N321 Care Plan #1

Lakeview College of Nursing

Kaitlyn Loewenstein

Demographics (3 points)

Date of Admission 1/19/2023	Client Initials PD	Age 74 years old	Gender Male
Race/Ethnicity White/ Caucasian	**Occupation** International union of operating engineers	**Marital Status** Widowed	**Allergies** Zoloft (Sertraline HCl)
Code Status DNAR	**Height** 5'6	**Weight** 228 lbs	

Medical History (5 Points)

Past Medical History:

-Angina at rest (1/2/2019)
-Biventricular Congestive Heart Failure (1/4/2019)
-Coronary Artery Disease
-Class 3 of severe obesity with serious comorbidity in adult
-Calculus od kidney
-Carpal tunnel syndrome
-Cervicalgia
-Chronic ischemic heart disease
-Congestive heart disease
-Diabetes 1.5 managed as type 1 (1/4/2019)
-Diabetes mellitus
-DJD (1/4/2019)
-GOUT
-Hyperlipidemia
-Hypertension
-Hypokalemia
-Major depressive disorder
-Obstructive sleep apnea
-Osteoarthritis (1/4/2019)
-Proteinuria
-Psoriasis
-PTSD
-Rheumatoid arthritis
-Venous insufficiency

Past Surgical History:

-Exploratory of abdomen
-Cholecystectomy
-Kidney stone surgery

-Lithotripsy
-Upper gastrointestinal endoscopy (3/19/2019)
-Upper gastrointestinal endoscopy (5/5/2022)
-Upper gastrointestinal endoscopy (11/23/2022)

Family History:

Patients' family history includes no known problems in his father and mother.

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

Patient reports that he quit smoking about 12 years ago. His smoking use included cigarettes. He has quit smokeless tobacco. He reports that he does not drink alcohol and does not use drugs.

Assistive Devices:

-Bed bound
-Lift equipment
-Walker

Living Situation:

Patient lives in a nursing home.

Education Level:

Patient did not mention his education level but worked at the international union of operating engineers.

Admission Assessment

Chief Complaint (2 points):

Altered mental status and facial droop.

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

PD is a 74-year-old male who was brought to the emergency room on 1/19/2023 after being

found unresponsive at the nursing home. According to the nursing home staff, the patient had

some right sided facial droop and was unable to follow commands. PD has been experiencing

generalized weakness and lethargy for 4 days. Patient was unable to express pain level due to

altered mental status. Patient was brought to the hospital and started on fluids and antibiotics for treatment.

<div align="center">**Primary Diagnosis**</div>

Primary Diagnosis on Admission (2 points):

Sepsis with acute organ dysfunction without septic shock

Secondary Diagnosis (if applicable):

Urinary tract infection

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

Sepsis is a life-threatening condition with extensive physiological and biochemical abnormalities (Phelps, 2020). When an infection causes a localized inflammatory response that spreads to the entire body, sepsis develops. There are many conditions that result from sepsis such as fever or hypothermia, tachycardia, tachypnea, and either leukocytosis or leukopenia. The systemic inflammatory response syndrome is the name given to these clinical signs. Dysfunction of one of the major organ systems or unexplained metabolic acidosis are the characteristics of severe sepsis. The release of cytokines from neutrophils and macrophages, such as tumor necrosis factor-alpha, interleukins, and prostaglandins, mediates the inflammatory response (Capriotti, 2022). The cytokines suppress fibrinolysis while triggering the extrinsic coagulation cascade. Microvascular thrombosis is produced as a result of these interlocking processes; thrombosis is one possible cause of organ dysfunction.

