N311 Care Plan # 3

Lakeview College of Nursing

Malea Warner

Demographics (5 points)

Date of Admission 10/1/22	**Client Initials** M.N.	**Age** 72	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Single	**Allergies** Tramadol
Code Status Full Code	**Height** 157.5 cm	**Weight** 66.9 kg	

Medical History (5 Points)

Past Medical History: Epilepsy, Diabetes mellites II, Cognitive social or emotional deficit following cerebral infarction, Personal history of urinary tract infection, Essential primary hypertension, age related osteoporosis, Weakness, Hyperlipidemia, Difficulty walking, Vomiting, Acute kidney failure, History of falls, Left sided rib fracture, Impaired mobility due to cerebral infarction, History of subdural hematoma, non-ST-elevation myocardial infarction (NSTEMI).

Past Surgical History: Left breast mastectomy (10/6/22), EGD (8/10/22), Open reduction internal fixation hip-femur cannulated screw percutaneous pinning (11/25/18), cesarean section x 2, cholecystectomy.

Family History: Father: Stroke; Mother: Cardiovascular disease, Diabetes mellites II.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient does not have a history of using any tobacco products, alcohol products or recreational drug products.

Admission Assessment

Chief Complaint (2 points): Left breast surgical site pain, status post left breast mastectomy.

History of Present Illness – OLD CARTS (10 points): On 10/6/22 patient underwent a left breast mastectomy due to an incidental tumor found on a CT scan in August 2022. Patient reports having significant pain at the surgical site at the left breast. There is a Jackson Pratt drain present currently at the left chest lateral to the surgical site. The patient rates her pain 6 out of 10 on the numeric scale. The patient describes her pain as "sharp like a knife" as well as burning and achy. Movement of her left arm cause her pain to become more intense. She has been trying to rest as much as possible, avoid using her left arm and asking for her as needed Tylenol every 6 hours on time as this all help relieve her pain.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Intraductal carcinoma in left breast, status post left breast mastectomy.

Secondary Diagnosis (if applicable): N/A

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

According to Capriotti (2020), "Breast cancer is the second most common cancer in the United States after lung cancer; one in eight American women will suffer breast cancer in their lifetime. Breast cancer is the leading cause of cancer death in women. In 2019, there were 3.1 million women living with the disease, the average age of whom is 61 years. Breast cancer incidence increases with age. Seventy-nine percent of new cases and 88% of breast cancer deaths occur in women age 50 years and older. In 2019, an estimated 268,000 new cases of invasive breast cancer were diagnosed among women, along with 63,000 cases of in situ (noninvasive) breast cancer. Approximately 2,670 cases of breast cancer were found in men. Approximately 42,000 women and 400 men died from breast cancer in 2019. Breast cancer tends to develop

earlier at around age 45 in African American women compared with Caucasian women. African American women have a higher death rate from breast cancer than do Caucasian women. This disparity is attributed to the fact that African American women seek care for breast cancer at later stages in the disease compared with Caucasian women" (p. 1028).

Breast cancer can also be connected to genetic mutation which can come from their mother or their father which only happens in 5% to 10% of the cases. These genetic mutations happen in the BRCA1 and BRCA2 genes and these are the most common breast cancers to develop in younger women. They also have an increased risk for developing ovarian cancer. According to Capriotti (2020), "Approximately 85% of women with breast cancer do not have the BRCA genes—breast cancer develops sporadically. Research into effective diagnostic procedures and treatments has increased the survival rate over the last decade; the 5-year survival rate for women diagnosed with breast cancer is now 89%" (p. 1029).

Some risk factors for breast cancer include starting menarche at an early age and starting menopause after the age of 50. Being obese cand cause increased levels of estrogen in fat deposits. Taking hormone replacement therapy as well as a personal or family history of breast cancer. Women who have no children or have children after the age of 30. Estrogen exposure is the biggest risk factor for sporadic breast cancer. Estrogen can increase the production of premalignant lesions and cancers that have estrogen receptors (Capriotti, 2020, p. 1029).

According to Capriotti (2020), "a family history of breast cancer in one first-degree relative, such as a mother or sister, is reported to increase an individual's lifetime risk of breast cancer by 1.8 times. The lifetime risk of breast cancer is up to three times higher if two first-degree relatives are affected by breast cancer, particularly if the relative was diagnosed at an early age (50 years or younger). A family history of ovarian cancer in a first-degree relative,

especially if the disease occurred at an early age (younger than 50 years), has been associated with a doubling of breast cancer risk. Women of Ashkenazi Jewish descent have double the risk of breast cancer compared with other ethnic groups" (p. 1029).

