N431 Care Plan # 2

Lakeview College of Nursing

Marianna Kalembasa

Demographics (3 points)

Date of Admission 10/18/2022	Client Initials RR	Age 77	Gender Male
Race/Ethnicity White/Caucasian	Occupation First Student school bus driver	Marital Status Married	Allergies None
Code Status FULL	Height 6'2"	Weight 140.2 kg	

Medical History (5 Points)

Past Medical History: He has a past medical history of Arthritis, Carcinoma (HCC), Combined forms of age-related cataract of the left eye (12/19/2018), Combined forms of age-related cataract of the right eye (1/9/2019), Kidney stones, and Sleep apnea.

Past Surgical History: has a past surgical history that includes Skin Cancer Excision; Femur Surgery (Left); lap, inguinal hernia repair, initial (Left); Finger Trigger Release (Right); Knee Surgery (Left); Cataract Removal with Implant (Left, 12/19/2018); and Cataract Removal with Implant (Right, 1/9/2019).

Family History: His family history includes Kidney Stones in his brother.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): reports that he quit smoking about 52 years ago. He has never used smokeless tobacco. He reports current alcohol use. He reports that he does not use drugs.

Assistive Devices: None

Living Situation: At home with his wife

Education Level: Completed High School

Admission Assessment

Chief Complaint (2 points): Abdominal pain

History of Present Illness – OLD CARTS (10 points): The patient came into the emergency department complaining of left anterior chest pain that radiates to the middle of the shoulder blade. The chest pain began at 1830 on 10/18/22. The pain has been constant and dull since the onset. Nothing has made the patient's pain worse or better since the onset. The patient has stated that he did not take any pain medication however he tried to relax which did not help with the pain. The patient has never experienced this pain before and rates it a 9/10.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute Gastritis

Secondary Diagnosis (if applicable):

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

Acute gastritis is the inflammation or swelling of the stomach lining caused by damage to the epithelial cells (Capriotti, 2020). The most common cause of acute gastritis is nonsteroidal anti-inflammatory drugs (NSAID) and corticosteroid steroid usage; however, it can also be caused by bacterial infections, and excessive alcohol consumption. As of the clinical it has yet to be identified why the patient has acute gastritis however, the patient is a chronic NSAID user which could have led to this diagnosis. Acute gastritis can cause severe and nagging pain however, typically the pain only lasts for a short burst of time. The patient was experiencing pain, however, the pain remained constant rather than short burst of pain, this is different than the typical appearance of acute gastritis. Common symptoms of gastritis are loss of appetite, indigestion, black stools, nausea, vomiting, and pain in the upper part of the abdomen. It is also common for acute gastritis patients to have an elevated blood pressure (Capriotti, 2020). The patient came in with complaints of nausea and vomiting which is common for acute gastritis. In

addition to the nausea and vomiting the patient had an elevated blood pressure which is also common for acute gastritis. To diagnose acute gastritis a CBC, fecal test, esophagogastroduodenoscopy, and X-ray can be done (Kivi, 2019). The patient had a CBC and an x-ray to diagnosis acute gastritis. Unfortunately, the doctors are unsure if the patient is truly experiencing acute gastritis or if he is experiencing a gallbladder problem. As of the clinical, the patient's true diagnosis has not been identified. Treatment for acute gastritis is eating bland foods, lean meats, and food low in acid, fat, and fiber. If a patient has acute gastritis from *H. Pylori* the patient may require one or two rounds of antibiotics (Kivi, 2019). Treatment for this patient has yet to be identified however, he

is receiving medications to help with both his pain and nausea and vomiting.

Pathophysiology References (2) (APA):

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

Kivi, R. (2019, May 11). *Acute gastritis: Causes, symptoms, and diagnosis*. Healthline. https://www.healthline.com/health/gastritis-acute#diagnosis