There are a few diagnostic tests and procedures used today to test for sepsis, such as, a blood test, urine test, and strep throat test. Another diagnostic test that can help determine sepsis would be an X-Ray. The X-Ray can help identify infections within your lungs. During my patient's admission, he had an X-Ray done and the results showed that there were increased

interstitial markings in the left lower lung. The most common is a blood test which shows how

well your organs work. None of these tests can identify sepsis, but the test findings, along with

details regarding your condition and a physical examination, can aid one's doctor in determining

whether someone is suffering from sepsis. The blood test most patients get done are prothrombin

time (PT) partial thromboplastin time (PTT), platelet count, and d-dimer. Sepsis can have serious

effects on blood clotting within your body. If the PT and PTT are too high, that indicates your

blood is not clotting well. When platelets are abnormal, it is difficult to form blood clots. A

urinalysis test is a lab test that can be used to identify source of infection. My patient had a

urinalysis test done and the results were indicative of a urinary tract infection. A simple urinary

tract infection can lead to sepsis if not treated appropriately. An indwelling urinary catheter was

present in my patient. Infection risk is extremely high with urinary catheters. Treatment for

sepsis consists of antibiotics, vasopressors, and intravenous fluids. Most people who are septic

are often on oxygen for comfort. My patient was prescribed IV antibiotics to treat his sepsis and

urinary tract infection.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). Davis Advantage for Pathophysiology: Introductory Concepts and

   Clinical Perspectives. 2nd ed., F.A. Davis, 2020.

Phelps, L. L. (2020). In Spark's & Taylor's Nursing Diagnosis Reference Manual 11th

   ed. essay, Wolters Kluwer.

Laboratory Data (15 points)

CBC <mark>Highlight All Abnormal Labs</mark>—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- 5.90	5.78	5.85	RBC within normal limits
Hgb	12.0- 15.8	14.4	14.5	Hgb within normal limits
Hct	36.0- 47.0	45.7	46.5	Hct within normal limits
Platelets	140- 440	319	168	Platelets within normal limits
WBC	4.00- 12.00	25.50	8.70	WBC elevated on admission because the patient had a UTI. Elevated WBC is indicative of infection. Today's value is within normal limits because the patient has been receiving antibiotics to resolve the infection (Jones & Bartlett Learning, 2022).
Neutrophils	47.0- 73.0	97.7	79.1	Neutrophils within normal limits
Lymphocytes	18.0- 42.0	0.8	8.1	Lymphocytes elevated on admission because the patient had a UTI. Elevated lymphocytes are indicative of infection. Today's value is within normal limits because the patient has been receiving antibiotics to resolve the infection (Jones & Bartlett Learning, 2022).
Monocytes	4.0- 12.0	1.3	10.2	Monocytes elevated on admission because the patient had a UTI. Elevated monocytes are indicative of infection. Today's value is within normal limits because the patient has been receiving antibiotics to resolve the infection (Jones & Bartlett Learning, 2022).
Eosinophils	0.0- 5.0	0.0	1.8	Eosinophils within normal limits
Bands	0-4	N/A	0.10	Bands within normal limits

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-	133- 144	134	161	Sodium levels elevated due to the patient's hydration status. The patient was very dehydrated and was receiving IV fluids (Jones & Bartlett Learning, 2022).

K+	3.5- 5.1	4.2	3.5	Potassium within normal limits
Cl-	98- 107	102	125	Chloride elevated due to the patient's hydration status. The patient was very dehydrated and was receiving IV fluids (Jones & Bartlett Learning, 2022).
CO2	21- 31	21	24	CO2 within normal limits
Glucose	70- 99	394	298	Glucose levels can be elevated due to stress and illness. This patient is also a known diabetic (Jones & Bartlett Learning, 2022).
BUN	7- 25	32	37	BUN can be elevated due to the kidneys not filtering out correctly (Jones & Bartlett Learning, 2022).
Creatinine	0.50- 1.20	1.67	1.16	The patient's kidneys are not filtering the urine out effectively due to a urinary tract infection, causing him to have an acute kidney injury (Jones & Bartlett Learning, 2022).
Albumin	3.5- 5.7	3.2	2.6	Low albumin levels indicate malnutrition, and this patient was mildly dehydrated and a very low PO intake (Jones & Bartlett Learning, 2022).
Calcium	8.8- 10.2	9.4	9.5	Calcium within normal limits
Mag	1.6- 2.6	1.9	N/A	Mag within normal limits
Phosphate	34- 104	N/A	N/A	Phosphate not obtained
Bilirubin	0.2- 0.8	Negative	Negative	Bilirubin within normal limits
Alk Phos	34- 104	118	122	Alk Phos could be elevated due to his kidneys not working as well. (Jones & Bartlett Learning, 2022).
AST	10- 30	13	22	AST within normal limits
ALT	10- 40	12	30	ALT within normal limits

