N321 Care Plan # 1

Lakeview College of Nursing

Tasnim Mustafiz

Demographics (3 points)

Date of Admission **9/6/2022**	**Client Initials** **CV**	**Age** **53**	**Gender** **Female**
Race/Ethnicity **White Caucasian**	**Occupation** **Retired**	**Marital Status** **Divorced**	**Allergies** **N/A**
Code Status **DNR**	**Height** **5'4**	**Weight** **233**	

Medical History (5 Points)

Past Medical History: Asthma, Seizures, Bipolar Disorder, CHF, COPD, Depression, Diabetes Mellitus 2, Hypertension, Pneumonia, Sleep Apnea.

Past Surgical History: Appendectomy, Left Breast Lumpectomy (2016), Cardiac Catheterization (2020), Colonoscopy (2019), Colon Surgery, Hysterectomy (2008), Upper Gastrointestinal Endoscopy (2022), Left Knee Arthroscopy, EGD with PEG Tube Placement (2022).

Family History: The patient's mother died from lung cancer. Her dad passed away from a blood disease. Her brother is currently fighting stage 4 blood cancer.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient has smoked 17-19 packs a year for the past thirty-five years. The patient states she still smokes. Patient denies any drinking.

Assistive Devices: Call Light Assistance, Walker/Wheelchair.

Living Situation: Patient is currently living at a nursing home.

Education Level: 10th Grade.

Admission Assessment

Chief Complaint (2 points):Shortness of breath, Abdominal Pain, Chest Pain.

History of Present Illness – OLD CARTS (10 points): Miss. Vanduyn 53-year-old female, came to the emergency department for fluid overload. The patient complains of swelling in the lower extremity. The patient states, "She thinks she gained about 30 pounds in the past two weeks". She came from a nursing home. She says she was having chest pain all day and difficulty breathing; that's when they sent her to the ED from the nursing home, she's living in. When the patient arrived at the ED, she said she had pain in the lower extremity, the abdomen area, chest pain, and difficulty breathing. Also, she reports that shortness of breath worsens with movement and has problems lying flat. She does use 2 liters of oxygen at the nursing home. She took aspirin for the pain, but it did not help.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute renal failure superimposed on stage 5 chronic kidney disease.

Secondary Diagnosis (if applicable): Acute respiratory failure with hypoxia.

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

Acute renal failure is a kidney damage or failure that lasts a few hours to a few days. AKI makes it difficult for kidneys to maintain the proper fluid balance in the body and causes the blood's waste products to accumulate. AKI may also impact other organs, such as the brain, heart, and lungs. Patients in hospitals, intensive care units and older persons frequently get an acute renal injury. Depending on the underlying cause, signs and symptoms of critical kidney damage may include anuria, swelling in the ankles, legs, and eyes, fatigue and exhaustion, breathing difficulty, confusion, nausea, seizures, and chest pressure or discomfort (Hoffman & Sullivan, 2020). Numerous distinct factors can lead to acute renal damage. AKI results from certain illnesses and disorders that reduce blood supply to the kidneys. These ailments and conditions include shock or hypotension, loss of blood or liquid, heart attack, heart failure, overuse of "NSAIDs," and significant allergic reactions. Miss. Vanduyn came to the ER with shortness of breath, chest pain, and lower extremity edema according to Haffman & Sullivan (2020) these are some of the signs of kidney failure.

If healthcare practitioners think someone has acute kidney injury (AKI), they may order various tests depending on the potential cause. AKI must be detected as soon as feasible to prevent chronic renal damage or kidney failure. Additionally, it might cause death or heart problems. It is necessary to monitor input and output, get blood tests, GFR, imagining tests, and do a kidney biopsy to better look at what's happening. Evaluation should establish the kind and presence of AKI and look for a cause. Complete blood count (CBC), BUN, creatinine, and electrolytes are included in blood tests. Tests for salt, urea, protein, and creatinine in the urine and microscopic sediment examination are performed (Bai et al., 2022). Miss. Vanduyn 53-year-old who is suffering from kidney failure. As the lab report shows BUN 58 & 8; normal 8-25, creatinine 3.29 & 2.45; normal 0.6-1.3, albumin 3.4 & 2.9; normal 3.5-5.2, which is an indication for kidney failure according to Haffman & Sullivan (2020).

