N321 Care Plan

Lakeview College of Nursing

Macie Wilson

N441 CARE PLAN

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
10/03/2022	CS	79 years old	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Non-Hispanic or Latino	Retired	Single	Codeine Sulfa Antibiotics
Code Status	**Height**	**Weight**	
DNR	5'10"	113.4 kg	

Medical History (5 Points)

Past Medical History: Parkinson's Disease, Urinary Incontinence, Type 2 Diabetes, Hyperlipidemia, Kidney Stones, Junctional Rhythm, symptomatic Bradycardia, Dementia, Depression, Arthritis of right ankle, Neutrophilic Leukocytosis, Obstructive Uropathy, and Hypertension.

Past Surgical History: Ankle Surgery (Right) and Tonsillectomy.

Family History: Mother had a history of hypertension. No other history is known

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

Patient denies the use of tobacco, alcohol, or drug use.

Assistive Devices: Patient uses a wheelchair and walker

Living Situation: Patient lives at Hawthorne Nursing Home

Education Level: Graduated from high school (High school diploma)

Admission Assessment

Chief Complaint (2 points): Fever, Back Pain, and Decreased Urine Output

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

A 79-year-old female came to the emergency department from Hawthorne Nursing Home after reporting Fever, Back Pain, and Decreased Urine Output. The onset of the manifestations started on October first. The pain was in the lower back, followed by decreased urine output and a fever.

The duration of the manifestations was constant since the 1st. The characteristics of the back pain were burning. The client states there were no associated manifestations. The patient states that Tylenol relieved the client from fever and pain; however, nothing helped the decrease in urine output. The patient has not sought other treatment besides coming into the emergency department on 10/3. The severity of the pain was a six out of ten on the numeric scale.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pyelonephritis

Secondary Diagnosis (if applicable): N/A

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

Pyelonephritis is an infection and inflammation of the kidney pelvis, calyces, and medulla (Holman et al., 2019). The infection usually begins in the lower urinary tract, with organisms ascending into the kidney pelvis (Holman et al., 2019). Escherichia coli organisms frequently cause acute pyelonephritis (Holman et al., 2019). Repeat infections can create scarring that changes the blood flow to the kidney and in the tubular structure (Holman et al., 2019). Filtration, reabsorption, and secretion are impaired, which decreases kidney function (Holman et al., 2019). Pyelonephritis Is a bacterial infection of the renal pelvis, tubules, and interstitial tissue of one or both kidneys (Hinkle & Cheever, 2019). Chargers involve either the upward spread of bacteria from the bladder or the spread from systemic sources reaching the kidney via the bloodstream (Hinkle & Cheever, 2019). Pathogenic bacteria from a bladder infection can descend into the kidney resulting in pyelonephritis (Hinkle & Cheever, 2019). An incompetent ureterovesical valve or obstruction in the urinary tract increases the client's susceptibility to infection (Hinkle & Cheever, 2019).

Manifestations of acute pyelonephritis include chills, fever, leukocytosis, bacteriuria, and pyuria (Hinkle & Cheever, 2019). Other signs and symptoms of pyelonephritis include lower back pain, flank pain, nausea and vomiting, headache, knowledge, and painful urination. When physically examining a client with pyelonephritis, expected findings include tenderness in the area of the costovertebral angle (Hinkle & Cheever, 2019). An ultrasound study or CT scan may be performed to locate an obstruction in the urinary tract. Release of obstruction is essential to prevent complications and, eventually, kidney damage. If suspected functional and structural renal abnormalities, an IV pyelogram may be indicated with pyelonephritis (Hinkle & Cheever, 2019). Lab tests, including white blood cell count, may help identify sites of infection that may not be visible on a CT scan or ultrasound (Hinkle & Cheever, 2019). Culture and sensitivity tests are performed to determine the causative organism to identify and treat the appropriate antimicrobial agents (Hinkle & Cheever, 2019). Medications used to treat pyelonephritis include using antibiotics such as cephalosporins (Holman et al., 2019). Client education is also an essential part of treatment for this disease. The patient should be taught to wipe the perineal area from front to back, avoid using bubble baths and products containing perfumes, avoid sitting in wet bathing suits, and avoid wearing pantyhose with slacks or tight clothing (Holman et al., 2019).

The client came in with lower back pain, fever, and a decrease in urine output. These findings are all corresponding to the findings of pyelonephritis. The patient also had a urine culture done, and the results showed Escherichia coli organisms which are expected findings for pyelonephritis. The patient also had a WBC count and differential, which showed an increase in WBCs and neutrophils, indicating infection. A CT scan was also performed on the client, which revealed a nonobstructing 0.2 cm intrinsic upper pole left renal calculus. The treatment used for

this client is the use of antibiotics. Cefepime is being used via IV every eight hours to treat the

infection.

