanol Inderal LA**
Dose	**500 mg**	**40 mg**	**20mg**	**0.5**	**40 mg**
Frequency	**PRN**	**Daily**	**Daily**	**3 times a day**	**BID**
Route	**G-tube**	**G-tube**	**G-tube**	**G-tube**	**G-tube**
Classification	**Nonsalicylate**	**HMG-CoA reductase inhibitor**	**Selective serotonin reuptake inhibitor**	**Benzodiazepine**	**Beta-adrenergic blocker**
Mechanism of Action	**inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.**	**Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver.**	**Blocks serotonin reuptake by adrenergic nerves.**	**prevents panic and seizures by potentiating the effects of gamma-aminobutyric acid.**	**Prevents arterial dilation and inhibits renin secretion, resulting in decreased blood pressure.**
Reason Client Taking	**acute pain**	**High Cholesterol**	**Depression/ quality of life**	**panic/ sleeping**	**Hypertension**
Contraindications (2)	**severe hepatic impairment** **severe active liver disease**	**rise in serum transaminase level** **Active hepatic disease**	**hypersensitivity to citalopram**	**acute-narrow- angle glaucoma** **hepatic disease**	**cardiogenic shock** **sick sinus syndrome**

Side Effects/Adverse Reactions (2)	**agitation** **pulmonary edema**	**orthostatic hypotension** **torticollis**	**angina** **angioedema**	**UTI** **Bronchitis**	**myopathy** **insomnia**
Nursing Considerations (2)	**Calculate total daily intake of acetominophen including other products that may contain acetaminophen so maximum dose is not exceeded. Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease.**	**Atorvastatin may be used with colestipol or cholestyramine for additive antihyperlipidemic effects** **Liver function tests should be preformed before atorvastatin therapy starts and after routinely as necessary.**	**assess elderly patients and those taking diuretics for signs suggesting syndrome of inappropriate secretion of antidiuretic hormone** **monitor patient closely for worsening depression or signs of declining health especially at times when adjusting the dose or starting a dose.**	**Monitor patient's blood drug level, CBC and liver enzymes.** **Monitor patient closely for signs of loss of effectiveness especially during the first 3 months.**	**monitor blood pressure, apical, and radial pulses fluid intake and outtake, daily weight, and circulation before, during, and after administering** **use propanol cautiously in patients with bronchospastic lung disease, it may induce and asthmatic attack**

Hospital Medications (5 required)

Brand/Generic	**Amlodipine Norvasc**	**Apixaban Eliquis**	**Citalopram Celexa**	**Potassium chloride with water** **Kolyum**	**Propanol tablet** **Inderal LA**
Dose	**10mg**	**2.5mg**	**20mg**	**20 Meq/ 100 mL**	**40mg**
Frequency	**Daily**	**Daily**	**Daily**	**Daily**	**BID**
Route	**G-tube**	**G-tube**	**G-tube**	**IV**	**G-tube**
Classification	**Calcium Channel Blocker**	**Direct factor XA inhibitor**	**Selective serotonin reuptake inhibitor**	**Electrolyte cation**	**Beta-adrenergic blocker**
Mechanism of Action	**binds to dihydropyridine and nondihydropyridine cell membrane receptor sites on myocardial and vascular smooth muscles.**	**Inhibits free and clot bound factor Xa and prothrombinase activity.**	**Blocks serotonin reuptake by adrenergic nerves.**	**Acts as the major cation in intracellular fluid, activating many enzymatic reactions.**	**Prevents arterial dilation and inhibits renin secretion, resulting in decreased blood pressure.**
Reason Client Taking	**hypertension**	**reduce the risk of stroke**	**Depression/ quality of life**	**Potassium Replacement**	**hypertension**
Contraindications (2)	**hypersensitivity to amlopidine** **heart failure**	**Active bleeding** **hypersensitivty to apixaban**	**hypokalemia** **hypomagnesemia**	**dehydration** **renal impairment**	**hypersensitivity to propanol** **asthma**