Amylase	60- 120	N/A	N/A	Amylase not obtained
Lipase	0- 160	N/A	N/A	Lipase not obtained
Lactic Acid	0.5- 2.2	1.4	N/A	Lactic acid within normal limits.

Other Tests <mark>Highlight All Abnormal Labs</mark>—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	2- 3	N/A	N/A	INR within normal limits
PT	9.5- 11.3	N/A	N/A	PT not obtained
PTT	30- 40	30	N/A	PTT within normal limits
D-Dimer	>250	N/A	N/A	D-Dimer not obtained
BNP	100- 400	N/A	N/A	BNP not obtained
HDL	>60	N/A	N/A	HDL not obtained
LDL	< 130	N/A	N/A	LDL not obtained
Cholesterol	< 200	N/A	N/A	Cholesterol not obtained
Triglycerides	40- 180	N/A	N/A	Triglycerides not obtained
Hgb A1c	< 7	N/A	N/A	Hgb A1C not obtained
TSH	0.5- 5.0	N/A	N/A	TSH not obtained

Urinalysis <mark>Highlight All Abnormal Labs</mark>—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	Clear/ yellow	<mark>Orange</mark>	Yellow	Clarity is abnormal due to the patient being dehydrated (Jones & Bartlett Learning, 2022).

pH	4.6- 8.0	5.5	N/A	pH within normal limits
Specific Gravity	1.005- 1.030	1.015	N/A	Specific gravity within normal limits
Glucose	Negative	<mark>3 +</mark>	N/A	Glucose would be found in urine due to this patient being an uncontrolled diabetic (Jones & Bartlett Learning, 2022).
Protein	Negative	<mark>2 +</mark>	N/A	Protein would be found in the urine due to this patient having kidney damage (Jones & Bartlett Learning, 2022).
Ketones	Negative	Negative	N/A	Ketones within normal limits
WBC	Negative	<mark>51- 150</mark>	N/A	WBC in the urine could indicate an infection and this patient has a urinary trat infection (Jones & Bartlett Learning, 2022).
RBC	Negative	<mark>21-50</mark>	N/A	RBC can be found in the urine and would indicate infection. The patient has a urinary tract infection (Jones & Bartlett Learning, 2022).
Leukoesterase	Negative	N/A	N/A	Leukoesterase not obtained

Cultures <mark>**Highlight All Abnormal Labs**</mark>**—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 <10,000 Positive >10,000	<mark>>100,000</mark>	N/A	Patient had positive urine culture indicating that there was bacterial growth from the urinalysis that was collected from the admission date (Jones & Bartlett Learning, 2022).
Blood Culture	Negative	N/A	N/A	Blood culture not obtained
Sputum Culture	Normal URT	N/A	N/A	Sputum culture not obtained
Stool Culture	Normal Intestinal Flora	N/A	N/A	Stool culture not obtained

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical*

        Perspectives. F. A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

-XR chest single view portable
        Shallow inspiratory effect
        There are increased interstitial markings in the left lower lung.
        Multiple old right rib fractures
-CT stroke protocol 333
        Third, fourth, and lateral ventricles of the posterior show mild atrophy.
        No hemorrhage or mass effect.
-US renal complete
        Both kidneys are of normal size
        No hydronephrosis
        Left renal cortical cysts

Diagnostic Test Correlation (5 points):

An X-Ray of the chest was done to see if there was an infection in the lungs.

