

**Medications**

Pantoprazole 40mg PO daily: Proton pump inhibitor/antiulcer: to treat C. diff associated diarrhea: check for allergies (*Nurse's Drug Handbook 2021*).

Metoprolol 50 mg PO BID: Beta 1 adrenergic blocker/antihypertensive: taking because of hypertension: assess blood pressure and heart rate (*Nurse's Drug Handbook 2021*).

Vancomycin 1000mg IVBP daily Antibiotic/glycopeptide: to treat pseudomembranous colitis caused by c.diff: check for allergies (*Nurse's Drug Handbook 2021*).

Metronidazole 500 PO TID x10 days: Nitroimidazole/antiprotozoal: to treat systemic infections caused by Clostridioides difficile: assess for chest pain, tachycardia and palpitations (*Nurse's Drug Handbook 2021*).

**Lab Values/Diagnostics**

WBC: 16.9 (4.0-9.0)-Elevation could be a sign of infection

HGB: 11.2 (12.0-15.5)- Could make you more likely to get an infection

% Neuts: 94 (40-70)- Elevation is an indicator of an infection

Gluc: 135 (70-99)- Elevation could indicate possible Diabetes Miletus

Creat: 1.4 (0.50-1.00)- Elevation can indicate a possible kidney issue

C.difficile: Positive (Negative)- Has Chloridoids difficile

Lactate: 2.4 (<2)- could indicate possible kidney issues

Diagnostics: NA

**Demographic Data**

Date of Admission: 10/17/2022  
 Admission Diagnosis/Chief Complaint: C. difficile  
 Age: 62  
 Gender: Female  
 Race/Ethnicity: African American  
 Allergies: NKA  
 Code Status: Full  
 Height in cm: 157.48  
 Weight in kg: 75.5  
 Psychosocial Developmental Stage: Generativity vs. stagnation (seventh stage)  
 Cognitive Developmental Stage: Formal operational stage  
 Braden Score: 13 (moderate risk)  
 Morse Fall Score: 65 (high risk)  
 Infection Control Precautions: Contact precautions

**Admission History**

The patient, Minnie Taylor is a 62 year old African American female with a history of diabetes mellitus type 2, hypertension, and peripheral arterial disease. The patient had a left below the knee amputation 3 days ago. Ms. Taylors chief complaint for admission is C.difficile. Ms. Taylor had two small loose watery stools last night and a third large watery brown stool this afternoon that had a very distinct foul odor. Ms. Taylor is now complaining of generalized lower abdominal cramping. She rates on a number scale the pain 3/10. She does not have an appetite and does not feel like drinking fluids. Ms. Taylor was awake and alert after lunch, but later that afternoon prior to supper she is sleepy but difficult to arouse and once aroused falls right back to sleep.

**Medical History**

Previous Medical History: Diabetes mellitus type II, hypertension, peripheral arterial disease, left below the knee amputation.

Prior Hospitalizations:10/13/2022 left below the knee amputation.

Previous Surgical History: Left below the knee amputation.

Social History: The patient is a retired teacher who never married and has no close friends. She lives alone in her own apartment.  
 Smoking Hx-Unknown Alcohol Hx-Unknown Drug Hx- Unknown

**Pathophysiology**

Disease process: Clostridoides difficile colonizes in the large intestine of humans. Adults with an Emune response system can become asymptomatic carriers of C diff. Neonates are also known 2 be asymptomatic carriers. This can be owed to a lack of intestinal receptors for C diff. The use of antibiotics alters the microbial flora of the large intestine which renders it susceptible to infection by C difficile. The transmission of the disease occurs through the fecal oral route (Mada & Alam, 2022).

S/S of disease: watery diarrhea with mucus or a cold blood, anorexia, nausea, vomiting, a low grade fever, and lower abdominal pain and cramping are some of the symptoms associated with diarrhea and colitis. There are other symptoms such as abdominal distention and hypovolemia which could also indicate a sign or symptom of C diff (Mada & Alam, 2022).

Method of Diagnosis: a patient with new onset of three or more loose or unformed stools within a 24 hour period with no obvious other etiology should be checked for C diff infection. Ms. Taylor had 3 loose unformed and watery stools within a 24 hour period. A technique such as a polymerase chain reaction (PCR), enzyme immune assays, cell culture cytotoxic assay and a selective anaerobic culture can be used in making the diagnosis (Mada & Alam, 2022).

Treatment of disease: treatment can include a multi step approach of discontinuing the usage of inciting antibiotics comma isolating the patient comma and administering the antibiotic based on the severity of the infection (Mada & Alam, 2022).

**Active Orders**

Vancomycin 125mg PO four times daily for 10 days- to treat the positive culture of C. difficile.

Metronidazole 500 mg PO TID x 10 days- to treat the positive culture of C. difficile and any other infection present.

0.9% NS 100mL/hr continuous IV infusion- to improve fluid and electrolyte balance.

**Physical Exam/Assessment**

**General:** Patient is a pleasant female and in no acute distress, calm, body relaxed, no grimacing, she appears to be resting comfortably.

**Integument:** Patients skin is warm and dry, intact, is normal color for ethnicity. There is no clubbing of nails, cap refill less than three seconds. patient's hair is soft, distribution is normal for age and gender. Skin integrity is intact, turgor elastic, no tenting present.