Side Effects/Adverse Reactions (2)	**myalgia** **dyspnea**	**muscle hemorrhage** **syncope**	**fever** **hepatic necrosis**	**paralysis** **obstruction**	**depression** **diarrhea**
Nursing Considerations (2)	**Monitor blood pressure while adjusting dosage** **Assess patient freqiently for chest pain**	**If apixaban is is discontinued without an alternative the risk of thrombosis increases** **Apixaban will need to be stopped 48 hours before an invasive procedure.**	**When stopping Celexa, the nurse will have to gradually reduce the dose.** **discontinue Celexa if depression symptoms convert into symptoms of mania**	**Monitor serum creatinine level and urine output during administration** **Monitor patient's GI system, liquid K+ stays in the intestinal lining for a prolonged period of time.**	**Monitor cardiac output because this medicine has been known to depress cardiac function** **propanol can mask tachycardia in hyperthyroidism and withdrawal from propanol can lead to a thyrotoxicosis**

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). *2021 Nurse's Drug Handbook* (21st ed.).

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**A&O x 0** **No acute distress** **normal appearance**

INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	 **Pink** **dry** **warm** **normal, no tenting** **none** **none** **partial thickness pressure injury on left sacrum and heels are starting to soften** **Yes, suprapubic catheter, and PEG tube**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Normocephalic/atraumatic Normal Some creamy white discharge Normal Missing most all teeth except bottom front row
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:**	 Clear no murmurs, gallops or rubs All intact except for a diminished pedal pulse bilaterally >3 seconds No Yes 3+ pitting edema located on the ankles
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	 No Clear, no crackles, ronchi, rubs, or any adventitious sounds
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	Liquid Pt started the shift off as NPO but later was able to tolerate a tube feed. 5'9" 171.8 Normoactive in LUQ,LLQ,and RLQ, but hypoactive in RUQ 5/22/2022 Yes Pts subrapubic catheter was sewn in place on his abdomen Subrapubic catheter No

Ostomy: Y ☐ N ☐ **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	No No Yes PEG tube, 20g, LUQ, 01/04/2022
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	 **Yellow** **Clear** **875ccs** **No** **No** **Swollen Scrotum** **Yes** **Subrapubic** **22 5/5/2022**
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☐**	. Weak left side, left hand is contracted, right fingers are becoming contracted Hoyer lift weak left side/ quadriplegia Yes Yes 20 Yes Yes 3 assist/ hoyer
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 No No No Both 0 Altered nonverbal Altered
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):**	. Lives at home with his daughter who is his main caretaker and Power of Attorney. She has been taking care of him for the past 7 years. The daughter did not return during my shift so I was unable to ask about her dad's religious beliefs and his developmental level.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:00	**64**	**130/88**	**10**	**98.6**	**100**
11:00	**68**	**139/71**	**16**	**98.5**	**96**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:00	**0**	**NA**	**NA**	**NA**	**NA**
11:00	**0**	**NA**	**NA**	**NA**	**NA**

- **During report the night shift nurse had explained that the patient would kick his right foot/leg if he was in pain. I did not observe this at all during my assessments nor did I observe any grimacing or increased vitals that would designate pain.**

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:**	20g AC 5/22/2022 Patent, flushes well None Changed 5/22/2022
	Lactated Ringers 75/hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
O	**875 ccs**

*** Pt was started on a tube-feed right before post conference**

Nursing Care

Summary of Care (2 points)

Overview of care: bowel rest

Procedures/testing done: CBC, CMP

Complaints/Issues: NA, pt was tolerating restarting fluids well

Vital signs (stable/unstable):stable

Tolerating diet, activity, etc.:did well and was able to start a tube feed at the end of the shift.

Physician notifications: Pt was stable during shift, tolerated fluids well enough to start feeds back up.