A CT stroke protocol would have been performed because the patients altered mental status as

well as facial droop.

A US renal complete was performed to determine kidney function because lab tests for the

kidneys came back abnormal.

Diagnostic Test Reference (1) (APA):

Phelps, L. L. (2020). In *Spark's & Taylor's Nursing Diagnosis Reference Manual* 11th ed.

        essay, Wolters Kluwer.

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

Brand/Generic	Acetaminophen (Tylenol)	Fluoxetine (Prozac)	Magnesium hydroxide (Milk of	Furosemide (Lasix)	Lisinopril (Prinivil, Zestril)

			magnesium)		
Dose	650 mg	10 mg	30 ml	20 mg	20 mg
Frequency	Every 4 hours PRN	Daily	Daily PRN	Daily	Daily
Route	Orally	Orally	Orally	Orally	Orally
Classification: Pharmacologic & Therapeutic	-Analgesics -Antipyretics	-SSRIs	-Laxatives	-Loop diuretic -Antihypertensive, diuretic	-ACE inhibitor -Antihypertensive
Mechanism of Action	Inhibits the enzymes by blocking prostaglandin production and interfering with pain and pulse generation and the peripheral nervous system.	Inhibits the presynaptic reuptake of the neurotransmitter serotonin	Assists all enzymes involved in phosphate transfer reactions that use adenosine triphosphate.	Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation.	Reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II.
Reason Client Taking	Pain management	Treat depression	Treat constipation	Treat heart failure	To treat hypertension
Contraindications (2)	Severe hepatic impairment, severe active hepatic disease	Suicidal ideations, Concomitant use in patients receiving MAOI therapy	Renal failure, exiting electrolyte imbalance	Anuria, and electrolyte imbalance	Heart failure, diabetes mellitus
Side Effects/Adverse Reactions (2)	Disorientation, kidney toxicity	Constipation, fatigue	Severe nausea, no bowel movement	Hearing loss, anemia	Arrhythmias, orthostatic hypotension
Nursing Considerations (2)	Acetadote is the antidote for overdose, may increase risk for bleeding with warfarin therapy	Do not use when taking MAOI, concurrent use with certain medications may lead to QT prolongation	Monitor magnesium levels, use caution with renal insufficiency.	Monitor blood pressure, Weight patient's weight before and periodically during furosemide therapy to monitor fluid loss.	Should not be given to a patient who is hemodynamically unstable after an acute MI, Use cautiously in patients with fluid volume deficit or heart failure.

Home Medications (5 required)

Brand/Generic	Calcium Carbonate (TUMS) N321 CARE PLAN	Heparin (Porcine)	Atorvastatin (Lipitor)	Glucagon injection SOLR	Ceftriaxone (Rocephin) 12
Dose	1,000 mg	5,000 units	10 mg	1 mg	2 g
Frequency	Every 8 hours PRN	Every 12 hours	Daily	PRN	Daily
Route	Orally	Subcutaneous	Orally	Intramuscular	IV
Classification: Pharmacologic & Therapeutic	Antacids	Anticoagulant Anticoagulant	HMG CoA reductase inhibitors, Statins	-Pancreatic hormone -Antihyperglycemic	-Third generation cephalosporin -Antibiotic
Mechanism of Action	Increases levels of intracellular and extracellular calcium, which is needed to maintain homeostasis, especially in the nervous and musculoskeletal system.	Binds with antithrombin III, enhancing antithrombin III's inactivation of the coagulation enzymes thrombin and factors Xa and X1.	Atorvastatin works by competitively blocking the active site of the first and key rate limiting enzyme in the mevalonate pathway, HMG-CoA reductase. Inhibition of this site prevents substrate access, thereby blocking the conversion of HMG-CoA to mevalonic acid.	Increases production of adenylate cyclase, which catalyzes conversion of adenosine triphosphate to cAMP, a process that in turn activates phosphorylase.	Interferes with bacterial cell wall synthesis by inhibiting cross linking of peptidoglycan strands.
Reason Client Taking	Treat heartburn	Prevent clotting, my pt was bedridden which puts him at a higher risk for a blood clot	Treat hypercholesterolemia	Treat hypoglycemia	Fight infection
Contraindications (2)	Renal failure, Uremia	Uncontrollable active bleeding state, severe thrombocytopenia	Acute liver disease, unexplained transaminase elevation	Glucagonoma, insulinoma	
Side Effects/Adverse Reactions (2)	Loss of appetite, nausea	Hematemesis, hemorrhage	Constipation, dark colored urine	Tachycardia, hypertension	Hepatic failure, oliguria
Nursing Considerations (2)	Make sure patient takes them one hour after eating, monitor calcium levels due to the potential of hypercalcemia.	Use cautiously in alcoholics, avoid injecting by I.M. route	Women who are pregnant or breastfeeding should not take atorvastatin, patients starting atorvastatin should have a liver function test and lipid panel done preformed at baseline with a repeat lipid panel after 6 weeks.	Monitor patient for necrolytic migratory erythema, rouse patient as quickly as possible because prolonged hypoglycemia can cause cerebral damage.	Monitor BUN and serum creatinine levels to detect early signs of nephrotoxicity, assess signs for superinfection such as cough of sputum changes