**HEENT:** The patient's lips are dry, tongue and oral mucosa is pink and moist.

**Cardiovascular:** The patient is pale pink warm and dry with no edema evident. Heart sounds regular, pulses are strong and equal with palpitation at radial, pedal, post tibial points. Brisk cap refill. Heart tones audible and regular. No JVD noted.

**Respiratory:** Breath sounds are clear with equal inspiration and expiration and all lobes. Non labored respiratory effort on room air.

**Genitourinary:** Urine 200mL clear yellow

**Gastrointestinal:** Patients abdomen round, soft, and tender to gentle palpitation. Bowel sounds are positive in all four quadrants.

**Neurological:** Patient arouses easily, patient is more awake and oriented to person in place. Patient has no focal neurologic deficits.

**Most recent VS (include date/time and highlight if abnormal):**

!0/17/2011- 11:00

Temp: 100.5 F/38.2C

O2sat: 95%

RR: 20

P: 90

BP: 104/70

Pain: rated 3/10 ongoing cramping

Pain and pain scale used: 3/10 NUMBER scale

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
<p><b>Imbalanced nutrition:</b> Less than body requirements related to diarrhea in C diff infection as evidenced by watery stool (Ackley et al., 2020)</p>	<p><b>Risk for infection:</b> Possible risk for infection related to insufficient principal defenses as evidenced by tissue damage and compromised skin integrity (Ackley et al., 2020).</p>	<p><b>Acute pain:</b> Acute abdominal pain related to diarrhea, and loss of appetite, as evidenced by and upset stomach and weight loss (Ackley et al., 2020).</p>
<p><b>Rationale</b></p> <p>If the patient is unable to maintain proper nutrition the body can not maintain homeostasis and bodily systems will begin to become altered and or shut down. A patient who suffers from imbalanced nutrition may have difficulty concentrating, they could be confused, become dehydrated. Arrhythmia and high blood pressure are possible vital signs that you could see along with paresthesia (Ackley et al., 2020)</p>	<p><b>Rationale</b></p> <p>If the caregiver or patient is unable to maintain proper aseptic techniques, there is a possibility of pathogens being transmitted or disseminated two or between patients (Ackley et al., 2020).</p>	<p><b>Rationale</b></p> <p>The patient has acute abdominal pain due to being positive for C diff. The patient has abdominal cramping, and the abdomen is sensitive upon palpation (Ackley et al., 2020).</p>
<p><b>Interventions</b></p> <p><b>Intervention 1:</b> Establish a baseline weight. Record the exact weight of the patient daily same time same clothing same place.</p> <p><b>Intervention 2:</b> Assess lab result findings that suggest improvement or deterioration (Ackley et al., 2020).</p>	<p><b>Interventions</b></p> <p><b>Intervention 1:</b> Most important hand hygiene! Also maintain proper aseptic technique when caring for a patient with C diff, that includes changing dressings, caring for wounds, administering intravenous fluids, and dealing with catheters (Ackley et al., 2020).</p> <p><b>Intervention 2:</b> Before using any equipment or object in the patient, be sure that they have been properly sanitized and or disinfected (Ackley et al., 2020).</p>	<p><b>Interventions</b></p> <p><b>Intervention 1:</b> Perform a pain evaluation. The evaluation should assess the origin, aspects, onset, persistence, reoccurrence, intensity, and severity of the patient's abdominal pain (Ackley et al., 2020).</p> <p><b>Intervention 2:</b> Provide pain relief methods to the patient before they become too extreme (Ackley et al., 2020).</p>
<p><b>Evaluation of Interventions</b></p> <p>By establishing a baseline weight these evaluations are critical and must be precise they will serve as a foundation for caloric and nutritional requirements (Ackley et al., 2020).</p> <p>Laboratory tests are essential in establishing a patient's nutritional status. An abnormal value in a single diagnostic study or lab could have a variety of explanations detrimental to that patient's success (Ackley et al., 2020).</p>	<p><b>Evaluation of Interventions</b></p> <p>The aseptic approach reduces the possibility of pathogens being transmitted between patients interrupting this process by using the aseptic approach is an efficient method of preventing infection transmission (Ackley et al., 2020)</p> <p>Harmful pathogens are reduced or eliminated by making sure objects have been properly sanitized and or disinfected (Ackley et al., 2020).</p>	<p><b>Evaluation of Interventions</b></p> <p>By performing a pain evaluation the intervention is intended to alleviate discomfort address the main condition and prevent any negative repercussions (Ackley et al., 2020).</p> <p>If an analgesic prior to discomfort or before pain becomes too intense because they hired dose may be needed if so (Ackley et al., 2020).</p>

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**References (3) (APA):**

Ackley, B. J., Ladwig, G. B., Flynn, M. M. B., Martinez-Kratz, M. R., & Zanotti, M. (2020). *Nursing diagnosis handbook: An evidence-based guide to planning care*. Elsevier.

Jones & Bartlett Learning. (2021). *Nurse's Drug Handbook*.

Mada, P., & Alam, M. (2022). *Clostridioides difficile - statpearls - NCBI bookshelf*. NCBI Bookshelf. A service of the National Library of Medicine, National Institutes of Health. Retrieved October 21, 2022, from <https://www.ncbi.nlm.nih.gov/books/NBK431054/>