Future plans for client: discharge as long as electrolyte levels are stable, abdomen size continues to decrease, and stools stay firm

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): His daughter is his primary home health as well as a home health nurse

Equipment needs (if applicable): hoyer lift,

Follow up plan: keep an eye on his weight/ I/Os, abdomen signs, and any signs of dehydration

Education needs: ROM exercises and Pressure injury prevention

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

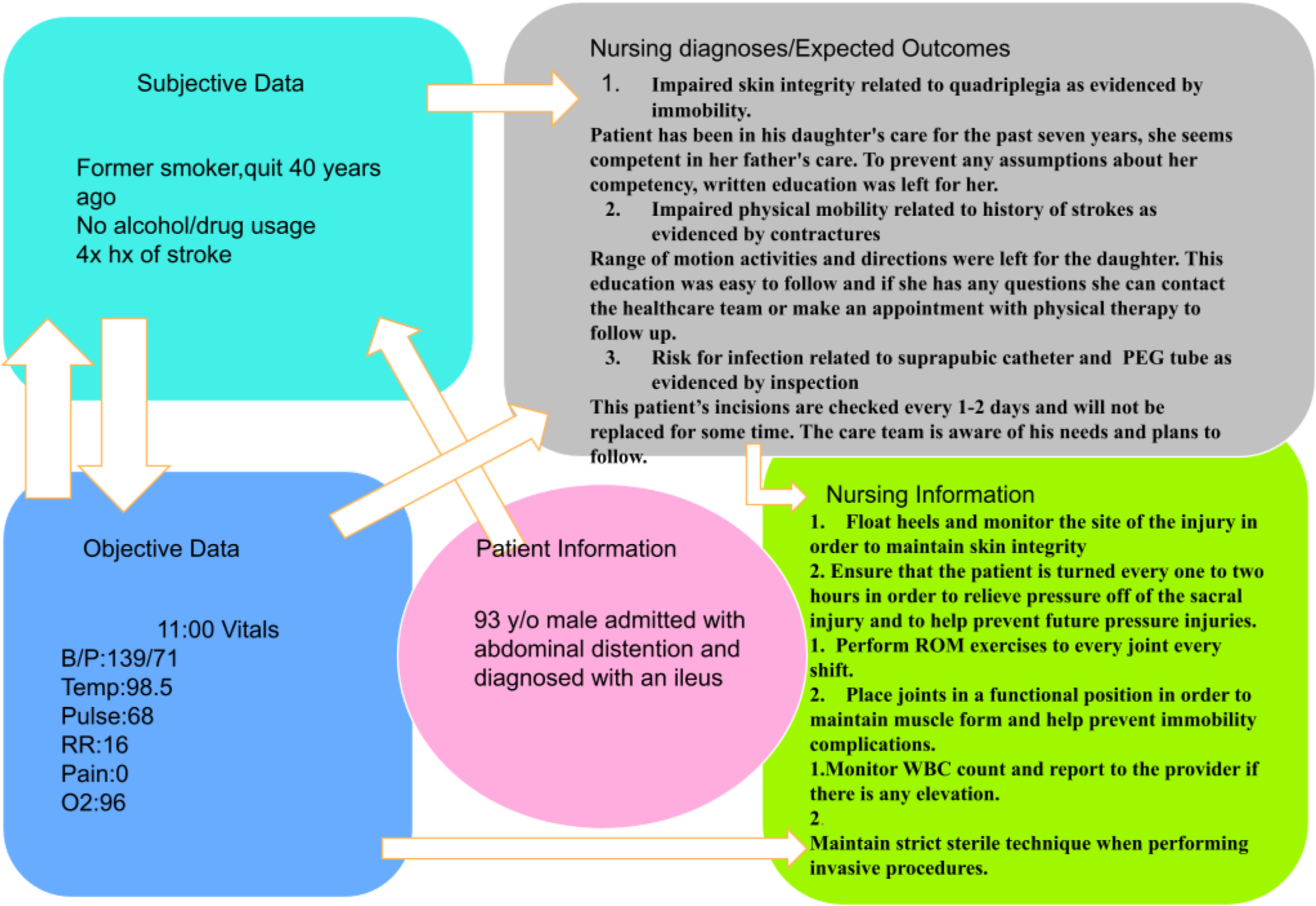
Nursing Diagnosis ● Include full nursing diagnosis with "related to" and "as evidenced by" components ● Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** ● Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 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. Impaired skin integrity related to quadriplegia as evidenced by immobility.	**This diagnosis was chosen because the patient had soft/sunken heels that were in the beginning stages of becoming a pressure injury, patient also has a partial thickness sacral injury**	**1. Float heels and monitor the site of the injury in order to maintain skin integrity** **2. Ensure that the patient is turned every one to two hours in order to relieve pressure off of the sacral injury and to help prevent future pressure injuries.**	**1. The patient will not experience further skin breakdown or other complications, such as infection.**	**Patient has been in his daughter's care for the past seven years, she seems competent in her father's care. To prevent any assumptions about her competency, written education was left for her.**
2. Impaired	**This diagnosis was chosen**	**1. Perform ROM exercises**	**1. Patient achieves highest mobility level**	**Range of motion activities and directions were**

