

N311 Care Plan # 4
Lakeview College of Nursing
Karlie Roberts

Demographics (5 points)

Date of Admission 10/12/22	Client Initials R.W.P	Age 11/10/53 (68)	Gender Male
Race/Ethnicity White	Occupation Retired Veteran	Marital Status Single	Allergies Lisinopril: severity Unknown Penicillin: severity anaphylaxis Tamsulosin: severity unknown
Code Status DNR	Height 5'8"	Weight 121 lbs 6.6oz	

Medical History (5 Points)

Past Medical History: Acute respiratory failure with hypoxia (HCC), arthritis, cholelithiasis, CHF, COPD, Delirium (secondary to acute CVA), type one diabetes mellitus, expressive aphasia, hypertension, PTSD, severe recurrent major depression without psychotic features, stroke (6/18/18).

Past Surgical History: above knee amputation (right, 10/10/29), below knee amputation (left, 7/29/22), cardiac catheterization (6/27/16), colonoscopy (12/6/21), wound treatment (11/30/21)

Family History: heart attack (mother)

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

Former smoker, three packs a day for 52 years, quit on 5/29/16. No use of smokeless tobacco or alcohol. Former use of marijuana.

Admission Assessment

Chief Complaint (2 points): altered mental status and wound infection

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

R.W.P is a 68-year-old male who came to the emergency room on 10/12/22 with altered mental status and a wound infection. He was brought from the Arcadia nursing school with a change in his mentation and worsen sacral wound. He is a bilateral lower extremity amputee and a veteran. The patient has had the sacral wound for a while, but his mentation has just recently been reported upon arriving to the emergency room. The wound has a foul-smelling purulent drainage. There are no specific alleviating factors. The patient is not able to give many details about his present illness due to his orientation.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Sepsis

Secondary Diagnosis (if applicable): Failure to thrive

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

When a person develops sepsis, it needs to be treated immediately to help fight off the infection. When you can't stop the infection, it can cause sepsis. Sepsis results from a dysregulated host response to an infection within your body. Signs and symptoms of sepsis include fever, dyspnea, tachycardia, hypotension, etc. Some risk factors of sepsis are diabetes, compromised immune system, chronic kidney or liver disease, older age, etc (Capriotti, 2020). Some diagnostic testing to determine sepsis would be an X-Ray. The X-Ray can help identify infections within your lungs. Some laboratory tests that can help diagnosis sepsis are prothrombin time (PT) partial thromboplastin time (PTT), platelet count, and d-dimer. Sepsis can have serious effects on blood clotting within your body, If the PT and PTT are too high, that indicates your blood is not clotting well. When your platelets are abnormal, it is hard for your platelets to help form blood clots. Some other lab tests to help confirm sepsis are urinalysis and

wound secretions. To treat sepsis, one can get antibiotics, intravenous fluids, vasopressors, and if necessary, surgery (Phelps, 2020).

During the patient's admission, the patient received a chest X-Ray that showed no acute disease. The patient also received an Adult Trans Thoracic ECHO 2D that showed that the left atrium is mild to moderately enlarged and that the estimated ejection fraction is 40-50%. The patient's blood tests, and urine cultures also help to confirm his diagnosis (Capriotti, 2020). Since these tests have been ran, the patient had a debridement and has been started on vancomycin to help the infection.

Pathophysiology References (2) (APA):

Phelps, L. L. (2020). In Spark's & Taylor's Nursing Diagnosis Reference Manual 11th ed. essay, Wolters Kluwer.

Capriotti, T. (2020). Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives. 2nd ed., F.A. Davis, 2020.

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	3.80-5.30	3.36	3.64	RBC are low due to the patient's sepsis diagnosis (Jones & Bartlett Learning, 2022).
Hgb	12.0-15.8	8.7	9.4	Hgb is low due to the patient's sepsis diagnosis (Jones & Bartlett Learning, 2022).
Hct	36.0-47.0	27.6	29.3	Hct is low due to the patient's sepsis diagnosis (Jones & Bartlett Learning, 2022).
Platelets	140-440	184	296	Platelets are within normal limits.
WBC	4.00-12.00	13.20	32.30	WBC are high due to the infection

				of the patient's sacral wound (Jones & Bartlett Learning, 2022).
Neutrophils	47.0-73.0	86.7	94.6	Neutrophils are high due to the patient's sepsis diagnosis (Jones & Bartlett Learning, 2022).
Lymphocytes	18.0-42.0	27.1	23.0	Lymphocytes are within normal limits.
Monocytes	4.0-12.0	5.2	3.5	Monocytes are low due to the patient's diagnosis of sepsis (Jones & Bartlett Learning, 2022).
Eosinophils	0.0-5.0	1.4	0.0	Eosinophils are within normal limits
Bands	N/A	N/A	N/A	Bands were not obtained.

