N431 Care Plan #1

Lakeview College of Nursing

Rebekah Moutria

Demographics (3 points)

Date of Admission 6/26/2022	**Client Initials** T.M.	**Age** 43yrs	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Paramedic	**Marital Status** Married	**Allergies** Morphine-Rash Bleach-Hives
Code Status Full Code	**Height** 178.5cm	**Weight** 107.3 kg	

Medical History (5 Points)

Past Medical History: GERD, Anxiety, Duodenitis, Fatty liver, chronic abdominal pain, chronic nausea, migraines, obesity, IBS

Past Surgical History: Colonoscopy (2018 & 2019), Endoscopy (2017), Subtotal Colectomy with anastomosis (2019)

Family History: Mother: Arthritis, thyroid disorder. Father: Vision disorder, DVT, arthritis, bladder cancer, clotting disorder.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient denies the use of alcohol, drugs, and tobacco.

Assistive Devices: Glasses, dentures

Living Situation: The patient lives at home with his wife and children.

Education Level: Graduated high school, some college completed

Admission Assessment

Chief Complaint (2 points): Abdominal pain and vomiting

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

A 43-year-old male patient presented to the emergency department on 6/26/2022 with complaints of unrelieved abdominal pain and constipation. The patient has a history of IBS, GERD, chronic nausea, and abdominal pain, duodenitis, and obesity. The patient states he has an

ongoing history of GI issues after his subtotal colectomy in 2019. The patient stated he had ongoing abdominal pain for two weeks and described it as dull, achy pain. On the morning of 6/26/2022, the patient woke up with constant RUQ pain rated 7/10 and excessive vomiting. The patient states the pain worsened with eating. The patient grew concerned when the pain began radiating to his right shoulder and decided it was best to get seen in the ED. The patient denies blood in his stools or vomit. The patient states his home medications were not providing relief for the pain or constipation for the past two weeks.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Partial small bowel obstruction

Secondary Diagnosis (if applicable): N/A

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

A bowel obstruction can be acute, chronic, partial, or complete. The patient was diagnosed with a small partial bowel obstruction. A partial bowel obstruction does not entirely block the flow of contents and fluids through the bowels but decreases the flow (Capriotti, 2020). The patient's partial blockage occurred in his small intestine, leading to waste and gas build-up above the blockage and incomplete absorption of nutrients and minerals (Capriotti, 2020). At the point of obstruction, increased peristalsis and mucus accumulation worsen the blockage. The primary cause of small bowel obstructions is postsurgical adhesions (Capriotti, 2020). Due to the patient having a prior colectomy surgery, he was at greater risk of having a bowel obstruction. Other causes include hernias, Crohn's disease, and malignancies (Capriotti, 2020).

Common manifestations of this condition include vomiting, nausea, constipation, abdominal distention, and pain (Capriotti, 2020). The patient was experiencing those common

symptoms plus right upper quadrant pain radiating to his shoulder. Because of the pain and discomfort, it is possible to see elevated vital signs such as high blood pressure, tachycardia, and tachypnea. With small bowel obstructions, expected findings in lab values include electrolyte imbalances such as hypokalemia and increased lab values such as hematocrit, BUN, creatinine, hemoglobin, and white blood cells (Holman et al., 2019). It is not uncommon to see metabolic alkalosis occur depending on the severity and type of the obstruction (Holman et al., 2019).

An x-ray or a CT scan can diagnose a bowel obstruction. An x-ray will show free air and gas patterns, whereas the CT will identify the location and severity of the obstruction (Capriotti, 2020). The patient had an abdominal CT scan and fluoroscopy to verify the diagnosis. An endoscopy can determine the specific cause (Holman et al., 2019). Medical treatments include IV fluids to provide adequate hydration, pain medications for relief, and an NG tube for gastric decompression and removal of fluid accumulation (Capriotti, 2020). The patient received gastric decompression through an NG tube, IV hydration, and pain medications as needed. Due to the patient's bowel obstruction being partial, surgical treatment was unnecessary.

Pathophysiology References (2) (APA):

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

Holman, H.C., Williams, D., Sommer, S., Johnson, J., Ball, B., Wheless, L., Leehy, P., & Lemon, T. (2019). *RN Adult Medical Surgical Nursing Edition* (11th ed.). Assessment Technologies Institute, LLC.

