N441 Care Plan

Lakeview College of Nursing

Cindy Ho

Demographics (3 points)

Date of Admission 1/15/2023	**Client Initials** JAB	**Age** 77	**Gender** F
Race/Ethnicity White, non-Hispanic	**Occupation** Retired	**Marital Status** Divorced	**Allergies** Amoxicillin, Lisinopril, Sulfa ABX
Code Status Full Code	**Height** 160 cm	**Weight** 72.6 kg	

Medical History (5 Points)

Past Medical History: COVID-19+ (12/28/22), stroke (2021), hypertension, kidney disease, kidney stones, arthritis, a-fib with RVR, acute CHF, endometrial cancer, hyperlipidemia, thyroid disease, DM, heart murmur, CAD, clotting disorder, AAA (2018), asthma, cardiac syncope, carotid artery disease, seizures, carcinoma

Past Surgical History: Total Knee Replacement composite (right), revise total hip replacement (left), cholecystectomy, cataract removal bilateral, tubal ligation, tonsillectomy, hysterectomy, joint replacement, AAA repair (2018), history of atrial septal defect repair, CABG, history of heart catheterization, carotid endarterectomy, coronary angioplasty, pacemaker replacement, history of ventral septal defect repair

Family History:

Mother: Alzheimer's disease. stroke

Father: Cancer, kidney stones, DM2

Sisters: AAA, COPD, DM2, arthritis

Brother: Asthma, Parkinson's disease

Maternal and paternal aunts: Breast cancer

Son: Hypertension

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

Never smoker, never tobaccoless user, no alcohol, no drug use

Assistive Devices: Walker, cane, wheelchair, eyeglasses

Living Situation: Accolade, skilled nursing facility in Danville, IL

Education Level: Unknown

Admission Assessment

Chief Complaint (2 points): Lethargic

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

The client is a 77 year old female with past medical history of CHF, AFIB, cancer, and kidney disease who was discharged from Heart of Mary OSF Champaign on 1/13/2023. The client presents to the ED with lethargy, febrile, and an ABG that shows hypoxia. The client's history was obtained from her daughter at the bedside. The client was scheduled to transfer back to Heart of Mary in Champaign to be followed under Dr. Psihos but the family refused transfer. The patient is positive for a UTI, fungus present in urine, positive D-dimer, lethargy, medication induced coagulopathy, hypoxia, and atrial fibrillation with rapid ventricular response.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia with CHF exacerbation

Secondary Diagnosis (if applicable): Acute respiratory failure with hypoxia, sepsis in immunocompromised patient secondary to acute UTI

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

Pneumonia is a lower respiratory tract infection that is the leading infectious cause of death worldwide. A preceding viral disease characterizes the traditional course of pneumonia followed by an onset of fever, a productive cough, pleuritic chest pain, dyspnea, and fatigue. On physical examination, the client with pneumonia will have crackles on auscultation. Pneumonia increases the risk of worsening heart failure and is a factor in decompensation, leading to hospitalization. Pneumonia is typically regarded as a lung disease, but growing data indicate that it may harm various organ systems, including the cardiovascular system.

In elderly patients, heart failure is complicated by pulmonary infection, such as pneumonia. Pulmonary infection increases pulmonary circulatory resistance, increases afterload on ventricular contraction, aggravates heart failure, and is the leading cause of death from heart failure in the elderly (Peng & Yang, 2021). The loss of ventricular pumping ability due to changes in cardiac structure and function caused by pulmonary circulatory congestion and pulmonary edema may lead to dyspnea, impaired gas exchange, and other consequences, creating ideal conditions for pathogens to invade and colonize the lungs (Peng & Yang, 2021).

The provider will order blood tests, a chest x-ray, a sputum test, and pulse oximetry if pneumonia is suspected (Hinkle et al., 2022). Additional tests, such as a CT scan or a pleural fluid culture, may be ordered for patients older than 65. In order to meet diagnostic criteria, the patient would have a temperature greater than 38°C, an elevated WBC count, consecutive

sputum examinations showing the presence of a pathogenic bacteria, increased thick sputum, and a CT scan of the lungs showing the presence of inflammatory lesions (Peng & Yang, 2021).

