N431 Care Plan #2

Lakeview College of Nursing

Haley Shaw

Demographics (3 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
11/1/22	R.C.	65 years old	female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
non-Hispanic or Latino	unemployed	married	Iron sucrose, penicillin, codeine, guaifenesin, morphine, tomatoes
Code Status	**Height**	**Weight**	
Full code	5'4 (64 inches)	244 lbs 6 oz (110.9 kg)	

Medical History (5 Points)

Past Medical History: arthritis, renal cancer, hypertension, chronic heart failure, complete heart block, diabetes complication of arteriovenous dialysis fistula

Past Surgical History: Av fistula creation, fistula repair, foot debridement, partial kidney removal

Family History: hypertension- maternal grandmother

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Patient has no social history of any tobacco, alcohol, or drug use.

Assistive Devices: wheelchair

Living Situation: Patient lives at home with her husband.

Education Level: Patient graduated high school.

Admission Assessment

Chief Complaint (2 points): possible dialysis catheter removal due to bacteremia

History of Present Illness – OLD CARTS (10 points): A 65-year-old female presents to outside hospital with complaints of weakness and fevers. A workup revealed staphylococcus epidermis bacteremia. Patient recently has a dialysis catheter placed. Patient says she did have a

fall recently on her left knee. Patient denies any other complaints. She has no fever or chills currently. Patient was given vancomycin at outside hospital.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): bacteremia

Secondary Diagnosis (if applicable): Fracture to right tibial/fibula

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

The human immune system, which is influenced by the genetic signature of the bacteria and inherited and acquired weaknesses, is necessary for treating all bacterial illnesses (Bush, 2022). Initial germ clearance is carried out by cellular innate and adaptive immune responses, with active bacteria in the bloodstream being filtered by the liver and spleen. Bacteria will initially start to invade where their principal source of nutrition is. The bacteria may now vanish and become clinically inconsequential, or they may manage to evade the human immune response, multiply, and cause a local infection that may later spread to other areas of the body (Bush, 2022). If the germs are still alive and get into the bloodstream, the illness may go away on its own or develop into septicemia. The skin and mucosal surfaces operate as the initial line of defense against bacterial invasion (Bush, 2022). Medical procedures that penetrate the skin and anatomical lumina are two prevalent conditions that interfere with these natural protection barriers (Bush, 2022). Additionally, trauma, burns, ulcers, and the effects of aging naturally might cause events to lead to a breakdown in defense.

Some patients do not exhibit any symptoms or merely have a slight temperature. Tachypnea, shivering chills, a persistent fever, altered sensorium, hypotension, and gastrointestinal problems are some signs that might develop and indicate sepsis or septic shock

(Smith et al., 2022). Septic shock develops in 25 to 40% of patients with severe bacteremia (Smith et al., 2022). Persistent bacteremia may result in sepsis or localized metastatic infection.

Bacteremia is detected through cultures from the patient. After obtaining blood and doing the necessary cultures on any potential sources, empiric intravenous antibiotics are administered to individuals with suspected bacteremia (Smith et al., 2022). Early bacteremia treatment with a suitable antibiotic regimen seems to increase survival. After draining any abscesses and typically removing any internal devices thought to be the source of infection, continuing therapy entails modifying antibiotics following the findings of culture and susceptibility tests (Smith et al., 2022). The appropriate oral antibiotics can be used to finish the therapy once source control has been achieved, and clinical improvement has been noted (Smith et al., 2022).

Pathophysiology References (2) (APA):

Bush, L. M. (2022, October 20). *Bacteremia - Infectious Diseases*. Merck Manuals Professional Edition. Retrieved November 5, 2022, from https://www.merckmanuals.com/professional/infectious-diseases/biology-of-infectious-disease/bacteremia#:~:text=Symptoms%20and%20Signs%20of%20Bacteremia&text=Development%20of%20symptoms%20such%20as,suggests%20sepsis%20or%20septic%20shock.

Smith, D. A., & Nehring, S. M. (2022). Bacteremia. In *StatPearls [Internet]*. StatPearls Publishing.