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 (6/26)	Today's Value (6/27)	Reason for Abnormal Value
RBC	3.8-5.4 x 10^6/ mcL	5.37	5.01	N/A
Hgb	12.0-15.5 gm/ dL	16.7	14.5	This lab value was most likely increased due to dehydration from excessive vomiting and lack of fluid intake because of the bowel obstruction (Holman et al., 2019).
Hct	35-45%	49.8	43.2	This lab value was most likely increased due to dehydration from excessive vomiting and lack of fluid intake because of the bowel obstruction (Holman et al., 2019).
Platelets	150-400/mm3	391	303	N/A
WBC	4.5-11 K/mcL	22	7.8	Due to the patient's small bowel obstruction and inflammation, it is normal to see an elevated white blood cell count (Holman et al., 2019). The patient also has a positive Campylobacter infection which can contribute to the elevated white blood cells.
Neutrophils	45-79%	89.1	77.1	Due to the patient's small bowel obstruction and inflammation, it is normal to see an elevated white blood cell count (Holman et al., 2019). The patient also has a positive Campylobacter infection which can contribute to the elevated white blood cells.
Lymphocytes	1.0-4.8	12.1	5.6	Due to the patient's small bowel obstruction and inflammation, it is normal to see an elevated lymphocyte count (Holman et al., 2019).
Monocytes	4.4-12%	2.3	7.3	N/A
Eosinophils	0.0-8.0%	0.9	3.0	N/A
Bands	0.0-10.0%	N/A	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** (6/26)	**Today's Value** (6/27)	**Reason For Abnormal**
Na-	135-145 mmol/L	135	139	N/A
K+	3.5-5.1 mmol/L	4.4	4.8	N/A
Cl-	98-107 mmol/L	103	103	N/A
CO2	22-29 mmol/L	28	23	N/A
Glucose	70-110 mg/dL	89	100	N/A
BUN	6-20 mg/dL	11	11	N/A
Creatinine	0.50-1.0 mg/dL	0.85	0.99	N/A
Albumin	3.5-5.2 mg/dL	4.5	N/A	N/A
Calcium	8.4-10.5 mg/dL	9.6	8.8	N/A
Mag	1.8-2.6 mg/dL	N/A	N/A	N/A
Phosphate	2.7-4.5 mg/dL	N/A	N/A	N/A
Bilirubin	0.0-1.2 mg/dL	0.9	N/A	N/A
Alk Phos	35-105 U/L	70	N/A	N/A
AST	10-30 U/L	19	N/A	N/A
ALT	10-40 U/L	18	N/A	N/A
Amylase	40-140 U/L	N/A	N/A	N/A
Lipase	0-160 U/L	70	N/A	N/A

Lactic Acid	0.5-2.2mmol/L	N/A	N/A	N/A
Troponin	0-0.04 ng/mL	N/A	N/A	N/A
CK-MB	5-25 IU/L	N/A	N/A	N/A
Total CK	25-200 U/L	N/A	N/A	N/A

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format. (The patient did not have these labs done)

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	0.8-1.2	N/A	N/A	N/A
PT	11-13 sec	N/A	N/A	N/A
PTT	30-40 sec	N/A	N/A	N/A
D-Dimer	<250 ng/mL	N/A	N/A	N/A
BNP	<100pg/mL	N/A	N/A	N/A
HDL	>60 mg/dL	N/A	N/A	N/A
LDL	<130 mg/dL	N/A	N/A	N/A
Cholesterol	<200 mg/dL	N/A	N/A	N/A
Triglycerides	<150 mg/dL	N/A	N/A	N/A
Hgb A1c	4-5.6%	N/A	N/A	N/A
TSH	0.5-5.0 mIU/L	N/A	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 (6/27)	Today's Value	Reason for Abnormal
Color & Clarity	Light-dark yellow,	Clear, light yellow	N/A	N/A

	clear-slightly hazy			
pH	4.5-8	5.0	N/A	N/A
Specific Gravity	1.005-1.035	1.026	N/A	N/A
Glucose	Negative	NEG	N/A	N/A
Protein	Negative-trace	NEG	N/A	N/A
Ketones	Negative	NEG	N/A	N/A
WBC	Negative	NEG	N/A	N/A
RBC	Negative	NEG	N/A	N/A
Leukoesterase	Negative	NEG	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	7.35-7.45	N/A	N/A	N/A
PaO2	75-100 mmHg	N/A	N/A	N/A
PaCO2	35-45 mmHg	N/A	N/A	N/A
HCO3	22-26 mEq/L	N/A	N/A	N/A
SaO2	95-100%	N/A	N/A	N/A

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

Test	Normal	Value on	Today's	Explanation of Findings

	Range	**Admission** (6/26)	**Value** (6/28)	
Urine Culture	Negative	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	The results from the culture were not received yet.	Positive for occult blood, positive for campylobacter infection	Campylobacter is a foodborne illness and is often caused by ingesting undercooked poultry, or other contaminated food or water. It can often cause bloody stools from the irritation to the stomach and intestinal lining (Capriotti, 2020).

