N431 Care Plan #2

Lakeview College of Nursing

Cindy Ho

Demographics (3 points)

Date of Admission 10/7/2022	**Client Initials** TS	**Age** 51	**Gender** Female
Race/Ethnicity Whte	**Occupation** Not employed	**Marital Status** Single	**Allergies** Alcohol, rubbing isopropyl alcohol; Augmentin [Amoxicillin-pot Clavulanate]; ciprofloxacin; 68 more listed
Code Status DNAR	**Height** 162.6 cm	**Weight** 146.9 kg	

Medical History (5 Points)

Past Medical History: ADD, adrenal insufficiency, anemia, asthma, back pain, colon cancer, chronic narcotic use, cirrhosis, COPD, depression, gastritis, GERD, HTN, IBD, liver disease, lumbar scoliosis, pituitary adenoma, prolactinoma, restless leg syndrome, ulcerative colitis

Past Surgical History: Hernia repair, dental surgery, port placement, gallbladder removal, rhinoplasty, hysteroscopy, hysterectomy w/endometrial ablation, knee arthroscopy, ERCP

Family History:

DM II:	Father, mother, brother
Heart disease:	Father
Liver tumor, cancer:	Maternal grandfather

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

No alcohol, No drug use, Never smokeless tobacco

Assistive Devices: No

Living Situation: Pleasant Meadows Nursing Home in Chrisman

Education Level: High School

Admission Assessment

Chief Complaint (2 points): Nausea, generalized weakness

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

The patient triaged over the phone on 10/6. The patient complained of sickness and a fever on 10/5. She was no longer experiencing the fever on 10/6 but is now “puking, very nauseous, and having abdominal pain on the left side.” The patient asked how much Tylenol she could take over the phone and was advised that a total of 2000 mg in 24 hours was the max for hepatology patients. She reported that Dr. Beferlertold told her that she should not take Tylenol. The patient arrived at Carle Emergency on 10/7 jaundiced with a fever of 101.9℉ and a UTI. The patient has a history of biliary tract infection. She has a stent placed in and wonders if it is obstructed. The patient complains of fever, chill, sweats, nausea, and generalized weakness. She was coughing up green phlegm on arrival.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute Cholangitis

Secondary Diagnosis (if applicable): Acute Kidney Injury, Jaundice

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

Acute cholangitis, also known as ascending cholangitis, is a life-threatening condition caused by an ascending bacterial infection in the biliary tree (Virgile & Marathi, 2022). Acute cholangitis develops from obstruction of biliary flow. The most common cause of obstruction is a bacterial infection of the bile ducts. Choledocholithiasis, the presence of gallstones that have migrated to the common bile duct, is a common cause of acute cholangitis. The common bile duct blockage can result in bile stasis, bacteremia, and septicemia. Delay in diagnosis and treatment can lead to septic shock if not treated.

Other causes of acute cholangitis include benign or malignant strictures of biliary ducts, pancreatic cancer, parasites, Lemmel syndrome, and AIDS. Gram-negative and anaerobic organisms, such as *Escherichia coli*, *Klebsiella*, *Enterobacter*, *Pseudomonas*, and *Citrobacter,* are common causative agents for acute cholangitis. Risk factors for the development of acute cholangitis include an increased triglyceride intake, a sedentary lifestyle, a body mass index greater than 30, and rapid weight loss (Virgile & Marathi, 2022).

Clinical presentation can range from mild to severe forms. Symptoms include fever, chills, malaise, generalized abdominal pain, jaundice, and pruritus. Diagnosis includes systemic signs of infection, abnormal laboratory results, and imaging studies such as an endoscopic retrograde cholangiopancreatography (ERCP) or a computerized abdominal tomography (CT) scan. ERCP is essential for both diagnosis and treatment.