Laboratory Data (15 points)

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	3.5-5.2	3.54	3.51	Patient has low RBC due to kidney disease (Pagana et al., 2019).
Hgb	11-16	8.4	8.0	Patient has low hgb due to kidney disease (Pagana et al., 2019).
Hct	34-47	26.5	26.7	Patient has low hct due to kidney disease (Pagana et al., 2019).
Platelets	140-400	339	288	Within defined limits
WBC	4-11	8.10	8.01	Within defined limits
Neutrophils	47-73	77.3	N/A	Patient has an infection called bacteremia (Pagana et al., 2019).
Lymphocytes	18-42	18	24	Within defined limits
Monocytes	4-12	11.1	12	Within defined limits
Eosinophils	0-5	1.8	2.2	Within defined limits
Bands	N/A	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-	136-145	136	136	Within defined limits
K+	3.5-5.1	3.5	4	Within defined limits
Cl-	98-107	98	101	Within defined limits
CO2	22-29	25	25	Within defined limits
Glucose	74-100	91	211	Patient has diabetes (Pagana et al., 2019).
BUN	7-19	29	26	Patient has kidney disease (Pagana et al., 2019).
Creatinine	0.55-1.02	4.03	3.91	Patient has poor kidney function (Pagana et al., 2019).

Albumin	3.5-5	2.7	1.9	Patient has kidney disease (Pagana et al., 2019).
Calcium	8.9-10.6	8.4	7.6	Patient has kidney disease causing her kidneys to not absorb calcium (Pagana et al., 2019).
Mag	1.6-2.6	2.1	2	Within defined limits
Phosphate	2.8-4.5	N/A	N/A	N/A
Bilirubin	0.2-1.2	0.9	0.8	Within defined limits
Alk Phos	40-150	142	144	Within defined limits
AST	5-34	20	24	Within defined limits
ALT	0-55	13	15	Within defined limits
Amylase	40-140	N/A	N/A	N/A
Lipase	0-160	N/A	N/A	N/A
Lactic Acid	4.5-19.8	N/A	N/A	N/A
Troponin	0-0.04	N/A	N/A	N/A
CK-MB	3-5	N/A	N/A	N/A
Total CK	20-30	N/A	N/A	N/A

Other Tests 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
INR	0.8-1.1	1.5	1.4	Patient's blood is clotting slow (Pagana et al., 2019).
PT	10.1-13.1	16.8	16.7	Patient's blood is clotting slow (Pagana et al., 2019).
PTT	22.4-35.9	N/A	N/A	N/A

D-Dimer	<0.50	N/A	N/A	N/A
BNP	<100	N/A	N/A	N/A
HDL	>40	14	N/A	Patient has heart disease (Pagana et al., 2019).
LDL	<130	28	N/A	Within defined limits
Cholesterol	<200	61	N/A	Within defined limits
Triglycerides	<150	96	N/A	Within defined limits
Hgb A1c	4-5.6	N/A	N/A	N/A
TSH	0.5-5.0	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	Yellow, clear	N/A	N/A	N/A
pH	4.6-8.0	N/A	N/A	N/A
Specific Gravity	1-1.030	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	0-25	N/A	N/A	N/A
RBC	0-20	N/A	N/A	N/A
Leukoesterase	Negative	N/A	N/A	N/A

Arterial Blood Gas 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
pH	7.35-7.45	N/A	N/A	N/A
PaO2	75-100	N/A	N/A	N/A
PaCO2	35-45	N/A	N/A	N/A
HCO3	22-26	N/A	N/A	N/A
SaO2	>95%	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	Needs to be collected
Blood Culture	negative	N/A	N/A	Needs to be collected
Sputum Culture	negative	N/A	N/A	Needs to be collected
Stool Culture	negative	N/A	N/A	Needs to be collected

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). Mosby's diagnostic and laboratory desk reference (14th ed). Elsevier

Diagnostic Imaging

All Other Diagnostic Tests (5 points): X-Ray of tibial/fibula fracture of left leg

Diagnostic Test Correlation (5 points): Images of internal organs, bones, and tissues can be captured on film or digitally using X-rays, which emit invisible electromagnetic energy beams (John Hopkins Medicine, 2022). Standard X-rays are used for various purposes, such as

diagnosing malignancies and bone injuries. X-rays travel through body structures on specially treated plates or digital media to create a "negative"-style image (John Hopkins Medicine, 2022). Different bodily components permit various amounts of the X-ray beams to pass through when the body is exposed to X-rays. Most of the X-ray can pass through the body's soft tissues and appears dark gray on the film or digital medium. Because a bone or tumor is denser than soft tissue and blocks more X-rays, they look white in the image. When a bone breaks, the X-ray beam passes through the damaged region and becomes a dark line in the otherwise white bone (John Hopkins Medicine, 2022).