A hospital stay is frequently necessary for acute renal failure treatment. Acute renal failure patients are typically already hospitalized. Finding the illness or injury that caused the kidney damage in the first place is the first step in treating acute renal failure. The available therapies depend on the underlying cause of renal failure. Treatments to balance blood fluid levels, medications to manage blood potassium, medications to restore blood calcium levels, and dialysis to eliminate toxins from blood are among the therapies that assist prevent problems (Bai et al., 2022). A doctor may advise a particular diet during acute renal failure recovery to support kidneys. The doctor may recommend a dietician who can examine the patient's diet and propose modifications to make it easier on the kidneys, such as limiting phosphorus and choosing lower potassium meals.

Pathophysiology References (2) (APA):

Bai, Y., Wei, C., Li, P., Sun, X., Cai, G., Chen, X., & Hong, Q. (2022). Primary cilium in kidney development, function and disease. *Frontiers in Endocrinology*, *13*. https://doi.org/10.3389/fendo.2022.952055

Hoffman, J. J., & Sullivan, N. J. (2020). *Davis advantage for medical-surgical nursing: Making connections to practice*. F.A. Davis.

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 – 6	2.69	2.54	PT has a high RBC count due to low oxygen levels. PT on 2 liters O2 (Pagana, 2018).
Hgb	12- 16	8.6	8.1	PT has low Hgb due to anemia (Pagana, 2018).
Hct	35 -37	27	24.6	PT has low Hct due to anemia (Pagana, 2018).
Platelets	150,000 – 400,000	294	230	The patient has normal lab ranges.
WBC	4,500 – 11,000	8.5	8.9	The patient has normal lab ranges.
Neutrophils	45 – 75	81.3	73.4	PT has a high NLR due to poor

				renal function (Pagana, 2018).
Lymphocytes	**20 – 40**	**11.7**	**14.2**	**PT has a low number of lymphocytes because there's a high chance of infection due to the internal jugular central line. Also, PT has a night number of WBC in the urine due to kidney disease (Pagana, 2018).**
Monocytes	**4 – 6**	**4.4**	**5.8**	**The patient has normal lab ranges.**
Eosinophils	**Less than 7%**	**1.8**	**1**	**The patient has normal lab ranges.**
Bands	**N/A**	**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**	**Today's Value**	**Reason For Abnormal**
Na-	**135 – 145**	**138**	**144**	**N/A**
K+	**3.5 – 5.0**	**5.0**	**3.2**	**PT has low K+, which can relate to shortness of breath and abnormal heart rate due to fluid overload (Pagana, 2018).**
Cl-	**98 – 107**	**106**	**108**	**PT has high Cl- due to kidney disease (Pagana, 2018).**
CO2	**21 – 31**	**25**	**30**	**The patient has normal lab ranges.**
Glucose	**70 – 100**	**97**	**88**	**PT has a low glucose due to skipping breakfast and had lunch at 0130 (Pagana, 2018).**
BUN	**8 – 25**	**58**	**8**	**PT has a high BUN level due to kidneys aren't working well (Pagana, 2018).**
Creatinine	**0.6 – 1.3**	**3.29**	**2.45**	**PT has high levels of creatinine due to kidney failure (Pagana, 2018).**
Albumin	**3.5 – 5.2**	**3.4**	**2.9**	**PT has low albumin due to kidney disease (Pagana, 2018).**