Elderly patients with heart failure complicated by pneumonia should take preventative measures such as monitoring sputum and bacteria culture during treatment and eating more foods with high calories, high protein, and high vitamins. Patients are encouraged to raise the head of the bed or ambulate to facilitate the excretion of secretions and improve pulmonary status (Peng & Yang, 2021). Antibiotics treat the infecting organism. Clinically, early prevention and intervention measures for pulmonary infections improve prognosis (Peng & Yang, 2021).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis. (Capriotti, 2020)

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. J. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer Health.

Peng, Q., & Yang, Q. (2021). Risk factors and management of pulmonary infection in elderly patients with heart failure. *Medicine, 100*(38), e27238. https://doi.org/10.1097/md.0000000000027238 (Peng & Yang, 2021)

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	**3.80-5.30**	4.15	3.01	The client has a history of renal disease (Pagana et al., 2022).

Hgb	**12.0-15.8 g/dL**	11.9	8.9	Decreased hemoglobin may be due to anemia, kidney disease in this client (Pagana et al., 2022).
Hct	**36-47%**	35.6	25.7	Decreased hematocrit may indicate anemia, RA, or renal disease. The client has a history with anemia, RA, and renal disease (Pagana et al., 2022).
Platelets	**140-440**	136	72	The client has an acute infection (UTI and
WBC	**4.00-12.00**	8.90	5.80	
Neutrophils	**47.0-73.0%**	79.9	63.5	The client has a history of rheumatoid arthritis, an inflammatory disorder which can increase neutrophil count. (Pagana et al., 2022).
Lymphocytes	**18.0-42.0**	27.6	16.3	Decrease in lymphocytes may indicate sepsis (Pagana et al., 2022).
Monocytes	**4.0-12.0**	7.5	2.6	Drug therapy with corticosteroid may decrease monocyte count (Pagana et al., 2022).
Eosinophils	**0.0-5.0**	0.2	1.0	
Bands	**0.0-10.0**	13.0	N/A	Bands are immature forms of neutrophils. The occurrence of bands is indicative of an ongoing acute bacterial infection (Pagana et al., 2022).

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**	**142**	
K+	**3.5-5.1**	**3.5**	**3.1**	Decrease in potassium can be due to diuretic use, insulin administration, and deficient IV intake (Pagana et al., 2022).
Cl-	**98-107**	**99**	**110**	Increased chloride can indicate kidney dysfunction and/or anemia (Pagana et al., 2022).
CO2	**22-30**	**25**	**22**	

Glucose	**70-99**	**116**	**92**	The client has type 2 diabetes mellitus (Pagana et al., 2022).
BUN	**12-20**	**29**	**25**	Increased BUN indicates sepsis, congestive heart failure (Pagana et al., 2022).
Creatinine	**0.60-1.00**	**1.09**	**0.77**	Increase of creatinine may indicate urinary tract obstruction or reduced renal blood flow (Pagana et al., 2022).
Albumin	**3.5-5.0**	**3.1**	**N/A**	Low albumin can indicate heart failure (Pagana et al., 2022).
Calcium	**8.7-10.5**	**8.8**	**8.5**	
Mag	**1.6-2.6**	**2.3**	**N/A**	
Phosphate	**2.8-4.5**			
Bilirubin	**0.1-1.2**			
Alk Phos	**40-150**	**72**	**N/A**	
AST	**5-34**	**41**	**N/A**	
ALT	**0-55**	**49**	**N/A**	
Amylase	**40-140**			
Lipase	**0-160**			
Lactic Acid	**0.7-2.0**	**1.3**	**N/A**	
Troponin	**0.000-0.040**	**<0.030**	**N/A**	
CK-MB	**3-5%**			
Total CK	**30-145**			

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal	Value on	Today's	Reason for Abnormal

