N311 Care Plan # 3

Lakeview College of Nursing

Jayda Davis

Demographics (5 points)

Date of Admission 9/8/2022	**Client Initials** B. R	**Age** 54	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Factory worker	**Marital Status** Single	**Allergies** None
Code Status Full Code	**Height** 69 inches	**Weight** 89.4 kg	

Medical History (5 Points)

Past Medical History: Unspecified protein-calorie malnutrition, gout, GERD, right foot drop, hypokalemia, hypertension, alcohol dependence, nutritional anemia, hyponatremia, hypo-osmolarity, depression, and history of falling.

Past Surgical History: Patient-reported no surgical history

Family History: Patient-reported no family history

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Cigarettes- 1 whole pack every day for 30 years. Nicotine patch- 1 patch every day for the past 6 months. Beer, 7-8 bottles every day for the past 25 years. Vodka- 2 pints every other day for the past 25 years. No drug uses.

Admission Assessment

Chief Complaint (2 points): Generalized weakness

History of Present Illness – OLD CARTS (10 points): On September 8th, a 54-year-old male was admitted to Mattoon rehabilitation and Health center for rehabilitation care due to weakness and recurrent falls. The patient reported experiencing weakness in his legs for about a month now. The patient reports that he has had an increased amount of falls due to his weakness. Walking, standing up, and transferring have become more difficult due to being weak in both

legs. The patient reports that laying down and sitting make him feel better. The patient is in physical therapy to help him gain strength in his lower legs.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Alcoholic cirrhosis of the liver with ascites.

Secondary Diagnosis (if applicable): Failure to thrive

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

Alcoholic cirrhosis of the liver with ascites is a disease that is caused due to excessive ingestion of alcohol. Alcoholic cirrhosis develops over a long period and is permanent (Capriotti, 2022, p. 771). It can cause severe functional impairment and has a mortality rate of nearly 60% after four years of being diagnosed (Capriotti, 2022, p. 771). Ascites are the presence of excessive fluid in the peritoneal cavity (Perri, 2017). Ascites in cirrhosis cause hypertension and renal sodium retention (Perri, 2017). Symptoms of cirrhosis and ascites are abdominal distension, nausea, lower-extremity edema, jaundice, and reduced mobility (Perri, 2017).

In cirrhosis and ascites, alcohol is a potent hepatocyte toxin (Capriotti, 2022, p. 772). When hepatocytes are constantly damaged due to alcohol, they start to regenerate slower (Capriotti, 2022, p. 772). Fatty liver develops when an individual consumes more than 60 grams of alcohol daily (Capriotti, 2022, p. 772). Constantly ingesting ethanol will inhibit the oxidation of fatty acids in the liver (Capriotti, 2022, p. 772). Fat will accumulate around the hepatocytes and disrupt the organelles' integrity (Capriotti, 2022, p. 772). Disrupting the mitochondrion in hepatocytes leads to free radical release and inflammation (Capriotti, 2022, p.772). Ascites occur because the disruption in pressure forces between intravascular and extravascular fluid space allows fluid from the extravascular to accumulate in the peritoneal cavity (Perri, 2017).

The diagnosis of cirrhosis and ascites requires a blood draw to look at the person's levels involved with the liver. Elevated liver enzymes are accompanied by hypercholesteremia, hypertriglyceridemia, and sometimes hyperbilirubinemia (Capriotti, 2022, p. 772). Specifically, in alcoholic cirrhosis, AST and ALT liver enzymes are elevated (Capriotti, 2022, p. 772). An ultrasound of the liver can also be used to detect fatty infiltration (Capriotti, 2022, p. 772). A liver biopsy also can confirm alcoholic liver disease (Capriotti, 2022, p. 772). Treatment of alcoholic cirrhosis and ascites includes cessation of alcohol use (Capriotti, 2022, p. 772). Patients should be on a high-protein, low-sodium, low-fat diet to help with the liver (Capriotti, 2022, p. 772). Vitamins and minerals such as folate and thiamine are also recommended (Capriotti, 2022, p. 772).