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	**3.8-5.3**	**4.98**	**N/A**	**N/A**
Hgb	**12.0-15.8**	**13.9**	**N/A**	**N/A**
Hct	**36-47**	**41.8**	**N/A**	**N/A**
Platelets	**140-440**	**171**	**N/A**	**N/A**
WBC	**4.0-12.0**	**9.30**	**N/A**	**N/A**
Neutrophils	**47.0-75.0**	**80.1**	**N/A**	**An increase in neutrophils can be a sign of inflammation and infection. It is likely that the patient is showing signs of inflammation due to their diagnosis of acute gastritis (Pagana, 2019).**
Lymphocytes	**18.0-42.0**	**10.8**	**N/A**	**I am unable to determine why the patient's lymphocytes are decreased, however, one reason is that the patient may be malnourished (Pagana, 2019).**
Monocytes	**4.0-12.0**	**6.3**	**N/A**	**N/A**
Eosinophils	**0.0-5.0**	**2.2**	**N/A**	**N/A**
Bands	**0.0-1.0**	**0.10**	**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-	**133-144**	**136**	**N/A**	**N/A**
K+	**3.5-5.1**	**3.9**	**N/A**	**N/A**
Cl-	**98-107**	**102**	**N/A**	**N/A**
CO2	**21-31**	**26**	**N/A**	**N/A**
Glucose	**70-99**	**152**	**N/A**	**The patient's glucose levels are likely elevated due to the patient's diagnosis of pre-diabetes. His body is unable to produce its own insulin (Pagana, 2019).**
BUN	**7-25**	**23**	**N/A**	**N/A**

Creatinine	**0.50-1.0**	**1.48**	**N/A**	**Unsure why the patient's creatine is elevated however, it could be related to an infection in the gallbladder spreading to the kidney (Pagana, 2019).**
Albumin	**3.5-5.7**	**3.8**	**N/A**	**N/A**
Calcium	**8.5-10.2**	**9.2**	**N/A**	**N/A**
Mag	**1.6-2.6**	**2.0**	**N/A**	**N/A**
Phosphate	**2.8-4.5**	**3.6**	**N/A**	**N/A**
Bilirubin	**0.2-0.8**	**0.4**	**N/A**	**N/A**
Alk Phos	**34-104**	**67**	**N/A**	**N/A**
AST	**13-39**	**15**	**N/A**	**N/A**
ALT	**7-52**	**16**	**N/A**	**N/A**
Amylase	**10-140**	**N/A**	**N/A**	**N/A**
Lipase	**0-160**	**18.7**	**N/A**	**N/A**
Lactic Acid	**0.5-2.0**	**1.1**	**N/A**	**N/A**
Troponin	**0-0.04**	**<0.030**	**N/A**	**N/A**
CK-MB	**3-5%**	**N/A**	**N/A**	**N/A**
Total CK	**5-25**	**N/A**	**N/A**	**N/A**

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	**0.8-1.1**	**0.9**	**N/A**	**N/A**

PT	**10.1-13.1**	**10.5**	**N/A**	**N/A**
PTT	**25-36**	**33**	**N/A**	**N/A**
D-Dimer	**<0.5**	**N/A**	**N/A**	**N/A**
BNP	**<100**	**N/A**	**N/A**	**N/A**
HDL	**>40**	**N/A**	**N/A**	**N/A**
LDL	**<130**	**N/A**	**N/A**	**N/A**
Cholesterol	**<200**	**N/A**	**N/A**	**N/A**
Triglycerides	**<150**	**N/A**	**N/A**	**N/A**
Hgb A1c	**4-6**	**N/A**	**N/A**	**N/A**
TSH	**0.27-4.2**	**N/A**	**N/A**	**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	**Yello/clear**	**Yellow/ clear**	**N/A**	**N/A**
pH	**5-9**	**5.0**	**N/A**	**N/A**
Specific Gravity	**1.003-1.030**	**1.028**	**N/A**	**N/A**
Glucose	**Negative**	**Negative**	**N/A**	**N/A**
Protein	**Neatice**	**Trace**	**N/A**	**Protein in the urine can identify damage in the kidneys, this damage could be due to the patient being pre-diabetes (Pagana, 2019).**
Ketones	**Negative**	**Negative**	**N/A**	**N/A**
WBC	**0-5**	**0-5**	**N/A**	**N/A**
RBC	**0-2**	**Negative**	**N/A**	**N/A**
Leukoesterase	**Negative**	**Negative**	**N/A**	**N/A**

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	**7.35-7.45**	**N/A**	**N/A**	**N/A**
PaO2	**80-100**	**N/A**	**N/A**	**N/A**
PaCO2	**35-45**	**N/A**	**N/A**	**N/A**
HCO3	**22-26**	**N/A**	**N/A**	**N/A**
SaO2	**95-100**	**N/A**	**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**	**N/A**
Blood Culture	**No growth**	**N/A**	**N/A**	**N/A**
Sputum Culture	**Negative**	**N/A**	**N/A**	**N/A**
Stool Culture	**Negative**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference* (14th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT Abdomen Pelvis W/O Contrast, XR chest single view portable, US abdomen limited level 3 Organ

Diagnostic Test Correlation (5 points):

CT Abdomen Pelvis W/O Contrast

A CT of the abdomen and pelvis can help to diagnose obstruction, kidney stones, hernias, masses, tumors, infections, aneurysms, and many other problems (“Mayo foundation for medical education and Research”, 2020). The Patients CT had no significant findings.