	Range	Admission	Value	
INR	**1.1 or below**	Not drawn	Not drawn	
PT	**11-13.5s**	Not drawn	Not drawn	
PTT	**25-35**	Not drawn	Not drawn	
D-Dimer	**0-622 ng/mL FEU**	1,333	N/A	High levels of D-dimer are associated with thrombotic problems such as DVT and PE (Pagana et al., 2022).
BNP	**0-100**	58	87	
HDL	**>60**	Not drawn	Not drawn	
LDL	**<100**	Not drawn	Not drawn	
Cholesterol	**<200**	Not drawn	Not drawn	
Triglycerides	**<150**	Not drawn	Not drawn	
Hgb A1c	**<5.7%**	Not drawn	Not drawn	
TSH	**0.5-5.0**	Not drawn	Not drawn	

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	Orange, Turbid	N/A	Urine is concentrated and turbidity may be due to presence of RBCs or infectious organisms (Pagana et al., 2022).
pH	5.0 - 9.0	5.5	N/A	
Specific Gravity	1.003 - 1.030	0.014	N/A	
Glucose	Negative	1+	N/A	Glucose in the urine can indicate diabetes mellitus (Pagana et al., 2022). The client has a history of type 2 DM.
Protein	Negative	2+	N/A	Indicator of glomerular and tubular renal function (Pagana et al., 2022).

				The client has a history of renal failure.
Ketones	Negative	Negative	N/A	
WBC	Negative, 0-5 /hpf	51-150	N/A	Indicates bacterial infection in the urinary tract (Pagana et al., 2022).
RBC	Negative, 0-2 /hpf	3-5	N/A	Indicates UTI or kidney inflammation (Pagana et al., 2022).
Leukoesterase	Negative	3+	N/A	Indicator of UTI (Pagana et al., 2022).

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**	**7.54**	**7.52**	Increase in pH may be due to hypokalemia, chronic heart failure, or pneumonia (Pagana et al., 2022).
PaO2	**85 -105**	**60**	**81**	The client is anemic. Most recent hemoglobin count is 8.9 g/dL (Pagana et al., 2022).
PaCO2	**35 - 45**	**30**	**27**	Decreased PaCO2 due to hypoxemia (Pagana et al., 2022).
HCO3	**22.0 - 26.0**	**26.0**	**22.1**	
SaO2	**95 - 98 %**	**89**	**97**	Decrease in O2 saturation due to pneumonia affecting gas exchange (Pagana et al., 2022).

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	Greater than 100,000 CFU/ML Candida glabrata	N/A	Urinary tract infection due to candida glabrata, an opportunistic fungal infection (Hinkle et al., 2022).
Blood Culture	No growth	No growth within 2 days	N/A	

Sputum Culture	No growth	No strep pyogenes (group A beta hemolytic strep isolated after 2 days	N/A	
Stool Culture	No growth	N/A	N/A	

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., Pagana, T. N., & Pagana, K. D. (2022). *Mosby's manual of diagnostic and laboratory tests* (15th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

There are extensive bilateral pulmonary infiltrates seen in both lungs with a chest x-ray. Small left pleural effusion. Cardiac enlargement. Pulmonary venous vascularities are difficult to assess due to underlying infiltrates. No pneumothorax is identified. Bony thorax is unremarkable.

Diagnostic Test Correlation (5 points):

The pulmonary infiltrates indicate inflammation of the lungs and fluid accumulation in the left pleura (Pagana et al., 2022).

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., Pagana, T. N., & Pagana, K. D. (2022). *Mosby's manual of diagnostic and laboratory tests* (15th ed.). Elsevier.

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

Home Medications (5 required)