The patient was diagnosed with alcoholic cirrhosis with ascites due to the extreme amount of use of alcohol consumption. The patient drank up to 8 beers a day plus 2 pints of vodka. The patient was diagnosed with this from a blood draw as his AST and ALT liver enzymes were elevated. The patient also had yellowing of the skin and a very distended abdomen due to the ascites. The patient has been feeling very weak due to his diagnosis of ascites and cirrhosis. The patient must go to physical therapy to strengthen his muscles and get his abdomen drained once a week due to the excessive amount of fluid caused by the ascites.

Pathophysiology References (2) (APA):

Capriotti, T. M. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F. A. Davis Company. https://fadavisreader.vitalsource.com/books/9781719641470

Perri, G.-A. (2017). *Ascites in patients with cirrhosis*. Canadian family physician. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3860926/

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

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC (x10^6/µL)	4.28-5.56	N/A	4.28	N/A
Hgb (g/dL)	13.0-17.0	N/A	13.0	N/A
Hct (%)	38.1-48.9	N/A	42.0	N/A
Platelets (K/µL)	149-393	N/A	150	N/A
WBC (K/µL)	4.0-11.7	N/A	7.0	N/A
Neutrophils (%)	45.3-79.0	N/A	61.3	N/A
Lymphocytes (%)	11.8-45.9	N/A	14.8	N/A
Monocytes (%)	4.4-12.0	N/A	4.4	N/A
Eosinophils (%)	0.0-6.3	N/A	0.0	N/A
Bands (%)	1-5	N/A	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- (mmol/L)	136-145	N/A	125	Sodium is low because in cirrhosis it causes an impairment in the renal capacity. It causes the retention of water and that becomes disproportionate to the retention of sodium. This causes a reduction in sodium concentration and hypo-osmolality (Capriotti, 2022).
K+ (mmol/L)	3.5-5.1	N/A	3.5	N/A
Cl- (mmol/L)	98-107	N/A	100	N/A

CO2 (mmol/L)	21-31	N/A	26	N/A
Glucose (mg/dL)	74-109	N/A	98	N/A
BUN (mg/dL)	7-25	N/A	7	N/A
Creatinine (mg/dL)	0.60-1.20	N/A	0.90	N/A
Albumin (g/dL)	3.5-5.2	N/A	2.6	N/A
Calcium (mg/dL)	8.6-10.3	N/A	9.0	N/A
Mag (mg/dL)	1.8-3.0	N/A	2.0	N/A
Phosphate (units/L)	1.7-2.6	N/A	2.6	N/A
Bilirubin (mg/dL)	0.3-1.0	N/A	6	The bilirubin level is high because the portal of blood flow is distorted and accompanied by a decreased hepatic clearance of bilirubin. Also, can be caused due to the inflammation of the liver (Capriotti, 2022).
Alk Phos (units/L)	34-104	N/A	104	N/A
AST (units/mL)	5-40	N/A	100	The AST is high because when liver cells are damaged, AST will leak out into the bloodstream and cause the levels to become high. It also is caused by the depletion of vitamin B6 which is known in chronic alcoholic users (Capriotti, 2022).
ALT (units/mL)	5-35	N/A	98	The ALT is high because of overuse of alcohol which causes the liver to be damaged. When the liver is damaged, it causes ALT to leak into the bloodstream. This then elevates the ALT levels (Capriotti, 2022).

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	Light yellow and clear	N/A	N/A	N/A
pH	5.0-8.0	N/A	N/A	N/A
Specific Gravity	1.005-1.034	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A
Protein	Negative	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	0-5	N/A	N/A	N/A
RBC	0-5	N/A	N/A	N/A
Leukoesterase	Negative	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	Negative	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):

Capriotti, T. M. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F. A. Davis Company. https://fadavisreader.vitalsource.com/books/9781719641470

Kee, J. L. F. (2017). *Pearson Handbook of Laboratory & Diagnostic tests with nursing implications* (8th ed.). Pearson Publication.

