N311 Care Plan #2

Lakeview College of Nursing

Elijah Lamb

Demographics (5 points)

Date of Admission 09/24/2022	**Client Initials** D.G.	**Age** 79	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Stay-at-home Parent	**Marital Status** Divorced	**Allergies** Azithromycin, unknown reaction
Code Status DNR (Do not resuscitate)	**Height** 160 cm	**Weight** 80.1 kg	

Medical History (5 Points)

Past Medical History: Multiple strokes (x3), Hypertension (HTN), Diabetes mellitus (DM) type 2, Constipation, Congestive heart failure (CHF), Multiple urinary tract infections (UTIs), Anemia, End stage renal disease.

Past Surgical History: No surgical history.

Family History: Father – MI; Mother – MI; Paternal grandparents – MI; Maternal grandparents – MI; Patient has no siblings.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient denied consumption of alcohol in any form or capacity. Patient denied use of tobacco in both cigar/cigarette and smokeless forms. Patient denied use of any illicit or street drugs, including marijuana.

Admission Assessment

Chief Complaint (2 points): Chest pain, shortness of breath, pelvic pain, altered mental status

History of Present Illness – OLD CARTS (10 points): On September 24th, 2022, a 79-year-old Caucasian female was admitted to Sarah Bush Lincoln Health Center with complaints of chest pain, shortness of breath, pelvic pain, and altered mental status. The patient starts that the chest pain and shortness of breath had been recurring on and off for “at least a couple of days” prior to

admission (09/22/2022). Both symptoms were a constant 7/10, and both related to the patient's report that "it feels like my chest was being squeezed on the inside." The pelvic pain, rated at 5/10, began one day prior to admission (09/23/2022) and was near-constant, often worsened by sitting up. The pain was concentrated primarily in the pubic and suprapubic regions, though it radiated to the patient's right and left flanks. Nothing provided relief to any of the patient's symptoms.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Urinary Tract Infection

Secondary Diagnosis (if applicable): Chronic Renal Failure, Impaired Mobility, Altered Mental Status, Right Partial Pneumothorax

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

Urinary tract infections (UTIs), as the name suggests, occur with infection of any portion of the urinary tract, including both the urethra and the kidneys. These infections present with pain of the urinary system in most patients, and those not receiving treatment may experience more opaque, foul urine with presence of blood (known as hematuria). This disease begins in the lower urinary tract, though lack of treatment may lead to an ascending UTI that travels upward towards the kidneys, leading to a more severe infection with more severe symptoms as seen in this patient, including turbid, visibly bloody urine. Populations most vulnerable to this disease include women (due to anatomical proximity of the anus to the urethra), men with benign prostatic hyperplasia, and individuals experiencing urinary stasis (Capriotti, 2020).

The most common cause of a UTI is *Escherichia coli* (*E. coli*), as in this patient. This infection occurs as the pathogen enters the urinary tract, often due to the proximity of the anus to

the urethra in women. Patients with urinary stasis experience a greater likelihood of developing an infection because the stable urine acts as a medium for pathogenic growth (Capriotti, 2020). Evidence of urinary stasis in this patient is prevalent by the patient receiving dialysis and, thus, experiencing lessened urinary output, which leads to stasis in the urinary bladder and encourages pathogenic growth (Cizek, 2017).

UTIs often cause patients to complain of urinary frequency or painful urination, though this was not the case in this patient as she produced very little urinary output. A urinary tract infection can be diagnosed with a urinalysis to determine if there is an infection present, at which point a urine culture which be ordered to determine which organism is responsible for the infection (Capriotti, 2020). Treatment type and strength depends on the type of organism responsible for infection, such as infection by gram-negative bacteria requiring different, stronger antibiotics than would an infection by gram-positive bacteria (Breijyeh et al, 2020).