Brand/ Generic	Empagliflozin (JARDIANCE)	fluconazole (DIFLUCAN)	spironolactone (ALDACTONE)	ferrous sulfate 325 (65 Fe) MG	budesonide-formoterol fumarate (SYMBICORT)
Dose	10 mg	200 mg	25 mg	325 mg	4.5 MCG/ACT
Frequency	Daily	Daily for 5 doses	Daily	Daily	BID
Route	Oral	Oral	Oral	Oral	Inhalation
Classification	Antidiabetic	Antifungal	Potassium-sparing diuretic	Hematinic	Glucocorticoid
Mechanism of Action	inhibitor of sodium-glucose cotransporter 2 (SGLT2), the transporter responsible for reabsorbing the majority of glucose filtered by the tubular lumen in the kidney (Skidmore-Roth, 2022).	Inhibits ergosterol biosynthesis, direct damage to fungal membrane phospholipids (Skidmore-Roth, 2022).	Competes with aldosterone at receptor sites in distal tubule, thereby resulting in the excretion of NaCl and water and the retention of K and phosphate (Skidmore-Roth, 2022).	Replaces iron stores needed for red blood cell development as well as energy and O2 transport and use (Skidmore-Roth, 2022).	Prevents inflammation by depressing migration of polymorphonuclear leukocytes and fibroblasts (Skidmore-Roth, 2022).
Reason Client Taking	Type 2 diabetes mellitus control with diet and exercise	Oral thrush	Edema of heart failure	Low Hgb in recent labs	History of asthma
Contra-indications (2)	Dialysis, renal failure (Skidmore-Roth, 2022).	Hypersensitivity to this product or azoles, pregnancy (Skidmore-Roth, 2022).	Anuria, severe renal disease (Skidmore-Roth, 2022).	Thalassemia, hemo-chromatosis (Skidmore-Roth, 2022).	Status asthmaticus, acute bronchospasm (Skidmore-Roth, 2022).
Side Effects/ Adverse Reactions (2)	Hyperlipidemia, hypoglycemia (Skidmore-Roth, 2022).	QT prolongation, thrombocytopenia	Hyperkalemia, hepatocellular toxicity (Skidmore-	Nausea, black and red tarry stools (Skidmore-	Headache, bronchospasm (Skidmore-Roth, 2022).

		(Skidmore-Roth, 2022).	Roth, 2022).	Roth, 2022).	
Nursing Considerations (2)	Monitor blood glucose, Monitor HbA1c (Skidmore-Roth, 2022).	Obtain C&S baseline and throughout treatment, monitor for increasing AST, ALT (Skidmore-Roth, 2022).	Assess for hypokalemia and hyperkalemia, Assess hydration status (Skidmore-Roth, 2022).	Assess for toxicity, assess elimination (constipation) (Skidmore-Roth, 2022).	Stop treatment for bronchospasm, respiratory status (rate, rhythm, increase in bronchial secretions) (Skidmore-Roth, 2022).
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Assess for polydipsia, assess for hypoglycemia, headache, drowsiness, hunger (Skidmore-Roth, 2022).	Assess skin for lesions, Assess clearing for culture during treatment (Skidmore-Roth, 2022).	Assess weight and I&O daily, assess for edema (Skidmore-Roth, 2022).	Assess blood studies (Hct, Hgb, reticulocytes, bilirubin) before treatment (Skidmore-Roth, 2022).	Assess for chest tightness, assess for oral candidiasis (Skidmore-Roth, 2022).
Client Teaching needs (2)	How to check blood glucose, avoid smoking and drinking alcohol (Skidmore-Roth, 2022).	Long term therapy may be needed to clear infection, medication may be taken with food to reduce GI effects (Skidmore-Roth, 2022).	Avoid foods with high K content, Drowsiness, ataxia, mental confusion may occur, observe caution when driving (Skidmore-Roth, 2022).	Keep out of reach of children, iron will turn stools black or dark green, stain teeth (Skidmore-Roth, 2022).	Notify provider of pharyngitis, nasal bleeding, Do not exceed recommended dose because adrenal suppression may occur (Skidmore-Roth, 2022).

Hospital Medications (5 required)

Brand/ Generic	cefepime (MAXIPIME)	metroNIDAZOLE (FLAGYL)	micafungin	midodrine (PROAMATINE)	potassium chloride (KLOR-CON) packet
Dose	1g	500 mg	100 mg in NaCl 0.9%	10 mg	20 mEq
Frequency	q8h	q8h	q24h	TID AC	Daily with breakfast
Route	IVPB	Oral	IV	Oral	Oral