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	151	135	Na- was high upon admission due to the patient's sepsis diagnosis, but they are now within normal limits (Jones & Bartlett Learning, 2022).
K+	3.5-5.1	3.7	4.4	K+ is within normal limits.
Cl-	98-107	125	102	Cl- was low upon admission due to the patient's CHF, but it is now within normal limits (Jones & Bartlett Learning, 2022).
CO2	21-31	21	19	CO2 is low due to the patient's diagnosis of sepsis (Jones & Bartlett Learning, 2022).
Glucose	70-99	252	297	Glucose is high due to the patient have T1DM (Jones & Bartlett Learning, 2022).
BUN	7-25	29	112	BUN is high due to to the patient's diagnosis of sepsis (Jones & Bartlett Learning, 2022).
Creatinine	0.50-1.00	1.25	2.92	Creatinine is high due to the patient's diagnosis of sepsis (Jones & Bartlett Learning, 2022).
Albumin	3.5-5.7	N/A	2.9	Albumin is low due to the patient's diagnosis of sepsis (Jones & Bartlett Learning, 2022).

Calcium	8.8-10.2	8.2	9.8	Calcium was abnormal upon admission due to but is now within normal limits (Jones & Bartlett Learning, 2022).
Mag	1.6-2.6	N/A	1.9	Mag is within normal limits.
Phosphate	34-104	N/A	96	Phosphate is within normal limits.
Bilirubin	0.2-0.8	N/A	0.4	Bilirubin is within normal limits.
Alk Phos	34-104	N/A	N/A	Alk Phos was not obtained.

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/yellow	Yellow and turbid	N/A	Clarity is abnormal due to the patient being dehydrated (Jones & Bartlett Learning, 2022).
pH	4.6-8.0	7.0	N/A	pH is within normal limits
Specific Gravity	1.005-1.030	1.016	N/A	Specific gravity is within normal limits.
Glucose	Negative	2+	N/A	Glucose is positive due to the patient's high blood glucose and T1DM (Jones & Bartlett Learning, 2022).
Protein	Negative	2+	N/A	Protein is positive due to the patient's diagnosis of sepsis (Jones & Bartlett Learning, 2022).
Ketones	Negative	1+	N/A	Ketones are positive due to the patient having T1DM (Jones & Bartlett Learning, 2022).
WBC	Negative	3+	N/A	WBC are positive due to the patient's diagnosis of sepsis (Jones & Bartlett Learning, 2022).
RBC	Negative	6-10	N/A	RBC are positive due to the patient's diagnosis of sepsis (Jones & Bartlett Learning, 2022).

Leukoesterase	Negative	3+	N/A	Leukoesterase is positive due to bacteria being the urine (Jones & Bartlett Learning, 2022).
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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 <10,000 Positive >10,000	N/A	N/A	Urine culture not obtained.
Blood Culture	Negative	N/A	N/A	Blood culture not obtained.
Sputum Culture	Normal URT	N/A	N/A	Sputum culture not obtained.
Stool Culture	Normal intestinal flora	N/A	N/A	Stool culture not obtained.

Lab Correlations Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). 2022 Nurse’s Drug Handbook (20th ed.).

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Adult Trans Thoracic ECHO 2D: for: tachycardia **impression:** left atrium is mild to moderately enlarged. Mild concentric left ventricular hypertrophy present. Left ventricular systolic function is decreased, 40-50%. Mitral annular calcification noted in posterior mitral annulus. The patient received the TTE to check on the overall health of the heart, to see how your heart beats and to rule out any heart problems (Phelps, 2020). Estimated ejection fraction is 40-50%.

X-Ray Chest Single View Portable: for: cough **impression:** no acute disease. The patient

received the chest X-Ray to rule out heart problems, a collapsed lung, pneumonia, or broken ribs (Phelps, 2020). The chest X-Ray didn't show any abnormalities.

Diagnostic Imaging Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). 2022 Nurse's Drug Handbook (20th ed.).

