N431 Care Plan #2

Lakeview College of Nursing

Jamal Drea

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
11/1/22 (1641)	R.L.C.	65	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Unemployed (disabled)	Married	Iron sucrose, penicillins, codeine, guaifenesin, morphine, tomato
Code Status	**Height**	**Weight**	
FULL	5'4" (162.6 cm)	244 lbs (110.9 kg)	

Medical History (5 Points)

Past Medical History: T2DM, arthritis, renal carcinoma, neuropathic pain, HTN, mitral valve regurgitation, chronic heart failure, complete heart block, cataract, degenerative lumbar disc disease, ESRD, chronic respiratory failure, SIRS, OSA

Past Surgical History: Transvenous pacemaker insertion, tunneled catheter insertion, AV fistula creation, peripheral angiography, polypectomy

Family History: Hypertension (maternal grandmother), glaucoma (paternal grandfather)

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Never used tobacco or drugs. Does not drink alcohol.

Assistive Devices: Wheelchair, oxygen, BiPAP machine

Living Situation: Lives in home with husband

Education Level: Unable to assess

Admission Assessment

Chief Complaint (2 points): Nausea, dizziness

History of Present Illness – OLD CARTS (10 points): The patient is a 65 year old female who complains of shortness of breath and weakness a week ago after receiving hemodialysis for their ESRD. The patient also reports dizziness and nausea. The patient

receives oxygen to alleviate their dyspnea and was given vancomycin to treat infection at the OSF hospital that they were transferred from. No aggravating factors were reported but the patient appears fatigued. The patient was later prescribed ceftaroline fosamil.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Bacteremia

Secondary Diagnosis (if applicable): Systemic inflammatory response syndrome

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

Bacteremia is an infection that is caused by the presence of bacteria in the blood. This kind of infection could be asymptomatic but results in complications such as systemic inflammatory response syndrome, sepsis, and multiple organ dysfunction syndrome if there is no treatment. The skin, liver, and spleen act as barriers for invading bacteria but burns, ulcers, or medical procedures can cause an individual to be susceptible to infection (Smith & Nehring, 2022). The patient has end-stage renal disease and has been receiving hemodialysis treatment three days a week for the past five years. An observational study claims that there were 85 cases of bacteremia in 406 participants who received a tunneled catheter with a majority of the infections being caused by gram positive bacteria, *Staphylococcus epidermidis* (48.4%) and *Staphylococcus aureus* (28%) (Alemnara-Tejederas et al., 2022). The patient had a blood culture performed at the hospital they were transferred from and the results showed the presence of *Staphylococcus epidermidis*. Labs that are used to assess bacteremia are lactate level and blood cultures. Depending on the possible portal of entry, a culture is also taken from a wound, sputum, or catheter. Treatment for bacteremia is antibiotics, usually for 7-14 days. Broad spectrum antibiotics

are given before the bacteria is identified and vancomycin is given for resistant organisms (Smith & Nehring, 2022). The patient had a blood culture taken today and the results are pending, but they can provide more insight on what antibiotics to administer for treatment. This patient is currently being prescribed ceftaroline fosamil, which is a fifth generation cephalosporin, and was previously administered vancomycin. A complication of bacteremia that is exhibited in the patient is systemic inflammatory response syndrome. Inflammation triggered by an infectious stimulus that activates cells like neutrophils, macrophages, and mast cells through chemical pathways (Chakraborty & Burns, 2022). Neutrophils and monocytes are elevated according to the CBC of the patient and this finding aligns with the condition.