Lab Correlations Reference (1) (APA):

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

Holman, H.C., Williams, D., Sommer, S., Johnson, J., Ball, B., Wheless, L., Leehy, P., & Lemon, T. (2019). *RN Adult Medical Surgical Nursing Edition* (11th ed.). Assessment Technologies Institute, LLC.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Diagnostic Test Correlation (5 points):

1. CT Abdomen/pelvis w/o contrast
    a. A CT scan is a noninvasive diagnostic procedure used to visualize organs, muscles, bones, blood vessels, and tissues through two-dimensional imaging

(Capriotti, 2020). CT scans can detect complex problems like blood clots, fractures, cancers, internal bleeding, or bowel obstructions (Capriotti, 2020).

b. The patient had a CT of the stomach and pelvis done to visualize the bowel and detect an obstruction. The CT findings correlate to partial small bowel obstruction and mild distention of the colon.

2. Chest x-ray

    a. An x-ray is a diagnostic test that looks at bone structures, soft tissues, organs, and detects abnormalities within the structures (Capriotti, 2020). Chest x-rays can show abnormalities such as inadequate lung expansion, COPD changes, tumors, pneumothorax, improper NG tube placement, or the presence of fluid accumulation (Capriotti, 2020).

    b. The patient had a chest x-ray performed to confirm the placement of his NG tube. The chest x-ray showed that it was correctly placed into the stomach, and it was not protruding into the lungs.

3. Fluroscopy

    a. Fluoroscopy is an imaging technique that gathers real-time moving images. Multiple x-ray beams plus contrast dye are used to look at specific body parts in detail and in motion (Capriotti, 2020).

    b. The patient had this diagnostic procedure done to determine the severity of the bowel obstruction by allowing the visualization of fluids and contents flowing through the intestinal tract. The test determined it was a partial, small bowel obstruction.

Diagnostic Test Reference (1) (APA):

Capriotti, T. M. (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 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	Dicyclomine hydrochloride/ Bentyl	Omeprazole /Prilosec	Promethazine /Phenergan	Tylenol/ acetaminophen	Metformin hydrochloride/ Fortamet
Dose	20mg	20mg	25 mg	1000mg	500mg
Frequency	QID	BID	Q6H	Q6H PRN	Daily
Route	PO	PO	PO	PO	PO
Classification	Pharmacologic class: anticholinergic Therapeutic class: Antispasmodic	Pharmacologic class: Proton pump inhibitor Therapeutic class: Antiulcer	Pharmacologic class: Phenothiazine Therapeutic class: Antiemetic/ antivertigo	Pharmacologic class: Non salicylate par aminophenol derivative Therapeutic class: Antipyretic, nonopioid analgesic	Pharmacologic class: Biguanide Therapeutic class: Antidiabetic
Mechanism of Action	Inhibits acetylcholine's muscarinic actions at postganglionic parasympathetic receptors in CNS, secretory glands, and smooth muscles	Interferes with gastric acid secretion by inhibiting the hydrogen potassium adenosine triphosphate enzyme system, or proton pump and gastric	Competes with histamine for H1 receptor sites, thereby antagonizing many histamine effects in reducing allergy signs and symptoms	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.	Promotes storage of excess glucose as glycogen in the liver to reduce glucose production

