N311 Care Plan #

Lakeview College of Nursing

Shanique Williams

Demographics (5 points)

Date of Admission 10-18-2022	Client Initials R.R	Age 77	Gender Male
Race/Ethnicity Non-Hispanic	Occupation First student driver	Marital Status Married	Allergies No known
Code Status Full code	Height 6'2	Weight 309	

Medical History (5 Points)

Past Medical History: He has a past history of arthritis carcinoma (HCC), combined forms of age-related cataracts of left eye 12-19-18, combined forms of age-related cataracts of right eye 1-9-19. Kidney stones, and sleep apnea

Past Surgical History: N/A not on file

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

Admission Assessment

Chief Complaint (2 points): abdominal pain

History of Present Illness – OLD CARTS (10 points): Richard is a 77-year-old male with a past medical history of pre diabetes, obesity who presented to the emergency complaints of epigastric abdominal pain which started last night patient reports he ate his dinner and he had Hawaiian chicken for dinner. Afterwards patient reports he started to have abdominal bloating associated with severe 10/10 sharp epigastric abdominal pain which was radiating to the right upper quadrant and to the back. Patient also reports he had nausea and vomiting of 2 episodes along with abdominal pain. Patient denies the use of alcohol and never had similar symptoms in

the past. Otherwise patient also denies having fever, chills, no chest pain, no palpitation, no diarrhea, and no dizziness or headaches.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): epigastric abdominal pain

Secondary Diagnosis (if applicable): Kidney stones (10-19-22), acute gastritis (11-2-22), stage 3 chronic kidney disease (HCC) (10-19-22), obesity (10-19-22), prediabetes (10-19-22), osteoarthritis o the knee (10-19-22).

Pathophysiology of the Disease, APA format (20 points): The upper part of your abdomen, which sits below your rib cage, is known as the epigastrium. Your pancreas sits within the epigastrium, as well as parts of your small intestine, stomach, and liver. Pain or discomfort below your ribs in this area of the upper abdomen is called epigastric pain. As well as the epigastric pain you also may get some other symptoms including heartburn (indigestion), stomach bloating and excess gas, heartburn, regurgitation, and dysphagia. Abdominal discomfort/pain, heartburn, nausea, vomiting, and hematemesis (Tomlinson, M. (2021, March 18). Causes of epigastric pain could be pancreatitis or gallstones gastritis and because the patient had a history of acute gastritis could be a big indicator as to why the patient is experiencing epigastric abdominal pains. Treatments can include your doctor providing antiacid or even acid-blocking medicines. Your doctor may order urine, blood, and stool tests. Imaging tests are also helpful for detecting abnormalities inside your gastrointestinal system and other organs. These tests may include X-rays, CT scan, ultrasound. the client is making a habit to change their diet by eating meals that are more health, or eating smaller meals, eating slower so that the food can digest correctly. the client will stop eating foods that upsets the stomach, such as spicy food and

too much dairy products (Cleveland Clinic, 2022). The client is actively taking their medications to prevent the cause of upper abdominal pain and will continue to follow up with their primary to check their health when needed.

Pathophysiology References (2) (APA):

Cleveland Clinic. (n.d.). *Abdominal pain: Causes, types & treatment*. Cleveland Clinic. Retrieved November 2, 2022, from https://my.clevelandclinic.org/health/symptoms/4167-abdominal-pain

Tomlinson, M. (2021, March 18). *Epigastric pain symptoms and causes - isabel healthcare*. Isabel Healthcare Blog. Retrieved November 2, 2022, from https://info.isabelhealthcare.com/blog/why-does-my-stomach-hurt-epigastric-pain-symptoms-and-causes#:~:text=What%20is%20epigastric%20pain%3F,abdomen%20is%20called%20epigastric%20pain.

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	**4.40-5.80**	**4.89**	**4.56**	
Hgb	**13.0-16.5**	**13.9**	**13.4**	
Hct	**38-50**	**41.8**	**39.5**	
Platelets	**140-440**	**171**	**162**	
WBC	**4.00-12.00**	**9.30**	**N/A**	
Neutrophils	**40.0-68.0**	**80.1**	**79.8**	**Levels where high due to patients**

				history of chronic kidney disease (Pagana, 2019)
Lymphocytes	**19.0-49.0**	**10.8**	**8.5**	**Patient has a history of chronic kidney disease (Pagana, 2019).**
Monocytes	**3.0-13.0**	**6.3**	**9.2**	
Eosinophils	**0-8.0**	**2.2**	**1.7**	
Bands	**10% or less**			