Classification	Anti-infective-cephalosporin 3rd generation	Anti-infective	Anti-fungal	Antihypotensive	Mineral replacement
Mechanism of Action	Inhibits bacterial cell wall synthesis (Skidmore-Roth, 2022).	Inhibits bacterial nucleic acid synthesis (Skidmore-Roth, 2022).	Inhibits an essential component of fungal cell walls (Skidmore-Roth, 2022).	Forms an active metabolite that is an alpha-agonist, and exerts its actions via activation of the alpha-adrenergic receptors of the arteriolar and venous vasculature, producing an increase in vascular tone and elevation of blood pressure (Drugs.com, 2021)	Needed for adequate transmission of nerve impulses and cardiac contraction, renal function, intracellular iron maintenance (Skidmore-Roth, 2022).
Reason Client Taking	Bacterial community acquired pneumonia	Lower respiratory tract infection, septicemia	*C. glabrata* infection	Hypotension	Prevention and treatment of hypokalemia (Skidmore-Roth, 2022).
Contra-indications (2)	Hypersensitivity, antimicrobial resistance (Skidmore-Roth, 2022).	Hyper-sensitivity, breastfeeding (Skidmore-Roth, 2022).	Hyper-sensitivity to this product or other echinocandins (Skidmore-Roth, 2022).	Acute kidney injury, benefit outweighs risk Severe heart disease, urinary retention (Drugs.com, 2021).	Severe renal disease, severe hemolytic disease (Skidmore-Roth, 2022).
Side Effects/ Adverse Reactions (2)	Abdominal or stomach cramps, bleeding gums, nosebleeds (Skidmore-Roth, 2022).	Leukopenia, seizures (Skidmore-Roth, 2022).	Renal failure, hyper-bilirubinemia (Skidmore-Roth, 2022).	Paresthesia and pruritus, mainly of the scalp; goosebumps; chills; urinary urge (Drugs.com, 2021).	Bradycardia, cold extremities (Skidmore-Roth, 2022).
Nursing Considerations (2)	Watch for seizures, Monitor signs of pseudomembranous colitis, including	Assess WBC, assess for allergic reaction	Monitor infection status, monitor for GI	Doses may be given in approximately 3- to 4-hour	Assess renal and hepatic function prior to initiating

	diarrhea, abdominal pain, fever, pus or mucus in stools, and other severe or prolonged GI problems (Skidmore-Roth, 2022).	(Skidmore-Roth, 2022).	symptoms (Skidmore-Roth, 2022).	intervals (eg, shortly before or upon rising in the morning, at midday, in the late afternoon not later than 6 PM). Avoid dosing after the evening meal or within 4 hours of bedtime. Maximum daily dose 40 mg (Drugs.com, 2021).	therapy and subsequently (Skidmore-Roth, 2022).
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor for nephrotoxicity, monitor renal status (Skidmore-Roth, 2022).	Start treatment after C&S is obtained (Skidmore-Roth, 2022).	Obtain culture at baseline and during treatment (Skidmore-Roth, 2022).	Assess for orthostatic hypotension (Drugs.com, 2021).	Assess B/P (Skidmore-Roth, 2022).
Client Teaching needs (2)	Do not use the medicine if it has become cloudy or has particles in it, medication must be given slowly (Skidmore-Roth, 2022).	Urine may turn dark reddish brown, and the product may cause metallic taste (Skidmore-Roth, 2022).	Report bleeding, facial swelling, wheezing, difficulty breathing, report signs of infection (Skidmore-Roth, 2022).	Stop if supine blood pressure increases excessively, certain agents in over-the-counter products, such as cold remedies and diet aids, can elevate blood pressure, and therefore, should be used cautiously (Drugs.com, 2021).	Dissolve each packet in at least 120 mL of cold water or other beverage prior to administration. If GI irritation occurs, increase dilution (Skidmore-Roth, 2022).

Medications Reference (1) (APA):

Drugs.com. (2021). *Midodrine*.

https://www.drugs.com/pro/midodrine.html#:~:text=Mechanism%20of%20Action%3A%20Midodrine%20hydrochloride,and%20elevation%20of%20blood%20pressure.