Pathophysiology References (2) (APA):

Breijyeh, Z., Jubeh, B., & Karaman, R. (2020). Resistance of gram-negative bacteria to current antibacterial agents and approaches to resolve it. *Molecules*, *25*(6), 1340, https://doi.org/10.3390/molecules25061340

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

Cizek, L. J. (2017). Holding water: Congenital anomalies of the kidney and urinary tract, CKD, and the ongoing role of excellence in plumbing. *Advances in Chronic Kidney Disease*, *24*(6), 357-363, https://doi.org/10.1053/j.ackd.2017.09.012

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

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 (x10^6/µL)	4.0 – 4.9	N/A	3.7	RBC value can be low when damage to the kidneys results in decreased production of erythropoietin, which stimulates the bone marrow to produce RBCs (Capriotti, 2020).
Hgb (g/dL)	12.0 – 16.0	N/A	11.5	RBCs transport hemoglobin, so a low RBC value is typically accompanied by a low Hgb value (Capriotti, 2020).
Hct (%)	37.0 – 48.0	N/A	36.5	As hematocrit measures "the percentage of blood that consists of RBCs," low values will correspond with low RBC and Hgb (Capriotti, 2020, p. 277).
Platelets (x10^3/ µL)	150 – 450	N/A	270	N/A
WBC (x10^3/µL)	4.0 – 10.0	N/A	8.1	N/A
Neutrophils (%)	40 – 80	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Lymphocytes (%)	20 – 40	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Monocytes (%)	2 – 10	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Eosinophils (%)	1 – 7	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Bands (%)	0 - 10	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.

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+ (mEq/L)	135 – 145	N/A	137	N/A

K+ (mEq/L)	3.5 – 5.2	N/A	4.4	N/A
Cl- (mEq/L)	98 – 107	N/A	98	N/A
CO2 (mEq/L)	22 – 29	N/A	26	N/A
Glucose (mg/dL)	70 – 99	N/A	99	N/A
BUN (mg/dL)	5 – 20	N/A	40	As in renal failure, "remaining healthy nephrons have difficulty removing nitrogenous wastes from the bloodstream" (Capriotti, 2020, p. 540). According to the lab report, this patient's GFR was 9, a low value indicative of end stage renal disease.
Creatinine (mg/dL)	0.5 – 1.5	N/A	3.5	High levels of creatinine are indicative of a decreased GFR, such as in the case of renal disease (Capriotti, 2020).
Albumin (g/dL)	3.5 – 4.5	N/A	3.8	N/A
Calcium (mg/dL)	8.7 – 10	N/A	7.7	Hypocalcemia is a common finding in patients with end stage renal disease (Capriotti, 2020).
Mag (mEq/L)	1.5 – 2.5	N/A	1.9	N/A
Phosphate (mg/dL)	2.5 – 4.5	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Bilirubin (mg/dL)	0.3 – 1.0	N/A	0.5	N/A
Alk Phos (units/L)	34 – 104	N/A	78	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 to slightly hazy, Yellow to amber	N/A	Turbid, Yellow	Urine is turbid due to presence of WBC in urine as a result of the body responding to infection by *E. coli* (Capriotti, 2020).

pH	5.0 – 9.0	N/A	8.0	N/A
Specific Gravity	1.001 – 1.030	N/A	1.016	N/A
Glucose	Negative	N/A	Negative	N/A
Protein	Negative or trace	N/A	Positive	Proteinuria is common in patients with renal injury caused by several disease processes, such as renal failure (Capriotti, 2020).
Ketones	Negative	N/A	Negative	N/A
WBC (per hpf)	0 – 5	N/A	>100	WBC lab value is elevated due to the presence of *E. coli* in the urinary tract and the body's response in fighting the infection (Capriotti, 2020).
RBC (per hpf)	0 – 5	N/A	69	Hematuria is common in patients with renal injury caused by several diseases processes, such as renal failure (Capriotti, 2020).
Leukoesterase	Negative	N/A	Positive	A positive finding for leukoesterase is seen as an indicator for renal disease (Capriotti, 2020).

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	N/A	Positive for *Escherichia coli* (*E. coli*)	"The etiologic organism that most commonly causes lower UTI is *Escherichia coli*" (Capriotti, 2020, p. 551).
Blood Culture	Negative	N/A	Negative	N/A
Sputum Culture	Negative	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.
Stool Culture	Negative	N/A	N/A	Laboratory value was not tested for and/or not included in lab report.

Lab Correlations Reference (1) (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

1. **Chest X-Ray 09/24/2022** – Patient admitted to Sarah Bush Lincoln Health Center with complaints of chest pain and shortness of breath. This may be indicative of various cardiorespiratory problems, including a pneumothorax, so an X-ray of the chest was ordered. The imaging yielded a positive finding for right partial pneumothorax.
2. **CT Abdomen/Pelvis w/o Contrast 09/24/2022** – Patient admitted to Sarah Bush Lincoln Health Center with complaints of chest pain, shortness of breath, and pelvic pain. The chest pain and shortness of breath may be indicative of various cardiorespiratory problems, including a pneumothorax, and the pelvic pain was suspected to be related to the patient's existing chronic renal disease, so a computed tomography scan of the abdomen without contrast was ordered to rule out other causes such as renal calculi. The imaging yielded a positive finding for right partial pneumothorax.