		parietal cells			
Reason Client Taking	Irritable bowel syndrome	GERD	Chronic nausea	Migraine headaches	To reduce blood glucose levels
Contraindications (2)	Reflux esophagitis, severe ulcerative colitis	Hypersensitivity to omeprazole or their components, Concurrent therapy with rilpivirine-containing products	Hypersensitivity to promethazine, or its components, comatose state	Severe hepatic impairment, Severe active liver disease	Acute or chronic metabolic acidosis, Severe renal disease
Side Effects/Adverse Reactions (2)	Urinary retention, constipation	Hypertension, hypoglycemia	Blurred vision, hyperglycemia	Hepatotoxicity, jaundice	Hypoglycemia, nausea
Nursing Considerations (2)	-Do not give drug by I.V. route because major adverse reactions may occur. -Assess patient during long term use for chronic constipation and fecal impaction.	-Give omeprazole before meals, preferably in the morning for once daily dosing. -Monitor patient's urine output because this drug may cause acute interstitial nephritis.	-Use this drug cautiously in patients with hepatic dysfunction due to potential adverse effects. -Monitor respiratory function because drug may cause a suppressed cough reflex and thickening of bronchial secretions.	-Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, or renal impairment. -Monitor renal function in patients on long-term therapy. Closely monitor urine for changes in color or blood.	-Give metformin tablets with food to reduce the risk of GI upset. -Give E.R. tablets with an evening meal.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Heart rate	Blood pressure, PT/INR, CBC	White blood cell count, platelet count, respirations	Pain levels, liver function	Blood glucose, Vitamin B12 levels
Client Teaching Needs (2)	-Instruct the patient to take the drug 30 to 60 minutes before eating.	-Encourage the patient to avoid alcohol, aspirin products, ibuprofen, and	-Advise the patient to avoid over the counter drugs unless approved by the	-Caution the patient not to exceed the recommended dosage or take	-Teach the patient how to measure blood glucose levels and recognize signs of

	-Advise the patient not to take an anti-acid or an anti-diarrheal within two hours of this drug.	foods that may increase gastric secretions during therapy. -Advise patient to notify prescriber immediately about abdominal pain or diarrhea.	provider. -Educate the patient to avoid alcohol and other CNS depressants during therapy.	other drugs containing acetaminophen at the same time. -Teach the patient to recognize manifestations of hepatotoxicity such as bleeding, malaise, or easy bruising.	hyperglycemia and hypoglycemia. -Inform the patient that A1C testing is advised every three months until blood glucose is controlled.

Hospital Medications (5 required)

Brand/ Generic	Azithromycin /Zithromax	Famotidine/ Pepcid	Ondansetron /Zofran	Ketorolac/ Toradol	Hydromorphone/ Dilaudid
Dose	500mg 250ml/hr	20mg/ml	4mg/2ml	30mg/2ml	0.5mg/0.5 ml
Frequency	Daily/3 days	BID	Q6H PRN	Q6H PRN	Q2H PRN
Route	IV Piggyback	IV push	IV push	IV push	IV push
Classification	Pharmacologic class: Macrolide Therapeutic class: Antibiotic	Pharmacologic class: Histamine-2 blocker Therapeutic class: Antiulcer agent	Pharmacologic class: Selective serotonin receptor antagonist Therapeutic class: Antiemetic	Pharmacologic class: NSAID Therapeutic class: Analgesic	Pharmacologic class: Opioid Therapeutic class: Opioid analgesic
Mechanism of Action	Binds to a ribosomal subunit of susceptible	Reduces hydrochloric acid formation by	Blocks serotonin receptors centrally in the	Blocks cyclooxygenase, an enzyme needed to	Binds with opioid receptors in the spinal cord and higher levels in the

	bacteria, blocking peptide translocation and inhibiting RNA dependent protein synthesis	preventing histamine from binding with H2 receptors on the surface of parietal cells. By doing so the drug helps prevent peptic ulcers from forming and helps heal existing ones	chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine	synthesize prostaglandins. By blocking this enzyme and inhibiting prostaglandins, this NSAID reduces inflammation and relieves pain	CNS. Hydromorphone is believed to stimulate Kappa and Mu receptors thus alternating the perception of and emotional response to pain
Reason Client Taking	Campylobacter infection	Acid indigestion	Nausea and vomiting	Mild to moderate pain	Moderate to severe pain
Contraindications (2)	History of cholestatic jaundice or hepatic dysfunction associated with prior azithromycin use, Hypersensitivity to azithromycin, erythromycin, or their components	Hypersensitivity to famotidine, other H2 receptor antagonists, or their components, Chronic kidney disease	Concomitant use of apomorphine, Hypersensitivity to ondansetron or its components	Active peptic ulcer disease, Advanced renal impairment	GI obstructions, Severe respiratory depression
Side Effects/ Adverse Reactions (2)	Hearing loss, seizures	Constipation, Headache	Headache, hypotension	Renal failure, vomiting	Respiratory depression, flushing
Nursing Considerations (2)	-Be aware that this drug should not be used in patients with known QT prolongation, bradyarrhythmia's, congenital long QT	-Dilute injection form with normal saline solution or other solution to 5 to 10 ml. Give IM injection over 2 minutes.	-Place tablet or oral soluble film on the patient's tongue immediately after opening. -Use a calibrated container or	-Use this drug with extreme caution in patients with history of GI bleeding or ulcer disease because NSAIDs like ketorolac	-Be aware that hydromorphone therapy increases risk of abuse, addiction, and misuse. Monitor patient closely throughout therapy for signs.