XR chest single view portable

A Chest X-ray is used to produce an image of your heart, lungs, blood vessels, airways and the bones of your chest and spine (“Mayo foundation for medical education and Research”, 2020). The patient’s chest x-ray showed cardiomegaly, mild prominence of pulmonary vasculature, and right basilar atelectatic changes. Overall, the doctors are unable to rule out minimal CHF from the findings on the chest x-ray.

US abdomen limited level 3 organ

The Ultrasound of the abdomen was used to visualize the liver, kidney, and gallbladder (“Mayo foundation for medical education and Research”, 2020). The Ultrasound found moderate fatty infiltration of liver, a distended gallbladder, and a “sludge” in the gallbladder. The sludge is not stoning however, it cannot rule out acute cholecystitis. A Hepatobiliary iminodiacetic acid (HIDA) scan has been recommended to get a better visual of the gallbladder. HIDA scan is an imaging procedure used to diagnose problems of the liver, gallbladder, and bile duct.

Diagnostic Test Reference (1) (APA):

Mayo Foundation for Medical Education and Research. (2020, June 13). *Ards*. Mayo Clinic. Retrieved May 27, 2022, from https://www.mayoclinic.org/diseases-conditions/ards/diagnosis-treatment/drc-20355581

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

Home Medications (5 required)

Brand/Generic	**Acetaminophen/ Tylenol**	**Potassium Citrate/ Ucrocit-K**	**Aspirin**	**Tamsulosin /Flomax**	**Metoprolol/ Lopressor**
Dose	**325mg**	**1080mg**	**81mg**	**0.4mg**	**25mg**
Frequency	**Q6 PRN**	**Q12**	**Daily**	**Daily**	**BID**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Pharmacologic class: Nonsalicylate, para-aminophenol derivative** **Therapeutic class: Antipyretic, nonopioid analgesic**	**Pharmacologic class: Electrolyte cation** **Therapeutic class: Electrolyte replacement**	**Pharmacologic class: Salicylate** **Therapeutic class: NSAID**	**Pharmacologic class: Alpha adrenergic antagonist** **Therapeutic class: Benign prostatic hyperplasia agent.**	**Pharmacological: Beta1-adrenergic Therapeutic: Antianginal, antihypertensive**
Mechanism of Action	**Inhibits the enzyme cyclooxygenase, blocking**	**Acts as the major cation in intracellular fluid,**	**Blocks the activity of cyclooxygenase, the enzyme**	**Blocks alpha1-adrenergic receptors in the**	**Inhibits stimulation of beta1-receptor**

	prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.	**activating many enzymatic reactions essential for physiologic processes, including nerve impulse transmission and cardiac and skeletal muscle contraction.**	**needed for prostaglandin synthesis. Prostaglandins, important mediators in the inflammatory response, cause local vasodilation with swelling and pain. With blocking of cyclooxygenase and inhibition of prostaglandins, inflammatory symptoms subside. Pain is also relieved because prostaglandins play a role in pain transmission from the periphery to the spinal cord.**	**prostate. This action inhibits smooth-muscle contraction in the bladder neck and prostate, prostatic capsule, and prostatic urethra, which improves the rate of urine flow and reduces symptoms of BPH.**	**sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand.**
Reason Client Taking	**To relive mild to moderate pain**	**To prevent hypokalemia.**	**To relieve mild pain or fever.**	**To treat BPH**	**Patient is taking this due to a history or hypertens**

