N311 Care Plan # 4

Lakeview College of Nursing

Jayda Davis

Demographics (5 points)

Date of Admission 10/6/22	**Client Initials** W. G	**Age** 55	**Gender** Female
Race/Ethnicity Asian	Occupation Retired	**Marital Status** Married	**Allergies** Penicillin
Code Status Full code	**Height** 62 inches	**Weight** N/A	

Medical History (5 Points)

Past Medical History: Anxiety disorder, Unspecified convulsions, Constipation, Unspecified viral hepatitis B, Retention of urine, Generalized muscle weakness, Gastroesophageal reflux disease

Past Surgical History: Liver resection in 2014, Colon resection in 2012

Family History: Father- Lung cancer, Brother- Esophagus cancer

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): No tobacco, alcohol, or drug use.

Admission Assessment

Chief Complaint (2 points): Left-sided weakness

History of Present Illness – OLD CARTS (10 points): On October 6th, a 55-year-old female was admitted to Mattoon Rehabilitation and Health center for rehabilitation. The patient has left-sided weakness due to having tumors removed from her brain. The patient reported having weakness in the left arm and left leg. The patient reports having trouble with walking, transferring, and getting dressed. The patient reports that having physical therapy and practicing range of motion makes her left-side weakness better. The patient has not been treated for left-sided weakness before and is utilizing physical therapy daily to strengthen her left side.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Colon Cancer

Secondary Diagnosis (if applicable): Metastatic brain, lung, liver, and sacrum cancer.

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

Pathophysiology References (2) (APA):

Colon cancer, also known as colorectal cancer, is found in the colon or rectum. Colon cancer is currently the second leading cause of cancer death (Capriotti, 2020, p. 1036). Colon cancer usually starts as a polyp in the intestinal lumen (Capriotti, 2020, p. 1036). Research shows that genetic factors correlate most with colon cancer (Capriotti, 2020, p. 1036). Risk factors for colon cancer include high consumption of red meat, inflammatory bowel disease, obesity, tobacco use, and high amounts of animal fat in the diet (Capriotti, 2020, p. 1036). Signs and symptoms of colon cancer include abdomen pain, hematochezia, constipation, anemia, and weight loss (Lotfollahzadeh et al., 2022).

In colon cancer, cancer starts as a polyp and goes through different changes to become cancerous (Capriotti, 2020, p. 1037). Research shows that colon cancer results from an adenomatous polyp that changes within a 10–15-year period before developing into an invasive carcinoma (Lotfollahzadeh et al., 2022). There are three types of adenomatous polyps: villous adenomas, tubular adenomas, and tubulovillous adenomas (Capriotti, 2020, p. 1037). These adenomas invade the intestinal wall, which can cause adenocarcinoma (Capriotti, 2020, p. 1037). Colon cancer is also caused by genetic changes resulting from inoperative tumor suppressor genes, mismatched gene repair, and activated oncogenes (Capriotti, 2020, p. 1037). With the genetic changes in colon cancer, the accumulation of multiple genetic mutations results in the progression of an adenomatous polyp to adenocarcinoma (Capriotti, 2020, p. 1037).

The diagnosis of colon cancer includes a colonoscopy, abdominal and pelvic scans, CT scans, MRI scans, and fecal occult blood tests (Capriotti, 2020, p. 1038). Laboratory tests are used as well in the diagnosis of colon cancer. A complete blood count, serum iron, liver enzymes, and serum ferritin are checked in determining colon cancer (Capriotti, 2020, p. 1038). Treatments for colon cancer include a colectomy, radiation to the pelvis, and chemotherapy (Capriotti, 2020, p. 1038). Providers recommend CEA blood tests every three months and annual colonoscopies after a diagnosis of colon cancer (Capriotti, 2020, p. 1038).

The patient was diagnosed with colon cancer after having a colonoscopy and fecal occult blood tests done. The patient showed symptoms of colon cancer, specifically constipation, weight loss, blood in the stool, and increased tiredness. The patient has had a colon resection in the treatment of her cancer. The patient was using radiation therapy also to help treat her colon cancer. The patient now has metastatic cancer in the lungs, liver, sacrum, and brain from the colon cancer spreading throughout her body.