It is common for breast cancer tumors to be made up of epithelial cells that come from the cells that line the ducts or lobules of the breasts. It is not common for cancers to come from nonepithelial cells in the supporting structures such as connective tissue. According to Capriotti (2020), "In most cancers, a triggering factor, which is unclear, causes the breast epithelial cells to proliferate, grow uncontrollably, and invade surrounding tissue. Normally, estrogen and progesterone act at the breast to stimulate growth and cell proliferation. Estrogen and progesterone receptors are nuclear hormone receptors that promote DNA replication and cell division. In some breast cancers, these estrogen and progesterone receptors are overexpressed; these are called estrogen receptor-positive (ER-positive) breast cancers. Another cellular receptor that promotes breast cell growth is human epidermal growth factor receptor 2 (HER2). This cellular receptor is commonly overexpressed in some forms of breast cancer; these cancers are termed HER2 positive" (p. 1029).

Cancers of the breast can be put into categories based on the changes they cause within the breast tissue. Cancers can arise from cells within the ducts or lobules that don't move into other tissues around them. This is known as ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS) (Capriotti, 2020, p. 1029). My patient was diagnosed with intraductal carcinoma in situ of the left breast. The breast mass she had was incidentally found on a CT scan of the chest, abdomen and pelvis.

According to Capriotti (2020), "LCIS is a nonpalpable lesion usually discovered via biopsy. LCIS is not malignant, but it indicates an increased risk of future invasive carcinoma in

either breast; about 1% to 2% of patients with LCIS develop cancer annually. Invasive carcinoma is primarily adenocarcinoma. About 80% of adenocarcinoma is the infiltrating ductal type; most of the remaining cases are the infiltrating lobular type. Paget's disease of the nipple is a form of DCIS that extends into the overlying skin of the nipple and areola, manifesting with an inflammatory skin lesion. Characteristic malignant cells called Paget cells are present in the breast epidermis. Rare types of breast cancers are termed medullary, mucinous, and tubular carcinomas" (p.1030).

Breast cancer can stay in a spot localized or it can spread from the original area through the lymph nodes of the area its affecting, bloodstream, or both. Metastatic breast cancer can affect any organ in the body. The most common organ to be affected are the lungs, liver, bone, brain, and skin. Metastatic breast cancer tends to show back up years or decades after first time of diagnosis and treatment **(**Capriotti, 2020, p. 1030). My patient was waiting to meet with her oncology team to further assess if her cancer had spread to other parts of her body. I was not able to view a pathology report from the surgery to see if there were any lymph nodes in the left axilla affected by the cancer.

Pathophysiology References (2) (APA):

Capriotti, T & Frizzell, J. P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F. A. Davis Company.

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	**4.28-5.56x10^6/mcl**	**N/A**	3.65 **x10^6/mcl** L	Patient recently had surgery this could be why her red blood cell count is low. Also, could be a side effect of her medication lamotrigine, carvedilol and valsartan
Hgb	**13.0-17.0 g/dL**	**N/A**	10.6 g/dL L	Patient recently had surgery this could be why her red blood cell count is low. Also, could be a side effect of her medication lamotrigine, carvedilol and valsartan
Hct	**38.1-48.9%**	**N/A**	31.4% L	Patient recently had surgery this could be why her red blood cell count is low. Also, could be a side effect of her medication lamotrigine, carvedilol and valsartan
Platelets	**149-393 k/mcl**	**N/A**	371 k/mcl	
WBC	**4.0-11.7 k/mcl**	**N/A**	9.8 k/mcl	
Neutrophils	**45.3-79.0%**	**N/A**	78.4%	
Lymphocytes	**11.8-45.9%**	**N/A**	14.9%	
Monocytes	**4.4-12.0%**	**N/A**	5.2%	
Eosinophils	**0.0-6.3%**	**N/A**	0.8%	
Bands	**1-5**	**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-	**136-145 mmol/l**	**N/A**	140 mmol/L	
K+	**3.5-5.1 mmol/L**	**N/A**	5.2 mmol/L	Potassium could be elevated due to a side effect of her medication valsartan and carvedilol.
Cl-	**98-107 mmol/L**	**N/A**	101 mmol/L	
CO2	**21-31mg/ mmhg**	**N/A**	29 mg/mmhg	
Glucose	**74-109 mg/dL**	**N/A**	122 mg/dL	Patient has a personal diagnosis of diabetes mellitus II, this could be the reason her blood glucose is elevated or this could also be a non-fasting glucose level.
BUN	**7-25 mg/dL**	**N/A**	15 mg/dL	
Creatinine	**0.70-1.30 mg/dL**	**N/A**	1.23 mg/dL	
Albumin	**3.5-5.2 g/dL**	**N/A**	3.5 g/dL	
Calcium	**8.6-10.3 mg/ dL**	**N/A**	8.6 mg/dL	
Mag	**1.8-3.0 mg/dL**	**N/A**	1.8 mg/dL	
Phosphate	**1.7-2.6 mg/dL**	**N/A**	N/A	
Bilirubin	**0.3-1.0 mg/dL**	**N/A**	0.3 mg/dL	
Alk Phos	**34-104 units/L**	**N/A**	100 units/ L	