Calcium	**8.6 – 10.2**	**8.7**	**9.2**	**The patient has normal lab ranges.**
Mag	**1.6 – 2.6**	**2.5**	**N/A**	**The patient has normal lab ranges.**
Phosphate	**2.5 – 4.5**	**N/A**	**N/A**	**N/A**
Bilirubin	**0.1 – 1.4**	**0.3**	**0.4**	**The patient has normal lab ranges.**
Alk Phos	**34 - 104**	**80**	**58**	**The patient has normal lab ranges.**
AST	**10 – 30**	**10**	**11**	**The patient has normal lab ranges.**
ALT	**10 – 40**	**7**	**9**	**PT has slightly low ALT due to kidney function not working correctly (Pagana, 2018).**
Amylase	**No labs available**	**N/A**	**N/A**	**N/A**
Lipase	**No labs available**	**N/A**	**N/A**	**N/A**
Lactic Acid	**No labs available**	**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.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**2 – 3**	**N/A**	**N/A**	**N/A**
PT	**9.5 – 11.3**	**N/A**	**N/A**	**N/A**
PTT	**30 – 40 sec**	**N/A**	**N/A**	**N/A**
D-Dimer	**≤ 250**	**N/A**	**N/A**	**N/A**
BNP	**< 100**	**N/A**	**N/A**	**N/A**
HDL	**>40**	**N/A**	**N/A**	**N/A**
LDL	**< 130**	**N/A**	**N/A**	**N/A**

Cholesterol	**< 200**	**N/A**	**N/A**	**N/A**
Triglycerides	**< 150**	**178**	**N/A**	**The patient has high triglycerides due to poor lifestyle.**
Hgb A1c	**< 7**	**N/A**	**N/A**	**N/A**
TSH	**0.5 – 5**	**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**	**Today's Value**	**Reason for Abnormal**
Color & Clarity	**Clear/ Yellow**	**Clear/Yellow**	**N/A**	**N/A**
pH	**4.5 – 8**	**5.0**	**N/A**	**The patient has normal lab ranges.**
Specific Gravity	**1.005 – 1.035**	**1.013**	**N/A**	**The patient has normal lab ranges.**
Glucose	**Negative**	**Negative**	**N/A**	**N/A**
Protein	**Negative**	**3+**	**N/A**	**High protein can be one of the first signs of kidney disease (Pagana, 2018).**
Ketones	**Negative**	**Negative**	**N/A**	**N/A**
WBC	**Negative**	**3+**	**N/A**	**PT has high WBC due to fluid overload and kidney failure (Pagana, 2018).**
RBC	**Negative**	**6 – 10**	**N/A**	**PT has high RBC due to kidney disease (Pagana, 2018).**
Leukoesterase	**Negative**	**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 Range**	**Value on Admission**	**Today's Value**	**Explanation of Findings**
Urine Culture	**No Culture**	**N/A**	**N/A**	**N/A**
Blood Culture	**No Culture**	**N/A**	**N/A**	**N/A**

Sputum Culture	**No Culture**	**N/A**	**N/A**	**N/A**
Stool Culture	**No Culture**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2018). *Mosby's Diagnostic and Laboratory Test Reference* (14th ed.). Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

XR CHEST SINGLE –

- **Mild cardiac enlargement, unchanged.**
- **Interim removal of endotracheal tube and feeding tube.**
- **Central line with its tip in a satisfactory unchanged position**
- **Mild pulmonary congestion, unchanged.**

US RENAL COMPLETE –

Both kidneys are visualized without hydronephrosis or stone.

Blood flow is within normal limits in both kidneys.

CT HEAD OR BRAIN –

Head - Delirium, AMS, Miosis.

Brain - Evidence of encephalomalacia of the bilateral occipital lobes. No hemorrhage. No significant white matter disease.