Diagnostic Imaging Reference (1) (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive manual of laboratory and diagnostic tests with nursing implications* (9th ed.). F.A. Davis Company.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/ Generic	Norvasc/ Amlodipine besylate	Prozac/ Fluoxetine hydrochloride	Linzess/ Linaclotide	Nitrostat/ Nitroglycerin	Demadex/ Torsemide
Dose	10 mg	20 mg	145 mcg	0.4 mg	100 mg
Frequency	Daily	Daily	Daily	PRN q5min x3	Daily
Route	PO	PO	PO	Sublingual	PO

Classification	**Pharmacologic:** Calcium channel blocker **Therapeutic:** Antianginal, antihypertensive (Jones & Bartlett Learning, 2021)	**Pharmacologic:** Selective serotonin reuptake inhibitor (SSRI) **Therapeutic:** Antidepressant (Jones & Bartlett Learning, 2021)	**Pharmacologic:** Guanylate cyclase-C agonist **Therapeutic:** Bowel stimulator (Jones & Bartlett Learning, 2021)	**Pharmacologic:** Nitrate **Therapeutic:** Antianginal, vasodilator (Jones & Bartlett Learning, 2021)	**Pharmacologic:** Loop diuretic **Therapeutic:** Antihypertensive, diuretic (Jones & Bartlett Learning, 2021)
Mechanism of Action	Medication binds to dihydropyridine and nondihydropyridine receptors on cells lining the myocardium and blood vessels, decreasing the availability of calcium. Contraction of the smooth muscle in these regions is inhibited by the decreased calcium, which in turn decreases vascular resistance. This lessens the overall strain placed on the heart (Jones & Bartlett Learning, 2021).	Medication prevents the reuptake of synaptic serotonin, which increases levels of serotonin in the synaptic gap between nerves and may alleviate symptoms of depression (Jones & Bartlett Learning, 2021).	Medication activates guanylate cyclase-C on the intestinal epithelium, increasing concentrations of cyclic guanosine monophosphate (cGMP) inside and outside the cell. Elevated cGMP inside the cell causes the secretion of bicarbonate and chloride, increasing intestinal fluid and increasing bowel motility. Elevated cGMP outside the cell alleviates pain associated with constipation (Jones & Bartlett Learning, 2021).	Medication interacts with nitrate receptors in the smooth muscle of blood vessels. The medication is then reduced to nitric oxide, which increases cGMP inside the cell by action of the enzyme guanylate cyclase. This increased level of cGMP encourages calcium to leave the cell, leading to vasodilation and thus relaxation of the smooth muscle. In the case of veins, this decreases	Medication blocks the reabsorption of sodium and chloride in the loop of Henle by encouraging excretion of water, sodium, and chloride by the kidney. Additionally, this medication increases the production of renal prostaglandins, which causes vasodilation in the kidney and, thus, lowering blood pressure (Jones & Bartlett Learning, 2021).

				venous return to the heart, lowering the amount of fluid passing through the heart, and in the case of arteries, this lessened fluid to the heart thus decreases the mean arterial pressure. Additionally, this arterial dilation includes the coronary arteries, which lessens the impact of ischemia on the myocardium (Jones & Bartlett Learning, 2021).	
Reason Client Taking	Hypertension	Depression	Constipation	Angina	Diuretic
Contraindications (2)	1. Unstable angina 2. Aortic stenosis (Bulsara & Cassagnol, 2022).	1. Pimozide therapy 2. IV methylene blue or linezolid within	1. Known/ suspected bowel obstruction 2. Diarrhea (Jones & Bartlett Learning, 2021).	1. Cerebral hemorrhage 2. Head trauma (Jones & Bartlett Learning, 2021).	1. Anuria 2. Hypotension (Jones & Bartlett Learning, 2021).