Pathophysiology References (2) (APA):

Almenara-Tejederas, M., Rodríguez-Pérez, M. A., Moyano-Franco, M. J., de Cueto-López, M., Rodríguez-Baño, J., & Salgueira-Lazo, M. (2022). Tunneled catheter-related bacteremia in hemodialysis patients: incidence, risk factors and outcomes. A 14-year observational study. Journal of Nephrology. https://doi.org/10.1007/s40620-022-01408-8

Chakraborty, R.K., Burns, B. Systemic inflammatory response syndrome. *StatPearls*. Treasure Island StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK547669/

Smith, D.A., Nehring, S.M. (2022). Bacteremia. *StatPearls*. Treasure Island StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK441979/

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	4.2-5.4	4.05	3.51	Anemia related to the patient's end stage renal disease and iron-deficiency is contributing to a decreased value for RBC count (Pagana, 2018).
Hgb	14-18	9.2	8	Kidney disease, iron-deficiency, and antibiotics the patient are taking cause decreased hemoglobin levels (Pagana, 2018).
Hct	42-52%	31.8	26.7	Hematocrit reflects the Hgb and RBC levels, which explains the patient's Hct being below the normal range (Pagana, 2018).
Platelets	150-400	249	288	
WBC	5-10	8.69	8.01	
Neutrophils	55-70%	71.1	77.3	Neutrophilia is indicative of physical stress on the patient due to infection and other conditions like arthritis (Pagana, 2018).
Lymphocytes	20-40%	8.4	10.5	Lymphocyte count is reduced as a result of sepsis (Pagana, 2018).
Monocytes	2-8%	5.8	14	Monocytosis is caused by inflammation and the patient has SIRS as a complication of bacteremia (Pagana, 2018).
Eosinophils	1-4%	3.2	2.2	
Bands	0.5-1%	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	132	136	The patient is taking medications like Lasix and heparin that cause hyponatremia (Pagana, 2018).

K+	**3.5-5**	**4.3**	**4**	
Cl-	**98-106**	**96**	**101**	**The patient is taking diuretics, which are related to reduced chloride (Pagana, 2018).**
CO2	**23-30**	**23**	**25**	
Glucose	**82-115**	**415**	**253**	**The patient has T2DM and is taking multiple medications (diuretics, beta blockers, statins) that cause an increase in glucose level (Pagana, 2018).**
BUN	**10-20**	**62**	**26**	**The patient has end-stage renal disease that interferes with renal function (Pagana, 2018).**
Creatinine	**0.5-1.1**	**5.5**	**3.91**	**Creatinine is significantly elevated due to the patient's severe impaired renal function (Pagana, 2018)..**
Albumin	**3.5-5**	**2.9**	**1.9**	**Albumin is reduced by acute infection and physical stress, but could also be caused by poor diet (Pagana, 2018).**
Calcium	**9-10.5**	**8.1**	**N/A**	**Hypocalcemia is associated with renal failure, hypoalbuminemia, and drugs that the patient is taking like gabapentin, heparin, and furosemide (Pagana, 2018).**
Mag	**1.3-2.1**	**2.1**	**N/A**	
Phosphate	**3-4.5**	**N/A**	**N/A**	
Bilirubin	**0.3-1.0**	**0.5**	**N/A**	
Alk Phos	**30-120**	**150**	**N/A**	**Alkaline phosphatase is increased with the use of antibiotics and arthritis (Pagana, 2018).**
AST	**0-35**	**25**	**24**	
ALT	**4-36**	**14**	**15**	
Amylase	**6.6-35.2**	**N/A**	**N/A**	