CT of the Abdomen –

Bone windows reveal no osseous abnormality. Status postop hysterectomy. Cholelithiasis. Some free fluid around the liver. Gastrostomy tube in place. Generalized anasarca. Also,

some mesenteric edema. Right basilar small volume pleural effusion. No renal calculi are hydronephrotic changes. Status postop hysterectomy with retained feces in the sigmoid. No small or large bowel obstruction. Slightly distended urinary bladder. No other significant findings.

Diagnostic Test Correlation (5 points):

Patient got X-RAYS of the chest because she complained of chest pain and shortness of breath when she arrived. Also, the patient has low potassium levels.

Patient got US RENAL Complete done due to having his albumin, creatinine, and BUN. Patient also stated, "She thinks she gained about 30 pounds in the past two weeks". The patient also had edema in the lower extremities.

Patient got a CT head and the brain due to fluid overload. She also had high levels of high protein and WBC in her urine. Also, there is poor blood flow due to kidney damage, as evidenced by high BUN, albumin, and creatinine levels.

The patient got a CT of the abdomen before complaining of abdominal pain and showed edema abound the abdominal area.

Diagnostic Test Reference (1) (APA):

Capriotti, T., & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* 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	**Gabapentin/ Neuraptine**	**Allopurinol/ Zyloprim**	**Metoprolol Lopressor**	**Ipratropium bromide-albuterol/ DuoNeb**	**Insulin lispro/ Humalog**
Dose	**300 mg**	**100 mg**	**25 mg**	**3 mL**	**Follow sliding scale**
Frequency	**Twice a day**	**Daily**	**Daily**	**4 times**	**3 times**
Route	**Oral**	**Oral**	**Oral**	**Oral Inhalation**	**Sub-Q**
Classification	**Pharmacologic class: 1-amino-methyl cyclohexane acetic acid Therapeutic class: Anticonvulsant**	**Pharmacologic class: Selective serotonin receptor agonist. Therapeutic class: Antimigraine drug.**	**Pharmacologic class: Beta -adrenergic blocker Therapeutic class: Antianginal, antihypertensive**	**Pharmacologic class: Anticholinergic Therapeutic class: Bronchodilator**	**Pharmacologic class: Human insulin Therapeutic class: Antidiabetic**

Mechanism of Action	**Gabapentin is structurally like gamma-aminobutyric acid (GABA), the primary inhibitory neurotransmitter in the brain. Although gabapentin's exact mechanism of action is unknown, GABA inhibits the rapid firing of neurons associated with seizures. It also may prevent exaggerated responses to painful stimuli and pain-related responses to a normally innocuous stimulus to account for its effectiveness in relieving postherpetic neuralgia and restless legs syndrome symptoms.**	**Inhibits uric acid production by inhibiting xanthine oxidase, the enzyme that converts hypoxanthine and xanthine to uric acid. Allopurinol is metabolized to oxipurinol, which also inhibits xanthine oxidase.**	**Reduces cardiac excitability, cardiac output, and myocardial oxygen demand by preventing activation of beta-receptor sites, which are mostly found in the heart. These outcomes reduce myocardial infarction-related cardiac tissue damage, alleviate angina, and lessen heart failure symptoms. Metoprolol also lowers blood pressure by reducing renin release from the kidneys.**	**Ipratropium prevents acetylcholine from binding to muscarinic receptors on the membranes of smooth muscle cells after it has been released from cholinergic fibers, as shown at right. Ipratropium relaxes smooth muscles and promotes bronchodilation by preventing the effects of acetylcholine on the bronchi and bronchioles.**	**Low blood glucose levels by stimulating peripheral glucose uptake by fat and skeletal muscle and inhibiting hepatic glucose production. It also enhances protein synthesis, inhibits lipolysis in adipocytes and inhibits proteolysis.**
Reason Client	**PT had**	**PT is taking**	**PT is taking**	**PT is taking**	**Pt is taking**

