# N311 Care Plan #4

Lakeview College of Nursing

Elexus Williams

**Demographics (5 points)**

| Date of Admission<br>10/23/2022 | Client Initials<br>J.J. | Age<br>60 y/o | Gender<br>Female |
|---|---|---|---|
| Race/Ethnicity<br>African American | Occupation<br>Unemployed | Marital Status<br>Single | Allergies<br>Dilantin (Phenetole)<br>• Reaction: rash<br>Penicillin's<br>• Reaction: rash |
| Code Status<br>Full Code | Height<br>5'4" | Weight<br>128lb | |

**Medical History (5 Points)**

**Past Medical History: diabetes mellitus (HCC), dialysis patient (HCC), hypertension, major depressive disorder, pulmonary hypertension associated with unclear multi-factorial mechanisms (HCC), renal failure, and seizures (HCC).**

**Past Surgical History: dialysis catheter (right, 07/12/2021), ventral hernia repair (N/A, 07/16/2021), dialysis fistula creation (right, 10/26/2021), hc insert dual chamber icd generator (left, 04/20/2022), and hysterectomy.**

**Family History:**

**None was obtained during this visit.**

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

**Patient reports that they have never smoked. Patient reports no use of smokeless tobacco. Patient reports that she does not drink alcohol and does not use drugs.**

## Admission Assessment

**Chief Complaint (2 points): chest pain and shortness of breath**

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

**The patient was admitted to the hospital on 10/23/2022 due to arriving at the emergency department with complaints of having chest pain and shortness of breath. Patient has end-stage renal disease and underwent dialysis. 2 days ago on Friday, 10/21/2022. She was recently admitted 10/14/2022 until 10/18/2022 with fluid overload and had undergone dialysis during that admission as she had missed some sessions prior to that. The patient undergoes dialysis three times a week, on Monday, Wednesday, and Friday. She did have swelling of the left upper extremity during that admission and was diagnosed with left arm superficial thrombophlebitis. On discharge, 10/18/2022, 5 days ago, patient didn't show any signs of having significant pedal edema per her report. She currently presents with the onset of chest pain discomfort for the last 12 hours since midnight, patient was lying in bed for the night and decided to sleep the chest pain away, then when waking up it hadn't been as severe of discomfort, patient laid down for a nap and shortness of breath came around 2 hours ago with worsening. Both symptoms have been nonstop since EMS arrived and still are present. Patient states that it has been constant throbbing pain for her. There was no aggravating factors as the patient states "It couldn't get any worse". Patients' chest pain is non-radiating, centered in the center part of the patient's chest. There is no association with jaw, shoulders, or arm pain. Patient currently has pedal edema bilaterally. Patient has generalized weakness and feels uncontrollably tired. EMS when notified had administered treatment which was 324mg of aspirin, which alleviated the issue some, but patient was brought in for further evaluation.**

## Primary Diagnosis

**Primary Diagnosis on Admission (3 points): Fluid overload**

**Secondary Diagnosis (if applicable): end-stage renal disease (HCC)(03/04/2019), anemia in chronic kidney disease((CODE)(Chronic)(07/28/2021), secondary hyperparathyroidism of renal origin(HCC)(Chronic)(07/28/2021), seizure disorder(HCC)(06/16/2016), diabetes mellitus(HCC)(08/19/2019), asthma(08/17/2021), ascites (04/15/2022), heart failure with reduced ejection fraction(HCC)04/22/2022), pneumonia of right lower lobe due to infectious organism(10/24/2022), community acquired bilateral lower lobe pneumonia(10/25/2022).**