Lipase	**0-160**	**N/A**	**N/A**	
Lactic Acid	**5-20**	**N/A**	**N/A**	
Troponin	**<0.1 (T) or <0.03 (I)**	**0.051**	**N/A**	
CK-MB	**0**	**N/A**	**N/A**	
Total CK	**55-170**	**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**	**INR is increased due to medications that the patient is taking for DVT prophylaxis (Pagana, 2018).**
PT	**11-12.5**	**N/A**	**N/A**	
PTT	**25-35**	**16.8**	**16.7**	**PTT is reduced due to the patient's kidney disease and heart condition (Pagana, 2018).**
D-Dimer	**< 250**	**N/A**	**N/A**	
BNP	**< 100**	**N/A**	**N/A**	
HDL	**> 55**	**14**	**N/A**	**HDL is lower with poor nutrition and impaired renal function. The patient is also takes beta blockers, which could alter the level of HDL (Pagana, 2018).**
LDL	**< 130**	**28**	**N/A**	
Cholesterol	**< 200**	**61**	**N/A**	
Triglycerides	**40-160**	**96**	**N/A**	
Hgb A1c	**<9%**	**N/A**	**N/A**	
TSH	**2-10**	**2.398**	**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	**Amber-Light yellow and clear**	**N/A**	**N/A**	
pH	**4.6-8**	**N/A**	**N/A**	
Specific Gravity	**1.005-1.030**	**N/A**	**N/A**	
Glucose	**Negative**	**N/A**	**N/A**	
Protein	**0-8**	**N/A**	**N/A**	
Ketones	**Negative**	**N/A**	**N/A**	
WBC	**0-4**	**N/A**	**N/A**	
RBC	**<2**	**N/A**	**N/A**	
Leukoesterase	**Negative**	**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**	**7.416**	
PaO2	**80-100**	**N/A**	**62.7**	**PaO2 is decreased because of the patient's anemia and chronic respiratory failure (Pagana, 2018).**
PaCO2	**35-45**	**N/A**	**43.6**	

HCO3	**21-28**	**N/A**	**27.4**	
SaO2	**95-100%**	**N/A**	**92.1**	**Oxygen saturation is lowered by the patient's anemia and chronic respiratory failure (Pagana, 2018).**

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 (<100,000)**	**N/A**	**N/A**	
Blood Culture	**Negative**	**N/A**	**(Pending results)**	
Sputum Culture	**Negative**	**N/A**	**N/A**	
Stool Culture	**Negative**	**N/A**	**N/A**	

Lab Correlations Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2018). ***Mosby's Diagnostic and Laboratory Test Reference*** **(14th ed.). Mosby.**

Diagnostic Imaging

All Other Diagnostic Tests (5 points): X-ray of left lower tibia/fibula showed a non-displaced fracture through the proximal fibular head and neck.

Diagnostic Test Correlation (5 points): An x-ray is used to find fractures, tumors, inflammation, fluid and air accumulation, heart size, calcification, and location of centrall placed IV access devices (Pagana, 2018). The patient reported a recent fall so the purpose of the x-ray was to assess the condition of their leg and a fracture was found in the fibula.

Diagnostic Test Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2018). ***Mosby's Diagnostic and Laboratory Test Reference*** **(14th ed.). Mosby.**

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

Home Medications (5 required)

Brand/Generic	**Lovenox (enoxaparin)**	**Protonix (pantoprazole)**	**Tylenol (acetaminophen)**	**Ventolin HFA (albuterol)**	**Norvasc (amlodipine besylate)**
Dose	**100 mg**	**40 mg**	**650 mg**	**90 mcg (2 puffs)**	**5 mg**
Frequency	**Daily**	**BID**	**Q8H prn for pain**	**Q4H prn for wheezing**	**Daily**
Route	**Subcutaneous**	**Oral**	**Oral**	**Inhalation**	**Oral**
Classification	**Pharmacologic class: Low-molecular-weight heparin** **Therapeutic class: Anticoagulant**	**Pharmacologic class: Proton pump inhibitor** **Therapeutic class: Antiulcer**	**Pharmacologic class: Nonsalicylate, para-aminophenol derivative** **Therapeutic class: Antipyretic, nonopioid analgesic**	**Pharmacologic class: Adrenergic** **Therapeutic class: Bronchodilator**	**Pharmacologic class: Calcium channel blocker** **Therapeutic class: Antianginal, antihypertensive**
Mechanism of Action	**Potentiates the action of antithrombin III, a coagulation inhibitor. By binding with antithrombin III, enoxaparin rapidly binds with and inactivates clotting factors (primarily factor Xa and thrombin). Without thrombin, fibrinogen**	**Irreversibly binds to, inhibits hydrogenpotassium adenosine triphosphate, an enzyme on surface of gastric parietal cells. Inhibits hydrogen ion transport into gastric lumen.**	**Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of**	**Stimulates beta2-adrenergic receptors in lungs, resulting in relaxation of bronchial smooth muscle with little effect on heart rate.**	**Inhibits calcium movement across cardiac and vascular smooth muscle cell membranes during depolarization.**