Treatment for acute cholangitis focuses on managing the infection and the obstruction of the biliary tract. ERCP detects the location of the obstruction, and the drainage retrieved with the ERCP is used to culture the specimen. Assessing ABC (airway, breathing, circulation) is essential in managing acute cholangitis. IV access is obtained for antibiotic administration and vasopressors for adequate hemodynamic support. Biliary decompression is the treatment of choice in 94% to 98% of cases. A trans-papillary biliary stent can be placed for biliary drainage (Virgile & Marathi, 2022).

Pathophysiology References (2) (APA):

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

Virgile, J., & Marathi, R. (2022). *Cholangitis*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK558946/

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	3.5-5.2	3.63	2.95	Anemia leads to decreased production of RBCs (Pagana et al., 2022).
Hgb	11.0-16.0	10.8	8.4	Anemia leads to decreased production of Hgb (Pagana et al., 2022).
Hct	34-47%	33.7	27.9	Anemia leads to decreased production of Hct (Pagana et al., 2022).
Platelets	140-400	137	98	Diuretic use and acute infection can decrease platelet levels (Pagana et al., 2022).
WBC	4.00-11.00	21.77	3.27	Initial infection of the biliary tract increased WBC count. Antibiotic use can contribute to decrease WBC count (Pagana et al., 2022).
Abs Neutrophils	1.60-7.70	18.40	2.04	Initial increase due to phagocytic activity of neutrophils. The presence of an acute bacterial infection stimulate neutrophil production (Pagana et al., 2022).
Lymphocytes		5.1%		
Monocytes		9.0		
Eosinophils		0.4		
Bands				

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-	136-145	137	142	
K+	3.5-5.1	3.7	3.4	Diuretic can cause potassium wasting (Pagana et al., 2022).
Cl-	98-107	104	104	
CO2	22.0-29.0	24.0	32.0	Vomiting is a GI symptom of jaundice, which may increase CO2

				level. Use of prednisone may also increase CO2 (Pagana et al., 2022).
Glucose	74-100	74	96	
BUN	10-20	16	8	Liver failure can contribute to decrease in BUN (Pagana et al., 2022).
Creatinine	0.55-1.02	1.44	0.55	Initial increase may be due to urinary tract obstruction (Pagana et al., 2022).
Albumin	3.5-5.0	2.2	2.1	Acute infection due to cholangitis (Pagana et al., 2022).
Calcium	8.9-10.6	8.3	8.3	Dietary deficiency due to lifestyle can decrease levels (Pagana et al., 2022).
Mag	1.6-2.6		1.6	
Phosphate				
Bilirubin	0.2-1.2	11.8	4.5	Obstruction of the bile ducts (Pagana et al., 2022).
Alk Phos	40-150 U/L	851	758	Obstruction of the bile ducts (Pagana et al., 2022).
AST	5-34	229	155	Hepatic cirrhosis will cause increased AST as well as opiate use (Pagana et al., 2022).
ALT	0-55	95	97	Hepatic cirrhosis will cause increased ALT as well as verapamil use (Pagana et al., 2022).
Amylase				
Lipase				
Lactic Acid				
Troponin				
CK-MB				
Total CK				

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	0.9-1.1 ratio	1.3		Antibiotic use and cirrhosis will increase PT/INR values (Pagana et al., 2022).
PT	11.7-13.8s	15.6		Antibiotic use and cirrhosis will increase PT/INR values (Pagana et al., 2022).
PTT	22.4-35.9s	33.6		
D-Dimer				
BNP	0.0-100.0 pg/mL	27.0		
HDL				
LDL				
Cholesterol				
Triglycerides				
Hgb A1c				
TSH				

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 10/10	Reason for Abnormal
Color & Clarity	Colorless-yellow	Yellow	Yellow, clear	
pH		8.0	5.5	
Specific Gravity	1.000-1.030	1.015	1.005	
Glucose	Negative	Negative	Negative	
Protein	Negative	Negative	Negative	
Ketones	Negative	Negative	Negative	

WBC	0-25	0	24	
RBC	0-20	0	11	
Leukoesterase	Negative	Negative	Small	Positive indicates urinary tract infection (Pagana et al., 2022).