Pathophysiology References (2) (APA):

Hinkle, J.L., & Cheever, K. H. (2019). *Brunner & Suddath's textbook of medical-surgical*

Nursing (14th ed*.).* Wolters Kluwer Health Lippincott Williams & Wilkins

Holman, H.C., Williams, D., Sommer, S., Johnson, J., Ball, B.S., Wheless, L., Leehy, P., &

Lemon, T., (2019). *Content mastery series review module: RN Adult Medical Surgical*

Nursing (11th ed.). Assessment Technology Institute.

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	**3.80-5.30 10(6)/mcL**	4.21	3.23	Patient has decrease in RBC due to malnutrition (Hinkle & Cheever, 2019).
Hgb	**13.0 - 16.5 g/ dL**	13.1	10.5	Patient has decrease in Hgb due to kidney injury (Hinkle & Cheever, 2019).
Hct	**38.0 - 50.0 %**	39.9	30.5	Patient has decrease in Hct due to kidney injury (Hinkle & Cheever, 2019).
Platelets	**140 - 440 10(3)/mcL**	221	217	
WBC	**4.00 - 12.00 10(3)/mcL**	16.80	10.20	Patient has an Elevated WBC due to infection in the kidney's (Hinkle & Cheever, 2019).
Neutrophils	**47.0 - 73.0 %**	81.6%	70%	Patient has an Elevated Neutrophils due to infection in the kidney's (Hinkle & Cheever, 2019).
Lymphocytes	**19.0-49.0%**	7.2%	10.5%	Patient has an decrease Lymphocytes due to infection in the kidney's (Hinkle & Cheever, 2019).
Monocytes	**3.-13.0%**	10.2%	14.9%	Patient has an Elevated Monocytes due to infection in the kidney's (Hinkle & Cheever, 2019).

N441 CARE PLAN

Eosinophils	0.0-8.0%	0.1%	4.0%	
Bands	0.0-1.0%	0.9%	06.%	

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 - 144 mmol/L	135	135	
K+	3.5 - 5.1 mmol/L	3.7	3.9	
Cl-	98 - 108 mmol/L	99	108	
CO2	20 - 31 mmol/L	26	20	
Glucose	70 - 99 mg/dL	117	93	The glucose is elevated due to the patient being diabetic (Hinkle & Cheever, 2019).
BUN	7 - 25 mg/dL	14	19	
Creatinine	0.5-1.00mg/dL	1.15	0.89	Patient has an Elevated Creatinine due to poor kidney function (Hinkle & Cheever, 2019).
Albumin	3.5 - 5.7 g/dL	4.1	N/A	
Calcium	8.8 - 10.2 mg/dL	9.6	9.1	
Mag	1.7 to 2.2 mg/dL	N/A	N/A	
Phosphate	2.8 to 4.5 mg/dL	N/A	N/A	
Bilirubin	0.2 - 0.8 mg/dL	1.4	N/A	
Alk Phos	34 - 104 U/L	96	N/A	
AST	13 - 39 U/L	16	N/A	
ALT	7 - 52 U/L	3	N/A	Patient has a decrease in ALT due to poor kidney function (Hinkle & Cheever, 2019).

N441 CARE PLAN

Amylase	29-103 U/L	N/A	N/A	
Lipase	11-82 U/L	N/A	N/A	
Lactic Acid	0.5-2.0 mmol/L	2.0	N/A	
Troponin	0.000-0.040 ng/mL	N/A	N/A	
CK-MB	30-223 U/L	N/A	N/A	
Total CK	3%- 5%	N/A	N/A	

Other Tests <mark>Highlight All Abnormal Labs</mark>—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	0.8-1.1 Seconds	N/A	N/A	
PT	11-13.5 Seconds	N/A	N/A	
PTT	25-35 Seconds	N/A	N/A	
D-Dimer	0-622 ng/mL	N/A	N/A	
BNP	0-100 pg/mL	N/A	N/A	
HDL	>40 mg/dL	N/A	N/A	
LDL	<130 mg/dL	N/A	N/A	
Cholesterol	<200 mg/dL	N/A	N/A	
Triglycerides	<150 mg/dL	N/A	N/A	
Hgb A1c	4.0-6.0%	N/A	N/A	
TSH	0.270-4.200 mlU/L	N/A	N/A	

N441 CARE PLAN

Urinalysis <mark>Highlight All Abnormal Labs</mark>**—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	5.0-9.0	N/A	N/A	
pH	Negative	N/A	N/A	
Specific Gravity	1.003-1.030	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	0-5	N/A	N/A	
RBC	0-2	N/A	N/A	
Leukoesterase	Negative	N/A	N/A	