Hospital Medications (5 required)

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). 2022 Nurse's Drug Handbook (20th ed.)

<div align="center">

Assessment

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Physical Exam (18 points) – <mark>**HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS**</mark>

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	<mark>Patient is alert and oriented x1</mark> <mark>Responds to painful stimuli and sometimes verbal stimuli</mark> Pt is well groomed and in no acute distress. <mark>Not attending ADL's</mark>
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . <mark>**Braden Score: 9**</mark> **Drains present: Y☐ N ☒** **Type:**	Normal quantity, distribution, and texture of hair Skin color is usual for ethnicity. Nails without clubbing or cyanosis <mark>Skin is dry</mark> <mark>Skin is cold</mark> <mark>Poor skin turgor</mark> No rashes, bruises, or wounds
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical Carotid pulses are 2+ bilaterally Hearing appeared normal PERRLA intact, EOMS intact <mark>Turbinates appeared dry and cracked</mark> <mark>Poor dentition</mark>
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:**	Heart sounds clear without murmurs, gallops, or rubs Normal rhythm Pulses were 2+ throughout <mark>Capillary refill more than 3 seconds in fingers</mark>

Neck Vein Distention: Y ☐ N ☒ **Edema Y ☐ N ☒** **Location of Edema:**	==and toes bilaterally== No edema No neck vein distention
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Short and irregular rate of respirations Lung sounds clear anteriorly with no wheezes or crackles. Was not able to assess posterior lung sounds due to patient position. No accessory muscle use

GASTROINTESTINAL:
Diet at home:
Current Diet
Height: 5'6
Weight: 228 lbs
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:
	Bowels sounds normoactive in all 4 quadrants
	Abdomen soft and nontender
	Pt is on a pureed diet
	Patient was unable to verbalize last bowel movement
	No ostomy
	No nasogastric tube
	No feeding tube

GENITOURINARY:
Color: Yellow
Character:
Quantity of urine:
Pain with urination: Y ☐   N ☒
Dialysis: Y ☐   N ☒
Inspection of genitals:
Catheter: Y ☒   N ☐
  Type: Urethral catheter
  Size: 16 F
	Urine color yellow and ==cloudy==
	No pain with urination
	==Pt has a urethral catheter==

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐**	==Extremities cold and dry== Patient refused to move I was not able to assess strength or ROM ==Pt needs ADL assistance== ==Pt needs assistance with equipment==