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**	**N/A**	**N/A**	
pH	**5.0-8.0**	**N/A**	**N/A**	
Specific Gravity	**1.005-1.034**	**N/A**	**N/A**	

Glucose	**Normal**	**N/A**	**N/A**	
Protein	**Negative**	**N/A**	**N/A**	
Ketones	**Negative**	**N/A**	**N/A**	
WBC	**Negative**	**N/A**	**N/A**	
RBC	**Negative**	**N/A**	**N/A**	
Leukoesterase	**Negative**	**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**	**N/A**	**N/A**	
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):

Kee, J. L. (2017). *Pearson handbook of laboratory & diagnostic tests with nursing implication's* (8th ed.). Pearson Publication.

Jones & Bartlett Learning. (2023) *2022 nurse's drug handbook* (21st ed.). Jones & Bartlett Learning.

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive handbook of laboratory &*

diagnostic tests with nursing implications (11th ed.) F. A. Davis Company.

Sarah Bush Lincoln Hospital. (2022). *Lab Values*. Sarah Bush Lincoln Hospital.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Computed tomography scan of chest, abdomen and pelvis with contrast

On 8/9/22 the patient was sent to Sarah Bush Lincoln Hospital emergency department for weakness, abdominal pain and vomiting. While in the emergency room the provider ordered a computed tomography scan (CT scan) of the patient's chest, abdomen and pelvis with contrast to try to identify the source of the patient's abdominal pain and vomiting. Computed tomography scans are a diagnostic procedure which is noninvasive, used to aid in the visualization of internal organs and the tissues and vessels that surround and supply those organs. CT scans can be done with or without contrast. When contrast or dye is used it helps enhance or differentiate structures within the body. This enhancing feature of the contrast helps show density of the underlying structures aiding in the visualization of normal and abnormal disease processes going on within the body, we wouldn't know otherwise (Van Leeuwen 2021, p. 394-395). In my patient's case a CT scan of the chest, abdomen and pelvis was ordered due to abdominal pain and vomiting. The findings were a 2.2 centimeter enhancing nodule, slightly irregular in the left breast, central posteriorly just above the nipple. The final impression was no acute intraabdominal or intrapelvic abnormalities and enhancing nodule left breast concerning for malignancy. Recommended diagnostic mammography and left breast ultrasound for further evaluation. The patient went in for abdominal pain and vomiting, had the work up via CT scan and was incidentally found to

have breast cancer. On 10/6/22 this patient had a left breast mastectomy due to the incidental finding of a 2.2-centimeter nodule in her left breast.

Diagnostic Imaging Reference (1) (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications* (11th 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	**Glucophage/ metformin hydrochloride**	**Coreg/ Carvedilol**	**Lamictal/ lamotrigine**	**Diovan/ valsartan**	**Reglan/ metoclopramide**
Dose	1000 mg	12.5 mg	150 mg	160 mg	5mg
Frequency	Twice daily	Daily	Twice daily	Daily	Every 6 hours as needed
Route	Oral	Oral	Oral	Oral	Oral
Classification: Therapeutic & Pharmacologic	**Therapeutic:** Antidiabetic **Pharmacologic:** Biguanide	**Therapeutic:** Nonselective beta blocker and alpha-1 blocker **Pharmacologic:** Antihypertensive, heart failure adjunct	**Therapeutic:** Anticonvulsant **Pharmacologic:** Phenyltriazine	**Therapeutic:** Antihypertensive **Pharmacologic:** Angiotensin II receptor blocker	**Therapeutic:** Antiemetic, upper GI stimulant **Pharmacologic:** Dopamine-2 receptor antagonist
Mechanism of Action	May promote the storge of excess glucose as	Reduces cardiac output and tachycardia,	May stabilize neuron membranes by blocking their	Blocks the hormone angiotensin II from binding	Antagonizes the inhibitory effect of dopamine on