Diagnostic Test Reference (1) (APA):

X-rays. X-Rays | Johns Hopkins Medicine. (2021, August 8). Retrieved November 5, 2022, from https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/xrays

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	Acetaminophen/ tylenol	Amlodipine/ norvasc	Duloxetine/ cymbalta	Lisinopril/ zestril	Calcium carbonate/ tums
Dose	650mg	5mg	60mg	20mg	400mg
Frequency	PRN	Everyday	2x daily	Daily	Every 6 hours PRN
Route	Oral	Oral	Oral	Oral	Oral
Classification	Pharmacologic: nonsalicylate Therapeutic: antipyretic, nonopioid analgesic	Pharmacologic: calcium channel blocker Therapeutic: antianginal, antihypertensive	Selective serotonin and norepinephrine reuptake inhibitor	angiotensin-converting enzyme (ACE) inhibitors	Pharmacologic: calcium salts Therapeutic: antacid

Mechanism of Action	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.	Binds to dihydropyridine and nondihydropyridine cell membrane receptor sites on myocardial and vascular smooth muscle cells and inhibits reflux of extracellular calcium ions across slow calcium channels.	Inhibits dopamine, neuronal serotonin, and norepinephrine reuptake to potentiate noradrenergic activity in the CNS	ACE is a peptidyl dipeptidase that catalyzes the conversion of angiotensin I to the vasoconstrictor substance, angiotensin II. Angiotensin II also stimulates aldosterone secretion by the adrenal cortex.	Increase levels of intracellular and extracellular calcium, which is needed to maintain homeostasis.
Reason Client Taking	arthritis pain	hypertension	To relive neuropathic pain	Heart failure	reflux
Contraindications (2)	Severe hepatic impairment, severe active liver disease	Hypersensitivity to almodipine or its components. Patients with heart failure.	Chronic liver disease. Hypersensitivity to duloxetine.	Patients with renal failure should not take. Patients with diabetes mellitus.	Hypercalcemia hypophosphatemia
Side Effects/Adverse Reactions (2)	Agitation, anxiety	Urinary frequency, hot flashes	Aggression, abnormal dreams	Headache, dizziness	Hypotension, nausea/ vomiting
Nursing Considerations (2)	Monitor renal function on long term therapy.	Use cautiously in patients with heart block.	Monitor for adverse effects. Monitor	Monitor blood pressure for hypotensio	Store at room temperature and protect from heat, light, and

	Make sure to give required dose, adverse effects can happen if dosed wrong.	Monitor patient with hepatic impairment.	patient compliance to drug therapy.	n prior to administration. Monitor for signs of worsening CHF such as water retention and shortness of breath.	moisture. May cause bradycardia.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Asses for allergy to acetaminophen. Assess pain level.	Monitor potassium levels before taking.	Watch for signs of neuroleptic malignant syndrome, including hyperthermia, diaphoresis, generalized muscle rigidity, altered mental status, tachycardia, changes in blood pressure, and incontinence.	Assess for signs of severe hypotension like dizziness, excessive perspiration, vomiting, and diarrhea.	Do not take within 1-2 hours of taking other medicines. Tell your doctor and pharmacist what prescription and nonprescription medications you are taking.
Client Teaching Needs (2)	Tablets may be crushed or swallowed whole. Read label and follow instructions precisely.	Take missed dose as soon as remembered. Take with food to prevent GI upset.	Swallow the capsule whole and do not crush, chew, break, or open it. Take with or without food.	Lisinopril can decrease sweating, and you may be more prone to heat stroke. Do not use	Chew tablets thoroughly before swallowing. Take 1-2 hours after meals.

			Your blood pressure will need to be checked often.	potassium supplements or salt substitutes unless your doctor has told you to.	

Hospital Medications (5 required)

Brand/Generic	Furosemide/ lasix	Gabapentin/ neurontin	Heparin injection	Insulin lantus	Metoprolol/ lopressor
Dose	80mg	300mg	5000 units	10 units	50mg
Frequency	BID	TID	Every 8 hours	At bedtime	BID
Route	Oral	Oral	SubQ	SubQ	Oral
Classification	Diuretic	anti-seizure	anticoagulant	Human insulin	Pharmacoloigcoal: beta blocker Therapeutic: antihypertensive
Mechanism of Action	Furosemide, like other loop diuretics, acts by inhibiting the luminal Na-K-Cl cotransporter in the thick ascending limb of the loop of Henle, by binding to the	inhibition of the alpha 2-delta subunit of voltage-gated calcium channels	Heparins bind to antithrombin (AT) and induce a conformational change that makes AT an efficient inactivator of coagulation factors.	Lowers blood glucose levels by stimulating peripheral glucose uptake by fat and skeletal muscle.	Metoprolol is a cardioselective beta-1-adrenergic receptor inhibitor that competitively blocks beta1-receptors with minimal or no effects on beta-2 receptors at oral doses of