Arterial Blood Gas 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
pH				
PaO2				
PaCO2				
HCO3				
SaO2				

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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (1) (APA):

Ahmed, M. (2018). Acute cholangitis - an update. *World Journal of Gastrointestinal*

Pathophysiology, *9*(1), 1–7. https://doi.org/10.4291/wjgp.v9.i1.1

Pagana, K. D., Pagana, T. J., Pagana, T. N., & Pagana, K. D. (2022). *Mosby's Manual of Diagnostic and Laboratory tests*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Gastric biopsy: chronic gastritis, no activity seen, no H. pylori-like organisms identified

CXR: Sepsis workup

Findings: heart is enlarged, no acute pulmonary findings, left central line tip in SVC, Harrington rod seen in the spine (scoliosis).

ERCP (Endoscopic retrograde cholangiopancreatography) Report was not finalized.

CT Abd pelvis/contrast

Biliary stent visualized. “Nonspecific minimal stranding surrounding the common duct could represent early cholangitis.”

Diagnostic Test Correlation (5 points): Gastric biopsy did not show causative organism of acute cholangitis H. pylori. Abdominal CT scan showed obstruction in the bile duct representing early cholangitis.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., Pagana, T. N., & Pagana, K. D. (2022). *Mosby's Manual of Diagnostic and Laboratory tests*. Elsevier.

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

Home Medications (5 required)

Brand/ Generic	nystatin (Mycostatin)	dicyclomine	clonazePAM (KLONOPIN)	Simethicone	prednisone
Dose	100,000 unit/gram	20 mg	0.5 mg	125 mg	5 mg
Frequency	TID	q8h PRN	q8h PRN	q6h PRN	Daily
Route	Topical	Oral	Oral	Oral	Oral
Classification	Antifungal	GI anticholinergic, antispamodic	anticonvulsant, benzodiazepine	Antiflatulent	Corticosteroid
Mechanism of Action	Interferes with fungal DNA replication	Inhibits acetylcholine on receptors, decreases GI motility	Inhibits spike, wave formation during absence seizures	Changes the surface tension of gas bubbles, causing the collapse of foam bubbles, allowing their removal from the GI tract	Decreases inflammation by increasing capillary permeability and lysosomal stabilization
Reason Client Taking	Site folds, groin	IBS	Anxiety	Flatulence	Severe inflammation
Contra-indications (2)	Hypersensitivity, pregnancy	Closed-angle glaucoma, GI obstruction	Psychosis, severe hepatic disease	Hyper-sensitivity, GI obstruction/ perforation	Fungal infections, hypersensitivity
Side Effects/ Adverse Reactions (2)	Nausea, vomiting	Headache, dry mouth	Drowsiness, suicidal tendencies	Mild nausea, loose stools	Thrombo-phlebitis, embolism
Nursing Considera-tions (2)	Assess for allergic reaction, predisposing factors: antibiotic	Anticholinergic effects: monitor for dry mouth, constipation, dizziness;	Blood studies: RBC, Hct, HgB, reticulocyte counts periodically;	Caution during pregnancy, caution when prescribing to patients	Adrenal insufficiency: N/V, anorexia, Infection: increased temperature,

	therapy, DM, pregnancy	CNS changes: dizziness, drowsiness	abrupt discontinuation	taking carbamazepine	WBC, even after withdrawal of medication, product masks infection
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Obtain culture, histologic tests to confirm organism	Assess IBS symptoms: constipation/ diarrhea	Mental status: mood, sensorium, behavioral changes	Evaluate symptoms such as indigestion, bloating, pressure, upset stomach after eating	Potassium depletion: paresthesias, fatigue, N/V, depression, polyuria, dysrhythmias, weakness
Client Teaching Needs (2)	Long-term therapy may be needed to clear infection; to complete entire course of medication, Notify prescriber of irritation	Report Anticholinergic effects, not to drive or perform other hazardous activities until response is known	Carry emergency bracelet stating names, products taken, condition, prescriber information; teach about potential drug tolerance, withdrawal symptoms	Take after meals and at bedtime PRN, simethicone safe in pregnancy and breastfeeding because it is not absorbed systemically	Cushingoid symptoms: moon face, weight gain Not to discontinue abruptly; adrenal crisis can result