	can't convert to fibrin and clots can't form.		**prostaglandin E2.**		
Reason Client Taking	**The patient is taking this medication to prevent DVT**	**This patient is taking this drug to prevent the formation of gastric ulcers**	**This patient is taking this drug to treat pain associated with their arthritis**	**The patient takes this medication to treat dyspnea related to their chronic respiratory failure**	**The patient takes this medication to control their hypertension**
Contraindications (2)	**Active major bleeding and hypersensitivity to benzyl alcohol, heparin, or pork products**	**Hypersensitivity to pantoprazole or substituted benzimidazoles**	**Hypersensitivity to acetaminophen or hepatic impairment**	**Hypersensitivity to albuterol or its components. Caution with hypertension, hypokalemia, and arrhythmia.**	**Hypersensitivity to amlodipine or its components. Use with caution in patients with heart block or heart failure.**
Side Effects/Adverse Reactions (2)	**Thrombocytopenia and hemorrhage**	**Hyponatremia and angioedema**	**Hypotension, hepatotoxicity**	**Arrhythmia, tachycardia**	**Arrhythmia, hypotension**
Nursing Considerations (2)	**Use with caution in patients with an increased risk for bleeding. Use cautiously in patients with diabetic retinopathy, uncontrolled HTN, or renal/ hepatic impairment.**	**This medication should be taken 30 minutes before a meal, preferably with applesauce or juice. Monitor the patient for hypomagnesmia that can be caused from long-term use.**	**Ensure that the daily dose of acetaminophen is not exceeded by the patient. Know that components of a liver function test like AST, ALT, bilirubin, and creatinine levels could be elevated due to potential hepatotoxicity of this drug.**	**The patient should increase fluid intake with the use of this medication. The patient should hold their breath after administration to promote contact with the lungs.**	**Monitor the patient closely for impaired hepatic function. Monitor blood pressure and assess for chest pain.**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess CBC and platelet count**	**Assess for abdominal pain, nausea, and diarrhea**	**Assess for pain level to compare after administration to see if there is improvement in the patient's pain. Assess liver function tests.**	**Assess lung sounds, blood pressure, and heart rate. Assess rate, rhythm, and depth of respirations.**	**Assess renal and hepatic function tests, blood pressure, and apical pulse**
Client Teaching Needs (2)	**Educate the patient on the increased risk for bleeding and how it can take longer to stop. Tell the patient to report signs of**	**Tell the patient to report prolonged/severe diarrhea or decreases in urine output. Inform the patient about mixing the**	**Inform the patient about the daily recommended dose for this drug in order to avoid hepatotoxicity. Educate on side**	**Educate the patient on rinsing their mouth after using this medication to avoid dryness and infection. Tell the patient**	**Inform the patient about taking the medication with food to reduce GI upset. Advise the patient to check blood**

	bleeding.	**medication in applesauce 30 minutes and drinking water before meals.**	**effects and signs of hepatotoxicity.**	**to avoid excessive caffeine because of the potential for tachycardia as a side effect.**	**pressure routinely for hypotension.**

Hospital Medications (5 required)

