Medications

Cefepime 1g IV push every 6 hrs- antibiotic, client is taking for UTI and Sepsis. Monitor clients IV site and vital signs before and after pushing.

Fentanyl 25mcg IV push every 3 hrs- narco Analgesics,

Demographics

Date of admission: 7/4/22

Admission Diagnosis/Chief Complaint: This patient

Pathophysiology

Disease process: This patient had a chief complaint of severe sepsis with septic shock. Sepsis happened when an infection one already has in their body

Active Orders

Frequent turning and repositioning- This will ensure patient gets off the pressure ulcers and does not start to gain any more.

Monitor vital signs and blood sugar levels- The patient has type 2 diabetes, monitoring his blood glucose levels will ensure he does not become hypoglycemic while being at the hospital.

Keep patient on NPO until able to get EGD- the patient needed to get and EGD done due to his GERD and trouble swallowing.

(MRI imaging is still pending) - the doctor ordered a MRI of pelvis.

Monitor leukocytosis- related to infected wound ulcers on R shoulder stage 4 and coccyx stage 4

- continue vancomycin, cefepime

- continue wound care and pain medications as needed

Morse fall score: 25

Infection control: No infection control was in process. Standard precautions are in place.

Lab Values/Diagnostic

HGB-7.3- low due to patient diagnosed with anemia.

HCT-23.5 - low due to patient diagnosed with anemia.
Potassium- 3.3

RBC- 2.57 - low due to patient being diagnosed with anemia.

INR- 1.4 - high due to patient's liver cirrhosis

PTT- 14.6 - high also due to patient's liver cirrhosis

Neutrophil- 9.8- high due to patient's sepsis and bacterial infections.

Lymphocyte- 16.7- high due to infection in body

Bilirubin- 0.8 - high due to liver cirrhosis

Amylase- 25 - this was low due to liver problems related to the patient's past alcoholism and liver cirrhosis.

Patient did have a chest x-ray done to see the placement of his central line in the left jugular vein.

Admission History

This patient is a 65-year-old African-American male admitted on July 4, 2022. He has a history of hypertension, alcohol abuse, alcoholic liver cirrhosis, chronic GERD, type two diabetes, asthma, and anemia. The patient's chief complaint upon admission was severe sepsis with septic shock. The onset was about a week ago. The location of the pain is generalized with a duration of seven days. The coccyx and right scapula have stage four wounds associated with lots of pain and dropped blood pressure due to pain medication. Some relieving factors are pain medications and rest. The needed treatment for this patient is wound debridement to promote healing.

Medical History

Previous medical history: Asthma, alcohol abuse, subdural hematoma, anemia (unspecified), type 2 diabetes, GERD, alcoholic cirrhosis with ascites.

Prior to hospitalization: The only prior hospitalizations I could find were from his previous surgical procedures. 3/4/2021, 1/24/2022, 7/10/2022

Previous surgical history: Left leg surgery (unspecified), GI endoscopy 3/4/21, 1/24/22, 7/10/22

Social History: Smokes marijuana, severe alcohol use (pt stated they quit a month ago)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0805	79	94/52	14	97.8	100%
1056	60	80/49	14	97.8	99%

Physical Exam/Assessment

General: Patient is alert and oriented x2. Person, place. Not to situation or time. Patient has a flat affect. Complains of pain and discomfort. (Generalized pain of a 3). Overall appearance is poor.

Integument: Skin is normal in color, very dry and cracked, and warm to touch. Turgor is quick to return. No rashes. Bruises and wounds are present. Sacral spine pressure ulcer, left gluteal skin tear, right flank pressure injury (stage 4), right scapula pressure injury (stage 4). Braden score is 11. Catheter is present due to urinary incontinence.

HEENT: Head was normocephalic, patient was positive for some hearing loss, negative for congestion and sore throat, PERRLA is intact

Cardiovascular: Heart sounds are normal. Clear S1 and S2 with no gallops or murmurs. Weak peripheral pulses +1 throughout. Capillary refill is less than 3 on all extremities. No neck vein distention noted. Edema is noted on right and left lower extremities. +2 on ankle and foot bilaterally.