Taking	**episode of seizures in the past.**	**it due to kidney disease.**	**it to regulate hypertension .**	**this to treat her breathing problem; COPD.**	**this due to DM2.**
Contraindications (2)	**Hypersensitivity to gabapentin or its compounds and chronic kidney disease.**	**Hypersensitivity to allopurinol or its Components and pregnancy.**	**Hypersensitivity to metoprolol, other beta-blockers, or their components for angina and hypertension .**	**People with closed angle glaucoma and blockage of the urinary bladder.**	**Chronic lung disease, during an episode of hypoglycemia.**
Side Effects/Adverse Reactions (2)	**Mood changes, dry mouth.**	**Nausea or vomiting, feeling dizzy or tired.**	**Gas or bloating, nausea.**	**Dizziness, Insomnia.**	**Weight gain, swelling.**
Nursing Considerations (2)	**Monitor renal function test results, as ordered, and expect to adjust the dosage, if needed. Monitor patient closely for evidence of suicidal thinking or behavior, especially when therapy starts or dosage changes.**	**Maintain a fluid intake to produce a daily urinary output of 2 L daily. Monitor patient for the development of a skin rash that may occur I week or more after allopurinol therapy is initiated.**	**Monitor the patient for evidence of worsening heart failure during dosage increases. If heart failure worsens, expect to increase the diuretic dosage and possibly decrease metoprolol dosage or temporarily discontinue the drug, as prescribed. Metoprolol dosage should not**	**Use ipratropium cautiously in patients with angle-closure glaucoma, benign prostatic hyperplasia, or bladder neck obstruction. Patients with hepatic or renal dysfunction.**	**Monitor the patient's blood glucose level closely. Ensure that the patient has a complete medical history, physical examination, and spirometry before inhaled insulin therapy begins.**

			be increased until worsening heart failure has been stabilized. If the patient with heart failure develops symptomatic bradycardia, expect to decrease the metoprolol dosage.		

Hospital Medications (5 required)

Brand/ Generic	**Tamsulosin/ Flomax**	**Trazodone/ Desyrel**	**Gemfibrozil Lopid**	**Clopidogrel Plavix**	**sevelamer carbonate/**
Dose	**0.4 mg**	**50 mg**	**600 mg**	**75 mg**	**800 mg**
Frequency	**Every Morning**	**At night**	**2 times**	**Daily**	**3 times with meals**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Pharmacologic class: Alpha adrenergic**	**Pharmacologic class: Triazolopyridine**	**Pharmacologic class: Fibric acid derivative**	**Pharmacologic class: A platelet inhibitor**	**Pharmacologic class: Polymeric phosphate**

	antagonist Therapeutic class: Benign prostatic hyperplasia (BPH) agent	**derivative Therapeutic class: Antidepressant**	**Therapeutic class: Antilipemic**	**Therapeutic class: Platelet aggregation inhibitor**	**binder Therapeutic class: Phosphate binder**
Mechanism of Action	**The prostate's alpha, -adrenergic receptors are blocked. The rate of urine flow is increased, and BPH symptoms are diminished as a result of this action's inhibition of smooth-muscle contraction in the bladder neck, prostate, prostatic capsule, and prostatic urethra.**	**Blocks serotonin reuptake along the presynaptic neuronal membrane, causing an antidepressant effect. Trazodone exerts an alpha-adrenergic blocking action and produces modest histamine blockade, causing a sedative effect. It also inhibits the vasopressor response to norepinephrine which reduces blood pressure.**	**May decrease hepatic triglyceride production by decreasing hepatic extraction of free fatty acids, inhibiting peripheral lipolysis, and reducing VLDL synthesis. Gemfibrozil also may inhibit synthesis and increase clearance of apolipoprotein B, a carrier molecule for VLDI. In addition, it may accelerate turnover and removal of total cholesterol from the liver while increasing**	**Adenosine diphosphate receptors on the surface of activated platelets are where this compound binds. Blocking ADP stops fibrinogen from binding to neighboring glycoprotein receptors and deactivates them. Platelets cannot congregate and form thrombi without fibrinogen. Active pathological bleeding, including intracranial hemorrhage and peptic ulcer: hypersensitivity to clopidogrel**	**Bowel obstruction; hypersensitivity to sevelamer carbonate, sevelamer hydrochloride, or their components.**