	syndrome, or history of torsades de points. -Obtain culture and sensitivity test results, if possible, before starting therapy.	-Shake oral suspension vigorously for 5 to 10 seconds before administration.	oral syringe to measure the dose of oral solution.	increase the risk of GI bleeds and ulceration. -Monitor patients with history of inflammatory bowel disease because ketorolac may worsen these conditions.	-Monitor patient for respiratory depression, especially within the first 72 hours of initiating therapy or when increasing dosage.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Bacterial cultures, WBC count, liver function	Heart rate, renal function	Heart rate, worsening symptoms of nausea	Blood pressure, renal function, liver function, pain levels	Respirations, blood pressure, pain levels
Client Teaching Needs (2)	-Inform the patient to take azithromycin capsules one hour before or two to three hours after food. -Tell the patient to report signs and symptoms of allergic reactions such as rash, itching, hives, chest tightness, or trouble breathing.	-Instruct patient who also takes anti acids to wait 30 to 60 minutes after taking Famotidine, if possible, before taking an anti-acid. -Caution the patient to avoid alcohol and smoking during this drug therapy because they irritate the stomach and can delay ulcer healing.	-Advise the patient to immediately report signs of hypersensitivity such as a rash. -Monitor the patient closely for serotonin syndrome, which may include agitation, chills, confusion, diaphoresis, fever, poor coordination, shaking, or twitching.	-Instruct the patient to take ketorolac tablets with an anti-acid, a meal, or a snack to prevent stomach upset. -Advise the patient not to take aspirin, other NSAIDs, or other salicylates while taking this drug without consulting prescriber.	-Instruct the patient to take the drug exactly as prescribed and before the pain is severe. -Instruct the patient to report constipation, difficulty breathing, severe nausea, or vomiting.

Medications Reference (1) (APA):

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

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient was alert and oriented to person, place, time, and situation. (x4) Patient was relaxed and accepting of the situation during assessment. Patient showed no signs of distress. Overall appearance was clean and well groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 20 **Drains present: Y☐ N ☒** **Type:**	Patient's skin color was appropriate for ethnicity. Skin was warm, dry, and intact. Skin turgor was loose. Patient had no rashes, bruises, or wounds present. Patient's Braden score was 20. Patient had no drains present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Patient's head appears normocephalic. Neck appeared symmetrical with trachea at midline. Ears had no visible drainage, and no redness. Patient claims no hearing loss or pain in the ears. Eyes exhibited PERRLA. Extraocular movements were intact. Pupils were observed to be 2 mm. Eyes appeared symmetrical with no drainage present, conjunctiva was pink and not inflamed. Patient's nose was symmetrical and

	deviated septum was not detected. Patient has good oral hygiene, tongue appeared pink and midline with no sores. No dental carries were present. Buccal mucosa was pink and 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:**	S1 and S2 heard. S3 and S4 not heard. Normal rate and rhythm were heard upon auscultation. Upper and lower peripheral pulses were palpable at 3+. No jugular vein distention was noted. Capillary refill was less than 3 seconds. No edema present.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Anterior lung sounds were auscultated. Breath sounds were clear and equal bilaterally. No wheezing or crackles present. No accessory muscles were used.
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:** 14 Fr **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	The patient consumes a regular diet at home. The patient was NPO in the hospital until his NG tube was removed at 0830. The patient was advanced to a full liquid diet. The patient's height is 178.5cm, and weight is 107.3 kg. Bowel sounds were hyperactive in all four quadrants upon auscultation. The patient's last bowel movement was 6/28/2022 in the morning. The patient's denies pain upon palpation. No masses, incisions, distention, scars, or wounds present. The patient had no drains present. The patient's had a 14 Fr NG tube in place for gastric decompression. No complications upon removal.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:**	The patient was non-compliant with voiding in the urinal therefore measurements were not obtained during the shift. The patient denies pain, frequency, or urgency with urination. The patient stated his urine was light yellow, clear, and without odor during shift. Inspection of genitals was not performed during shift. The patient did