		14 days (Jones & Bartlett Learning, 2021).			
Side Effects/ Adverse Reactions (2)	Hypotension, Arrythmias (Jones & Bartlett Learning, 2021).	Hyponatremia, Prolonged QT interval (Jones & Bartlett Learning, 2021).	Sinusitis, Rectal hemorrhage (Jones & Bartlett Learning, 2021).	Hypocoagulability, Pneumonia (Jones & Bartlett Learning, 2021).	Hypotension, Hyponatremia (Jones & Bartlett Learning, 2021).

Medications Reference (1) (APA):

Bulsara, K. G., & Cassagnol, M. (2022). *Amlodipine*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK519508/#article-17466.s6

Jones & Bartlett Learning. (2021). *2022 nurse's drug handbook* (21st ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alertness and Orientation:** Patient was alert and oriented x4 (name, date of birth, location, and current date). **Distress:** Patient was in no acute distress. Patient reported no concerns.

	Overall appearance: Patient was well-groomed with maintained hygiene and clean clothing.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Skin color:** Appropriate for ethnicity (Caucasian) **Character:** Dry, intact **Temperature:** Warm **Turgor:** Loose; Tenting present at clavicle **Rashes:** None **Bruises:** None **Wounds:** None **Braden Score:** 16, mild risk for pressure ulcers
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Throat:**	**Head/Neck:** Symmetrical; Trachea midline with no deviations; Thyroid nonpalpable with no nodules; Bilateral carotid pulses +2 with a regular rate/rhythm; Assessed the following lymph nodes: Preauricular, posterior auricular, tonsillar, submandibular, submental, anterior cervical, posterior cervical, occipital, supraclavicular; All lymph nodes nonpalpable and nontender bilaterally **Ears:** No external deformities, lumps, or lesions bilaterally; Unable to assess internal ears **Eyes**: Bilateral PERRLA, bilateral EOMs intact; Eyelids pink and moist, free of lumps or lesions; Sclerae white and shiny with no excessive vascularity; Bilateral lashes and eyebrows thick, even; Conjunctivae pink and moist; No evidence of drainage or inflammation; Unable to assess visual acuity **Nose**: Septum midline; Turbinates pink and moist; No polyps; Frontal sinuses bilaterally nonpalpable and nontender; Maxillary sinuses bilaterally nonpalpable and nontender **Throat**: 32 teeth present, no dentures, good dentition; Oral and pharyngeal mucosae pink and moist with no lesions; Hard palate intact, soft palate intact and rises evenly, uvula midline; Tonsils pink and moist, +1 with no exudate
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:**	**Heart sounds:** S1 and S2 auscultated at APETM (Aortic, Pulmonic, Erb's Point, Tricuspid, Mitral) locations. **Cardiac rhythm:** Normal with auscultation; Unable to assess via EKG **Peripheral pulses:** Bilateral 2+ carotid, brachial,

Neck Vein Distention: Y ☐ N ☒ **Edema Y ☒ N ☐** **Location of Edema:**	radial, ulnar, and dorsalis pedis pulses; Regular rate/rhythm **Capillary refill:** <3 seconds **Location of edema:** Bilateral LE, 2+
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Location and Character:** All breath sounds were clear and normal in all lobes anteriorly; Unable to assess breath sounds posteriorly
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:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	**Diet at home:** Regular diet, no restrictions **Current diet:** Regular diet, no restrictions **Height:** 160.0 cm **Weight:** 80.1 kg **Bowel Sounds:** Active bowel sounds in all four quadrants **Last BM:** Two days prior to visit (10/04/2022) @ approximately 0700 **Palpation:** Abdomen soft, nontender, no masses noted **Distention:** No distention present **Incisions:** None present **Scars:** None present **Drains:** None present **Wounds:** None present
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☒ N ☐** **Dialysis: Y ☒ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Color:** Unable to assess **Character:** Unable to assess **Quantity:** Unable to assess **Pain with urination:** N/A **Dialysis:** Patient recently began to receive dialysis three times every week; Patient could not recall specific days dialysis is performed, nor specifically when dialysis began **Inspection of genitals:** Unable to assess **Catheter:** N/A
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:**	**Neurovascular status:** Unable to assess **ROM:** Full **Supportive devices:** Wheelchair **Strength:** Unable to assess **Fall Score:** 60 (High risk) **Activity/Mobility Status:** Unable to assess