Brand/Generic	**Teflaro (ceftaroline fosamil)**	**Neurontin (gabapentin)**	**Lantus (insulin glargine)**	**Crestor (rosuvastatin)**	**Renvela (sevelamer carbonate)**
Dose	**200 mg**	**300 mg**	**10 units**	**10 mg**	**800 mg**
Frequency	**Q8H**	**TID**	**Daily (at bedtime)**	**Daily (at bedtime)**	**TID with meals**
Route	**IVPB**	**Oral**	**Subcutaneous**	**Oral**	**Oral**
Classification	**Pharmacologic class: Fifth-generation cephalosporin** **Therapeutic class: Antibiotic**	**Pharmacologic class: 1-amino-methyl cyclohexaneacetic acid** **Therapeutic class: Anticonvulsant**	**Pharmacologic class: Exogenous insulin** **Therapeutic class: Antidiabetic**	**Pharmacologic class: HMG-CoA reducatase inhibitor** **Therapeutic class: Antilipemic**	**Pharmacologic class: Polymeric phosphate binder** **Therapeutic class: Phosphate binder**
Mechanism of Action	**Interferes with bacterial cell wall synthesis by inhibiting the final step in the cross-linking of peptidoglycan strands. Peptidoglycan makes the cell membrane rigid and protective. Without it, bacterial cells rupture and die.**	**Binds to gabapentin binding sites in brain and may modulate release of excitatory neurotransmitters, which participates in epileptogenesis and nociception.**	**Acts via specific receptor to regulate metabolism of carbohydrates, protein, and fats. Acts on liver, skeletal muscle, and adipose tissue.**	**Interferes with cholesterol biosynthesis by inhibiting conversion of the enzyme HMGCoA to mevalonate, a precursor to cholesterol.**	**Inhibits phosphate absorption in the intestine by binding dietary phosphate, thereby lowering serum phosphorus level.**
Reason Client Taking	**The patient is taking this drug to treat**	**The patient is taking this medication to**	**The patient takes long-acting insulin**	**The patient is taking this drug to control**	**The patient is taking this medication**

	their acute bacterial infection	**treat nerve pain**	**because they have T2DM.**	**their cholesterol and triglycerides while reducing the risk of MI and stroke**	**to control their serum phosphate levels since they have a chronic kidney disease and are on dialysis**
Contraindications (2)	**Hypersensitivity to ceftaroline or other cephalosporins**	**Hypersensitivity to gabapentin or its components.**	**Hypersensitivity to insulin or hypoglycemia**	**Hypersensitivity to rosuvastatin or active liver disease**	**Hypersensitivity to sevelamer or bowel obstruction**
Side Effects/Adverse Reactions (2)	**Bradycardia, renal failure**	**Hypotension, acute renal failure**	**Hypoglycemia, swelling**	**Thrombocytopenia, acute renal failure**	**Hypotension, thrombosis**
Nursing Considerations (2)	**Use cautiously in patients that have a hypersensivity to penicillins. Culture and sensitivity test should be performed before giving this drug.**	**Administer the initial dose at bedtime to minimize adverse reactions like ataxia, dizziness, and fatigue. Gabapentin capsules can be opened and mixed with applesauce, juice, or water.**	**Assess for signs of hyperglycemia like polyuria, polyphagia, or polydipsia. Assess for hypoglycemia with diaphoresis, tremors, dizziness, headache, or tachycardia.**	**This drug should be used with caution in patients with renal impairment. Monitor for liver enzymes and proteinuria or hematuria.**	**Give other drugs at least 1 hour before or 3 hours after sevelamer to prevent interactions. Monitor blood pressure frequently and electrolyte levels for imbalances.**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess CBC and renal function tests. Question for allergies to cephalosporins or penicillins.**	**Assess for location and intensity of neuralgia.**	**Serum glucose level. Assess for signs of hyperglycemia or hypoglycemia.**	**Assess diet of the patient. Assess cholesterol, HDL, LDL, and triglycerides.**	**Assess electrolytes and signs of bowel obstruction.**
Client Teaching Needs (2)	**Tell the patient to report signs of hypersensitivity like a rash. Inform the patient that they should report bloody stools, even up to 2 months after drug therapy has ended.**	**Instruct the patient to not take this drug within 2 hours after taking an antacid. Inform the patient about side effects like ataxia, dizziness, and drowsniess and to avoid hazardous activities.**	**Tell the patient to reports signs and symptoms of hyperglycemia or hypoglycemia. Educate patient on diet in controlling glucose levels.**	**Encourage a low-fat, low-cholesterol diet for the patient. Educate the patient on symptoms to report such as muscle pain, tenderness, weakness, or confusion.**	**Inform the patient about taking other drugs 1 hour before or 3 hours after sevelamer. Tell the patient to report constipation or signs of thrombosis.**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). ***2021 Nurse's Drug Handbook*** **(19 th ed.). Jones & Bartlett Learning.**