Arterial Blood Gas <mark>Highlight All Abnormal Labs</mark>**—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	
PaO2	75 to 100 (mmHg)	N/A	N/A	
PaCO2	35 to 45 mmHg	N/A	N/A	
HCO3	22 to 26	N/A	N/A	

	(mEq/L)			
SaO2	**95% and 100%**	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	**Negative**	==Escherichia coli==	N/A	Patient has a positive finding in the urine due to UTI related to pyelonephritis (Hinkle & Cheever, 2019).
Blood Culture	**Negative**	N/A	N/A	
Sputum Culture	**Negative**	N/A	N/A	
Stool Culture	**Negative**	N/A	N/A	

Lab Correlations Reference (1) (APA):

Hinkle, J.L., & Cheever, K. H. (2019). *Brunner & Suddath's textbook of medical-surgical*

Nursing (14th ed*.)*. Wolters Kluwer Health Lippincott Williams & Wilkins

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT ABDOMEN PELVIS W/O CONTRAST

Nonobstructing 0.2 cm intrinsic upper pole left renal calculus. No other findings noted.

Diagnostic Test Correlation (5 points): This test was performed due to the patient's decrease in

urination. The test was also performed due to the patient's history of Cholelithiasis and the

suspicion of pyelonephritis (Hinkle & Cheever, 2019).

Diagnostic Test Reference (1) (APA):

N441 CARE PLAN

Hinkle, J.L., & Cheever, K. H. (2019). *Brunner & Suddarth's textbook of medical-surgical*

Nursing (14th ed*.).* Wolters Kluwer Health Lippincott Williams & Wilkins

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

Home Medications (5 required)

Brand/Generic	Furosemide (LASIX)	Atorvastatin (LIPITOR)	Carbidopa-Levodopa (SINEMET)	Docusate Sodium (COLACE)	Sertraline (ZOLOFT)
Dose	20 MG Tablet	80 MG Tablet	25-100 MG Tablet	100 MG Capsule	25 MG Tablet
Frequency	Once Daily	Once Nightly	BID	Once Daily	Once Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	Antihypertensive/ Diuretic (Jones & Bartlett, 2020).	HMG-CoA reductase inhibitor antihyperlipidemic (Jones & Bartlett, 2020).	Central nervous system agents (Jones & Bartlett, 2020).	Surfactant (Jones & Bartlett, 2020).	selective serotonin reuptake inhibitors (Jones & Bartlett, 2020).
Mechanism of Action	Inhibits sodium and water reabsorption in the Loop of Henle and increases urine formation (Jones and Bartlett learning, 2020).	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to	Works by being converted to dopamine in the brain (Jones & Bartlett, 2020). Carbidopa is in a class of medications called decarboxylase inhibitors (Jones & Bartlett, 2020). It works by	Acts as a serpent that softens stool by decreasing surface tension between oil and water and feces (Jones & Bartlett, 2020).	Inhibits reuptake of the neurotransmitter serotonin by CNS neurons, thereby increasing the amount of Serotonin available in the nerve synapses (Jones and Bartlett learning, 2020).

		enhance LDL uptake and breakdown (Jones and Bartlett learning, 2020).	preventing levodopa from being broken down before it reaches the brain (Jones & Bartlett, 2020).		
Reason Client Taking	This medication is being taken to reduce blood pressure and swelling.	The client is taking this medication to reduce risk of acute cardiovascular events.	The client is taking this medication to reduce the side effects of Parkinson's disease.	The patient was taking medications due to a history of constipation. The patient was taking this medication to prevent constipation.	The client is taking this medication to treat depression.
Contraindications (2)	hypomagnesemia and diabetes (Jones and Bartlett learning, 2020).	Active hepatic disease and alcoholism (Jones and Bartlett learning, 2020).	malignant melanoma and diabetes (Jones and Bartlett learning, 2020).	Fecal impaction and intestinal obstruction (Jones and Bartlett learning, 2020).	Concurrent use of disulfiram and the use of a MAO inhibitor within 14 days of the use of sertraline (Jones and Bartlett learning, 2020).
Side Effects/Adverse Reactions (2)	Dizziness and blurred vision (Jones and Bartlett learning, 2020).	Depression and hypotension (Jones and Bartlett learning, 2020).	confusion or forgetfulness and dry mouth (Jones and Bartlett learning, 2020).	Dizziness and syncope (Jones & Bartlett, 2020).	Coma and Serotonin syndrome (Jones & Bartlett, 2020).
Nursing Considerations (2)	Assess fluid status	Use atorvastatin	Arrange to decrease	Assess for laxative	Be aware that search one