Hospital Medications (5 required)

Brand/ Generic	oxyCODONE (Oxycontin) XR	furosemide (LASIX)	heparin injection	baclofen	oxybutynin
Dose	30 mg	40 mg	7,500 units	20 mg	5 mg
Frequency	BID	Daily	q8h	TID PRN	BID
Route	Oral	Oral	Subcutaneous	Oral	Oral
Classification	Opioid Analgesic	Loop diuretic	Anticoagulant	Skeletal muscle relaxant	Antispasmodic/ anticontinence agent
Mechanism of Action	Inhibits ascending pain pathways in	Inhibitor of sodium-	Prevents conversion	Decreases frequency,	Relaxes smooth muscles in the

	CNS, increases pain threshold, alters pain perception	glucose cotransporter 2, responsible for reabsorbing the majority of glucose filtered by the tubular lumen in the kidney	of fibrinogen to fibrin and prothrombin to thrombin by enhancing inhibitory effects of antithrombin III	severity of muscle spasms	urinary tract by inhibiting acetylcholine at postganglionic sites
Reason Client Taking	Severe pain	Hepatic disease	Prevention of DVT, PE, MI	Neuropathic pain	Antispasmodic, relieve overactive bladder
Contra-indications (2)	Addiction (opiate), asthma	Severe renal disease, electrolyte depletion	Bleeding, corn	Hypersensitivity, epidural (IM, IV, subcu)	GI obstruction, urinary retention
Side Effects/ Adverse Reactions (2)	Bradycardia, respiratory depression	Circulatory collapse, renal failure	Hematuria, thrombosytopenia	Dizziness, hypotension	Seizures, dysuria
Nursing Considera-tions (2)	Assess for CNS changes: dizziness, drowsiness, hallucinations, LOC; Assess bowel status	Assess hypokalemia: B/P lying, standing; Assess hearing, including tinnitus and hearing loss	Assess bleeding, hemorrhage;	Assess B/P, weight, blood glucose, hepatic function periodically; assess withdrawal symptoms	Allergic reaction: urticaria, rash; CNS effects: confusion, anxiety
Key Nursing Assessment (s)/Lab(s) Prior to Administration	Assess pain intensity, location, type, characteristics before administration and after	Electrolytes (potassium, sodium, chloride)	Blood studies: platelets, PT/ INR	Assess MS for spasms, spasticity, improvement should occur	Urinary patterns: distention, nocturia, frequency, urgency, incontinence, I&O ratios
Client Teaching Needs (2)	Physical dependency may result from extended use, withdrawal symptoms may occur after long-term use: N/V,	The need for high-potassium diet or potassium replacement with prescriber, To	Avoid OTC preparations that may cause serious product interactions unless directed by	Do not take with alcohol, other CNS depressant; do not discontinue quickly	Avoid hazardous activities because dizziness, blurred vision may occur; avoid hot weather, strenuous activity because the

	cramps, faintness	recognize adverse reactions (muscle cramp, weakness)	prescriber, product may be held during active bleeding (menstruation), depending on condition		product decreases perspiration

Medications Reference (1) (APA):

Ingold, C. J., & Akhondi, H. (2022). Simethicone. *National Library of Medicine*.

https://www.ncbi.nlm.nih.gov/books/NBK555997/

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

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Morbid obesity (BMI: 55.58 kg/m2) A&O x4 No signs of distress Compliant but agitated
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 11** **Drains present: Y☐ N X** **Type:**	Partial thickness wound midline coccyx 10/8 Anterior left leg wound Bilateral Breast MASD hip, groin MASD coccyx partial thickness
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Normocephalic, trachea midline Bilateral auricles with no visible lesions Bilateral conjunctiva pink, corneas clear, scleras white Septum is midline Teeth are intact

CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N X** **Edema Y X N ☐** **Location of Edema:**	Clear S1 and S2 sound without murmurs, rubs, or gallops 2+ throughout bilaterally Less than 3 seconds finger bilaterally Bilateral lower extremities 4+, painful to touch
RESPIRATORY: **Accessory muscle use: Y☐ N X** **Breath Sounds: Location, character**	Nasal cannula removed 10/12 0740
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 X** **Nasogastric: Y ☐ N X** **Size:** **Feeding tubes/PEG tube Y ☐ N X** **Type:**	 Regular diet at home without restrictions Regular diet 162.6 cm 146.9 kg Normal bowel sounds (5-30 gurgles per minute) 10/11 Soft, nontender abdomen No distention No scars, drains, wounds
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N X** **Dialysis: Y ☐ N X** **Inspection of genitals:** **Catheter: Y X N ☐** **Type: Latex** **Size: 16 Fr**	 Amber, clear Without odor 1200 mL
MUSCULOSKELETAL: **Neurovascular status:** **ROM:**	Full ROM in arms, severe edema lower extremities

Supportive devices: **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 13** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Hoyer lift Equal strength bilateral hands Requires full assistance bathing, toileting, dental care Moderate fall risk Bedbound
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐** **if no - Legs ☐ Arms ☒ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	4+ Edema bilateral lower extremities Alert and oriented x4 Normal behavior, anxious Coherent, normal rate and tone of speaking DTRs upper extremities 2+ bilaterally Normal LOC
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):**	The patient is very close to a brother. Generativity vs. Stagnation Christian

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
07:22	70	108/56	20	36.9	95
11:00	76	112/60	20	37	96

Vital Sign Trends:

The patient's vital signs are stable with minimal fluctuation in B/P.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
7:00	Numeric	Abdomen	6	Burning sensation, generalized pain	Pain medication
11:00	Numeric	Abdomen	8	Burning sensation, generalized pain	Pain medication, distraction (talking)

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	Mediport Implantable port single lumen
Location of IV:	Left chest
Date on IV:	7/15/22
Patency of IV:	Patent
Signs of erythema, drainage, etc.:	No signs of erythema, drainage
IV dressing assessment:	Clean and dry

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Juice 240 mL, water 480 mL = 720 mL	Urine: 1200 mL

Nursing Care

Summary of Care (2 points)

Overview of care: Nasal cannula removal, preparation for discharge.

Procedures/testing done: CT abdomen/pelvis w/contrast, ERCP, CXR, gastric biopsy

Complaints/Issues: Persistent pain in abdomen

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: The patient is bed bound. She is tolerating normal diet but

feels “backed up” and requested Miralax which was administered by the RN 11:00.

Physician notifications: Physician was notified about the patient’s constipation.

Future plans for client: Hospital discharge to Pleasant Meadows Nursing Home in Chrisman 10/12.

Discharge Planning (2 points)

Discharge location: Pleasant Meadows Nursing Home in Chrisman

Home health needs (if applicable): Caregiver, ADL assistance

Equipment needs (if applicable): Bariatric bed

Follow up plan: Continued monitoring for infection, assessment of MASD in groin, bilateral breast, lower extremities

Education needs: Medication reconciliation, medication interactions, coping mechanisms

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

Nursing Diagnosis	**Rationale**	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation**
● 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	● Explain why the nursing diagnosis was chosen			● How did the client/family respond to the nurse’s actions? ● Client response, status of goals and outcomes, modifications to plan.