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**	**136**	
K+	**3.5-5.1**	**3.9**	**4.2**	
Cl-	**98-107**	**102**	**104**	
CO2	**21-31**	**26**	**26**	
Glucose	**70-99**	**152**	**112**	**Patient has a history of prediabetes obesity (Pagana. 2019)**
BUN	**7-25**	**23**	**16**	
Creatinine	**0.5-1.1**	**1.48**	**1.18**	**Levels where high due to patient having a history of chronic kidney disease (Pagana, 2019).**
Albumin	**3.5-5.7**	**3.8**	**3.5**	
Calcium	**8.8-10.2**	**9.2**	**8.7**	
Mag	**1.3-2.1**	**2.0**	**2.0**	
Phosphate	**N/A**	**N/A**	**N/A**	
Bilirubin	**0.2-0.8**	**0.4**	**1.2**	
Alk Phos	**34-104**	**67**	**61**	

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 clear	N/A	
pH	5.0-9.0	5.0	N/A	
Specific Gravity	1.003-1.030	1.028	N/A	
Glucose	Negative	negative	N/A	
Protein	Negative	Trace	N/A	There was a trace of protein due to the patient having a history of chronic kidney disease. (Pagana, 2019).
Ketones	Negative	Trace	N/A	There was a trace of ketones in the urine due to the patient having a history of chronic kidney disease (Pagana, 2019).
WBC	Negative 0-5	0.5	N/A	
RBC	Negative 0-2	Negative	N/A	
Leukoesterase	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	No growth	N/A	N/A	
Blood Culture	No growth	N/A	N/A	
Sputum Culture	No growth	N/A	N/A	

Stool Culture	**No growth**	**N/A**	**N/A**	

Note: cultures not obtained during visit or admission date

Lab Correlations Reference (1) (APA): Pagana, Kathleen. (2019). Mosby's Diagnostic and Laboratory Test Reference, (14th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): CT abdomen and pelvis without intravenous contrast: for pain in the upper right abdomen; impressions; no acute diseases or findings

Patient received a CT abdomen and pelvis without intravenous contrast due to upper abdomen pain (Pagana, 2019). The CT indicated that there were no significant findings. CT for abdomen and pelvis can detect diseases of the small bowel, colon, and other internal organs. It is often used to detect unexplained pain, which the patient had a CT of the abdomen and pelvis for upper right abdomen pain

Diagnostic Imaging Reference (1) (APA):

ACR, R. S. N. A. and. (2022, April 15). *Computed tomography (CT) - abdomen and pelvis*. Radiologyinfo.org. Retrieved November 2, 2022, from https://www.radiologyinfo.org/en/info/abdominct?google=amp

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

Medications (5 required)

Brand/Generic	**Acetaminophen (Tylenol)**	**Cefazolin (ancef)**	**Heparin (Porcine)**	**melatonin**	**Morphine**
Dose	**650 mg**	**3 grams**	**5,000 units**	**6 mg**	**2 mg**
Frequency	**Every 4 hrs. PRN**	**Once at 230 ml/hr over 30 minutes**	**Every 8 hrs. (3 times per day)**	**PRN**	**Every 4 hrs. PRN**
Route	**Oral**	**injection**	**injection**	**oral**	**injection**
Classification	**Antipyretic, nonopioid analgesic**	**Antibiotic**	**Anticoagulant**	**Endogenous hormone**	**Opioid analgesic**

Mechanism of Action	**Acetaminophen acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2. (Jones & Bartlett Learning, 2023)**	**Interfere with bacterial cell wall synthesis by inhibiting the final step in the cross-thinking of peptidoglycan strands. (Jones & Bartlett Learning, 2023)**	**Binds with antithrombin III, enhancing antithrombin III's inactivation of the coagulation enzymes thrombin (factor IIa) and factors Xa and Xia. (Jones & Bartlett Learning, 2023)**	**Binds to melatonin receptor type 1A, which then acts on adenylate cyclase and the inhibition of a cAMP signal transduction pathway (Jones & Bartlett Learning, 2023).**	**Binds with and activates opioid receptors (mainly mu receptors) in the brain and spinal cord to produce analgesia and euphoria. (Jones & Bartlett Learning, 2023)**
Reason Client Taking	**Mild pain or severe pain**	**For infection**	**To prevent peripheral arterial embolism**	**sleep**	**Severe pain**
Contraindications (2)	**Hypersensitivity to acetaminophen or its component, severe hepatic impairment, severe active liver disease.**	**Hypersensitivity to cefazolin, other cephalosporins or their components**	**History of heparin-induced thrombocytopenia and thrombosis, or thrombocytopenia with pentosan polysulfide**	**The essential amino acid L-tryptophan is a precursor in the synthesis of melatonin. helps to regulate sleep-wake cycles of the circadian rhythm.**	**Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment; gastrointestinal obstruction**
Side Effects/Adverse	**Hypertension, anxiety**	**Abdominal cramps,**	**Abdominal detention**	**Day-time drowsiness**	**Hypotension,**