	(Jones & Bartlett, 2020). Monitor daily weight, intake and output ratios, amount and location of edema, lung sounds, skin turgor, and mucous membranes (Jones & Bartlett, 2020).	cautiously in patients who consume substantial quantities of alcohol (Jones & Bartlett, 2020). Expect liver function tests to be performed before therapy starts (Jones & Bartlett, 2020).	dosage if therapy is interrupted (Jones & Bartlett, 2020). observe for the development of suicidal tendencies (Jones & Bartlett, 2020).	abuse syndrome, especially women with anorexia nervosa, depression, or personality disorders (Jones and Bartlett learning, 2020). Expect excessive or long-term use of Colace to cause dependence on laxatives for bowel movements (Jones and Bartlett learning, 2020).	should not be given to patients with bradycardia (Jones and Bartlett learning, 2020). Monitor the patient for hypo osmolality of serum in urine and for hyponatremia (Jones & Bartlett, 2020). Be aware that effective antidepressant therapy can promote development of Mania in predisposed people (Jones & Bartlett, 2020).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Notify health care professionals if thirst, dry mouth, lethargy, weakness, hypotension, or oliguria occurs (Jones & Bartlett, 2020). Monitor BP and pulse before and during	Assess any muscle pain, tenderness, or weakness, especially if accompanied by fever, malaise, and dark-colored urine (Jones & Bartlett, 2020).	Ensure that patient voids before receiving dose if urinary retention is a problem (Jones & Bartlett, 2020). Monitor hepatic, renal, hematopoietic, and CV function	Bowel sounds should be assessed prior to administration of this medication (Jones & Bartlett, 2020). Abdominal pain should be assessed prior to administration (Jones &	Monitor liver enzymes, BUN and serum creatinine levels in patients with hepatic or renal dysfunction (Jones & Bartlett, 2020). Monitor the patient for hypokalemia before administration (Jones and

	administration (Jones & Bartlett, 2020).		(Jones & Bartlett, 2020).	Bartlett, 2020).	Bartlett learning, 2020).
Client Teaching needs (2)	Instruct the patient to take furosemide as directed (Jones & Bartlett, 2020). Take missed doses as soon as possible; do not double doses (Jones & Bartlett, 2020). Caution the patient to change positions slowly to minimize orthostatic hypotension (Jones & Bartlett, 2020).	If dose is missed take medicine as soon as you can but skip the missed dose if you are more than 12 hours late for the dose (Jones & Bartlett, 2020). Do not use two doses at one time. Avoid eating foods high in fat or cholesterol, or atorvastatin will not be as effective (Jones & Bartlett, 2020). Avoid drinking alcohol (Jones & Bartlett, 2020).	Take this medication exactly as prescribed (Jones & Bartlett, 2020). Inform the client that the medication will help the effects of Parkinson's but will not cure the disease (Jones & Bartlett, 2020).	Excessive or long-term use can cause dependence on laxatives (Jones and Bartlett learning, 2020). Advise the patient to increase fiber and exercise regularly to help prevent constipation (Jones and Bartlett learning, 2020).	Caution the patient not to stop taking the drug abruptly (Jones & Bartlett, 2020). Advised the patient to consult for scriber before taking any over-the-counter products especially aspirin products or NSAIDs (Jones & Bartlett, 2020).

N441 CARE PLAN

Hospital Medications (5 required)

Brand/Generic	Cefepime (MAXIPIME)	Ondansetron (ZOFRAN)	rOPINIRole (REQUIP)	Metoprolol tartrate (LOPRESSOR)	Enoxaparin (LOVENOX)
Dose	1 g in sodium chloride 0.9 % 100 mL IVPB	4 mg	1 mg	25 mg	40 mg
Frequency	Every eight hours	Every 6 hours PRN	Every Morning	2 times daily	Every 24 hours
Route	IV	Injection	Oral	Oral	Subcutaneous injection
Classification	Fourth generation cephalosporins (Jones and Bartlett learning, 2020).	Gastrointestinal agent (Jones and Bartlett learning, 2020).	Nonergot alkaloid dopamine agonist (Jones and Bartlett learning, 2020).	Beta1-adrenergic blocker (Jones & Bartlett, 2020).	Low-molecular - weight heparin/Anti coagulant (Jones and Bartlett learning, 2020).
Mechanism of Action	Interferers with bacterial cell wall synthesis by inhibiting the final step in the cross-linking of peptidoglycan strands (Jones and Bartlett learning, 2020).	Selective serotonin receptor antagonist. Serotonin receptors are located centrally in the chemoreceptor trigger zone and peripherally on the vagal nerve terminals (Jones & Bartlett, 2020).	Directionally stimulates postsynaptic dopamine type-2 receptors within the brain and acts as an antagonist at peripheral D2 receptors (Jones and Bartlett learning, 2020).	Inhibit stimulation of beta 1 receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, in myocardial oxygen demand (Jones & Bartlett, 2020).	Rapidly binds with and inactivates clotting factors (Jones & Bartlett, 2020).