					ion.
Contraindications (2)	**Severe hepatic impairment and severe active liver disease.**	**Acute dehydration and Addison's disease**	**Active bleeding and flu-like symptoms**	**Hypersensitivity to tamsulosin or its component**	**Overt cardiac failure and sinus bradycardia.**
Side Effects/Adverse Reactions (2)	**Hypotension and hepatotoxicity**	**Arrhythmias and asystole.**	**CNS depression and GI bleeding.**	**Atrial fibrillation and respiratory impairment.**	**CVA and Heart failure**
Nursing Considerations (2)	**Monitor the end of parenteral infusion to prevent air embolism and monitor renal function in patients on long term therapy.**	**Monitor patient for abdominal pain and be aware that injections should be given with caution.**	**Monitor salicylate level and expect aspiring therapy to be temporarily halted 5 to 7 days before surgery.**	**First rule out prostate cancer and know that if given on an empty stomach the patient's blood pressure should be monitored.**	**Use caution for patients with Asthma and COPD because it can cause bronchoconstriction. It also can mask symptoms of hypoglycemia in diabetics.**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor patients AST and creatinine levels.**	**Monitor creatinine level and hypokalemia.**	**Monitor salicylate level**	**Monitor patient for dizziness and headache.**	**Monitor the patients' blood pressure and heart rate before administering.**
Client Teaching Needs (2)	**Do not exceed recommended dosage**	**Instruct patient not t chew and take drug**	**Instruct patient to take aspirin**	**Instruct patient not to chew and notify**	**Instruct the client to take it the same**

	and recognize signs of hepatotoxicity (Jones & Bartlett Learning, 2021).	**after food (Jones & Bartlett Learning, 2021).**	**with food and avoid alcohol (Jones & Bartlett Learning, 2021).**	**provider if the patient missed the pill for several days (Jones & Bartlett Learning, 2021).**	**time every day and the pill should be swallowed whole and not crushed or chewed**

Hospital Medications (5 required)

Brand/Generic	**Heparin/ Porcine**	**Morphine**	**Ondansetron/ Zofran**	**Pantoprazole/ Protonix**	**Calcium Carbonate/tums**
Dose	**5,000 Units**	**2mg**	**4mg**	**40mg**	**1,000mg**
Frequency	**Q8**	**Q4 PRN**	**Q6 PRN**	**Q12**	**Q8**
Route	**Subq**	**IV**	**IV**	**IV**	**PO**
Classification	**Pharmacologic class: Anticoagulant Therapeutic class: Anticoagulant**	**Pharmacologic class: Opioid Therapeutic class: Opioid analgesic**	**Pharmacologic class: Selective serotonin receptor antagonist Therapeutic class: antiemetic**	**Pharmacological: Proton pump inhibitor Therapeutic: Antiulcer**	**Pharmacologic class: calcium salts Therapeutic: Antacids**
Mechanism of Action	**Binds with antithrombin III, enhancing antithrombin III's inactivation of the coagulation**	**Selectively blocks alpha1 and beta2 receptors in vascular smooth muscle and beta1**	**Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherall**	**Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-**	**Increases levels of intracellular and extracellular calcium, which is needed to**

	enzymes thrombin (factor IIa) and factors Xa and XIa. At low doses, heparin inhibits factor Xa and prevents conversion of prothrombin to thrombin. Thrombin is needed for conversion of fibrinogen to fibrin; without fibrin, clots can't form.	**receptors in the heart, thereby reducing peripheral vascular resistance and blood pressure.**	**y at vagal nerve terminals in the intestine.**	**adenosine triphosphate enzyme system, or proton pump, in gastric parietal cells.**	**maintain homeostasis, especially in the nervous and musculoskeletal systems. Also plays a role in normal cardiac and renal function, respiration, coagulation, and cell membrane and capillary permeability.**
Reason Client Taking	**To prevent thromboembolism in the hospital.**	**To relieve severe pain**	**To prevent nausea and vomiting**	**Patient is taking medications for gastroesophageal reflux disease (GERD).**	**To help with antacid.**
Contraindications (2)	**Uncontrolled active bleeding and hypersensitivity to pork.**	**Bronchial asthma and heart failure**	**The use of apomorphine and hypersensitivity to ondansetron or its components.**	**Nephritis and systemic lupus erythematosus.**	
Side Effects/Adverse	**Thrombosi**	**Bradycardi**	**Intestinal**	**Blurred**	**Hypotens**