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

Lotfollahzadeh, S., Recio-Boiles, A., & Cagir, B. (2022). *Colon cancer*. National Library of Medicine. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK470380/

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	N/A	N/A
Hgb (g/dL)	13.0-17.0	N/A	9.6	The Hgb level is low because the cancer causes a decrease in red blood cell production. Since the patient has had chemotherapy before it also slows down the production of new blood cells in the blood marrow (Capriotti, 2022).
Hct (%)	38.1-48.9	N/A	29.7	The Hct is low because the patient does not have healthy red blood cells due to cancer. Since the patient has cancer the red blood cells are being produced a lot slower. There also is a decrease in new healthy red blood cells in the body (Capriotti, 2022).
Platelets (K/µL)	149-393	N/A	149	N/A
WBC (K/µL)	4.0-11.7	N/A	4.0	N/A
Neutrophils (%)	45.3-79.0	N/A	N/A	N/A
Lymphocytes (%)	11.8-45.9	N/A	N/A	N/A
Monocytes (%)	4.4-12.0	N/A	N/A	N/A
Eosinophils (%)	0.0-6.3	N/A	N/A	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	141	N/A

K+ (mmol/L)	3.5-5.1	N/A	3.5	N/A
Cl- (mmol/L)	98-107	N/A	102	N/A
CO2 (mmol/L)	21-31	N/A	27	N/A
Glucose (mg/dL)	74-109	N/A	103	N/A
BUN (mg/dL)	7-25	N/A	11	N/A
Creatinine (mg/dL)	0.60-1.20	N/A	0.60	N/A
Albumin (g/dL)	3.5-5.2	N/A	N/A	N/A
Calcium (mg/dL)	8.6-10.3	N/A	9.5	N/A
Mag (mg/dL)	1.8-3.0	N/A	N/A	N/A
Phosphate (units/L)	1.7-2.6	N/A	N/A	N/A
Bilirubin (mg/dL)	0.3-1.0	N/A	N/A	N/A
Alk Phos (units/L)	34-104	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	Light yellow and clear	N/A	Light yellow and clear	N/A
pH	5.0-8.0	N/A	7.0	N/A
Specific Gravity	1.005-1.034	N/A	1.009	N/A
Glucose	Negative	N/A	Negative	N/A
Protein	Negative	N/A	Negative	N/A
Ketones	Negative	N/A	Negative	N/A

WBC	0-5	N/A	0	N/A
RBC	0-5	N/A	0	N/A
Leukoesterase	Negative	N/A	Negative	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

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Positron emission tomography scan- The patient had a PET scan to detect the tumor in her colon. The PET scan is used to measure cellular and tissue metabolism, detect tumors, and evaluate brain changes following injuries or cancers (Capriotti, 2020, p. 828). This test is used with colon cancer to show the tumor's location and size and to see if it has metastasized into different body parts (Capriotti, 2020, p. 828). The PET scan was used for this patient to see if her colon cancer had metastasized and to show if there were new tumors within her body.

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	Rozerem/ Ramelteon	Senna/ Docusate sodium	Oxycodone/ Xtampza ER	Flomax/ Tamsulosin hydrochloride	Protonix/ Pantoprazole sodium
Dose	8 mg	8.6 mg	5 mg	0.4 mg	40 mg
Frequency	QD	BID	PRN	QD	QD
Route	PO	PO	PO	PO	PO
Classification	Melatonin receptor agonist & Hypnotic	Sulfonic acid & stool softener	Opioid & Opioid analgesic	Alpha-adrenergic antagonist & Benign prostatic hyperplasia (BPH) agent	Proton pump inhibitor & Antiulcer
Mechanism of Action	Binds to melatonin receptors in the suprachiasmatic nucleus in the hypothalamus. (Jones, 2022)	Irritates the luminal sensory nerve endings which stimulate colonic motility and reduce colonic water absorption. (Jones, 2022)	Alters perception of pain at the spinal cord. Blocks release of inhibitory neurotransmitters at the CNS. (Jones, 2022)	Relaxes the muscles in the bladder and helps improve urine flow. (Jones, 2022)	Interferes with gastric secretions and inhibits the proton pump in the gastric parietal cells. Inhibits the final step in gastric acid production by preventing H+ from entering the stomach and from additional HCL from forming. (Jones, 2022)
Reason Client Taking	To treat insomnia	To treat constipation	To relieve pain	To help with urinary retention	To treat gastroesophageal reflux disease
Contraindications (2)	History of angioedema.	Nausea or vomiting	Gastrointestinal obstruction	Renal impairment	Concurrent therapy with