			cholesterol excretion in the feces. As a result, total cholesterol, triglyceride, and VLDL levels decrease; the HDL level increases; and the LDL level is unaffected.	**or its components**	
Reason Client Taking	**PT taking this medication due to fluid overload, and it can help urinate.**	**PT got diagnosed with bipolar disorder.**	**PT is taking a cholesterol medication due to lab shows 178.**	**PT is taking this medication to prevent stroke. PT kidneys are failing. PT also got CT scans done.**	**PT is taking this to maintain blood phosphorus because she is on dialysis due to severe kidney disease.**
Contraindications (2)	**Hypersensitivity to tamsulosin and prostate cancer.**	**Hypersensitivity to trazodone or its components, use within 14 days of an MAO inhibitor, including intravenous methylene blue and linezolid. Lowers potassium in the blood**	**Concurrent administration of simvastatin, repaglinide, dasabuvir, gallbladder disease; hepatic or severe renal failure, including primary biliary cirrhosis; and hypersensiti**	**Active pathological bleeding, including intracranial hemorrhage and peptic ulcer: hypersensitive to clopidogrel or its components.**	**It inhibits phosphate absorption in the intestine by binding dietary phosphate and lowering serum phosphorus levels.**

		(PT labs shows low potassium).	**vity to gemfibrozil or its components.**		
Side Effects/Adverse Reactions (2)	**Asthenia, dizziness**	**Hallucinations, seizures**	**Fatigue, vertigo**	**Stomachache, constipation**	**Cough, diarrhea**
Nursing Considerations (2)	**Be aware that if patient doesn't take drug for several days, therapy should be resumed at 0.4 mg/dose, as prescribed.** **Be aware that prostate cancer should be ruled out before tamsulosin therapy begins.**	**Expect most patients who respond to trazodone to do so by the end of the second week of therapy. Closely monitor depressed patients for suicidal thoughts and tendencies. Notify prescriber if they occur and take suicide precautions according to facility policy.**	**Monitor patient's prothrombin time as ordered, if patient is also receiving warfarin therapy because gemfibrozil therapy may cause a drug interaction with warfarin. Monitor serum triglyceride and cholesterol levels, as appropriate.**	**Determine if a patient has a history of hypersensitivity may have included a hematologic reaction to any other thienopyridine drug, such as prasugrel or ticlopidine because allergic cross-reactivity has been reported. Use clopidogrel cautiously in patients with severe hepatic or renal disease, risk of bleeding from surgery or trauma, or conditions that predispose to bleeding.**	**Monitor blood pressure frequently. Monitor serum phosphorus level to determine drug's effectiveness; monitor other serum electrolyte levels, especially bicarbonate and chloride, to detect imbalances.**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2023). *2022 Ndh: Nurse's Drug Handbook.*

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert.** **Patient is oriented to person, place, and time.** **No apparent distress.** **Well hygienic, groomed and dressed.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**White, normal for race** **Dry** **Warm** **Normal turgor** **No rash or lesions** **No bruises noted** **No wounds noted** **16**
HEENT:	**Normocephalic and atraumatic. Head and**