Reactions (2)	**s and heparin-induced thrombocytopenia.**	**a and hypotension**	**obstruction and pulmonary embolism**	**vision and fruit-like breath odor.**	**ion and nausea or vomiting.**
Nursing Considerations (2)	**Use heparin cautiously in alcoholics and patients over age 60.**	**Ensure that oxygen delivery equipment is ready and store at room temperature.**	**Monitor patient for chills and confusion.**	**Monitor for a history of liver disease or lupus and ask for if there is a known allergy to pantoprazole.**	**Hypercalcemia and digitalis toxicity.**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor patients PTT and INR.**	**Monitor respiratory rate and blood pressure**	**Monitor patients EKG and potassium levels.**	**Assess for GI symptoms and drowsiness before administrations.**	**Be aware of kidney failure and monitor serum calcium level.**
Client Teaching Needs (2)	**Explain that hepatin can't be taken orally and inform the patient about the increased risk for bleeding (Jones & Bartlett Learning, 2021).**	**Take at the same time every day and teach patient to monitor pulse (Jones & Bartlett Learning, 2021).**	**Advise patient to use oral syringe to measure oral solution and monitor for allergic reactions (Jones & Bartlett Learning, 2021).**	**Patient should avoid alcohol and report any rashes or itching (Jones & Bartlett Learning, 2021).**	**Urge patient to chew tablet thoroughly before swallowing and tell the patient to shake the bottle well before each use.**

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). *2021 Nurse's Drug Handbook* (21st ed.).

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert and oriented x3, patient does not appear in distress and is well groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 22** **Drains present: Y☐ N ☐** **Type:**	Skin is pink, warm, and dry upon palpation. No rashes, lesions, or bruising. Normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Skin turgor normal mobility. Capillary refill less than 3 seconds fingers and toes bilaterally.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, EOMs intact bilaterally. Septum is midline, turbinate's are moist and pink bilaterally and no visible bleeding or polyps. Posterior pharynx and tonsils are moist and pink without exudate noted. Hard palate intact. Dentition is good, oral mucosa overall is moist and pink without 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:**	Clear S1 and S2 without murmurs gallops or rubs. PMI palpable at 5th intercostal space at MCL. Normal rate and rhythm. Pulses 2+ throughout bilaterally. Capillary refill less than 3 seconds fingers and toes bilaterally. No edema inspected or palpated in all extremities.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **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: Regular** **Current Diet: Soft and bite sized** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM: 10/17/22** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention: None** **Incisions: None** **Scars: None** **Drains: None** **Wounds: None** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	Slightly tense obese abdomen with epigastric and right upper quadrant tenderness to fine in deep palpation; bowel sounds normal; no masses; no organomegaly
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** Unknown, pt. is independent **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals: N/A** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Urine is yellow/clear

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices: none** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score: 2** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	All extremities have full range of motion (ROM). Hand grips and pedal pushers and pulls demonstrate normal and equal strength. Balanced and smooth gait. Cranial nerves intact Deep tendon reflexes (DTRs) all locations 2+ bilaterally.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is alert and oriented x 3, speech is normal, PERRLA, Patient is arousable.
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 enjoys spending time with his wife as a coping method. He also will watch TV or read. Patient is at a normal adult developmental level. The patient and his wife are catholic. Their religion is very important to them. The met with the Chaplin during the shift. Patient lives at home with his wife, he has two adult children who he seems frequently. Overall, the patient has a very good family support system.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0919	**96**	**163/72**	**20**	**97.3**	**97%**
1500	**94**	**170/87**	**20**	**97.8**	**94%**

Vital Sign Trends: Patients blood pressure appears to be elevated throughout the clinical.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0919	**6/10**	**Upper right abdomen**	**Sharp**	**Constant**	**Medication given**
1500	**0/10**	**N/A**	**N/A**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	18G
Location of IV:	Left antecubital
Date on IV:	10/19/22
Patency of IV:	Patent, flushes well
Signs of erythema, drainage, etc.:	No signs of erythema or drainage
IV dressing assessment:	IV dressing is clean, dry, and intact Saline Lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
350ml of IV fluids	**N/A (Patient is independent, unable to measure his output.)**

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was sleeping most of the shift, as he had been up all night and morning. Patient was complaining of nausea and vomiting as well as abdominal pain throughout the shift. Blood pressure remained elevated throughout the shift but was not treated.

Procedures/testing done: None done during the shift.

Complaints/Issues: The patient did not have any complaints during the shift.