	Hypersensitivity to ramelteon. (Jones, 2022)	Intestinal obstruction (Jones, 2022)	Significant respiratory depression (Jones, 2022)	Orthostatic hypotension (Jones, 2022)	rilpivirine-containing products Urticaria (Jones, 2022)
Side Effects/Adverse Reactions (2)	Anxiety Fatigue (Jones, 2022)	Cramping Diarrhea (Jones, 2022)	Seizures Constipation (Jones, 2022)	Nausea Insomnia (Jones, 2022)	Hepatitis Dyspnea (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:**	A/O x4. Patient was alert and oriented. Patient was in no acute distress. Patient was well groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 21** **Drains present: Y☐ N ☒** **Type:**	Patient's skin color was tan and light yellow. Skin was cool, dry, and scaley. The patient was free of rashes, lesions, and bruises. Skin turgor was loose and less than 3 seconds. Braden score is 21.
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 was missing 7 teeth. .
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:**	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:** N/A **Auscultation Bowel sounds:** Present in all 4 quadrants. **Last BM:** 2 days ago, 10/25/22 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	The patient is on a regular diet. The patient's height is 69 inches. The last bowel movement was on 10/25/22. Able to hear bowel sounds in all 4 quadrants. The abdomen was free of scars, drains, incisions, and wounds. The patient has no ostomy, nasogastric, or feeding tubes.
GENITOURINARY: **Color:** light yellow **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	The patient has light yellow urine. The patient reports not having any pain when urinating. The patient reports no changes in the amount of urine and urinates every 2-3 hours.
MUSCULOSKELETAL: **Neurovascular status:** A/O x4 **ROM:** Active range of motion **Supportive devices:** Walker and wheelchair **Strength:** Right side 5/5 & Left side 3/5 **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 40 **Activity/Mobility Status:** **Independent (up ad lib)** ☐	The patient is A/O x4 and has an active range of motion. The patient uses a walker and a wheelchair. Right side strength is 5/5. Left sided strength is 3/5. The patient needs assistance in ADL's and with walking. The patient is a fall risk. The fall score is a 40.

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:** Awake and oriented to surroundings **Mental Status:** Awake and answer's questions appropriately. **Speech:** Clear **Sensory:** No sensory impairments **LOC:** Alert + Oriented	The patient's strength is not equal. The patient has weakness in left arm and leg. Patient is awake and oriented to surroundings. The patient has clear speech and can answer questions appropriately. The patient has no sensory impairments. Patient is alert and oriented.
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 watches tv and uses breathing exercises to cope. The patient has a Bachelor's in English degree. The patient is Lutheran and goes to church most Sundays. The patient is married and has a 19-year-old daughter who supports her and visits her frequently.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0900	64 bpm	132/82 LA	14 resp/min	36.7 ˚C Oral	96% RA

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0910	Numeric pain scale	Lower mid-abdomen	4/10	Aching and mild cramping	Give stool softener medication.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
75% breakfast	Voided x1