Respiratory: Respirations are non-labored, all fields are diminished. No cough is present. Patient is breathing independently.

Genitourinary: Normal diet at home. Type II diabetes diet. Current diet is NPO. Height- 5’7’’. Weight- 106 lbs. Bowel sounds are heard in all four quadrants. Normative. Last BM was 7-7-22. (4 days ago). Abdominal appearance is flat, soft, non-tender to palpate. Wounds are present. Sacral spine pressure ulcer, left gluteal skin tear, right flank pressure injury (stage 4), right scapula pressure injury (stage 4).Fecal incontinence. No tubes, nasogastric, or ostomy. Dark yellow hazy color. 300ml output. No pain with urination due to external catheter. No dialysis. Inspection is WNL. Catheter is present, external urinary catheter.

Musculoskeletal: PERRLA is intack. ROM: LUE and RUE are moderately impaired. LLE and RLE are absent. Strength is significantly impaired with generalized weakness. ADL assistance is needed. Fall risk: Yes Score: 47. Patient is dependent. Needs assistance and support to stand and sit up/move.

Neurological: Follows commands with weak hand grips. Patient can weakly wiggle toes but ROM in lower extremities is absent. Patients arms are contracted. Unable to move legs. PERRLA is intact. Orientation x2 to person and place not to time or situation. Mental status: WNLSpeech, sensory, and LOC is WNL.

Most recent VS (include date/time and highlight if abnormal): 7/10/2022

Pain and pain scale used: Pain level is 0, on a scale from one to ten, with 0 being no pain and 10 being the worst pain you’ve ever experienced. (Due to constant medication pain was 0)

Nursing Diagnosis 1 **Risk for infection related to stage 4 pressure ulcer wounds as evidence by sepsis.**	Nursing Diagnosis 2 **Risk for shock related to stage 4 pressure ulcers on scapula and coccyx as evidence by UTI and skin breakdown.**	Nursing Diagnosis 3 **Risk for infection related to anemia as evidence by liver cirrhosis, low HCT and HGB levels.**
Rationale This patient has two stage 4 ulcers on his right scapula and coccyx. The patient came in with these wounds stating that he did not know they were that bad. The patient has very bad infection in these wounds and lead to sepsis. Patient was diagnosed with a UTI and anemia.	**Rationale** Shock is a life-threatening condition that occurs when the body is not getting enough blood flow. This can lead to damage to multiple organs. This patient has liver cirrhosis and two stage 4 pressure ulcers that contribute to sepsis.	**Rationale** The hemoglobin level is lower than normal, reflecting a decrease in number or derangement in the function of red blood cells within the circulation. As a result, the amount of oxygen delivered to body tissues is also lessened. The patient being diagnosed with anemia could also have an impact on how well he will heal from the stage 4 pressure ulcers.
Interventions **Intervention 1:**Assess client for a possible source of infection. **Intervention 2:**Maintain sterile technique when changing dressings, suctioning, and providing site care, such as an invasive line or a urinary catheter.	**Interventions** **Intervention 1:**Note quality and strength of peripheral pulses. **Intervention 2:** Assess respiratory rate, depth, and quality. Note onset of severe dyspnea.	**Interventions** **Intervention 1:** Instruct the client to avoid contact with people with existing infections. **Intervention 2:** monitor clients vital signs for low cardiac output.
Evaluation of Interventions The most common causes of sepsis are respiratory tract and urinary tract infection, followed by abdominal and soft tissue infections. Prevents spread of infection and cross contamination.	**Evaluation of Interventions** The pulse is strong and bounding because of increased cardiac output. Pulse may become weak and thready because of sustained hypotension, decreased cardiac output, and peripheral vasoconstriction if the shock state progresses. Respirations become shallow as respiratory insufficiency develops, creating the risk of acute respiratory failure.	**Evaluation of Interventions** These can be a source of infection for the immunocompromised client. Anemia can cause decreased cardiac output due to having a lower number of red blood cells circulating in the blood. This can also be an issue for this patient specifically due to his medications he take for his pain.

References (3) (APA):

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