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Ultrasound of the liver- The patient had a liver ultrasound to confirm the diagnosis of alcoholic cirrhosis. An ultrasound is used to determine the size of the liver (Capriotti, 2022). The ultrasound can show nodular liver surfaces and hypoechoic nodules in liver parenchyma (Capriotti, 2022). The ultrasound allows the investigation of the hepatic tissue through ultrasonic waves (Capriotti, 2022). This ultrasound is essential to the client because it can show how badly the liver has been affected by the overuse of alcohol. It will show abnormalities of the liver and can help with the confirmation of alcoholic cirrhosis.

Diagnostic Imaging Reference (1) (APA):

Capriotti, T. M. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F. A. Davis Company. https://fadavisreader.vitalsource.com/books/9781719641470

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

Medications (5 required)

Brand/Generic	Celexa/ Citalopram hydrobromide	Lopressor /Metoprolol Tartrate	Aldactone/ Spironolactone	Zyloprim/ Allopurinol	Protonix /Pantoprazole sodium
Dose	40 mg	25 mg	25 mg	100 mg	40 mg
Frequency	QD	QD	QD	QD	BID
Route	PO	PO	PO	PO	PO
Classification	Selective serotonin reuptake inhibitor & Antidepressant	Beta-adrenergic blocker & Antihypertensive	Potassium-sparing diuretic & Diuretic	Xanthine oxidase inhibitor & Antigout	Proton pump inhibitor & Antiulcer
Mechanism of Action	Blocks serotonin reuptake by adrenergic nerves. The blocked reuptake increases the serotonin levels at the nerves synapse which can reduce depression. (Jones, 2022)	Reduces blood pressure by decreasing the release of renin. Also inhibits the stimulation of beta-receptors sites in the heart. (Jones, 2022)	Spironolactone competes with aldosterone and prevents sodium and water reabsorption. This causes their excretion through the distal convoluted tubules. This can reduce blood volume and blood pressure. (Jones, 2022)	Allopurinol inhibits xanthine oxidase and causes it to block the metabolism of xanthine to uric acid. This helps relieve the symptoms of gout. (Jones, 2020)	Pantoprazole inhibits the last step in gastric acid production and blocks the exchange of intracellular hydrogens and extracellular potassium. Prevents additional hydrochloric acid from forming. (Jones, 2022)
Reason Client Taking	To manage depression	To manage hypertension	To treat cirrhosis	To treat gout	To manage gouty arthritis

Contraindications (2)	Hypersensitivity to citalopram Coadministration with pimozide. (Jones, 2022)	Hypotension Bradycardia (Jones, 2022)	Hyperkalemia Addison's disease (Jones, 2022)	Renal impairment Hepatic disease (Jones, 2022)	Concurrent therapy with rilpivirine-containing products Hyponatremia (Jones, 2022)
Side Effects/Adverse Reactions (2)	Anxiety Impaired concentration (Jones, 2022)	Confusion Dizziness (Jones, 2022)	Hypotension Hyponatremia (Jones, 2022)	Jaundice Ecchymosis (Jones, 2022)	Hepatotoxicity Hepatic failure (Jones, 2022)

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *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:**	ANO x4. Patient was alert and oriented. Patient was in no acute distress. Patient was well groomed.
INTEGUMENTARY: **Skin color: yellow** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds: scratches on left forearm** **Braden Score: 20** **Drains present: Y☐ N ☒** **Type:**	Patient's skin color was yellow. Skin was cool, dry, and thin. Patient had scratches on left forearm. Skin turgor was loose and less than 3 seconds. Braden score is 20
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Patients head and neck are symmetrical. Thyroid is non palpable. Trachea is midline with no deviation. Bilateral carotid pulses are palpable and 2+. Bilateral sclera white, bilateral conjunctiva is pink, and bilateral cornea is clear. Bilateral lids are pink and moist without any lesions or discharge. PERRLA is bilaterally and EOM's intact bilaterally. The nose is midline, and the septum is midline. Turbinate's are moist and pink bilaterally with no visible drainage or polyps. Bilateral frontal sinuses are nontender to palpation. Tongue and buccal mucosa were pink, and moist, with no lesions. The patient had all 32 teeth present.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** 2+ in all pulses **Capillary refill:**<3 **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:** N/A	S1 and S2 heart sounds were clear and audible without murmurs or gallops. Cardiac rhythm is steady and regular. Carotid and radial pulses were palpable and are 2+. Capillary refill was <3 seconds in fingers bilaterally. No jugular vein distention was seen.