	chloride transport channel, thus causing more sodium, chloride, and potassium to stay in the urine.				less than 100 mg in adults. It decreases cardiac output by negative inotropic and chronotropic effects.
Reason Client Taking	Patient has obtained too much water	Neuropathic pain	Prevent blood clots	Controls blood glucose levels	Hypertension. Herat failure
Contraindications (2)	Gout, diabetes	Suicidal thoughts, depression	Hypersensitivity to heparin. Inability to monitor heparin levels.	Chronic lung disease, asthma	Heart block greater than first degree, possibly increased antihypertensive effects.
Side Effects/Adverse Reactions (2)	Dehydration, electrolyte imbalance.	Diarrhea, mood changes	Dizziness, chills	Confusion, dizziness	Anxiety, confusion
Nursing Considerations (2)	Obtain patients weight before taking and periodically. Adminster slow over 1-2 minutes.	Capsules may be opened and taken with food. Take at bedtime.	Use caustiously in patients over 60. Read heparin label carefully.	Assess for symptoms of hypoglycemia or hyperglycemia. Monitor body weight over time.	Use cautiosouly in ateints with CHF. Dosage for heart failure is highly individualized.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess fluid status. Monitor daily weight, intake and output ratios, amount and location of edema, lung sounds, skin turgor, and	Monitor for changes in neurological status, changes in mood, or thoughts of suicide	Assess for signs of bleeding and hemorrhage, including bleeding gums, nosebleeds, unusual bruising, black/tarry stools,	Perform a physical assessment to establish a baseline before beginning therapy. Assess skin lesions; orientation and	Assess routinely for signs and symptoms of heart failure (dyspnea, rales/crackles, weight gain, peripheral edema, jugular venous distention).

	mucous membranes		hematuria, and fall in hematocrit or blood pressure.	reflexes; blood pressure, pulse, respiration, and adventitious breath sounds which could indicate a response to high or low glucose levels and potential risk factors in giving insulin.	
Client Teaching Needs (2)	Change positisions slowly to prevent orthostatic hypotension. Caution patients about drinking alcohol.	Do not take within 2 hours after taking antacid. Side effects are usually mild to moderate and go away with time.	Explain heparin can't be taken orally. Inform patient about increased risk of bleeding.	Pinch the skin and put the needle in at a 45º angle. If your skin tissues are thicker, you may be able to inject straight up and down.	Take with food at the same time each day. Check glucose level often while taking.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). Nurse's Drug Handbook 2021. Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Oriented to person, time, and place. Patients appears calm and well groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 16 **Drains present: Y☐ N ☒** **Type:**	Skin color is white, warm, and dry upon palpation. No rashes, lesions, and some bruising to left knee bruising. Normal distribution, and texture of hair. Skin turgor normal. Patient has no drains. Patients Braden score is a 16.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck symmetrical. Trachea is midline without deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable (2+). No lymphadenopathy in the head/neck is noted. Bilateral auricles no visible deformities, lumps, or lesions. Hearing is good and balanced. Eyes are bilateral sclera is white, bilateral cornea clear, bilateral conjunctiva pink and moist, no visible drainage or discharge noted. Nose septum is midline, no bumps, lumps, or lesions visual. No tooth decay, oral mucosa overall moist and pink without lesions noted. .
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 murmurs gallops or rubs. Normal rate and rhythm. Capillary refill was less than 3 seconds on fingers/toes bilaterally. No neck vein distention. No edema present. Peripheral pulses are 2+ bilaterally.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Normal rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted.