N441 CARE PLAN

Reason Client Taking	The patient is taking this medication due to pyelonephritis.	The patient is taking this medication to prevents nausea and vomiting	The patient is taking this medication to treat signs and symptoms of Parkinson's disease	The patient is taking this medication to treat hypertension	The patient is taking this medication to prevent DVT while in the hospital.
Contraindications (2)	allergy to penicillin's and a decrease in the blood clotting protein prothrombin (Jones & Bartlett, 2020).	Hypokalemia and patient taking Rifampin (Jones & Bartlett, 2020).	The use of antipsychotics and a patient who has experienced anaphylaxis with the use of ropinirole (Jones & Bartlett, 2020).	Acute heart failure and cardiogenic shock (Jones & Bartlett, 2020).	Active major bleeding and Pork Products (Jones & Bartlett, 2020).
Side Effects/Adverse Reactions (2)	Elevated BUN and dyspnea (Jones & Bartlett, 2020).	Headache and sedation (Jones & Bartlett, 2020).	Acute coronary syndrome and intestinal obstruction (Jones & Bartlett, 2020).	Cardiogenic shock and cardiac arrest (Jones & Bartlett, 2020).	CVA and Hemorrhage (Jones & Bartlett, 2020).
Nursing Considerations (2)	Monitor pt. closely for hypersensitivity (Jones & Bartlett, 2020). Use causational in pt. with impaired renal function (Jones & Bartlett, 2020).	Monitor fluid and electrolyte status (Jones & Bartlett, 2020). Monitor cardiovascular status (Jones & Bartlett, 2020).	Watch for orthostatic hypotension especially in patients with early Parkinson's disease (Jones & Bartlett, 2020). Monitor the patient for loss of consciousne	Use metoprolol with Extreme Caution in patients with bronchospasm disorder (Jones & Bartlett, 2020). Use caution patients with angina	Use cautiously in patients with renal impairment (Jones & Bartlett, 2020). Do not administer via IM injection (Jones & Bartlett,

			ss (Jones & Bartlett, 2020).	or hypertensio n who have congestive heart failure because beta blockers such as metal prologue can further depress myocardial contractility (Jones & Bartlett, 2020).	2020).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor BUN and Creatinine levels (Jones & Bartlett, 2020). Assess bowel sounds daily (Jones & Bartlett, 2020). Monitor for bleeding(Jo nes & Bartlett, 2020).	Assess the patient for dizziness and drowsiness that might affect gait, balance, and other functional activities (Jones & Bartlett, 2020). Report balance problems and functional limitations to the physician (Jones & Bartlett, 2020).	Monitor the patients' blood pressure before administerin g (Jones & Bartlett, 2020). Assess the patient for skin changes regularly because risk of melanoma is higher in patients with Parkinson's disease (Jones & Bartlett, 2020). Expect to reassess the	Assess the patients' blood pressure and heart rate before administerin g medication (Jones & Bartlett, 2020). Check patients for signs of hypoglycem ia (Jones & Bartlett, 2020).	Normal INR, APTT, and platelet levels should be checked prior to administrati on (Jones & Bartlett, 2020).

The patient should also be assessed for bleeding (Jones & Bartlett, 2020). |

			patient for excessive sedation periodically during therapy (Jones & Bartlett, 2020). Watch for altered mental status during drug withdrawal (Jones & Bartlett, 2020).		
Client Teaching needs (2)	Instruct the patient to immediately report severe diarrhea (Jones & Bartlett, 2020). Instruct the patient to seek emergency care for any change in mental status (Jones & Bartlett, 2020).	Ondansetron can be taken with or without food (Jones & Bartlett, 2020). Take medication with a full glass of water (Jones & Bartlett, 2020).	Tell the patient that if she falls asleep during normal activity, she should notify her prescriber (Jones & Bartlett, 2020). Inform the patient with Parkinson's disease that ropinirole helps to improve muscle control and use it but doesn't cure Parkinson's disease (Jones & Bartlett,	Caution the patient not to stop drug abruptly (Jones & Bartlett, 2020). Warn diabetic patients to check blood glucose level often during therapy (Jones & Bartlett, 2020).	Taking aspirin or other NSAIDs may increase the risk for bleeding therefore, the patient should refrain from taking them (Jones & Bartlett, 2020). Inform patients that they may bleed and/or bruise more easily and that bleeding may take longer than usual to stop while taking

N441 CARE PLAN

			2020).		this medication (Jones & Bartlett, 2020).