RESPIRATORY: **Accessory muscle use:** **Y☐ N ☒** **Breath Sounds: Location, character**	No abnormal lung sounds during auscultation. Lung sounds were clear anterior/posterior bilaterally. No accessory muscles were used for respiration. No wheezes, crackles, or rhonchi were noted.
GASTROINTESTINAL: **Diet at home:** N/A **Current Diet:** Regular diet **Height:** 69 inches **Weight:** 89.4 kg **Auscultation Bowel sounds:** present in all quadrants **Last BM:** 2 days ago 10/18/22 **Palpation: Pain, Mass etc.:** **Inspection:** Round abdomen **Distention:** Yes **Incisions:** N/A **Scars:** N/A **Drains:** N/A **Wounds:** N/A **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	The patient is on a regular diet. Patient's height is 69 inches and weighs 89.4 kg. Last bowel movement was on 10/18/22. The abdomen was very hard and distended due to ascites. The abdomen was also very round. Able to hear bowel sounds in all quadrants. The patient has no ostomy, nasogastric, or feeding tubes.
GENITOURINARY: **Color:** Dark yellow urine **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	The patient reports a weak urine stream and does not urinate often. The patient reports having dark yellow urine.
MUSCULOSKELETAL: **Neurovascular status:** Unable to assess **ROM:** Unable to assess **Supportive devices:** Wheelchair and walker **Strength:** Unable to assess **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 65 **Activity/Mobility Status:** 1 assist **Independent (up ad lib)** ☐	Patient uses a walker to walk and transfer. When the patient is feeling weaker, he uses the wheelchair. Patient needs assistance in dressing, showering, and help with walking. The patient is a fall risk. The fall score is 65.

Needs assistance with equipment ☒ **Needs support to stand and walk** ☒	
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Unable to assess.
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 uses deep breathing exercises to cope. The patient has a high school diploma. Patient is a Christian and utilizes prayer. The patient's parents are deceased. The patient has support from siblings. The patient also has no children.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0912	76 bpm	102/88 LA	18 resp/min	36.7 ˚C Oral	100% RA

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0838	Numeric pain scale	N/A	0	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
100% breakfast	Voided x1