Head/Neck: **Ears:** **Eyes:** **Nose:** **Teeth:**	**neck are symmetrical.** **Ears no visible or palpable deformities, lumps, or lesions. Bilateral canals clear with pearly grey tympanic membranes.** **Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, red light reflex present bilaterally, Septum is midline, turbinates' are moist and pink bilaterally and no visible bleeding or polyps.** **Posterior pink without exudate noted.** **Uvula is midline; soft palate rises and falls symmetrically. Hard palate intact. Dentition is good, oral mucosa overall is moist and pink without lesions noted.**
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 S1 and S2 without murmurs, gallops or rubs. PM palpable at 5t intercostal space at MCL** **Normal rate and rhythm.** **1 - 2+ edema lower extremity bilaterally** **No** **Normal rate and rhythm bilaterally**
RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	**Normal rates and rhythm bilaterally.** **There are some crackles due to fluid overload.**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:**	**Normal diet** **Renal diet** **Present in all quadrants** **This morning** **No pain or mass noted** **No lesion or rashes** **No distinction** **No incision** **No scars** **No drains** **No wound** **No ostomy** **No nasogastric**

Wounds: **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☒ N ☐** **Type:**	**Yes, patient have a PEG in placed.** **Size: 12**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☒ N ☐** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** **Size:**	**Yellow** **Clear** **Normal output related to dialysis** **740 mL** **No pain** **N/A, I did not do an inspection.** **Indwelling catheter; transurethral** **Size 24**
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 ☐**	**No deficits noted** **No pain, paralysis, or pallor. Pulse is normal.** **Normal ROM** **Walker/wheelchair** **Needs ADL assistance** **No, for fall risk** **Fall Score: 50** **Activity/Mobility Status: Low not currently independent Needs assistance with equipment Needs support to stand and walk**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Oriented to person, place, and time.** **Friendly and cooperative.** **Oriented to place, person, and time.** **Good speech.** **No deficits noted.** **No LOC, she is alert.**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and**	**She likes to play bingo at the nursing home; however, she misses spending time with her cat.** **No deficits noted.** **Christian.** **PT is divorced and she has a daughter who is**

available family support):	**involved in the care.**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
12:50 PM	82	154/76	18	97.9	97 on Oxygen
4:45 PM	87	143/76	17	98.0	100 on Oxygen

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
12:50 PM	0	0	0	0	0
4:45 PM	0	0	0	0	0

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:**	Peripheral IV; Left Forearm Placement Date/Time: 09/06/22 1530 Hand Size (Gauge): 20 G Orientation: Left Location: Forearm Peripheral IV; Anterior; Right Wrist Placement Date/Time: 09/10/22 1114 Hand Gauge: 22 G Orientation: Anterior; Right Location: Wrist Tolerance: Tolerated well Difficult Venous Access: No Hemodialysis Cath Double Lumen Right Non-tunneled catheter

	Placement Date/Time: 09/10/22 1700 Peripheral IV; Distal, Posterior, Right Forearm Placement Date/Time: 09/10/22 1905 Gauge: 22 G Orientation: Distal; Posterior Right Location: Forearm Site Tolerance: Tolerated well

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
100 mL IV **410 mL PO** **510 mL Total**	**740 mL urine**

Nursing Care

Summary of Care (2 points)

Overview of care: 2430 PT was in the room getting a swallowing test done. After the swallow test, she finished all her lunch. Patient had a virtual appointment with her neurologist. Student nurse does a head-to-toe assessment; by that time, it was time for dialysis. Patient's vials were pulse 82, blood pressure 154/76, respiratory rate 18, temperature 97.9, and oxygen 97. Patient's dialysis nurse come to take her for a few hours. Patient arrives back at 0510. The student nurse offers the patient dinner patient says, not now. Patient states she is not hungry right now.

Procedures/testing done: Patient had to get done X-RAYS of the chest, US Renal Complete, CT head, brain, and abdomen CT.

Complaints/Issues: Patient verbalized no pain and complained.

Vital signs (stable/unstable): Vitals are stable throughout the day; however, blood pressure is slightly higher than normal.

Tolerating diet, activity, etc.: Patient is on a renal diet. Patient states she has been feeling better after the dialysis.

Physician notifications: The physician orders more sessions of dialysis.