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). 2020 *Nurse's Drug Handbook*. Burlington, MA

Assessment

N441 CARE PLAN

Physical Exam (18 points) – <mark>HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS</mark>

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient was alert and oriented to person, place, time, and situation. The patient was well groomed. The patient seemed to be appropriate for the situation.
INTEGUMENTARY: **Skin color:** White, warm, dry, and intact. **Character:** Warm and dry upon palpation. **Temperature:** Warm **Turgor:** Immediate recoil **Rashes:** No rashes present **Bruises:** <mark>Small bruising noted at the site of old IV.</mark> **Wounds:** No wounds present upon inspection. **Braden Score:** <mark>15</mark> **Drains present: Y☐ N ✗** **Type:**	
HEENT: **Head/Neck:** **Ears: :** Auricles are pink and moist with no lesions noted bilaterally. **Eyes:** Sclera white bilaterally, cornea clear bilaterally, conjunctive pink bilaterally, no visible drainage from eyes bilaterally, lids are moist and pink without lesions or discharge bilaterally, PERRLA bilaterally, red light reflex present bilaterally, EOMs intact bilaterally, <mark>Patient is sensitive to the light.</mark> **Nose:** Septum is midline turbinates' are moist and pink bilaterally and no visible bleeding or polyps present. Frontal sinuses are nontender to palpation bilaterally **Teeth:** <mark>Dentures are present</mark>, oral mucosa is dry and pink with no lesions noted.	Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and two plus. no lymphadenopathy in the head or neck is noted
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** 2+ throughout **Capillary refill:** Not assessable due to nail polish **Neck Vein Distention: Y ☐ N ✗**	Clear S1 and S2 without murmur gallops or rubs. PMI palpable at 5th intercostal space at midclavicular line. Normal rate and rhythm.

Edema Y ☐ **N X** **Location of Edema:**	
RESPIRATORY: **Accessory muscle use:** **Y**☐ **N X** **Breath Sounds: Location, character**	Normal rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted.

GASTROINTESTINAL:
Diet at home: Patient states she eats a lot of carbohydrates and vegetables.
Current Diet: Regular
Height: 5'10"
Weight: 113.4 kg
Auscultation Bowel sounds: Normoactive
Last BM: <mark>10/01/2022</mark>
Palpation: Pain, Mass etc.:
Inspection:
   Distention: No distention noted
   Incisions: No incisions noted
   Scars: No scars noted.
   Drains: No drains present
   Wounds: No wounds present.
Ostomy: **Y** ☐ **N X**
Nasogastric: **Y** ☐ **N X**
   Size:N/A
Feeding tubes/PEG tube Y ☐ **N X**
   Type:
	Abdomen is nondistended, soft, and nontender upon palpation. Patient denies pain upon palpation.

GENITOURINARY:
Color: light yellow
Character: Clear
Quantity of urine: 800mL
Pain with urination: **Y** ☐ **N X**
Dialysis: **Y** ☐ **N X**
Inspection of genitals: Clean with no lesions noted.
Catheter: Y ☐ **N X**
   Type: N/A
   Size: N/A	

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** <mark>Partial ROM</mark> **Supportive devices:** Walker and gait belt used when transferred **Strength:** equal bilaterally	<mark>All extremities have partial range of motion due to Parkinson's.</mark> Hand grips and pedal pushes and pulls demonstrate normal and equal strength bilaterally. Patient is unbalanced and has a shuffled gait.

N441 CARE PLAN

ADL Assistance: Y **X** N ☐ **Fall Risk:** Y **X** N☐ **Fall Score:** <mark>81</mark> **Activity/Mobility Status:** <mark>Two assist with walker and gait belt</mark> **Independent (up ad lib)** ☐ <mark>**Needs assistance with equipment X**</mark> <mark>**Needs support to stand and walk X**</mark>	
NEUROLOGICAL: **MAEW:** Y **X** N☐ **PERLA:** Y **X** N☐ **Strength Equal:** Y **X** N ☐ if no - **Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation:** Alert **Mental Status:** Alert and able to answer questions appropriately. **Speech:** Clear and appropriate for the patient's age. **Sensory:** Intact **LOC:** Alert and orientated	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Talking with friends **Developmental level:** Late adulthood **Religion & what it means to pt.:** The patient states she is Lutheran however, cannot go to church anymore due to the lack of transportation. **Personal/Family Data (Think about home environment, family structure, and available family support):** The patient states she has some family like her niece but mostly relies on friends.	.