75% lunch 250 mL of tea 200 mL of water	

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

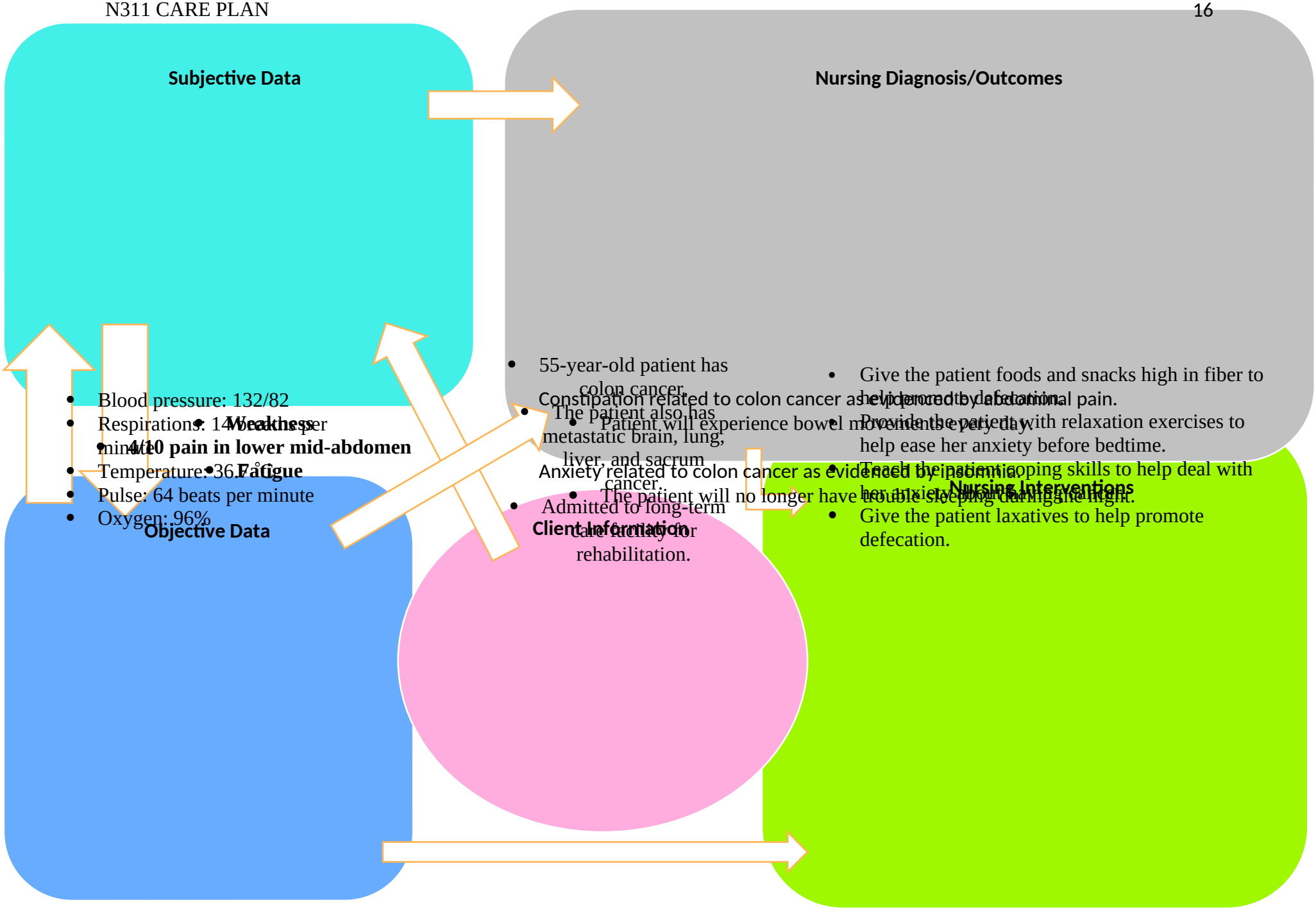
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 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. Constipation related to colon cancer as evidenced by abdominal pain.	This diagnosis was given because the patient has frequent constipation due to her colon cancer. The patient was also complaining of abdominal pain due to not having defecated in 2	1. Give the patient laxatives to promote defecation. 2.Give the patient foods and snacks high in fiber to help promote defecation.	1. Patient will experience bowel movements every day.	The patient is compliant with instructions and is willing to do anything to help her bowel movements. The patient explained that using laxatives has helped her in the past. The patient also would like to try to get more physical activity during the day to

	days.			help with bowel movements.
2. Anxiety related to colon cancer as evidenced by insomnia.	This diagnosis was given because the patient has been experiencing insomnia from having anxiety about her colon cancer.	1. Provide the patient with relaxation exercises to help ease her anxiety before bedtime. 2. Teach the patient coping skills to help deal with her anxiety about having cancer.	1. Patient will no longer have trouble sleeping during the night.	The patient is willing to learn new coping skills and relaxing exercises to help her sleep at night. The patient is excited to try something different to help her deal with anxiety.

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
Blood pressure: 132/82
Respirations: 14 breaths per minute
Temperature: 36.7°C
Pulse: 64 beats per minute
Oxygen: 96%
Objective Data
Weakness
4/10 pain in lower mid-abdomen
Fatigue
55-year-old patient has colon cancer.
The patient also has metastatic brain, lung, liver, and sacrum cancer.
Admitted to long-term care facility for rehabilitation.
Client Information
Constipation related to colon cancer as evidenced by abdominal pain.
Patient will experience bowel movements every day.
Anxiety related to colon cancer as evidenced by insomnia.
The patient will no longer have trouble sleeping during the night.
Give the patient foods and snacks high in fiber to help prevent constipation.
Provide the patient with relaxation exercises to help ease her anxiety before bedtime.
Teach the patient coping skills to help deal with her anxiety about cancer.
Give the patient laxatives to help promote defecation.
Nursing Interventions