Skidmore-Roth, L. (2022). *Mosby's 2022 nursing drug reference* (35th ed.). Elsevier.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Lethargic, confused A&O x3 No signs of distress
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N X** **Type:**	 Normal Warm Normal skin turgor without rashes Bruises along arms bilateral No wounds 15
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Atraumatic, no JVD Normocephalic, trachea midline Eyes remained closed but responded to questions and commands. PERRLA and EOM intact. Septum midline Intact
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N X**	 Regular rate and rhythm Clear S1 and S2 with no murmur, gallop, or rubs 2+ throughout bilaterally Cap refill <3 seconds, no clubbing or cyanosis

Edema Y ☒ N ☐ **Location of Edema:**	Mild ankle edema
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **ET Tube:** **Size of tube:** **Placement (cm to lip):** **Respiration rate:** **FiO2:** **Total volume (TV):** **PEEP:** **VAP prevention measures:**	Symmetrical and non-labored bilaterally with crackles at the lung bases. No wheezes or rhonchi. No ET tube.
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:**	Normal Diabetic diet 160 cm 72.6 kg 1/17/2023 Soft, nontender, and nondistended. Bowel sounds present in all 4 quadrants without organomegaly.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** **Size:** **CAUTI prevention measures:**	Orange Turbid 1300 mL Experiencing urinary frequency No skin breakdown Female external urinary catheter (Pure Wick) Wall suction 50 mmHg Hand hygiene, external catheter, frequent changes, frequent inspection for skin breakdown

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: YX N ☐** **Fall Risk: Y X N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Generalized weakness 45 Weak, limited movement in the bed, difficulty turning in the bed with PT
NEUROLOGICAL: **MAEW: Y ☐ N X** **PERLA: Y X N☐** **Strength Equal: Y X N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The client is bed bound. Unable to test gait. A&O x3 Normal speech Cranial nerves 2-12 intact Lethargic, falls asleep in between care
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):**	Catholic Supportive family, sisters at bedside, daughter visits, has grandchildren

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0844	76	89/53	24	36.7	100
1500	74	N/A	26	36.3	100

Vital Sign Trends/Correlation: Vitals are stable with little variation.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

0844	Numeric	GU	denies pain/ discomfort	denies pain/ discomfort	• Sleep between care • Lightweight bedding, lightweight clothing
1500	Numeric	GU	denies pain/ discomfort	denies pain/ discomfort	• Sleep between care, awakenings minimized

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:**	20G Left peripheral antecubital 1/15/23 Patent No signs of erythema, drainage Clean, dry, intact
Other Lines (PICC, Port, central line, etc.)	None
Type: **Size:** **Location:** **Date of insertion:** **Patency:** **Signs of erythema, drainage, etc.:** **Dressing assessment:** **Date on dressing:** **CUROS caps in place: Y X N ☐** **CLABSI prevention measures:**	PICC Single Lumen 4 Fr Basilic vein 1/18/23 1500 Patent No signs of erythema, drainage Clean, dry, intact, antimicrobial dressing 1/18/23 Sterile (sterile gloves, sterile gown, cap, mask), Chlorhexidine, Insertion site prep included: 1% lidocaine

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
660 mL	1300 mL

Nursing Care

Summary of Care (2 points)

Overview of care: Rest due to lethargy, bipap to improve oxygenation

Procedures/testing done: CXR to confirm placement of PICC line

Complaints/Issues: Lethargy

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Unable to tolerate turning in the bed with PT

Physician notifications: Lethargic, notified the physician the patient was placed back on bipap from nasal cannula due to lethargy

Future plans for client: Insert single lumen PICC line due to difficult IV access

Discharge Planning (2 points)

Discharge location: Return to Accolade in Danville, a skilled nursing facility

Home health needs (if applicable): Oxygen

Equipment needs (if applicable): Walker, cane, wheelchair

Follow up plan: Follow up with PCP within 7 days of discharge

Education needs: Daily weights, self-check for signs of extra fluid, low sodium diet

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. Decreased cardiac output related to	The client has a history of atrial	1. Give oxygen as indicated by	The client will demonstrate adequate cardiac	The client is compliant with application of the nasal cannula or bipap mask.