Vital Signs, 2 sets (5 points) – <mark>HIGHLIGHT ALL ABNORMAL VITAL SIGNS</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	94	<mark>132/77</mark>	18	97.9F	94% on room air
1500	61	107/53	18	97.3F	93% on room air

N441 CARE PLAN

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1231	Numeric 1-10	Back	6	Burning	Repositioned and pain medication administered
1331	Numeric 1-10	N/A	0	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22G **Location of IV:** Left posterior hand **Date on IV:** 10/5/2022 **Patency of IV:** IV patent **Signs of erythema, drainage, etc.:** None noted **IV dressing assessment:** Clean, Dry, and Intact	Saline Lock present, no fluids currently running.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
910mL via Oral intake of water Zero intake via IV	800mL via External Catheter Incontinent of urine x1

Nursing Care

Summary of Care (2 points)

Overview of care: The patient had an uneventful day. The patient's vital signs were

stable. The patient did complain of pain of 6 out of 10 at 1231 and was given acetaminophen to

N441 CARE PLAN

relieve pain. Patient was reassessed for pain and rated her pain a 0 out of 10 after interventions.

The patient is now relaxing and has no further needs.

Procedures/testing done: Patient did not have any procedures or testing done throughout

the clinical day

Complaints/Issues: Patient complains of back pain and being uncomfortable in the bed.

Patient is repositioned and given pain medication for pain of a 6 out of 10

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Patient ate 50% of her lunch and took a little nap

throughout the afternoon. Patient also watched tv and played on her phone during her day.

Physician notifications: No physician notifications at this time

Future plans for client: The future plan for this client is awaiting discharge. Client is

stable and ready to discharge back to the nursing home after antibiotics are complete.

Discharge Planning (2 points)

Discharge location: Hawthorne Nursing Home

Home health needs (if applicable): N/A

Equipment needs (if applicable): Patient has current equipment needed.

Follow up plan: Patient is to follow up with primary doctor or nursing home physician.

Education needs: Educate the patient on prevention of pyelonephritis such as drinking

plenty of fluids to increase urination and proper wiping of the vaginal area (front to back).

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

Nursing Diagnosis ● Include full nursing diagnosis	Rationale ● Explain why the nursing diagnosis	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation ● How did the client/family respond to the nurse's actions?

N441 CARE PLAN

|				
with "related to" and "as evidenced by" components ● Listed in order by priority – highest priority to lowest priority pertinent to this client	was chosen			● Client response, status of goals and outcomes, modifications to plan.
1. Acute pain related to infection of the urinary tract as evidence by patient complaining of lower back pain.	This nursing diagnosis was chosen due to the patient rating her back pain a 6 out of 10 during the clinical day.	1.Administer analgesics 2.Encouraged the client to void frequently.	1. The client will report satisfactory pain control at a level less than 3 to 4 on a scale of 0 to 10.	The client responded well to the interventions and took medications as instructed. The patient voided frequently. The goal for this patient was reached during this clinical day.
2. Deficient Knowledge related to unfamiliarity with nature and of UTI as evidence by recurrent UTI	This nursing diagnosis was chosen due to the client stating she has had multiple UTIs before.	1. Explain to the client about UTI risk factors, prevention, and treatment. 2. Teach the client about measures to prevent urinary tract infections.	1. The client will verbalize knowledge of causes and treatment of UTI, controls risk factors, and completes medical treatment of UTI.	The client stated that she understood the teaching of how a UTI occurs however, she states she doesn't always make it to the bathroom and often wears a depends. The goal for this patient is ongoing as she still needs to finish her antibiotic treatments.
3. Impaired urinary elimination related to frequent urination as evidence by	This nursing diagnosis was chosen due to the patient not being able to control her	1. Assess the patient's pattern of elimination. 2. Instruct the	1. The client will achieve normal urinary elimination pattern, as evidenced by absence sign of urinary disorders	The patient responded well to the intervention. The patient was taken to the bathroom during clinical however,

patient using an external catheter due to not being able to make it to the bathroom.	bladder. If the patient was able to make it to the bathroom the risk for infection would go down.	female client to wipe from front to back	(urgency, oliguria, dysuria). The client will demonstrate behavioral techniques to prevent urinary infection.	did have an external catheter to void due to frequency. The goal for this patient is to become more mobile again to be able to go to the bathroom more frequently. The patient is still working on this goal and will need reassessed.