1. Risk for infection related to biliary tract obstruction as evidenced by abdominal CT early signs of early cholangitis.	The patient showed signs of infection; jaundice, fever, and chills.	1. Assess vital signs frequently, temperature for fever. 2. Monitor urine output.	1. The patient will remain afebrile.	The client will verbalize understanding of individual risk factors such as sedentary lifestyle.
2. Acute pain related to biliary tract obstruction as evidenced by verbal reports of pain.	The patient complains of sharp pains in the abdomen, 7 out of 10 on numeric scale.	1. Observe and document severity of pain, character of pain, and location. 2. Make time to listen to and maintain frequent contact with the client to relieve anxiety surrounding pain.	1. The patient will verbalize tolerable pain level 2 out of 10.	The client will report relief of pain. Unrelieved pain may require further evaluation from the provider.
3. Impaired skin integrity related to imbalanced nutritional state as evidenced by disruption of skin.	The patient has MASD in multiple regions and pressure injuries under the heels.	1. Place the patient in low- or semi-Fowler's position to prevent friction and shear. 2. Change dressings often and use skin protectant as prescribed.	1. The patient will maintain hydration and maintain a balanced diet.	The patient will demonstrate behaviors to promote healing and prevent skin breakdown.
4. Ineffective therapeutic regimen management as related to complexity of healthcare as evidenced by increased illness.	The patient takes many medications increasing the risk of drug interaction.	1. Include the patient in planning the treatment regimen. 2. Develop a system for the patient to observe her own progress.	1. The patient will describe their intention to follow prescribed medication regimen.	The patient will verbalize understanding of the medication schedule.

Other References (APA):

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2019). *Nursing care plans: Guidelines for individualizing client care across the life span*. F.A. Davis.

Swearingen, P. L., & Wright, J. (2019). *All-in-one nursing care planning resource:*

Medical-surgical, pediatric, maternity, and psychiatric-mental health (5th ed.). Elsevier Health Sciences.

Concept Map (20 Points):

Subjective

The patient complains of “puking, very nauseous, and having abdominal pain on the left side.” The patient feels generalized weakness, chills, sweats, and nausea. The patient reports “Dr. Beferlertold told her she should not take Tylenol.”

Nursing Diagnosis/Outcomes

1. Risk for infection related to biliary tract obstruction as evidenced by abdominal CT early signs of early cholangitis.
The patient will remain afebrile (<99.5 F).

2. Acute pain related to biliary tract obstruction as evidenced by verbal reports of pain.
The patient will verbalize tolerable pain level 2 out of 10.

3. Impaired skin integrity related to imbalanced nutritional state as evidenced by disruption of skin.
The patient will maintain hydration (2L/day) and maintain a balanced diet.

4. Ineffective therapeutic regimen management as related to complexity of healthcare as evidenced by increased illness.
The patient will describe their intention to follow prescribed medication regimen.

Objective Data

The patient was jaundiced on admission with increased bilirubin levels related to obstruction of bile ducts (11.8 mg/dL on admission). The patient arrived with a fever of 38.7 C with dark yellow amber urine in the foley catheter bag. Current bilirubin level 4.5 mg/dL and temperature 37 C. Increased Alk phosphatase (758 U/L), AST (155 U/L), and ALT (97U/L).

Client Information

51-year-old with an extensive medical history including anemia, asthma, back pain, colon cancer, chronic narcotic use, cirrhosis. The patient is admitted for generalized weakness, fever, chills, nausea. The patient arrived jaundiced with a fever of 38.7 C and a UTI.

Nursing Interventions

1. Risk for infection
1. Assess vital signs frequently, temperature for fever.
2. Monitor urine output.
2. Acute pain
1. Observe and document severity of pain, character of pain, and location.
2. Make time to listen to and maintain frequent contact with the client to relieve anxiety surrounding pain.
3. Impaired skin integrity
1. Place the patient in low- or semi-Fowler’s position to prevent friction and shear.
2. Change dressings often and use skin protectant as prescribed.
4. Ineffective therapeutic regimen management
1. Include the patient in planning the treatment regimen.
2. Develop a system for the patient to observe her own progress.