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

Hypervolemia, also known as fluid overload, is a condition where you have too much fluid volume in your body. Body fluids, like blood and water, are important to keep your organs functioning. People with heart and kidney conditions and people who are pregnant often experience hypervolemia (Cleveland Clinic., 2022). Your body is made up of 50% to 60% fluid, which includes water, blood, and lymphatic fluid. Too much fluid in the body could have a person experiencing swelling, high blood pressure, and heart problems (Cleveland Clinic, 2022). There are various causes of fluid overload, this disease may be caused by too much salt in your body, an underlying condition, or hormonal changes. Underlying conditions such as heart failure, kidney disease, cirrhosis, and diabetes can also play a role in fluid overload. Hormonal changes especially in pregnant women or women in general can cause fluid overload being that during your period or pregnancy women tend to retain more salt and water in their bodies (Cleveland Clinic, 2022). Generally, people with fluid overload, have symptoms of swelling in the

extremities of the body, mostly the arms and legs bloating in the stomach, mild discomfort like cramping or headache, and quick weight gain (Cleveland Clinic, 2022), if severe the person needs immediate treatment if they are experiencing shortness of breath, high blood pressure, or if the heart isn't pumping as it should (Cleveland Clinic, 2022). To diagnosis someone with fluid overload the doctor will more likely perform a blood test on sodium levels to see if they're high, normal, or low. Performing the sodium test on the urine can help the doctor decide if your kidneys are causing the fluid overload or if there is another cause (Cirino E., 2017). There are different approaches to treatment that can be taken depending on severity and what's causing fluid overload to occur. The different treatments can include receiving a round of diuretics, which are medications that remove excess fluid and generally all people with hypervolemia go through this process. In extreme cases the doctor recommends dialysis (fluid removal through the kidneys) and paracentesis, which is fluid removal through the belly (Cirino E., 2017). Another form of treatment that may be ordered is that the doctor may require you to restrict your sodium intake (Cirino E., 2017). This patient is currently going through the process of dialysis 3 times a week, Monday, Wednesday, and Friday to help with hypervolemia, since the patient has an extreme case of it, as well as the patient is restricted to a low sodium diet.

**Pathophysiology References (2) (APA):**

*Hypervolemia symptoms, causes & treatment*. Cleveland Clinic. (n.d.). Retrieved November 3, 2022, from https://my.clevelandclinic.org/health/diseases/22962-hypervolemia

Cirino, E. (2017, June 28). *Hypervolemia (fluid overload): Symptoms, causes, and more*. Healthline. Retrieved November 3, 2022, from https://www.healthline.com/health/hypervolemia#diagnosis

**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 | 4.2-5.4 | 3.60 | 3.54 | Levels are low due to the patient having a secondary diagnosis of end-stage renal disease. (Pagana, 2019) |
| Hgb | 12-16 | 11.30 | 11.30 | Levels are low due to the patient having a secondary diagnosis of end-stage renal disease. (Pagana, 2019) |
| Hct | 36-47 | 35.4 | 34.4 | Levels are low due to the patient having a secondary diagnosis of end-stage renal disease. (Pagana, 2019) |
| Platelets | 150-400 | 187 | 217 | |
| WBC | 5-10 | 4.90 | 4.80 | Levels are low due to the patient having a secondary diagnosis of end-stage renal disease. (Pagana, 2019) |
| Neutrophils | 40-68 | 51.4 | 51.7 | |
| Lymphocytes | 19-49 | 31.7 | 31.3 | |
| Monocytes | 3-13 | 11.4 | 12.8 | |
| Eosinophils | 0-8.0 | 3.0 | 2.5 | |
| Bands | 0-6 | N/A | N/A | |

**NOTE: Bands values were not obtained during this visit.**

**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- | 136-145 | 138 | 137 | |
| K+ | 3.5-5 | 3.6 | 4.0 | |
| Cl- | 98-106 | 101 | 101 | |
| CO2 | 23-30 | 29 | 27 | |
| Glucose | 74-106 | 163 | 118 | Levels are high due to the patient having a secondary diagnosis of end-stage renal disease. (Pagana, 2019) |
| BUN | 10-20 | 36 | 25 | Levels are high due to the patient having a secondary diagnosis of end-stage renal disease. (Pagana, 2019) |
| Creatinine | 0.5-1.1 | 3.92 | 3.20 | Levels are high mainly due to the patient having a secondary diagnosis of end-stage renal disease. (Pagana, 2019) |
| Albumin | 3.5-5 | N/A | N/A | |
| Calcium | 9-10.5 | 9.1 | 9.4 | |
| Mag | 1.3-2.1 | N/A | N/A | |
| Phosphate | 3-4.5 | N/A | N/A | |
| Bilirubin | 0.3-1 | N/A | N/A | |
| Alk Phos | 30-120 | N/A | N/A | |