75% lunch 200 mL of orange juice 200 mL of water	

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

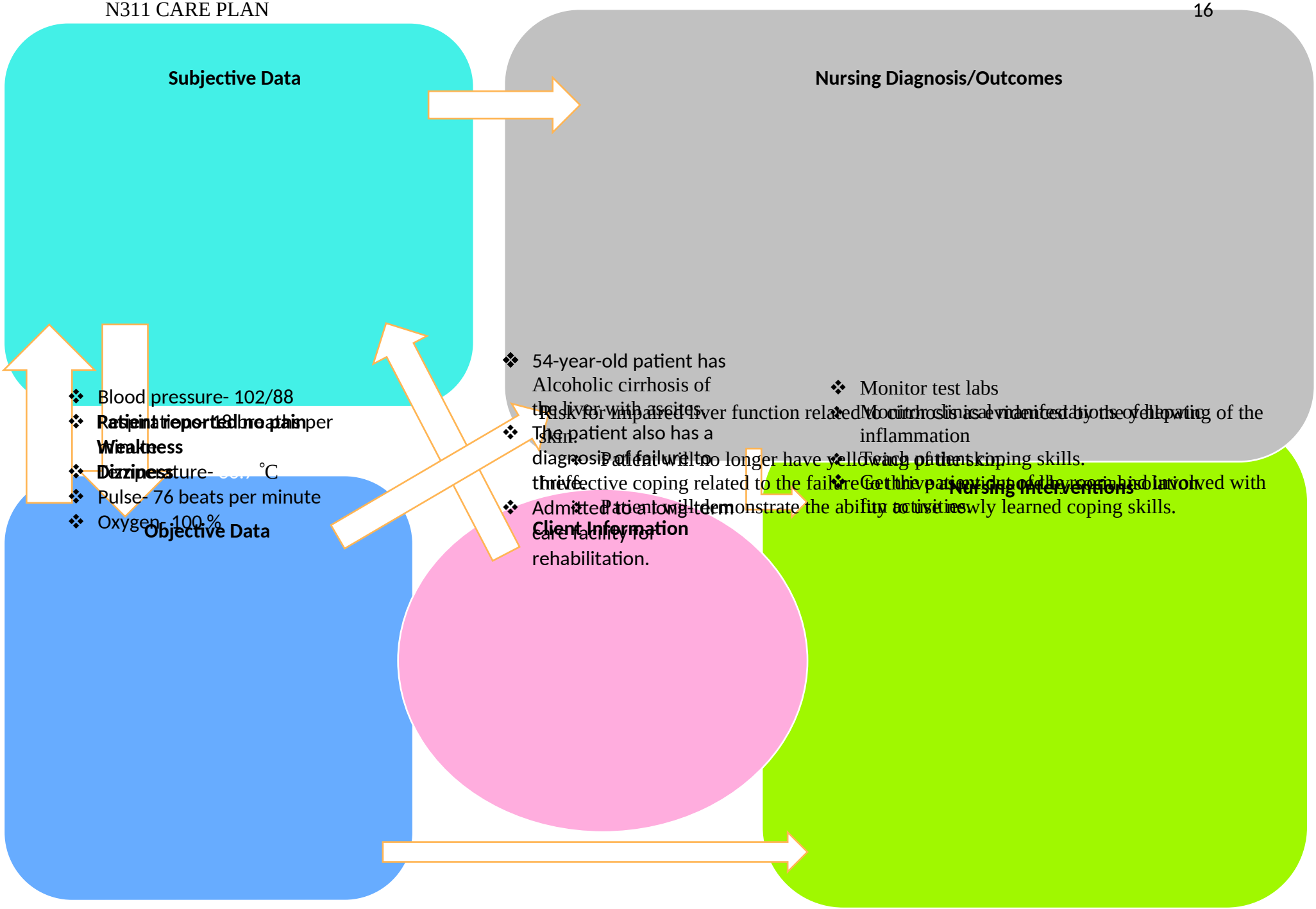
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 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 impaired liver function related to cirrhosis as evidenced by the yellowing of the skin.	This diagnosis was given because the patient has yellowing of the skin.	1.Monitor lab tests. 2.Monitor clinical manifestations of hepatic inflammation	1.Patient will no longer have yellowing of the skin.	The patient is aware that the nurse will be monitoring labs for changes in liver functions. The patient will notify the nurse if there are any changes within himself that can indicate hepatic inflammation.
2.Ineffective	This diagnosis	1. Teach	1. Patient will	The patient is

coping related to the failure to thrive as evidenced by social isolation.	was chosen because the patient is withdrawn from life and is socially isolated.	patient coping skills. 2.Get the patient out of the room and involved with fun activities.	demonstrate the ability to use newly learned coping skills.	compliant with learning new coping skills. The patient showed interest in wanting to learn different coping skills. The patient was a little hesitant with getting out of the room to try new activities but is willing to give it a shot.

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
Nursing Diagnosis/Outcomes
Objective Data
Client Information
Nursing Interventions
❖ Blood pressure- 102/88
❖ Patient reported no pain
❖ Weakness
❖ Dizziness
❖ Pulse- 76 beats per minute
❖ Oxygen- 100 %
❖ 54-year-old patient has Alcoholic cirrhosis of the liver with ascites.
❖ The patient also has a diagnosis of failure to thrive.
❖ Admitted to a long-term care facility for rehabilitation.
❖ Risk for impaired liver function related to cirrhosis as evidenced by the yellowing of the skin.
❖ Patient will no longer have yellowing of the skin.
❖ Patient will demonstrate the ability to use newly learned coping skills.
❖ Monitor test labs
❖ Monitor clinical manifestations of hepatic inflammation
❖ Teach patient coping skills.
❖ Get the patient out of the room to involved with activities.