Vital signs (stable/unstable): Blood pressure remained elevated throughout the shift.

Tolerating diet, activity, etc.: Patient is on a soft and bite sized diet until midnight, he is then NPO. Patient is states that he is unable to eat a lot because he is feeling nauseas.

Physician notifications: There was not a need to notify the physician during the shift.

Future plans for client: Patient will consult with general Surgery later today.

Discharge Planning (2 points)

Discharge location: Patient will likely discharge to his home.

Home health needs (if applicable): None

Equipment needs (if applicable): None

Follow up plan: If a patient has surgery, he will need to follow up with the physician a week or 2 after the procedure.

Education needs: Patients will need to be educated not lifting heavy items after surgery and resting. Patient may need education on a gallbladder diet.

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

Nursing Diagnosis ● Include full nursing diagnosis with "related to" and "as evidenced by" components ● Listed in order by priority – highest priority to lowest priority	**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.

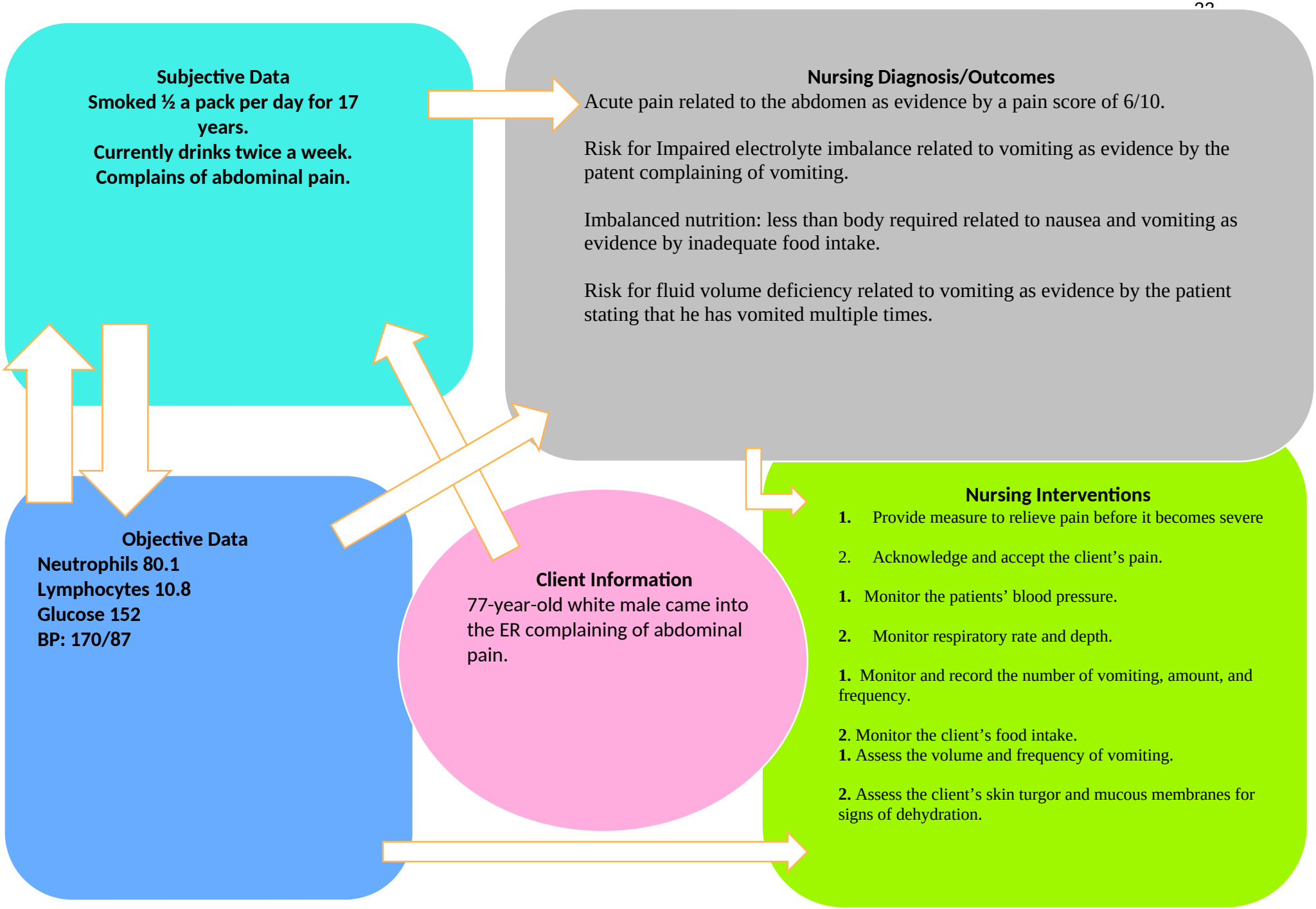
pertinent to this client				
1. Acute pain related to the abdomen as evidence by a pain score of 6/10.	This nursing diagnosis was chosen because it is important to help manage the patients pain to make him more comfortable.	**1.** Provide measure to relieve pain before it becomes severe 2. Acknowledge and accept the client's pain.	**1.** The client will be able to comfortably manage his pain.	When the patient expressed that he was in pain the nurse acknowledged his pain and administer morphine. The patient was encouraged to relax and get sleep so that he would be comfortable rather than experiencing more pain (Phelps, 2021).
2. Risk for Impaired electrolyte imbalance related to vomiting as evidence by the patent complaining of vomiting.	This nursing diagnosis was chosen because of the patient's risk for impaired electrolyte imbalance. This is important since impaired electrolyte imbalance can many problems such as decreased cardiac output.	**1.** Monitor the patients' blood pressure. **2.** Monitor respiratory rate and depth.	**1.** The client will display a heart rate, blood pressure and laboratory results within the normal limits and absence of neuromuscular irritability and cognitive impairment.	The patients' vital signs were monitored Q4. The patients' blood pressure was elevated throughout the shift which could point to an imbalance in the patients' electrolytes. The patient and his wife understood the importance of monitoring his vital signs and encouraged it (Phelps, 2021).
3. Imbalanced nutrition: less than body required related to nausea and vomiting	This nursing diagnosis was chosen because monitoring the patients imbalanced nutrition is important to monitor.	**1.** Monitor and record the number of vomiting, amount, and frequency. **2**. Monitor the client's food intake.	The desired outcome for this client is that he will have an increased nutritional intake and absence of nausea and vomiting.	The number of times the patient vomited was monitors. The patient was independent however, he did inform the nurse every time he would vomit. The patient and his wife