Fall Risk: Y ☒ N☐ **Fall Score: 99** **Activity/Mobility Status: Bed bound** **Independent (up ad lib) ☐** **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:**	Patient is oriented to person Pt has impaired cognition Speech is delayed and muffled Patient is lethargic I was not able to assess strength in the arms or legs PERRLA intact
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	The patient can read. I was not able to assess the pts coping methods. The patient has a stepdaughter who visits him frequently.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1300	91	125/68	18	98.4	95
1534	90	107/68	17	97.8	93

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1300	0	N/A	N/A	N/A	N/A
1534	0	N/A	N/A	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18G **Location of IV:** Antecubital **Date on IV:** 1/19/2023 **Patency of IV:** Yes **Signs of erythema, drainage, etc.:** No **IV dressing assessment:** Clean, dry, and intact	Flushed, saline locked

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1,240 ml	300 ml

Nursing Care

Summary of Care (2 points)

Overview of care: I started clinical at 1200 and came into the room to introduce myself to my patient. My patient was transported to ultrasound at 1230. I then fed my patient his lunch due to him being confused and weak, where he ate about 25% of his lunch. I completed my vitals as well as my head-to-toe assessment around 1530. I thanked my patient for allowing me to take care of him and asked if he needed anything before I left the floor.

Procedures/testing done: Patient went down for an ultrasound at 1230.

Complaints/Issues: The patient did not report any complaints or issues to me.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Patient moved back and forth on the bed and went down for an ultrasound. Patient is tolerating being on a pureed diet.

Physician notifications: I did not need to notify the physician for anything during my clinical.

Future plans for client: The future plans for this client are to complete the entire course of antibiotics, increase fluids to improve hydration status, and participate in physical therapy to regain any mobility that was previously lost.

Discharge Planning (2 points)

Discharge location: Nursing home

Home health needs (if applicable): N/A

Equipment needs (if applicable): Lift equipment

Follow up plan: Patient will go back to the nursing home with physical therapy.

Education needs: The education needed for this patient is to adhere to the medication regimen and to work with physical therapy as well as staying hydrated. We should also educate the stepdaughter of his treatment plan.

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. Risk for	Patient is	1.Turn the	1. Patient will not	The patient did

impaired skin integrity related to immobility as evidenced by Braden score of 9.	bed bound.	patient every 2 hours. 2.Ensure that the patient stays dry	develop a pressure injury.	not develop a pressure injury.
2. Risk for deficient knowledge related cognitive limitation as evidenced by inability to follow instructions	Patient is alert and oriented x1 and was very confused and unable to follow commands.	1. Provide patient and family members information on patient's current health status and the treatment plan. 2.Reorient the patient by providing a calendar in the room, a clock, and keep the room light during the day and off at night to prevent hospital delirium.	1. The client will verbalize understanding of disease process, prognosis, and potential complications.	The patient's mentation status stayed the same throughout my clinical.
3. Risk for malnutrition as related to reluctance to consume meals as evidenced by an imbalance of electrolytes.	The patient's sodium and chloride levels were abnormal.	1.Monitor daily weights 2. Observe and assist with eating meals	1. The electrolytes will be within normal range.	The patient ate more than what he did the day before when I was feeding him.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Nursing Diagnosis/Outcomes

Temp- 97.8

Pulse- 90

Patient verbalized his name to me.

B/P- 107/68

Resp Rate- 17

Oxygen- 93%

1. Risk for impaired skin integrity related to immobility as evidenced by Braden score of 9

74-year-old male

Sepsis

2. Risk for deficient knowledge related cognitive limitation as evidenced by inability to follow instructions.

Urinary tract infection.

Diabetes

DNR

3. Risk for malnutrition as related to reluctance to consume meals as evidenced by imbalance of electrolyt

Objective Data

Client Information

Nursing Interventions

-Turn the patient every 2 hours.

-Ensure that the patient stays dry

-Provide patient and family members information on patient's current health status and the treatment plan.

-Reorient the patient by providing a calendar in the room, a clock, and keep the room light during the day and off at night to prevent hospital delirium.

-Monitor daily weights.

-Observe and assist with eating meals