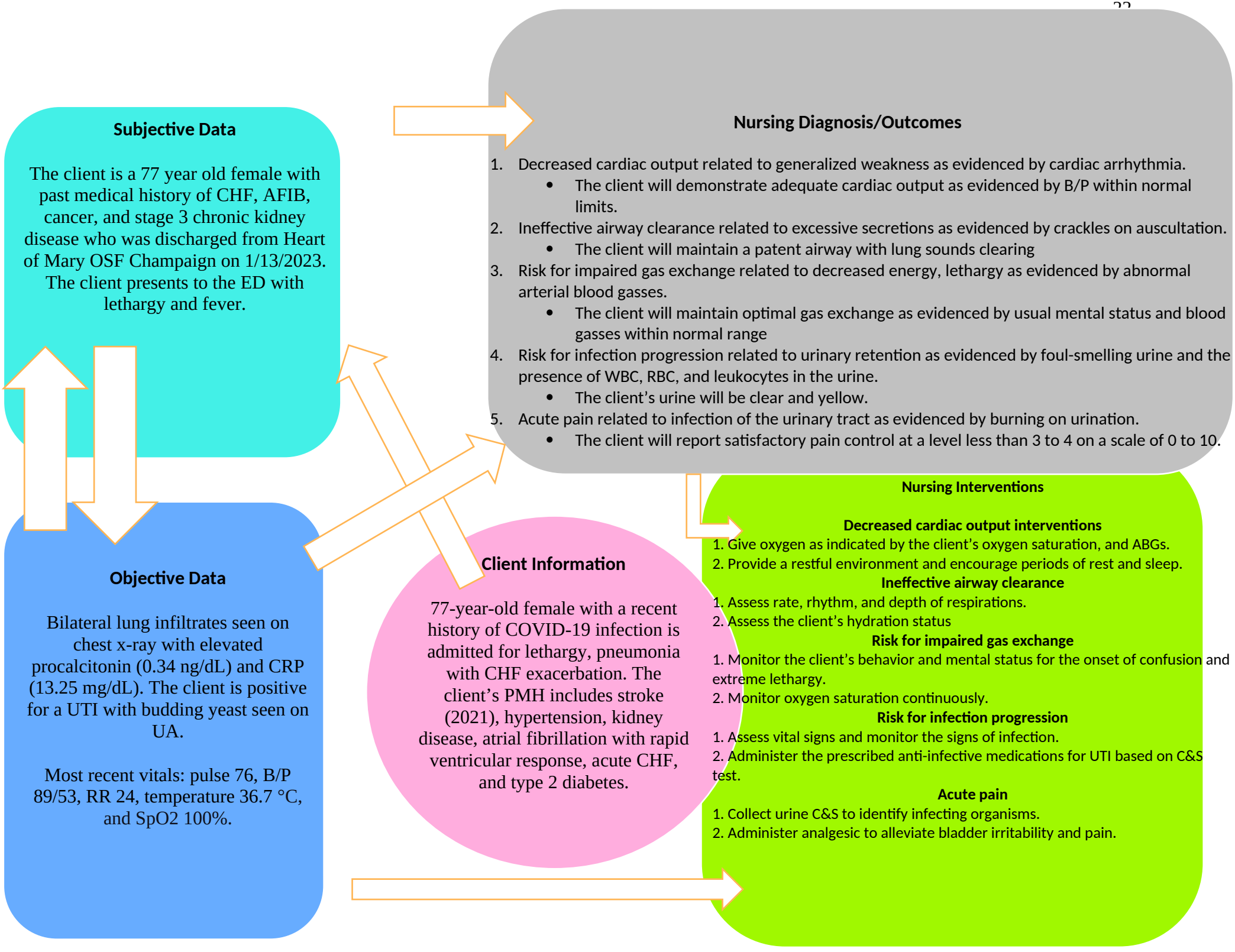
generalized weakness as evidenced by cardiac arrhythmia (Doenges et al., 2022).	fibrillation with rapid ventricular response.	the client's symptoms, oxygen saturation, and ABGs (Doenges et al., 2022). 2. Provide a restful environment and encourage periods of rest and sleep (Doenges et al., 2022).	output (Doenges et al., 2022).	
2. Ineffective airway clearance related to excessive secretions as evidenced by crackles on auscultation (Doenges et al., 2022).	Infiltrates seen on chest x-ray.	1. Assess rate, rhythm, and depth of respirations (Doenges et al., 2022). 2. Assess the client's hydration status (Doenges et al., 2022).	The client will maintain a patent airway with lung sounds clearing (Doenges et al., 2022).	The client is able to demonstrate behaviors to achieve airway clearance.
3. Risk for impaired gas exchange related to decreased energy, lethargy as evidenced by abnormal arterial blood gasses (Doenges et al., 2022).	The client's ABG shows hypoxemia.	1. Monitor the client's behavior and mental status for the onset of confusion and extreme lethargy (Doenges et al., 2022). 2. Monitor oxygen saturation continuously (Doenges et al., 2022).	The client will maintain optimal gas exchange as evidenced by usual mental status and blood gasses within normal range (Doenges et al., 2022).	The client and family verbalize understanding of oxygen intervention.