Catheter: Y ☐ N ☒ **Type:** **Size:**	not have a catheter.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** 35 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	The patient ambulated well without assistance. Patient did not use any supportive devices. Upper extremity strength is 5/5 on right side and 5/5 on the left side. Lower extremity strength is 5/5 on right side and 5/5 on the left side. Patient exhibited equal strength in both arms and legs. Patient exhibited full ROM in both arms and legs. Patient was able to display opposition with all fingers and thumbs. Fall risk score was 35. Cranial nerves 1-12 were intact.
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. Eyes exhibit PERLA signs. Patient's speech is well articulated and clear. Patient moves all extremities well and displays no signs of paralysis. Patient displayed equal strength in all extremities. Patient senses touch in both arms and legs.
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):**	The patient states he copes with stress by being outdoors and spending time with family. Patient's religious affiliation is Christian. Patient states he has a strong support system from his wife and children.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0747	91bpm	143/72mmhg	20/min	36.4C Oral	96% RA
1048	96bpm	136/83mmhg	18/min	36.6C Oral	97% RA

Vital Sign Trends: The patient's vital signs remained relatively stable throughout the shift. The patient had elevated blood pressure which could be attributed to high stress and pain levels. Otherwise, all vital signs were within normal range. Monitoring of vital signs will be continued.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1048	Numeric	N/A	0/10	N/A	The patient had just received ketorolac two hours prior to assessment which decreased his pain to 0/10.
1200	Numeric	Abdomen	4/10	Sharp, gas-like pains	The patient was given dicyclomine to help reduce the gas pains. The patient was also encouraged to take walks around the unit.

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:**	20 gauge, right antecubital fossa, 6/26/2022 IV was patent with no phlebitis or infiltration present. There were no signs of erythema or drainage present. Dressing was transparent, dry and intact. During the time of IV assessment, there were no fluids currently being administered. IV was saline locked.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

240 mL of juice The patient ate 90% of his breakfast during shift.	The patient was non-compliant with voiding in the urinal. No output was obtained or documented during the clinical shift.

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was cooperative and easy to work with throughout the clinical shift. At the beginning of the shift, the patient was NPO due to having an NG tube placed for gastric decompression. The NG tube was removed by the student at 0830, and the patient was advanced to a full liquid diet which he tolerated well. Patient's vitals were monitored Q4H. The patient was encouraged to ambulate frequently to reduce gas pains. The patient was administered pain medications Q6H as needed for abdominal pain. The patient did not leave the floor for any procedures or testing.

Procedures/testing done: The patient had a CT scan and chest x-ray performed upon admission. No further testing has been ordered.

Complaints/Issues: The patient was complaining of mild gas pains and fatigue.

Vital signs (stable/unstable): Vitals remained stable throughout the shift.

Tolerating diet, activity, etc.: The patient was tolerating the full liquid diet well and ambulating without difficulty or concern.

Physician notifications: General surgery was notified for a consult.

Future plans for client: The patient will return home upon discharge and continue with current medication regiment.

Discharge Planning (2 points)

Discharge location: The patient will discharge home to his wife and children.

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: The patient will continue PPIs or H2 blockers as daily routine. The patient will need to follow-up with his primary care provider.

Education needs: The patient will need education on staying active and exercising to improve overall health and reduce the risk of future bowel obstructions.

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for aspiration related to NG tube as evidenced by difficulty swallowing oral pain medications.	This nursing diagnosis was chosen due to the patient having an NG tube placed for gastric decompression and struggling to swallow oral pain medications.	1.Monitor respiratory rate, depth, and effort. Note any signs of aspiration such as dyspnea, cough, cyanosis, or wheezing. 2.Elevate the head of bed 30 to 45 degrees while feeding	1. The patient will remain free of signs and symptoms of aspiration and vital signs will remain within normal ranges during the shift.	The patient responded well to the nursing interventions. Goal met: The patient remained free of signs and symptoms of aspiration and vital signs remained stable during the shift.