Kizior, R. J. (2021). ***Saunders Nursing Drug Handbook 2021*****. Elsevier.**

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 **Alert and oriented x2** **No acute distress** **Patient's appearance is clean and lethargic**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	 **Pale** **Clear, dry** **Warm on palpation** **Normal skin turgor, no tenting present** **No rashes noted** **No bruises noted** **Chronic partial thickness wound in lower right quadrant, dry with no drainage** **Braden score: 17** **No drainage present**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **Head is normocephalic and trachea is midline with no wounds.** **External ears appear normal with no lesions.** **Sclera is white and conjunctiva is pink.** **PERRL.** **Nose appears normal and midline with pink, moist mucosa.** **Dentition is normal.**
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:**	 **Normal S1 and S2 heart sounds** **Normal heart rate and rhythm** **Peripheral pulses 2+ and symmetric.** **Capillary refill <2 seconds.** **No neck vein distention** **Edema is present in left lower leg.**

RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**Unlabored breathing with no accessory muscle use.** **Diminished breath sounds bilaterally, no crackles or wheezing present.** **Normal respiratory rate and pattern.** **Receiving oxygen via NC at 5 L**
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:**	 **Diabetic** **Diabetic, cardiac** **162.6 cm** **110.9 kg** **Normoactive bowel sounds in all quadrants** **Last BM was earlier this morning** **No pain or masses noted on palpation.** **Abdomen is soft and nontender.** **No distention present.** **No incisions in abdominal region.** **No scars in abdominal region.** **No drainage from wound in lower right quadrant.** **Chronic wound in lower right quadrant.** **No ostomy** **No NG tube** **No feeding/PEG tube**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	 **Yellow** **Cloudy (according to urinalysis)** **0 mL** **Pain reported with urination.** **Dialysis ✓** **No urethral catheter.**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐**	 **No reports of numbness or tingling** **Normal ROM** **Patient uses a wheelchair for mobility** **Strength is equal bilaterally** **ADL assistance ✓** **Fall risk ✓** **Morse fall score: 60** **Needs assistance with equipment and mobility**

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:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**MAEW ✓** **PERLA ✓** **Strength equal in extremities bilaterally** **Oriented x2** **Calm, fatigued, knows limitations** **Normal speech pattern** **Normal sensory function** **LOC varied from responsive to voice to responsive to only pain, lethargic**
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):**	 **Television, resting, humor** **Adult** **Unable to assess religion** **Patient lives with husband and has arrangements for safety in relation to their health condition in the home. Patient has family and friends who are supportive.**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1300	**74**	**121/61**	**18**	**36.9 °C** **(98.5 ° F)**	**94%**
1600	**87**	**120/59**	**20**	**37.9 °C** **(100.2 °F)**	**97%**

Vital Sign Trends: Blood pressure and respiratory rate is constant and does not really change. Pulse, respiratory rate, and oxygen saturation are increased.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1300	**0 on numeric scale**	**N/A**	**N/A**	**N/A**	**N/A**
1600	**0 on numeric scale**	**N/A**	**N/A**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	**18 G** **Right hand** **11/1** **IV is open and functional** **No signs of erythema, drainage, or infiltration** **IV is secure**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
540 PO fluid intake	**0 mL**

Nursing Care

Summary of Care (2 points)

Overview of care: Medical-surgical care

Procedures/testing done: Blood culture, x-ray of lower leg

Complaints/Issues: Shortness of breath, fatigue

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Tolerates diet but not activity due to fatigue

Physician notifications: N/A

Future plans for client: Vascular surgery (11/9)

Discharge Planning (2 points)