4. Risk for infection progression related to urinary retention as evidenced by foul-smelling urine and the presence of WBC, RBC, and leukocytes in the urine (Doenges et al., 2022).	*Candida glabrata* greater than 100,000 CFU/mL in urine culture.	1. Assess vital signs and monitor the signs of infection (Doenges et al., 2022). 2. Administer the prescribed anti-infective medications for UTI based on C&S test (Doenges et al., 2022).	The client will avoid infection progression (Doenges et al., 2022).	The client tolerates the medication prescribed for the treatment of the UTI.
5. Acute pain related to infection of the urinary tract as evidenced by burning on urination (Doenges et al., 2022).	The client is experiencing dysuria and urinary frequency.	1. Collect urine C&S to identify infecting organisms (Doenges et al., 2022). 2. Administer analgesic to alleviate bladder irritability and pain (Doenges et al., 2022).	The client will report satisfactory pain control at a level less than 3 to 4 on a scale of 0 to 10 (Doenges et al., 2022).	The client reports absence of pain.

Other References (APA):

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nursing diagnosis manual planning, individualizing, and documenting client care* (7th ed.). F.A. Davis.

Concept Map (20 Points):


Subjective Data
The client is a 77 year old female with past medical history of CHF, AFIB, cancer, and stage 3 chronic kidney disease who was discharged from Heart of Mary OSF Champaign on 1/13/2023. The client presents to the ED with lethargy and fever.
Nursing Diagnosis/Outcomes
1. Decreased cardiac output related to generalized weakness as evidenced by cardiac arrhythmia.
• The client will demonstrate adequate cardiac output as evidenced by B/P within normal limits.
2. Ineffective airway clearance related to excessive secretions as evidenced by crackles on auscultation.
• The client will maintain a patent airway with lung sounds clearing
3. Risk for impaired gas exchange related to decreased energy, lethargy as evidenced by abnormal arterial blood gasses.
• The client will maintain optimal gas exchange as evidenced by usual mental status and blood gasses within normal range
4. Risk for infection progression related to urinary retention as evidenced by foul-smelling urine and the presence of WBC, RBC, and leukocytes in the urine.
• The client's urine will be clear and yellow.
5. Acute pain related to infection of the urinary tract as evidenced by burning on urination.
• The client will report satisfactory pain control at a level less than 3 to 4 on a scale of 0 to 10.
Objective Data
Bilateral lung infiltrates seen on chest x-ray with elevated procalcitonin (0.34 ng/dL) and CRP (13.25 mg/dL). The client is positive for a UTI with budding yeast seen on UA.
Most recent vitals: pulse 76, B/P 89/53, RR 24, temperature 36.7 °C, and SpO2 100%.
Client Information
77-year-old female with a recent history of COVID-19 infection is admitted for lethargy, pneumonia with CHF exacerbation. The client's PMH includes stroke (2021), hypertension, kidney disease, atrial fibrillation with rapid ventricular response, acute CHF, and type 2 diabetes.
Nursing Interventions
Decreased cardiac output interventions
1. Give oxygen as indicated by the client's oxygen saturation, and ABGs.
2. Provide a restful environment and encourage periods of rest and sleep.
Ineffective airway clearance
1. Assess rate, rhythm, and depth of respirations.
2. Assess the client's hydration status
Risk for impaired gas exchange
1. Monitor the client's behavior and mental status for the onset of confusion and extreme lethargy.
2. Monitor oxygen saturation continuously.
Risk for infection progression
1. Assess vital signs and monitor the signs of infection.
2. Administer the prescribed anti-infective medications for UTI based on C&S test.
Acute pain
1. Collect urine C&S to identify infecting organisms.
2. Administer analgesic to alleviate bladder irritability and pain.