**NOTE: Magnesium values were not obtained during this visit.**

**Phosphate values were not obtained during this visit.**

**Albumin, Alk Phosphate, and Bilirubin today's values were not obtained during this visit.**

**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 | Yellow, clear | N/A | N/A | |
| pH | 5.0-9.0 | N/A | N/A | |
| Specific Gravity | 1.003-1.030 | N/A | N/A | |
| Glucose | Negative | N/A | N/A | |
| Protein | Negative | N/A | N/A | |
| Ketones | Negative | N/A | N/A | |
| WBC | Negative(0-5,hpf) | N/A | N/A | |
| RBC | Negative(0-2,hpf) | N/A | N/A | |
| Leukoesterase | Negative | N/A | N/A | |

**NOTE: Urinalysis was not obtained during this visit.**

**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 | No growth | Collected on | |

| | | | | |
|---|---|---|---|---|
| | | | **admission** | |
| **Sputum Culture** | **No growth** | **N/A** | **N/A** | |
| **Stool Culture** | **No growth** | **N/A** | **N/A** | |

**NOTE: No urine culture was obtained during this visit.**

**No sputum culture was obtained during this visit.**

**No stool culture was obtained during this visit.**

**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):**

**XR Chest 2 views: for shortness of breath; impression: cardiomegaly with pacemaker noted, moderate right pleural effusion noted, underlying infiltration in the right base is not excluded, pneumonia is not excluded.**

**Patient received XR chest view portable due to shortness of breath (Pagana, 2019). The XR chest view rules out pneumonia, pneumothorax, COPD, pleural effusion, pulmonary edema, etc. This XR can also show infiltration in the lungs (Pagana, 2019).**

**These diseases can cause shortness of breath, in which the patient was experiencing. Therefore, this specific procedure was completed.**

**CT Angio head and neck without contrast with PP: for neuro deficit, acute, and stroke suspected; impression: there is total occlusion of the right internal carotid artery at the terminus, and total occlusion of the left internal carotid artery at the terminus.**

**Patient received CT Angio head and neck due to neuro deficit, acute, and stroke suspected (Pagana, 2019). The CT Angio rules out that the arterial occlusion impedes perfusion of oxygenated blood to the brain parenchyma, which could result in an ischemic stroke causing cerebral edema and brain parenchyma tissue necrosis (NCBI bookshelf, 2022) The patient was experiencing signs of a stroke and was suspected of one. Therefore, this specific procedure was completed.**

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

***Neuroanatomy, middle cerebral artery - statpearls - NCBI bookshelf*. (n.d.). Retrieved November 3, 2022, from https://www.ncbi.nlm.nih.gov/books/NBK526002/**

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

**Medications (5 required)**

| **Brand/ Generic** | **Acetaminophen /Tylenol** | **Albuterol/ Proventil, Ventolin** | **LORazepam/ Ativan** | **Calcium Carbonate / TUMS** | **Magnesium hydroxide/ Milk of Magnesia** |
|---|---|---|---|---|---|
| **Dose** | **650mg** | **0.0083% neb solution 2.5mg** | **1mg** | **1,000 mg** | **30 mL** |
| **Frequency** | **Every 4 hours PRN** | **Every 6 hours PRN** | **Every 10min PRN** | **Every 8 hours PRN** | **Daily PRN** |
| **Route** | **Oral** | **Nebulization** | **Intravenous** | **Oral** | **Oral** |
| **Classification** | **Antipyretic. (Jones & Bartlett Learning, 2023)** | **Bronchodilator. (Jones & Bartlett Learning, 2023)** | **Anxiolytic (Jones & Bartlett Learning, 2023)** | **Antacid. (Jones & Bartlett Learning, 2023)** | **Antidepressant, smoking cessation adjunct. (Jones & Bartlett Learning, 2023)** |
| **Mechanism of Action** | **Blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. (Jones & Bartlett Learning, 2023)** | **Attaches to $beta_2$ receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert adenosine triphosphate (ATP) to cyclic adenosine monophosphate (cAMP). This reaction decreases** | **May potentiate the effects of gamma-aminobutyric acid(GABA) and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of CNS. (Jones & Bartlett** | **Increase levels of intracellular and extracellular calcium, which is needed to maintain homeostasis, especially in the nervous and musculoskeletal systems.** | **A hyperosmotic effect in the small intestine. It causes water retention that distends the bowel and causes the duodenum to secrete cholecystokinin, this substance** |