as evidence by inadequate food intake.				understood the importance of monitoring the number of times the patient vomited (Phelps, 2021).
4. Risk for fluid volume deficiency related to vomiting as evidence by the patient stating that he has vomited multiple times.	This nursing diagnosis was chosen due to the patient's risk for fluid volume deficiency since he has vomited multiple times.	**1.** Assess the volume and frequency of vomiting. **2.** Assess the client's skin turgor and mucous membranes for signs of dehydration.	The desired outcomes for this nursing diagnosis are that the patient is nonmonomeric.	The patient was independent, and the nurse was unable to assess the volume of vomiting however, the nurse was able to assess the patient's frequency of vomiting to monitor it. The nurse was able to assess the client skin turgor and mucous membranes which were normal (Phelps, 2021).

Other References (APA):

Phelps, L. L. (2021). *Sparks & Taylor's nursing diagnosis pocket guide*. Wolters Kluwer.

Concept Map (20 Points):


Subjective Data
Smoked ½ a pack per day for 17 years.
Currently drinks twice a week.
Complains of abdominal pain.
Nursing Diagnosis/Outcomes
Acute pain related to the abdomen as evidence by a pain score of 6/10.
Risk for Impaired electrolyte imbalance related to vomiting as evidence by the patent complaining of vomiting.
Imbalanced nutrition: less than body required related to nausea and vomiting as evidence by inadequate food intake.
Risk for fluid volume deficiency related to vomiting as evidence by the patient stating that he has vomited multiple times.
Objective Data
Neutrophils 80.1
Lymphocytes 10.8
Glucose 152
BP: 170/87
Client Information
77-year-old white male came into the ER complaining of abdominal pain.
Nursing Interventions
1. Provide measure to relieve pain before it becomes severe
2. Acknowledge and accept the client's pain.
1. Monitor the patients' blood pressure.
2. Monitor respiratory rate and depth.
1. Monitor and record the number of vomiting, amount, and frequency.
2. Monitor the client's food intake.
1. Assess the volume and frequency of vomiting.
2. Assess the client's skin turgor and mucous membranes for signs of dehydration.