Discharge location:Home

Home health needs (if applicable): Oxygen

Equipment needs (if applicable): Wheelchair

Follow up plan:Nephrology consult for dialysis, ortho consult for leg fracture

Education needs:Medications, infection

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. Impaired gas exchange related to chronic respiratory failure as evidenced by need for oxygen and pale appearance	**This diagnosis is chosen because the patient has chronic respiratory failure and needs supplemental oxygen during admission and at home. The**	**1. Assess and record pulmonary status every 4 hours or more frequently if the patient's condition is unstable.** **2. Administer and monitor oxygen therapy as ordered**	**1. The patient will have normal respiratory function and vitals within defined limits. ABG levels will be**	**The client will have stable vital signs and ABGs. The patient and their family will understand signs and symptoms inadequate oxygenation to**

	patient has a pale appearance and is lethargic, so it is important to maintain oxygenation for the patient.	**to enhance oxygenation.**	**in their expected ranges.**	**report.**
2. Risk for acute confusion related to bacteremia as evidenced by disorientation during assessment	**This diagnosis was chosen because during assessment, the patient was disoriented and did not know their location. The patient recently sustained a fracture from a fall, so it is important to monitor mental status to prevent injury.**	**1. Assess patient's LOC and changes in behavior to provide baseline for comparison.** **2. Use appropriate safety measures to protect patient from injury.**	**1. The patient's neurological status will remain stable.**	**The patient will be fully alert and oriented. The patient will know about safety measures to prevent injury during episodes of confusion.**
3. Risk for impaired skin integrity related to immobility as evidenced by history of pressure ulcers	**This diagnosis was chosen because the patient has a history of pressure ulcer and has limited mobility.**	**1.Inspect patient's skin and document skin condition and report status changes.** **2.Protect bony prominences and turn as ordered.**	**1. The patient will not exhibit skin breakdown.**	**The patient will be protected from impaired skin integrity. The patient and their family will undestand preventative skin care.**
4. Chronic pain related to diabetic neuropathy as evidenced by reports of pain with 6 out of 10 on a numeric scale	**The patient has neuropathic pain that needs to be managed through intervention to reduce stress.**	**1.Assess signs of pain and use a pain scale to compare after interventions.** **2. Administer analgesics as ordered and other pain management methods.**	**1. Patient will rate pain at a lower level.**	**The patient will express relief of pain. The patient and family will understand interventions to manage pain.**

Other References (APA):

Phelps, L.L. (2020). ***Sparks and Taylor's Nursing Diagnosis Reference Manual*** **(11 th ed.). Wolters Kluwer.**

Concept Map (20 Points):

N431 CARE PLAN

Subjective Data

Allergic to iron sucrose, penicillins, codeine, guaifenesin, morphine, tomato
No acute distress
No social history with use of drugs, alcohol, or tobacco
No reports of pain during assessment

Objective Data

-162.6 cm
-110.9 kg
-Pulse: 87 bpm
-Respiratory rate: 20 per minute
-Temperature:37.9 C (100.2 F)
-O2 saturation: 97%

Client Information

-R.L.C.
-Female
-65 years old
-CC: Shortness of breath, weakness
-Diagnosed with bacteremia from hemodialysis
Married
-Lives with husband in home with safety arrangements

Nursing Diagnosis/Outcomes

-Impaired gas exchange related to chronic respiratory failure as evidenced by need for oxygen and pale appearance
- Risk for acute confusion related to bacteremia as evidenced by disorientation during assessment
- Risk for impaired skin integrity related to immobility as evidenced by history of pressure ulcers
- Chronic pain related to diabetic neuropathy as evidenced by reports of pain with 6 out of 10 on a numeric scale
- The patient will have normal respiratory function and vitals within defined limits.
- ABG levels will be in their expected ranges.
- The patient's neurological status will remain stable.
- The patient will not exhibit skin breakdown.
- Patient will rate pain at a lower level.

Nursing Interventions

- Assess and record pulmonary status every 4 hours or more frequently if the patient's condition is unstable.
- Administer and monitor oxygen therapy as ordered to enhance oxygenation.
- Assess patient's LOC and changes in behavior to provide baseline for comparison.
- Use appropriate safety measures to protect patient from injury.
- Inspect patient's skin and document skin condition and report status changes.
- Protect bony prominences and turn as ordered.
- Assess signs of pain and use a pain scale to compare after interventions.
- Administer analgesics as ordered and other pain management methods.