| | | | | | |
|---|---|---|---|---|---|
| | | **intracellular calcium levels. It also increases intracellular levels of cAMP. Together, these effects relax bronchial smooth-muscle cells and inhibit histamine release. ( Jones & Bartlett Learning, 2023)** | **Learning, 2023)** | **(Jones & Bartlett Learning, 2023)** | **stimulates fluid secretion and intestinal motility. (Jones & Bartlett Learning, 2023)** |
| **Reason Client Taking** | **Mild pain/more severe pain it requested** | **Wheezing** | **Seizures** | **Heartburn Indigestion** | **Constipation** |
| **Contraindications (2)** | **Severe hepatic impairment and severe active liver disease. (Jones & Bartlett Learning, 2023)** | **Hypersensitivity to albuterol or its components and hyperthyroidism. (Jones & Bartlett Learning, 2023)** | **Acute angle-closure glaucoma and hypersensitivity to lorazepam, other benzodiazepines, or their components. (Jones & Bartlett Learning, 2023)** | **Cardiac resuscitation with risk of existing digitalis toxicity or presence of ventricular fibrillation (I.V.) and renal calculi. (Jones & Bartlett Learning, 2023)** | **Acute abdominal problem, diverticulitis, fecal impaction, intestinal obstruction or perforation, colostomy, or ileostomy. (Jones & Bartlett Learning, 2023)** |
| **Side Effects/Adverse Reactions (2)** | **Hepatoxicity and hemolytic anemia (with long term use). (Jones & Bartlett Learning, 2023)** | **Angina and hypotension. (Jones & Bartlett Learning, 2023)** | **Apnea and Anaphylaxis. (Jones & Bartlett Learning, 2023)** | **Hypotension and hypercalcemia. (Jones & Bartlett Learning, 2023)** | **Muscle cramps, flatulence. (Jones & Bartlett Learning, 2023)** |

**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:**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | **Alert, oriented to person, place, and time.**<br>**Alert and responsive**<br>**No acute distress.**<br>**Complains of pain (level 10)**<br>**Well-groomed for condition** |
| **INTEGUMENTARY:**<br>**Skin color:**<br>**Character:**<br>**Temperature:**<br>**Turgor:**<br>**Rashes:**<br>**Bruises:**<br>**Wounds:**<br>**Braden Score:**<br>**Drains present: Y☐ N ☒**<br>**Type:** | **Skin color is usual for ethnicity.**<br>**Skin intact, warm, and dry, upon palpation.**<br>**No rashes, bruises, or lesions.**<br>**No wounds.**<br>**Normal quantity, distribution, and texture of hair.**<br>**Nails without clubbing or cyanosis.**<br>**Skin turgor normal mobility.**<br>**Braden Score: 7 -severe risk**<br>**Capillary refill less than 3 seconds fingers and toes bilaterally.** |
| **HEENT:**<br>**Head/Neck:**<br>**Ears:**<br>**Eyes:**<br>**Nose:** | **Head is normocephalic and atraumatic.**<br>**Neck is symmetrical, trachea is midline without deviation, thyroid is not palpable, no nodules.**<br>**Bilateral carotid pulses are palpable and 2+.** |