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:**	Patient has a regular diet at home and adequate current diet. Patients' height is 5'4 and weight is 110.9kg. Auscultation and palpation of bowel sounds are normal. Patient's last bowel movement was 11/1/22. No distension or scars. Pateint has wound in umbilical area.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☒ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Patient has yellow clear urine. She voided 300mL of urine and no pain with urination. Inspection of genitals was normal with some yeast in the folds.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** wheelchair **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 14 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☒	Patients' neurovascular status is normal. Normal ROM. Patient is on bedrest due to medications and fall score of 14. Pateint also has a wheelchair due to the amputation of her right lower leg.
NEUROLOGICAL: **MAEW: Y ☒ N☐**	MAEW and PERRLA are intact. Patient has equal strength in both arms. Strength in legs is

PERLA: Y ☒ N☐ **Strength Equal: Y ☐ N ☒ if no -** **Legs ☒ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	diminshed due to her right leg ampuation. Patient is alert and oriented to person, place, and situation. Patient's mental status is within normal limits. Speech and sensory are not impaired and is normal. No loss of consciousness. Deep tendon reflexes are reactive.
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):**	Patient copes by spending time with her husband. Patients developmental level is normal as she completed high school. Patient is not religious. Patients has support from her friends and family.

Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	79	130/61	18	98.5 (oral)	91%
1130	81	125/52	18	98.7 (oral)	94%

Vital Sign Trends:

Pateint vitals are within notmal limits and continur to stay in normal limits. Patients' oxygen is increasong and her blood pressure has lowered during clinical time.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	0-10	Back	6	Dull, achy	Relaxtion techniques, meds
1130	0-10	Back	2	Dull, achy	Relaxtion techniques, meds

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22g **Location of IV:** left lower anterior forearm **Date on IV:** 11/1/22 **Patency of IV:** WDL **Signs of erythema, drainage, etc.:** no **IV dressing assessment:** clean, dry intact	Vancomycin- continuous

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
200mL water 200mL milk	300mL urine

Nursing Care

Summary of Care (2 points)

Overview of care: treat bacterium, control diabetes, control pain

Procedures/testing done: X-Ray of left knee

Complaints/Issues: back pain

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: yes

Physician notifications: Notify of any abnormalities

Future plans for client: Patient to be discharged home.

Discharge Planning (2 points)

Discharge location: home

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: follow up with provider

Education needs: fall risk education, diabetes education

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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. Infection related to new placing of dialysis catheter as evidenced by workup revealing staphyloccocus	Patient had blood cultures from previous hospital showing staphylococcus.	**1.**Teach proper hand washing using antibacterial soap before and after each care activity. **2.**Maintain sterile technique when changing dressings and providing site care.	**1.** Patient will achieve timely healing; be free of purulent secretions, drainage, or erythema.	Patient agreed to ensure proper hand washing and the importance of hygience when having this infection.
2. Risk for injury related to amputation as evidenced by right lower leg amputation	Patient could injure herself because she is an amputee who uses a wheelchair.	**1.** Guide the patient to their surroundings. Put the call light within reach and teach how to call for assistance. **2.**Validate the patient's	**1.** Patient will remain free from injury.	Patient was thankful the nurse listened to her concerns. The nurse oriented the patient to her room and her call light, and the patient thanked the nurse.