physical mobility related to history of strokes as evidenced by contractures	**because the patient has developed contractures and tight muscles due to his inability to move his joints.**	**to every joint every shift.** **2. Place joints in a functional position in order to maintain muscle form and help prevent immobility complications.**	**possible as outlined by the healthcare team.**	**left for the daughter. This education was easy to follow and if she has any questions she can contact the healthcare team or make an appointment with physical therapy to follow up.**
3. Risk for infection related to suprapubic catheter and PEG tube as evidenced by inspection	**This nursing diagnosis was chosen because of the invasive nature of these diversions.**	**1.Monitor WBC count and report to the provider if there is any elevation.** **2. Maintain strict sterile technique when performing invasive procedures.**	**1. Patient's incisions and wounds will remain clear, pink, and free from any sign of infection**	**This patient's incisions are checked every 1-2 days and will not be replaced for some time. The care team is aware of his needs and plans to follow.**

Other References (APA):

Phelps, L. L. (2021). *Sparks & Taylor's nursing diagnosis pocket guide*. Wolters Kluwer.

Concept Map (20 Points):


Subjective Data
Former smoker,quit 40 years ago
No alcohol/drug usage
4x hx of stroke
Nursing diagnoses/Expected Outcomes
1. Impaired skin integrity related to quadriplegia as evidenced by immobility.
Patient has been in his daughter's care for the past seven years, she seems competent in her father's care. To prevent any assumptions about her competency, written education was left for her.
2. Impaired physical mobility related to history of strokes as evidenced by contractures
Range of motion activities and directions were left for the daughter. This education was easy to follow and if she has any questions she can contact the healthcare team or make an appointment with physical therapy to follow up.
3. Risk for infection related to suprapubic catheter and PEG tube as evidenced by inspection
This patient's incisions are checked every 1-2 days and will not be replaced for some time. The care team is aware of his needs and plans to follow.
Objective Data
11:00 Vitals
B/P:139/71
Temp:98.5
Pulse:68
RR:16
Pain:0
O2:96
Patient Information
93 y/o male admitted with abdominal distention and diagnosed with an ileus
Nursing Information
1. Float heels and monitor the site of the injury in order to maintain skin integrity
2. Ensure that the patient is turned every one to two hours in order to relieve pressure off of the sacral injury and to help prevent future pressure injuries.
1. Perform ROM exercises to every joint every shift.
2. Place joints in a functional position in order to maintain muscle form and help prevent immobility complications.
1.Monitor WBC count and report to the provider if there is any elevation.
2
Maintain strict sterile technique when performing invasive procedures.

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