| | |
|---|---|
| **Teeth:** | **No lymphadenopathy in the head or neck is noted.**<br>**Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge. PERRLA bilaterally.**<br>**No drainage or ear wax, hearing intact, bilateral auricles, no visible or palpable deformities, lumps, or lesions.**<br>**Nose has no drainage.**<br>**All teeth are present.** |
| **CARDIOVASCULAR:**<br>**Heart sounds:**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):**<br>**Peripheral Pulses:**<br>**Capillary refill:**<br>**Neck Vein Distention: Y ☐ N ☒**<br>**Edema Y ☐ N ☒**<br>**Location of Edema:** | **S1 and S2 heard, no murmur or extra heart sounds.**<br>**Regular rate and rhythm.**<br>**Peripheral pulse regular. Pulses 2+ and symmetrical.**<br>**Capillary refill less than 3 seconds.** |
| **RESPIRATORY:**<br>**Accessory muscle use: Y☐ N ☒**<br>**Breath Sounds: Location, character** | **Respirations are symmetrical with rate and pattern, non-labored.**<br>**Decreased breath sounds bilaterally and dull for percussion at bases.**<br>**No wheezes or crackles noted.** |
| **GASTROINTESTINAL:**<br>**Diet at home:**<br>**Current Diet**<br>**Height:**<br>**Weight:**<br>**Auscultation Bowel sounds:**<br>**Last BM:**<br>**Palpation: Pain, Mass etc.:**<br>**Inspection:**<br>**Distention:**<br>**Incisions:**<br>**Scars:**<br>**Drains:**<br>**Wounds:**<br>**Ostomy: Y ☐ N ☒**<br>**Nasogastric: Y ☐ N ☒** | <br>**Regular diet**<br>**Current diet is regular**<br>**5'4"**<br>**128lbs**<br>**Bowel sounds normoactive in four quadrants.**<br>**Last BM was yesterday, formed, and brown.**<br>**Abdomen is soft, no tenderness, and no mass.**<br>**Skin warm, dry, and intact.**<br>**No distention.**<br>**No incisions.**<br>**No scars.**<br>**No drains.**<br>**No wounds.** |

| | |
|---|---|
| **Size:**<br>**Feeding tubes/PEG tube Y ☐ N ☒**<br>**Type:** | |
| **GENITOURINARY:**<br>**Color:**<br>**Character:**<br>**Quantity of urine:**<br>**Pain with urination: Y ☐ N ☒**<br>**Dialysis: Y ☒ N ☐**<br>**Inspection of genitals:**<br>**Catheter: Y ☐ N ☒**<br>**Type:**<br>**Size:** | **Yellow**<br>**Clear**<br>**Adequate output**<br><br>**Patient does dialysis M,W,F- 3x a week.**<br>**Genitals are of standard appearance** |
| **MUSCULOSKELETAL:**<br>**Neurovascular status:**<br>**ROM:**<br>**Supportive devices:**<br>**Strength:**<br>**ADL Assistance: Y☒ N ☐**<br>**Fall Risk: Y ☒ N☐**<br>**Fall Score:**<br>**Activity/Mobility Status:**<br>**Independent (up ad lib) ☐**<br>**Needs assistance with equipment ☒**<br>**Needs support to stand and walk ☒** | **Patient can move both stumps of lower limbs and upper extremities have full range of motion (ROM).**<br>**Patient uses 1 assist with gait belt and walker**<br>**Grips equal bilaterally.**<br>**1 assist with ADL's**<br>**Fall Risk**<br>**Fall Score: 60 – High risk**<br>**1 assist with gait belt and walker**<br>**Hand grips and pulls demonstrate normal and equal strength.** |
| **NEUROLOGICAL:**<br>**MAEW: Y ☒ N☐**<br>**PERLA: Y ☒ N☐**<br>**Strength Equal: Y ☒ N ☐ if no -**<br>**Legs ☐ Arms ☐ Both ☐**<br>**Orientation:**<br>**Mental Status:**<br>**Speech:**<br>**Sensory:**<br>**LOC:** | **Alert and oriented to person, place, and time.**<br>**No confusion.**<br>**Speech is clear and logical.**<br>**Sensory has no deficits.**<br>**No changes in LOC** |
| **PSYCHOSOCIAL/CULTURAL:**<br>**Coping method(s):**<br>**Developmental level:**<br>**Religion & what it means to pt.:**<br>**Personal/Family Data (Think about home environment, family structure, and available family support):** | **The patient states that "I usually just call one of my sons, they'll listen to me".**<br>**Adult, within adequate development for age**<br>**The patient claims that she was brought up by her parents as a Christian but does not currently practice and hasn't in years.**<br>**Patient states that she has no support at home and her 3 sons live in Texas. She currently** |

| | |
|---|---|
| | **resides at her home by herself. Her sons talk to her on the phone often. Her POA is her oldest son.** |