Activity/Mobility Status: **Independent (up ad lib)** ☐ **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:**	**MAEW:** Unable to assess **Strength Equal:** Unable to assess **Orientation:** A&Ox4 **Mental Status:** Patient slow to respond, often forgetting the prompt or unable to form an answer to the prompt; Patient aware of communication difficulty, apologizes when unable to answer **Speech:** Slow, clear **Sensory:** Intact **LOC:** A&Ox4
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):**	Patient has history of depression disorder, for which she takes fluoxetine hydrochloride (Prozac). **Coping method(s):** Talking with facility staff members, interacting with facility dogs, prayer **Developmental level:** Appropriate for age **Religion & what it means to pt.:** Christian, used to attend church but no longer does, occasionally utilizes prayer **Personal/Family Data:** Divorced; Son and daughter, not in frequent contact; Patient reports not receiving adequate attention to ADLs by facility staff; Patient verbalized annoyance with self for inability to communicate effectively

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0913	64 bpm Left radial	132/90 mm Hg RUE	16 resp/min	36.5˚C temporal	95% RA

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0913	Numeric	N/A	0 / 10	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
240 mL of milk, 240 mL of water 100% of food at breakfast	Patient did not void, Patient did not have a BM

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

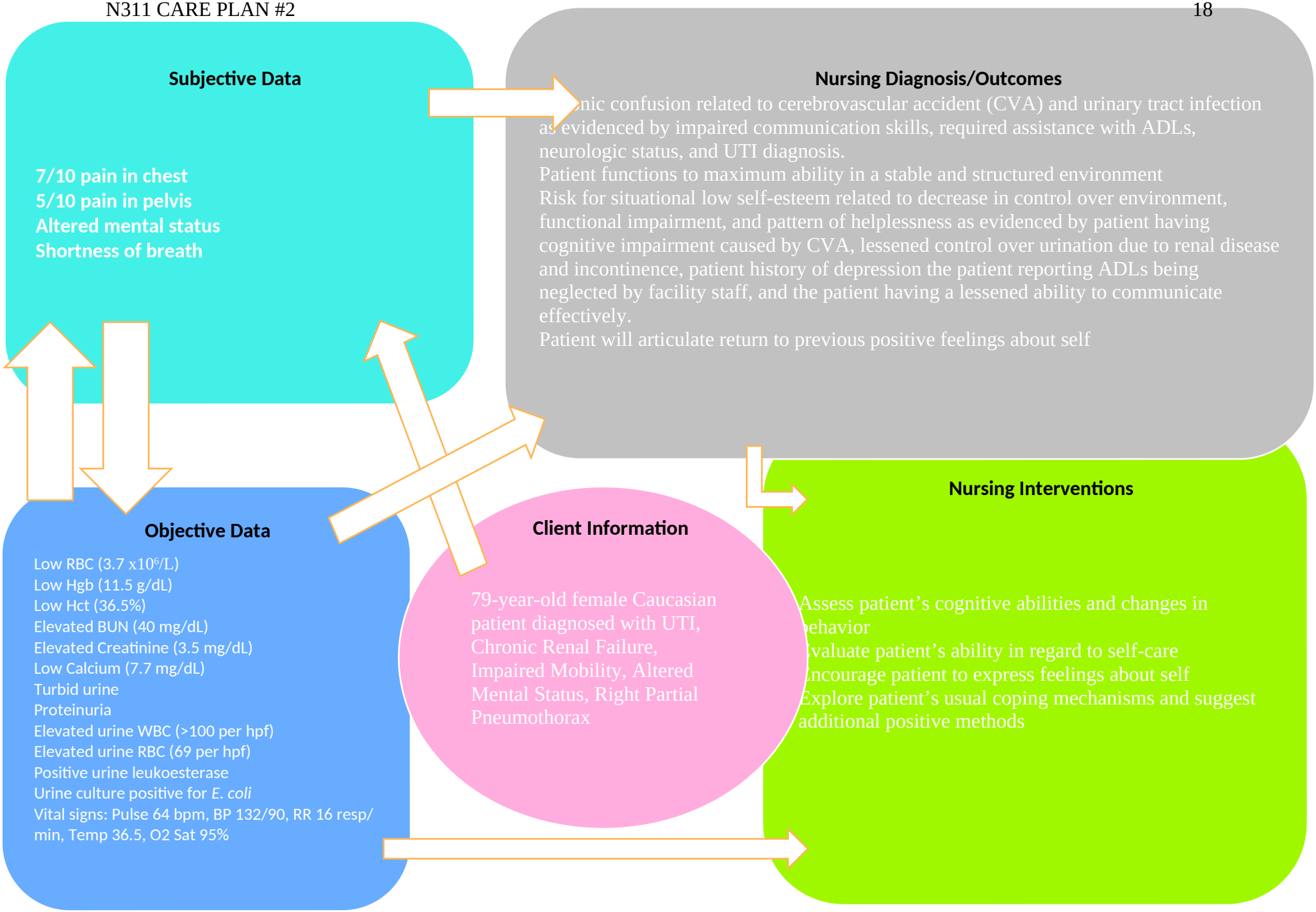
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 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. Chronic confusion related to cerebrovascular accident (CVA) and urinary tract infection as evidenced by impaired communication skills, required assistance with ADLs, neurologic status, and UTI diagnosis.	This nursing diagnosis was chosen because the patient struggled with answering and remembering questions asked by the nurse, as well as the patient having a significant UTI.	1. Assess patient's cognitive abilities and changes in behavior 2. Evaluate patient's ability in regard to self-care	**1.** Patient functions to maximum ability in a stable and structured environment	Patient responded affirmatively to the nurse's actions. Patient is motivated to attain more independence in ADLs by continued reinforcement of self-care techniques.

