

Physical Exam/Assessment

Demographic Data

Medications

**General:** Alert and oriented to person, place, time, and situation. The patient is well groomed with no signs of distress. The patient appeared fatigued.

**Integument:** The patient's skin is warm to touch, dry, and color is normal. The patient has stage 1 pressure sores on the sacrum, the heels of the feet, and the right lateral side of the fifth metatarsal. The patient has normal quality, distribution, and texture of hair. Skin turgor is normal with capillary refill less than 3 seconds.

**HEENT:** Head is midline to the spine. Trachea is midline without deviations and bilateral carotid pulses are present. Pupils are equal and reactive to light.

**Cardiovascular:** Clear S1 and S2 sound without murmurs, rubs, or gallops. Normal rate and rhythm.

**Respiratory:** Respirations were non-labored and symmetrical throughout. No wheezes or rhonchi noted.

**Genitourinary:** Urinary incontinence. Urine is clear, light amber in color. Absence of pain, urgency, frequency, or retention. No genital lesions.

**Musculoskeletal:** Normal findings in upper extremities. Patient moved upper extremities well and demonstrated normal hand grip strength. Weakness noted in the lower extremities with reduced muscle tone. Swelling noted in the right calf. Tenderness on palpation of the right calf. Morse fall scale: 60. Right hip was tender to touch with reduced range of motion.

**Neurological:** Alert and oriented to person, place, time, and situation. Ability to follow instructions. PERRL. No nuchal rigidity. Reflexes were 2+ and symmetric. No Babinski.

**Date of Admission:** 7/6/2022

**Admission Diagnosis/Chief Complaint:** Sepsis/shock with hypovolemic shock

**Gender:** Female

**Race/Ethnicity:** White/Caucasian

**Allergies:** No known allergies

**Code Status:** DNR

**Height:** 157.5 cm

**Weight:** 67 kg

**Psychosocial Developmental Stage:** Integrity v. Role

**Developmental Stage:** Formal operational

**Braden Score:** 12 High Risk

**Morse Fall Score:** 60 High Risk

**Pantoprazole (Protonix)** delayed release tablet 40 mg Oral; daily

**Pharmacologic class:** Proton pump inhibitor; the patient is taking this to prevent GI bleeding.

**Disease process:** Sepsis/shock from lower left lobe pneumonia.

**Nursing considerations:** Monitor for diarrhea with blood, mucus. Monitor for hyponatremia, hypomagnesemia in patients using product 3 months to 1 year (Skidmore-Roth, 2022).

**Pneumonia** is commonly caused by inhalation of bacteria, fungi, or viruses which enter the lungs through the upper airways and then enter the lung tissue.

**Vancomycin** 1500 mg in 250 mL IVPB

**Pharmacologic class:** Antimicrobial. Extends its spectrum of activity to include MRSA and other gram-positive organisms.

**Nursing considerations:** Assess frequency and characteristics of stool (Skidmore-Roth, 2022). The antibiotic Extolam stimulates potent widespread dilation and the increase of fluids and electrolytes. Patients cannot raise blood pressure. Low blood volume causes low blood pressure. Mucous na accumulate between alveolar capillaries as a result of the inflammatory reaction which then turn bright red (Skidmore-Roth, 2022).

**Polyethylene glycol (MiraLax)** 119g in Gatorade

**Pharmacologic class:** Laxative. Stimulates peristalsis and increases fluid volume in the GI tract.

**Vancomycin** 1500 mg in 250 mL IVPB

**Pharmacologic class:** Antimicrobial. Extends its spectrum of activity to include MRSA and other gram-positive organisms.

**Nursing considerations:** Assess frequency and characteristics of stool (Skidmore-Roth, 2022). The antibiotic Extolam stimulates potent widespread dilation and the increase of fluids and electrolytes. Patients cannot raise blood pressure. Low blood volume causes low blood pressure. Mucous na accumulate between alveolar capillaries as a result of the inflammatory reaction which then turn bright red (Skidmore-Roth, 2022).

**Calcium carbonate (Tums)** chewable tablet 400 mg dose Oral

**Pharmacologic class:** Antacid. Relieves heartburn, indigestion, and acid reflux.

**Nursing considerations:** Assess for constipation, bloating, and abdominal pain.

**Cefepime** 1g in 100 mL NS q8h

**Pharmacologic class:** Cephalosporin antibiotic. Initial symptoms of infection are fever, cough, and sputum.

**Nursing considerations:** Assess for infection, fever, WBC >10,000/mm3 (Skidmore-Roth, 2022). Monitor for abdominal pain, nausea and vomiting. Chronic diarrhea contributed to hypovolemic shock.

**Method of Diagnosis:** Radiology imaging

**Gabapentin (Neurontin)** capsule 600mg TID

**Pharmacologic class:** anticonvulsant

**Nursing considerations:** Assess mental status: mood, behavioral changes (Skidmore-Roth, 2022)

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

Temperature: 36.5 C  
 BP : 106/55  
 Respiration: 18  
 BPM: 86  
 SpO2: 96  
 Pain: 5/10

Pain and pain scale used: Pain 5 out of 10 on number scale. Pain is intermittent between 5 and 7.

**Weakness noted in the lower extremities with reduced muscle tone.**

**Swelling noted in the right calf.**

**Tenderness on palpation of the right calf.**

**Morse fall scale: 60.**

**Right hip was tender to touch with reduced range of motion.**

**Method of Diagnosis:** Radiology imaging

**Gabapentin (Neurontin)** capsule 600mg TID

**Pharmacologic class:** anticonvulsant

**Nursing considerations:** Assess mental status: mood, behavioral changes (Skidmore-Roth, 2022)

- Vancomycin 1500 mg in 250 mL IVPB
- cefepime injection 1 g 134.4 mL/hr IVPB Every 6 hours
- Supplemental oxygen
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**References (3) (APA):**

Capriotti, T. (2020). Chapter 20: Respiratory Inflammation and Infection. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (pp. 483–484). essay, F.A. Davis.

Haugen, N., & Galura, S. (2022). *Ulrich & Canale's Nursing Care Planning Guides: Prioritization, delegation, and clinical reasoning*. Elsevier.

Skidmore-Roth, L. (2022). *Mosby's 2022 nursing drug reference*. Elsevier.