Reactions (2)		**elevated liver enzymes**	**and pain, elevated liver enzymes**	**, headaches, and dizziness.**	**abdominal cramps.**

Medications Reference (1) (APA): Jones & Bartlett Learning, (2023). Nurse's Drug Handbook (22nd ed.). Jones & Bartlett

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert, oriented to person, place, time and situation** **Alert and responsive** **No acute distress** **Well groomed**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **White skin** **Intact, dry** **Skin warm** **Skin turgor good mobility** **No rashes** **No bruising** **No wounds** **Braden score = 0**

HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head is round and symmetrical of skull And face** **Trachea is midline no deviations** **No drainage or ear wax** **Conjunctiva clear/ Bilateral sclera, white** **Oral cavity pink/ moist and clear**
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 murmur gallops, or rubs** **Pulses 2+ bilaterally** **Chest is clear to auscultation, with regular rate and rhythm. Breathing is non-labored** **Capillary refill less than 3 seconds**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**The pulmonary effect is normal breath sounds are clear throughout** **Clear throughout**
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:**	**Regular diet** **NPO** **6'2** **309 lbs.** **No irregular bowel sounds** **Last bowel movement was not obtained** **Abdomen is bloated a little, but no pain indicated. No masses noted.** **skin is intact with no scaring, bruising** **No incisions** **No scars** **No drains** **No wounds**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒**	**Yellow/clear** **Continent to toilet**

Dialysis: Y ☐ N ☒ **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 35** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Extremity intact, no swelling, no edema, no cyanosis present** **Full ROM of all body joints** **Client can ambulate on their own** **Grip equal bilaterally** **No DVT in legs** **Moderate fall risk**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Alert and oriented to person, place, time and situation** **Client was in no acute distress upon meeting** **Was up moving around** **Speech was clear** **Client doesn't wear any contact/glasses** **No changes in LOC**
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 client lives and home with wife** **The client does not specify any religion**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:15 am	**81**	**136/77**	**20**	**97.3**	**97 room air**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
7:15 am	**0-10**		**0**		

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
NPO	**Not obtained/ patient is continent to toilet**

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. **at risk for situational low self-esteem related to pt having a secondary diagnosis of obesity and weight currently**	**the patient has a history of obesity and current body weight Is 309 lbs**	**1. help the pt set realistic goals for losing weight** 2. **Support and encourage healthy eating habits and food**	**1. the patient will state plan to monitor and maintain target weight**	**Patient states a desire to lose weight. Patient follows treatment**

being 309 lbs.		**sources**		
1. **At risk for falls related to pt secondary diagnosis osteoarthritis of the knee as evidence by morse score being 35**	**The patient has a history of osteoarthritis of the knees**	**1. Identify available resource the pt can access to help them with ongoing fall preventions.** **2. Assess the patient ability to use call light to call for help.**	**1. The patient would find resources to help them with fall preventions**	**patient followed treatment and have found resources to help them with ongoing fall preventions.**

Other References (APA):

Concept Map (20 Points):

Subjective Data

The patient was up and walking around. The patient stated he was waiting on his wife before he went down for testing. Patient stated he was more comfortable standing and walking around, wanted to get a little exercise

Nursing Diagnosis/Outcomes

at risk for situational low self-esteem related to pt having a secondary diagnosis of obesity and weight currently being 309 lbs.

outcome: Patient states a desire to lose weight. Patient follows treatment

At risk for falls related to pt secondary diagnosis osteoarthritis of the knee as evidence by morse score being 35

Outcomes: patient followed treatment and have found resources to help them with ongoing fall preventions

Objective Data

Upon meeting the pt, he was alert and oriented x4, was well groomed and in no acute distress. He was very chipper and in good spirits. The pt is considered a fall risk by the morse score being 35, but doesn't use any equipment to help get around.

Client Information

R.A. Reynolds
Married/ Non-Hispanic
Height 6'2
Weight 309 lbs.
Full code
No Known allergies

Nursing Interventions

1. **help the pt set realistic goals for losing weight**

Support and encourage healthy eating habits and food sources

dentify available resource the pt can access to help hem with ongoing fall preventions.

Assess the patient ability to use call light to call for help