Other References (APA):

Vera, M. B. (2022, April 13). *4 Urinary Tract Infection Nursing Care Plans*. Nurseslabs. from

   https://nurseslabs.com/urinary-tract-infection-nursing-care-plans/2/

Concept Map (20 Points):
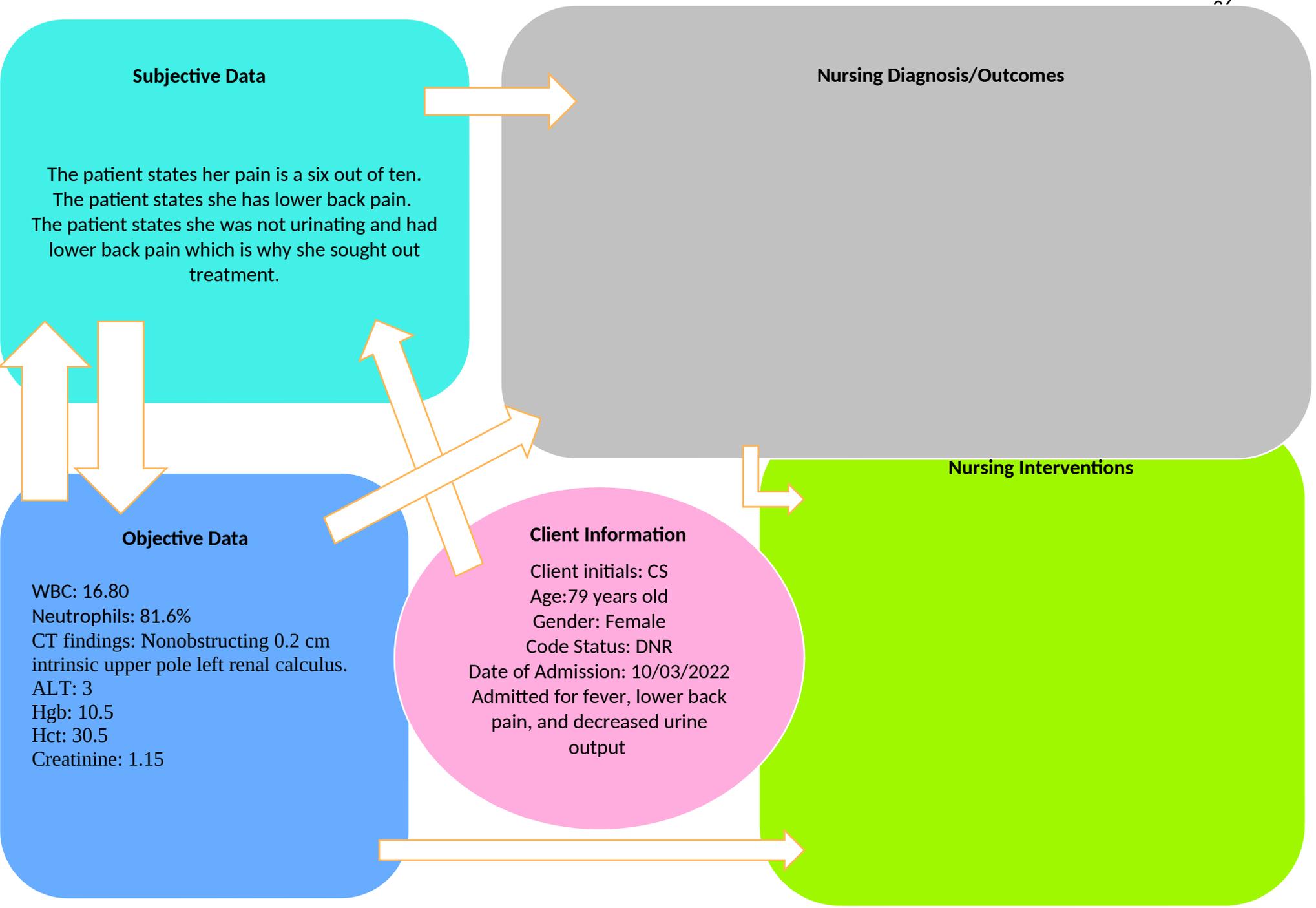
Subjective Data

The patient states her pain is a six out of ten.
The patient states she has lower back pain.
The patient states she was not urinating and had lower back pain which is why she sought out treatment.

Nursing Diagnosis/Outcomes

Objective Data

WBC: 16.80
Neutrophils: 81.6%
CT findings: Nonobstructing 0.2 cm intrinsic upper pole left renal calculus.
ALT: 3
Hgb: 10.5
Hct: 30.5
Creatinine: 1.15

Client Information

Client initials: CS
Age: 79 years old
Gender: Female
Code Status: DNR
Date of Admission: 10/03/2022
Admitted for fever, lower back pain, and decreased urine output

Nursing Interventions

N441 CARE PLAN

N441 CARE PLAN