Future plans for client: Patient will need to follow a renal diet. There's going to be dialysis every week.

Discharge Planning (2 points)

Discharge location: Going back to the nursing home.

Home health needs (if applicable): N/A.

Equipment needs (if applicable): Wheelchair/walker.

Follow up plan: Follow up with physician to discuss dialysis and redo labs to see how the kidneys function.

Education needs: Educate about fall prevention, renal diet, prescribed medications, and going to dialysis.

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	**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

• Listed in order by priority – highest priority to lowest priority pertinent to this client				to plan.
Excess fluid volume related to lower extremity edema.	**1. The patient has high levels of BUN, creatinine, electrolyte, and Hgb and HCT levels. BUN and creatinine levels indicate renal functions electrolyte and Hb and HCT levels help indicate fluid states.**	**1. Carefully monitor intake, output, and urine specific gravity at least every 4 bours. 2. Monitor blood pressure, pulse rate, heart rhythm, temperature, and breath sound at least every 4 hours; record and report changes.**	**1. Patient's vital signs remain within established limits.**	**1. Patient understand signs and symptoms that require medical attention.**
Impaired Gas Exchange as evidence by hypoxia.	**1. Patient was complaining of shortness of breath and chest pain. Patient's resp was 24 when she had arrived at the ED.**	**1. Assess respiratory rate, depth, and effort, including the use of accessory muscles, nasal flaring, and abnormal breathing patterns. 2. Position patient**	**1. Patient's respiratory rate remains within established limits.**	**1. Patient's expressions of comfort in breathing, emotional state, understanding of medical diagnosis, and patient knows how to use her oxygen at home.**

		with head of the bed elevated, in a semi-Fowler's position as tolerated.		
Risk for infection as evidence by increase neutrophil count	**1. Patient's neutrophil level was high on her admission labs related to renal failure.**	**1. Minimize patient's risk of infection by: washing hands before and after providing care. Hand washing is the single best way to avoid spreading pathogens. 2. Rotate IV sites every 48 to 72 hours or as facility policy dictates to reduce chances of infection at individual sites.**	**1. Patient shows no signs of infection this moment.**	**1. Patient vitals remain within normal limits and understands infection control.**

Other References (APA):

Phelps, L.L. (2020). ***Sparks and Taylor's Nursing Diagnosis Reference Manual*** **(11th ed.). Wolters Kluwer**

Concept Map (20 Points):

Subjective Data

PT reported she is having chest pain.
She feels like she has gained about 30 lb. in the past 2 weeks.
She reported she is having SOB.
PT reported she is having abdominal pain.

Nursing Diagnosis/Outcomes

Excess fluid volume related to lower extremity edema.
Impaired Gas Exchange as evidence by hypoxia.
Risk for infection as evidence by increase neutrophil count.

Objective Data

BP: 143/76
HR: 87
Resp: 18
O2: 97 on Oxygen.
Pain Rate: 0
Fall Score: 50
Braden Score: 16

Client Information

Age: 53, Female: Caucasian
Height 5’3
Weight 233
Code: DNR
No Allergies

Past Medical History: Asthma, Seizures, Bipolar Disorder, CHF, COPD, Depression, Diabetes Mellitus 2, Hypertension, Pneumonia, Sleep Apnea.

Nursing Interventions

Carefully monitor intake, output, and urine specific gravity at least every 4 hours.
Monitor blood pressure, pulse rate, heart rhythm, temperature, and breath sound at least every 4 hours; record and report changes.
Assess respiratory rate, depth, and effort, including the use of accessory muscles, nasal flaring, and abnormal breathing patterns.
Position patient with head of the bed elevated, in a semi-Fowler’s position as tolerated.
Minimize patient's risk of infection by washing hands before and after providing care. Hand washing is the single best way to avoid spreading pathogens.
Rotate IV sites every 48 to 72 hours or as facility policy dictates to reduce chances of infection at individual sites.