	glycogen in the liver, which reduces glucose production. It may also improve glucose use by adipose tissue and skeletal muscle to increase glucose transport across cell membranes. (Jones, 2023).	causes vasodilation and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload. When given for at least 4 weeks, carvedilol reduces plasma renin activity (Jones, 2023).	sodium channels and inhibiting release of excitatory transmitters, such as aspartate and glutamate through these channels. By blocking the release of neurotransmitters, it inhibits the spread of seizure activity in the brain as well as reducing the frequency and diminishes mood swings (Jones, 2023).	to receptor sites in the adrenal glands, vascular smooth muscle and other tissues. This action inhibits aldosterone-secreting and vasoconstrictive effects of angiotensin II, thereby reducing blood pressure. It also reduces renal reabsorption of sodium, which helps reduce fluid retention that occurs in heart failure (Jones, 2023).	GI smooth muscle. This causes gastric contraction, which promotes gastric emptying and peristalsis and also reduces gastroesophageal reflux. It also blocks dopaminergic receptors in the chemoreceptor trigger zone, preventing nausea and vomiting (Jones, 2023).
Reason Client Taking	Diabetes Mellitus II	Hypertension	Seizures	Hypertension	Nausea and vomiting
Contraindications (2)	1. Severe renal disease (Jones, 2023). 2. Acute or chronic metab	1. Severe hepatic impairment (Jones, 2023). 2. Cardiog	1. Hypersensitivity to lamotrigine (Jones, (2023). 2. Impaired hepatic function (Jones, 2023).	1. Concurrent aliskiren therapy in diabetic patients (Jones, 2023). 2. Hypers	1. Pheochromocytoma (Jones, 2023). 2. Epilepsy (Jones, 2023).

	olic acidosis (Jones, 2023).	enic shock (Jones, 2023).		ensitivity to valsartan or its components (Jones 2023).	
Side Effects/Adverse Reactions (2)	1. Hypoglycemia (Jones, 2023). 2. Photosensitivity (Jones, 2023).	1. Aplastic anemia (Jones, 2023). 2. Hyperkalemia (Jones, 2023).	1. Anemia (Jones). 2. Rhabdomyolysis (Jones, 2023).	1. Thrombocytopenia (Jones, 2023). 2. Angioedema (Jones, 2023).	1.Agranulocytosis (Jones, 2023). 2. Hypertension (Jones, 2023).

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2023) *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:**	A&O x 4, patient was alert and oriented to person, place, situation and time. The patient was well groomed and in no acute distress.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☒ N ☐** **Type: Jackson-Pratt Drain**	Patients skin appears thin and dry. The skin is intact, pale and warm to touch upon palpation. Skin color is tan and appropriate for ethnicity. Skin turgor is normal mobility with visible rebound. No rashes or bruising. **Braden Score**: 10/13/22- 16 which indicates she is at a mild risk of pressure ulcers.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation. Thyroid is not palpable. No noted nodules. Bilateral carotid pulse palpable and 2+. Lump nodes nonpalpable throughout head and neck. Ears auricles are symmetrical bilaterally, no visible or palpable deformities, lumps or lesions. Patient does not wear hearing aids. Eyes are symmetrical, bilateral white sclera, bilateral cornea clear, bilateral conjunctiva pink and moist, no visible drainage. PERRLA bilaterally. EOMs intact bilaterally. Nose is midline with no deviated septum. Patient did have several missing teeth. Tongue and buccal mucosa pink and moist. No 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:**	S1 and S2 heart sounds were audible. No murmur, S3, S4 sounds heard. Cardiac rhythm is regular at steady rate. Peripheral pulses palpable bilaterally throughout and are 2+ and equal in strength and beat. Capillary refill is less than 3 seconds in fingers and toes. No edema noted

RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds clear throughout anteriorly and posteriorly bilaterally. No wheezes, crackles or rhonchi noted. Respiratory rate was assessed while patient was in sitting position and was 18 respirations per minute and were symmetrical and regular. No accessory muscles were used for respiration. No chest deformities were observed, other than recent left breast mastectomy. Patient also denied any coughing or sputum production.
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:**	N/A Regular texture and consistency, no restrictions. 157.5 cm 66.9 kg Bowel sounds present and active in all four quadrants. Last BM: 10/11/22 No palpable masses, no pain with palpation. Distention: None noted Incisions: Left breast removal Scar: Present in right upper quadrant and abdomen from umbilicus to pubic symphysis. Drains: Jackson-Pratt Wounds: Left breast removal
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Did not visualize. Patient self ambulates to the bathroom. She does not have any urinary complaints. She also states her urination frequency and amount is normal for her.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐**	N/A N/A Wheelchair N/A Patient does not need assistance with much of any of her ADLs unless she needs to ambulate down the hallways to meals or therapy. She uses

Fall Score: **Activity/Mobility Status:** **Independent (up ad lib)** ☒ **Needs assistance with equipment** ☒ **Needs support to stand and walk**☒	a wheelchair for that. Fall score on 10/13/22 is 40 (low risk) on the Morse Fall Scale. Patient has very little difficulty with mobility due to some weakness since her mastectomy. But for the most part in her room she is moves independently.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	N/A N/A N/A N/A A&O x 4, patient was alert and oriented. N/A N/A N/A N/A
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):**	Patients coping methods are going to physical therapy to regain her strength back in her legs. She also prays daily and watches religious shows on television. Development level is appropriate for age. Education level: She graduated high school and did some college. Patient religion Pentecostal, religion is very important to her.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0853	65 bpm	126/72 mm/hg	18 breath/minute	36.7 degrees Celsius 98.1 degrees Fahrenheit	97% on room air.

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions

1100	Numeric	Left breast area	4	Sharp, achy	Patient has been taking Tylenol and resting.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
Breakfast: 200 mL of coffee 200 mL of juice 100% of breakfast consumes Lunch: 300 mL of tea 50% of lunch consumed.	Did not observe patient in the bathroom. Patient state she urinated 2 times while I was there.

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. Risk for infection related to intraductal carcinoma	This diagnosis was chosen because the patient had a	1.Follow the facilities infection control policy to minimize	1. The patients white blood cell count and differential will remain within	The patient was agreeable with the stated goals and outcomes. The patient is very

as evidence by left breast mastectomy.	left breast mastectomy on 10/6/22 causing impaired skin integrity.	the risk of nosocomial infection. 2.Monitor patients WBC as ordered. Report any elevation or depressions. Elevated total WBC count can indicate an infection.	normal ranges.	eager to be discharged back to home in the near future.
2. Risk for pain related to left breast mastectomy and Jackson-Pratt drain placement as evidence by 4 out of 10 pain intensity on numeric scale.	This diagnosis was chosen because the patient was experiencing pain from her surgical procedure on 10/6/22.	1. Encourage patient to report their pain and which pain relief measures prove most effective. 2.Return to patient 30 minutes after pain medication is given to check if the intervention was effective.	1. The patient will report achieving pain relief with analgesia or other measures.	The patient was agreeable with the stated goals and outcomes. She was hesitant to take her pain medication as often as prescribed, I explained to her that it was important to stay ahead of her pain so she can maximize her physical ability in physical therapy so she can regain her strength and return home.

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

Pain of surgical site of left breast mastectomy.

Nursing Diagnosis/Outcomes

Risk for infection related to intraductal carcinoma as evidence by left breast mastectomy.
The patients white blood cell count and differential will remain within normal ranges.
Risk for pain related to left breast mastectomy and Jackson-Pratt drain placement as evidence by 4 out of 10 pain intensity on numeric scale.
The patient will report achieving pain relief with analgesia or other measures.

Objective Data

Low RBC level 3.65x10^6/mcl
Low HgB level 10.6 g/dL
Low Hct level 31.4%
High K+ level 5.2 mmol/L
High Glucose 122 mg/dL
VS: BP 126/72, P 67, T 98.1 degrees F, R 18, O2 97% on room air.

Client Information

72-year-old patient has intraductal carcinoma in situ of left breast, status post left mastectomy.
Admitted to facility on 10/01/22

Nursing Interventions

Follow the facilities infection control policy to minimize the risk of nosocomial infection.
Monitor patients WBC as ordered. Report any elevation or depressions. Elevated total WBC count can indicate an infection
Encourage patient to report their pain and which pain relief measures prove most effective.
Return to patient 30 minutes after pain medication is given to check if the intervention was effective.

References

Capriotti, T & Frizzell, J. P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F. A. Davis Company.

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Sarah Bush Lincoln Hospital. (2022). *Lab Values*. Sarah Bush Lincoln Hospital.

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications* (11th ed.) F. A. Davis Company.