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| **7:15a** | **64** | **149/59** | **18** | **97.7** | **100(on room air)** |

**Pain Assessment, 1 set (5 points)**

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| **7:15a** | **10/10** | **head** | **Severe** | **"Feels like someone squeezing my head" Consistent, sharp, throbbing** | **Administered Tylenol** |

**Intake and Output (2 points)**

| Intake (in mL) | Output (in mL) |
|---|---|
| **360mL** | **1 urinary continence episode** |

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

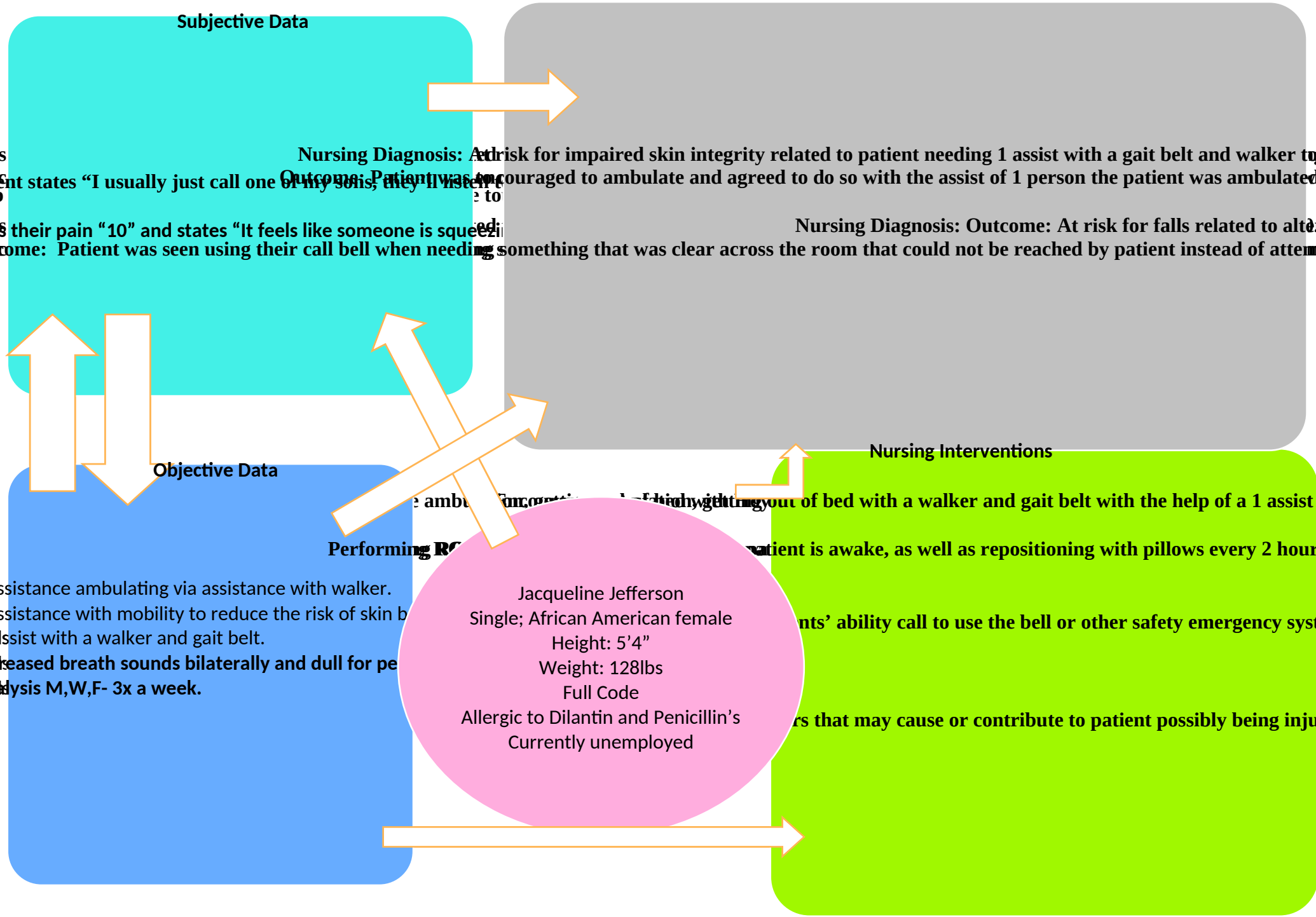
| Nursing Diagnosis | Rationale | Interventions (2 per dx) | Outcome Goal (1 per dx) | Evaluation |
|---|---|---|---|---|
| • Include full nursing | • Explain why the nursing | | | • How did the client/family respond to the |