2. Risk for situational low self-esteem related to decrease in control over environment, functional impairment, and pattern of helplessness as evidenced by patient having cognitive impairment caused by CVA, lessened control over urination due to renal disease and incontinence, patient history of depression the patient reporting ADLs being neglected by facility staff, and the patient having a lessened ability to communicate effectively.	This nursing diagnosis was chosen because the patient has a history of depression and gave several indications that she was not satisfied with her living situation nor with her abilities after her most recent stroke.	**1.** Encourage patient to express feelings about self **2.** Explore patient's usual coping mechanisms and suggest additional positive methods	**1.** Patient will articulate return to previous positive feelings about self	Patient responded affirmatively to the nurse's actions. Patient is motivated to maintain positive self-image by utilizing appropriate coping mechanisms.

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
7/10 pain in chest
5/10 pain in pelvis
Altered mental status
Shortness of breath
Nursing Diagnosis/Outcomes
nic confusion related to cerebrovascular accident (CVA) and urinary tract infection as evidenced by impaired communication skills, required assistance with ADLs, neurologic status, and UTI diagnosis.
Patient functions to maximum ability in a stable and structured environment
Risk for situational low self-esteem related to decrease in control over environment, functional impairment, and pattern of helplessness as evidenced by patient having cognitive impairment caused by CVA, lessened control over urination due to renal disease and incontinence, patient history of depression the patient reporting ADLs being neglected by facility staff, and the patient having a lessened ability to communicate effectively.
Patient will articulate return to previous positive feelings about self
Objective Data
Low RBC (3.7 x10⁶/L)
Low Hgb (11.5 g/dL)
Low Hct (36.5%)
Elevated BUN (40 mg/dL)
Elevated Creatinine (3.5 mg/dL)
Low Calcium (7.7 mg/dL)
Turbid urine
Proteinuria
Elevated urine WBC (>100 per hpf)
Elevated urine RBC (69 per hpf)
Positive urine leukoesterase
Urine culture positive for E. coli
Vital signs: Pulse 64 bpm, BP 132/90, RR 16 resp/ min, Temp 36.5, O2 Sat 95%
Client Information
79-year-old female Caucasian patient diagnosed with UTI, Chronic Renal Failure, Impaired Mobility, Altered Mental Status, Right Partial Pneumothorax
Nursing Interventions
Assess patient's cognitive abilities and changes in behavior
Evaluate patient's ability in regard to self-care
Encourage patient to express feelings about self
Explore patient's usual coping mechanisms and suggest additional positive methods

References

Breijyeh, Z., Jubeh, B., & Karaman, R. (2020). Resistance of gram-negative bacteria to current antibacterial agents and approaches to resolve it. *Molecules*, *25*(6), 1340, https://doi.org/10.3390/molecules25061340

Bulsara, K. G., & Cassagnol, M. (2022). *Amlodipine*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK519508/#article-17466.s6

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

Jones & Bartlett Learning. (2021). *2022 nurse's drug handbook* (21st ed.). Jones & Bartlett Learning.

Phelps, L. L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive manual of laboratory and diagnostic tests with nursing implications* (9th ed.). F.A. Davis Company.