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)

Brand/ Generic	Empagliflozin (Jardiance)	Bupropion (Wellbutrin)	Cefpodoxime (Vantin)	Enoxaparin (Lovenox)	Hydrocodone- Acetaminophen (NORCO)
Dose	12.5 mg	100 mg	400 mg	40 mg	5-325 mg
Frequency	Daily	2 x daily	2 x daily	subcu	2 x daily
Route	oral	G tube	G tube	Every 24 hours	G tube
Classification	SGLT2	Aminoketone	Cephalosporin antibodies	LMWH	Opioid Analgesic
Mechanism of Action	Inhibiting the sodium-glucose co-transporter-2 found in the proximal tubules in the kidneys	Dual inhibition of norepinephrine and dopamine reuptake (Jones & Bartlett Learning, 2022).	Inhibition of cell wall synthesis	Binds and accelerates the activity of antithrombin III (Jones & Bartlett Learning, 2022).	Binds to and activates opioid receptors at sites in the periaqueductal and Periventricular grey matter to produce pain relief (Jones & Bartlett Learning, 2022).
Reason Client Taking	Reduces blood sugar	Depression	Bacterial infection	Prevent blood clots	Moderate to severe pain
Contraindications (2)	End stage renal disease Dialysis	Seizure disorders or conditions that increase risk of seizures	Known allergy to cefpodoxime or to cephalosporin group of antibiotics	Decreased platelets Increased risk of bleeding	Allergy Acute or severe asthma
Side Effects/	Bladder pain	Headache	Black, tarry	Nausea	Nausea

Adverse Reactions (2)	Joint pain	Weight loss	stools Stomach cramps	diarrhea	Vomiting
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Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). 2022 Nurse’s Drug Handbook (20th ed.).

Assessment

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

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>Pt is alert and oriented to self. Pt is well groomed and in no acute distress.</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: 11 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Skin is warm and dry upon palpation. No rashes, lesions, or bruising. Normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Skin turgor is normal mobility. Capillary refill is less than 2 seconds, fingers bilaterally, no toes due to bilateral amputation. Stage 4 sacral wound.</p> <p>Braden Score: 11</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck are symmetrical, trachea midline without deviation, thyroid not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. Bilateral auricles no visible or palpable deformities, lumps, or lesions. Bilateral sclera white, cornea clear, conjunctiva pink, no visible drainage. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, red light reflex present bilaterally, EOMs intact. Septum midline, turbinates are moist and pink without exudate, tonsils present +1, uvula midline. Dentition is not there, no teeth present. Mucous membranes are dry.</p>

<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>Clear S1 and S2 without murmurs, gallops, or rubs. PMI palpable at fifth intercostal space at MCL. Normal rhythm, heart rate is tachycardic.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Normal rhythm rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds are clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted.</p>
<p>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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: PEG Tube</p>	<p>Abdomen is soft, nontender, no organomegaly or masses noted upon palpation of all four quadrants. Bowel sounds are normoactive all four quadrants. No CVA tenderness noted bilaterally.</p> <p>Last BM 10/19/22.</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: urethral catheter Size:</p>	<p>Urine is yellow without foul odor, no reported, observed difficulties, or pain while voiding, no hematuria.</p>
<p>MUSCULOSKELETAL:</p>	<p>All extremities have full ROM (able to move</p>

<p>Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 99 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>stumps equally). Hand grips and pulls demonstrate normal and equal strength. Pt is bedrest due to bilateral amputation. Hoyer lift when being put in wheelchair.</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Pt is alert and oriented to self. PERRLA bilaterally. Cranial nerves intact. Negative Romberg's. Speech is muffled and mumbled.</p>
<p>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):</p>	<p>Pt is accepting, wants to be left alone, watching tv. Pt has no family.</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	121	122/60	18	98.7	100% room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	FLACC pain rating scale	Sacrum	4	Moaning Groaning	Pain medication

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
300 mL	475 urethral catheter, incont stool

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation <ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? <ul style="list-style-type: none"> • Client response, status of goals and outcomes, modifications to plan.
Risk for impaired skin integrity related to immobility as evidenced by braden score/ mobility deficits	Patient has immobility deficit	<ol style="list-style-type: none"> 1. Turn patient every 2 hours 2. Ensure the patient stays dry 	1. Patient will not exhibit more skin breakdown	Patient exhibits improved/healed skin
Risk for infection related to sepsis as	Patient’s decrease in mental status	1. Treat pt with vancomycin	1. Pt’s infection will not get worse	Pt exhibits organ failure due to sepsis, needs

evidence by lab values	due to infection	2. Infection control		debridement
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Other References (APA):

Concept Map (20 Points):