		the patient and for 30 to 45 minutes afterward if feeding is intermittent.		
2. Risk for imbalanced nutrition related to bowel obstruction as evidenced by inability to absorb nutrients.	This nursing diagnosis was chosen because the patient was experiencing excessive vomiting, which puts him at risk for imbalanced nutrition.	1. Administer prescribed antiemetic medications to prevent vomiting and further dehydration. 2. Administer NG tube feedings when indicated and as tolerated.	1. The patient will maintain weight with normalization of laboratory values and remain free of signs of malnutrition during hospital stay.	The patient responded well to the nursing interventions. Goal met: The patients lab values improved after IV hydration, NG tube feedings, and antiemetic medications. The patient maintained his normal weight and showed no signs of malnutrition.
3. Acute pain related to bowel obstruction as evidenced by reports of abdominal cramping.	This nursing diagnosis was chosen because the patient was experiencing abdominal pain due to the obstruction.	1. Administer pharmacologic pain treatment as indicated and prescribed. 2.Provide the patient with cognitive behavioral therapy methods such as deep breathing or taking walks around the unit for distraction.	1. The patient will report a decrease in pain levels and show an increased mood after pain medication administration and CBT during the shift.	The patient responded well to the nursing interventions. Goal met: The patient stated his pain level decreased after receiving pain medication and going for two laps around the unit.
4. Ineffective coping related to current illness as evidenced	This nursing diagnosis was chosen due to the patient expressing frustration	1.Assist the patient in identifying personal and effective coping strategies.	1. The patient will demonstrate, and report decreased irritability and	The patient responded well to the nursing interventions. Goal met: The patient was able to

by reports of fatigue and irritability.	with current health condition and expressing fatigue.	2. Ensure the patient has adequate rest and sleep periods without disruption.	fatigue after rest periods during shift.	relax after the removal of his NG tube, eating a liquid meal, and getting pain medication.

Other References (APA):

Concept Map (20 Points):

Subjective Data

The patient rated his pain a 0/10 at 1048. The patient rated his pain a 4/10 at 1200. The patient complained of sharp, gas-like pains.

Nursing Diagnosis/Outcomes

Risk for aspiration related to NG tube as evidenced by difficulty swallowing oral pain medications.
The patient will remain free of signs and symptoms of aspiration and vital signs will remain within normal ranges.
Risk for imbalanced nutrition related to bowel obstruction as evidenced by inability to absorb nutrients
The patient will maintain weight with normalization of laboratory values and remain free of signs of malnutrition during hospital stay.
Acute pain related to bowel obstruction as evidenced by reports of abdominal cramping.
The patient will report a decrease in pain levels and show an increased mood after pain medication administration and CBT during the shift.
Ineffective coping related to current illness as evidenced by reports of fatigue and irritability.
The patient will demonstrate, and report decreased irritability and fatigue after rest periods during shift.

Objective Data

0747: 91bpm, 143/72mmhg, 20/min36.4C Oral, 96% RA
1048: 96bpm, 136/83mmhg, 18/min36.6C Oral, 97% RA
The patient had high blood pressure due to increased pain and stress levels.
The patients stool sample came back positive for occult blood and Campylobacter infection.
The patient had an elevated WBC count, hemoglobin, and hematocrit due to dehydration resulting from bowel obstruction.
The patient's CT scan showed a partial small bowel obstruction.

Client Information

A 43-year-old male patient presented to the emergency department with complaints of unrelieved abdominal pain and constipation. The patient has a history of IBS, GERD, chronic nausea, and abdominal pain, duodenitis, and obesity. The patient states he has an ongoing history of GI issues after his subtotal colectomy in 2019. The patient stated he had ongoing abdominal pain for two weeks. On the morning of 6/26/2022, the patient woke up with constant RUQ pain and excessive vomiting. The patient grew concerned when the pain began radiating to his right shoulder and decided it was best to get seen in the ED.

Nursing Interventions

Monitor respiratory rate, depth, and effort. Note any signs of aspiration such as dyspnea, cough, cyanosis, or wheezing.
Elevate the head of bed 30 to 45 degrees while feeding the patient and for 30 to 45 minutes afterward if feeding is intermittent.
Administer prescribed antiemetic medications to prevent vomiting and further dehydration.
Administer NG tube feedings when indicated and as tolerated.
Administer pharmacologic pain treatment as indicated and prescribed.
Provide the patient with cognitive behavioral therapy methods such as deep breathing or taking walks around the unit for distraction.
Assist the patient in identifying personal and effective coping strategies.
Ensure the patient has adequate rest and sleep periods without disruption.