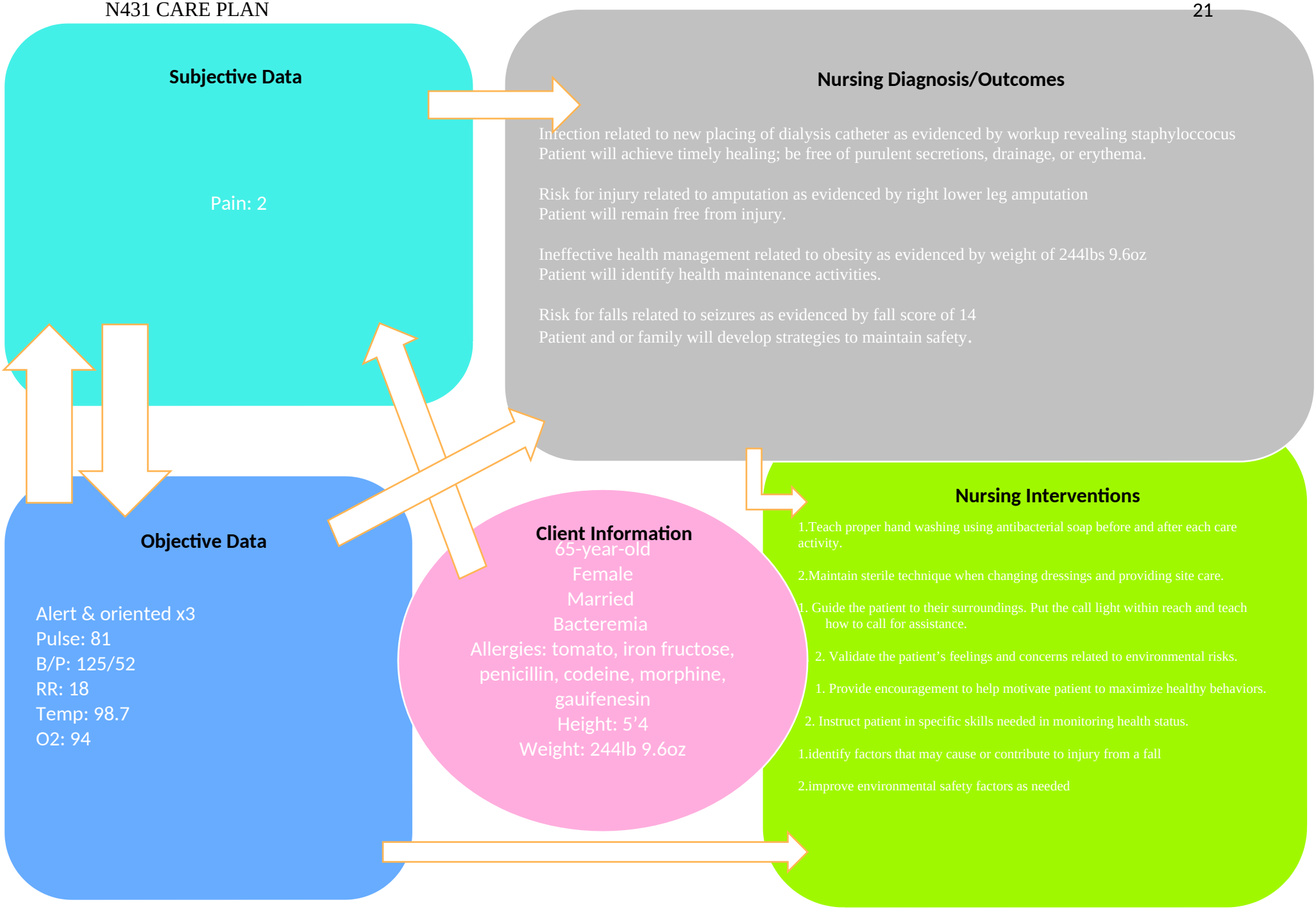
		feelings and concerns related to environmental risks.		
3. Ineffective health management related to obesity as evidenced by weight of 244lbs 9.6oz	Patient is considered obese.	**1.** Provide encouragement to help motivate patient to maximize healthy behaviors. **2 .** Instruct patient in specific skills needed in monitoring health status.	**1.** Patient will identify health maintenance activities.	Patient identifies health needs and perceptions and limitations in achieving them.
4. Risk for falls related to seizures as evidenced by fall score of 14	Patient has risk for falls related to seizures and a high fall score of 14.	**1**.identify factors that may cause or contribute to injury from a fall **2**.improve environmental safety factors as needed	**1.** Patient and or family will develop strategies to maintain safety.	Patient demonstrates the ability to move about without falling Patient and family can point out things in the environment that put them at risk.

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
Pain: 2
Nursing Diagnosis/Outcomes
Infection related to new placing of dialysis catheter as evidenced by workup revealing staphyloccocus
Patient will achieve timely healing; be free of purulent secretions, drainage, or erythema.
Risk for injury related to amputation as evidenced by right lower leg amputation
Patient will remain free from injury.
Ineffective health management related to obesity as evidenced by weight of 244lbs 9.6oz
Patient will identify health maintenance activities.
Risk for falls related to seizures as evidenced by fall score of 14
Patient and or family will develop strategies to maintain safety.
Objective Data
Alert & oriented x3
Pulse: 81
B/P: 125/52
RR: 18
Temp: 98.7
O2: 94
Client Information
65-year-old
Female
Married
Bacteremia
Allergies: tomato, iron fructose, penicillin, codeine, morphine, gauifenesin
Height: 5'4
Weight: 244lb 9.6oz
Nursing Interventions
1.Teach proper hand washing using antibacterial soap before and after each care activity.
2.Maintain sterile technique when changing dressings and providing site care.
1. Guide the patient to their surroundings. Put the call light within reach and teach how to call for assistance.
2. Validate the patient's feelings and concerns related to environmental risks.
1. Provide encouragement to help motivate patient to maximize healthy behaviors.
2. Instruct patient in specific skills needed in monitoring health status.
1.identify factors that may cause or contribute to injury from a fall
2.improve environmental safety factors as needed