| | | | | |
|---|---|---|---|---|
| diagnosis with "related to" and "as evidenced by" components<br>• Listed in order by priority – highest priority to lowest priority pertinent to this client | diagnosis was chosen | | | nurse's actions?<br>• Client response, status of goals and outcomes, modifications to plan. |
| **1. At risk for impaired skin integrity related to patient needing 1 assist with a gait belt and walker to get in and out of bed as evidence by Braden Scale being a 17. (Phelps, L. L, 2020)** | **The patient requires the use of equipment, such as a walker and gait belt with a 1 assist to help the patient ambulate in and out of the bed. (Phelps, L. L, 2020)** | **1.Encourage ambulation, getting out of bed with a walker and gait belt with the help of a 1 assist every day, at least at mealtimes. (Phelps, L. L, 2020)**<br><br>**2.Performing ROM exercises every 4 hours while patient is awake, as well as repositioning with pillows every 2 hours from left to right side to prevent skin breakdown. (Phelps, L. L, 2020)** | **1. Patient should achieve her highest mobility level possible.** | **Patient was encouraged to ambulate and agreed to do so with the assist of 1 person the patient was ambulated via walker and gait belt to their bedside chair for mealtimes.** |
| **2. At risk** | **The patient** | **1. Assessing** | **1. The patient** | **Patient was seen** |

| | | | | |
|---|---|---|---|---|
| **for falls related to alteration in mental status as evidence by Morse Scale being a 60. (Phelps, L. L, 2020)** | **requires constant reminding of where they are, location wise, today's date, and time. Patient also is very confused and unresponsive at times. (Phelps, L. L, 2020)** | **the patients' ability to use the call bell or other safety emergency systems if need be. (Phelps, L. L, 2020)**<br>**2. Identify any factors that may cause or contribute to patient possibly being injured from a fall. (Phelps, L. L, 2020)** | **should identify any available resources in the community to help the patient with ongoing fall prevention.** | **using their call bell when needing something that was clear across the room that could not be reached by patient instead of attempting to get out of bed without the assistance of someone else.** |

**Other References (APA): Phelps, L. L. (2020).** ***Sparks & Taylor's Nursing Diagnosis Reference Manual*****. Wolters Kluwer.**

**Concept Map (20 Points):**


Subjective Data
Nursing Diagnosis: At risk for impaired skin integrity related to patient needing 1 assist with a gait belt and walker tu
Outcome: Patient was encouraged to ambulate and agreed to do so with the assist of 1 person the patient was ambulated
Nursing Diagnosis: Outcome: At risk for falls related to alte
something that was clear across the room that could not be reached by patient instead of atte
Objective Data
Nursing Interventions
out of bed with a walker and gait belt with the help of a 1 assist e
tient is awake, as well as repositioning with pillows every 2 hours
nts' ability call to use the bell or other safety emergency syste
rs that may cause or contribute to patient possibly being injure
assistance ambulating via assistance with walker.
assistance with mobility to reduce the risk of skin b
assist with a walker and gait belt.
eased breath sounds bilaterally and dull for pe
lysis M,W,F- 3x a week.
Jacqueline Jefferson
Single; African American female
Height: 5'4"
Weight: 128lbs
Full Code
Allergic to Dilantin and Penicillin's
Currently unemployed

q

**Client Information**