

Care Plan #1

Jackson Powell

Lakeview College of Nursing

N321: Adult Health 1

Kristal Henry

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Demographics (3 points)

Date of Admission 1/27/2023	Client Initials S.L.	Age 68 years old	Gender Male
Race/Ethnicity White/ Caucasian	Occupation Retired	Marital Status Divorced	Allergies None
Code Status Full code	Height 5'7"	Weight 174 lb	

Medical History (5 Points)**Past Medical History:**

- Right eye cataract
- Left eye cataract
- Arthritis in lower back and wrists
- Back pain
- Diverticulitis
- Deep Vein Thrombosis in lower extremities
- Hyperlipidemia
- Hypothyroidism

Past Surgical History:

- Appendectomy
- Cataract removal in right eye
- Skin cancer excision

Family History: Patient had no family history

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

Patient reports that he has been smoking for 50 years and smokes one pack of cigarettes per day.

Assistive Devices: None

Living Situation: Patient lives at home by himself

Education Level: Patient has an associates degree in Science

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Admission Assessment

Chief Complaint (2 points): Abdominal pain and vomiting

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

Patient is a 68 year old male who came to OSF on 1/27/2023 with complaints of abdominal pain and vomiting. He reported that the pain had started in his abdomen 4 days prior to his admission to OSF. The pain has been continuous and ongoing since it first occurred. Patient reports that it is a severe cramping pain. With this cramping pain he has had diarrhea and decreased appetite. He reported that there were no relieving factors and came to OSF to seek treatment. When the patient first came to OSF he reported his pain level to be an 8 out of 10.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute Colitis

Secondary Diagnosis (if applicable): None

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

Acute colitis is a digestive disease characterized by inflammation of the inner lining of the colon. Possible causes of acute colitis include infection, loss of blood supply in the colon, inflammatory bowel disease, or an invasion of the colon wall with collagen or lymphocytic white blood cells. There are also many different types of colitis, some of the most common ones are Ulcerative colitis, Crohn's colitis, and Infectious Colitis. Signs and symptoms of colitis are intense pain, tenderness of the abdomen, depression, rapid weight loss, aches and pains in the joints, loss of appetite, fatigue, changes in bowel habits, fever, swelling of the colon tissue, redness on the surface of the colon, ulcers on the colon, blood in the stool, and diarrhea. The

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signs and symptoms of acute colitis that my patient was experiencing were tenderness of the abdomen, loss of appetite, changes in bowel habits, swelling of the colon tissue, and diarrhea.

(Colitis Risk, Symptoms and Treatment | GW Hospital, 2022)

Most of the time the cause of acute colitis is unknown, some causes are infections caused by a virus or a parasite, food poisoning, Crohn disease, or lack of blood flow. For my patient it is more than likely that the cause of his colitis is unknown, however he was still fairly new to admission and some of his labs had not come back yet. Treatments for acute colitis can vary and it usually depends on what is causing the colitis. Patients that have acute colitis often need intravenous fluids and medications to control their pain. My patient was experiencing diarrhea and abdominal pain which are both primary symptoms of colitis, initial treatment for this would be to go on a clear fluid diet and pain medication. Some preventions for triggering acute colitis symptoms are to avoid certain foods and drinks. Drinks to avoid would be alcohol, drinks with caffeine, and carbonated beverages. And some of the foods to avoid are fruits with pulp, foods with sulfur, foods high in fiber, spicy foods, meats, nuts, and raw vegetables. (Zieve & Conaway, 2022)

With my patient he would experience severe abdominal pain and would have a bowel movement several times during the day. My patient could also not eat or drink much food without pain being caused, his stomach was also swollen. The nurse was giving him pain medications to deal with the abdominal pain and he was put on a low fiber diet, however he did not eat much of anything at all.

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Pathophysiology References (2) (APA):

Colitis Risk, Symptoms and Treatment | *GW Hospital*. (2022). George Washington

University Hospital. Retrieved February 1, 2023, from

<https://www.gwhospital.com/colitis>

Zieve, D., & Conaway, B. (2022). *Colitis - Symptoms and Causes*. Penn Medicine.

Retrieved February 1, 2023, from [https://www.pennmedicine.org/for-patients-and-](https://www.pennmedicine.org/for-patients-and-visitors/patient-information/conditions-treated-a-to-z/colitis)

[visitors/patient-information/conditions-treated-a-to-z/colitis](https://www.pennmedicine.org/for-patients-and-visitors/patient-information/conditions-treated-a-to-z/colitis)

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- 5.90	4.83	4.28	RBC within normal limits
Hgb	12.0- 15.8	14.3	12.5	Hgb within normal limits
Hct	36.0- 47.0	42.7	37.4	Hct within normal limits
Platelets	140- 440	291	235	Platelets within normal limits
WBC	4.00- 12.00	13.6	11.7	WBC elevated on admission because the patient has inflammation in the inner lining of his colon. (Capriotti, 2022).
Neutrophils	47.0- 73.0	82.3	N/A	Neutrophils are elevated because the patient is having abdominal pain. (Capriotti, 2022).
Lymphocytes	18.0- 42.0	12.0	N/A	Lymphocytes were low because the patient may have had some kind of infection causing colitis. (Capriotti, 2022).
Monocytes	4.0- 12.0	4.8	N/A	Monocytes within normal limits
Eosinophils	0.0- 5.0	0.1	N/A	Eosinophils within normal limits
Bands	0-4	N/A	N/A	

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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	139	137	Sodium within normal limits
K+	3.5- 5.1	4.8	2.7	Potassium was low due to the patient experiencing diarrhea. (Capriotti, 2022).
Cl-	98- 107	107	108	Chloride elevated due to the patient's hydration status. The patient was not drinking very much and was receiving IV fluids (Capriotti, 2022).
CO2	21- 31	25	21	CO2 within normal limits
Glucose	70- 99	104	88	Glucose levels likely due to the patient experiencing stress and the illness. (Capriotti, 2022).
BUN	7- 25	19	12	BUN within normal limits
Creatinine	0.50- 1.20	1.05	0.75	Creatinine within normal limits
Albumin	3.5- 5.7	3.8	N/A	Albumin within normal limits
Calcium	8.8- 10.2	9.5	8.2	Calcium was low because the patient was not eating much and not getting adequate nutrition. (Capriotti, 2022).
Mag	1.6- 2.6	N/A	N/A	
Phosphate	34- 104	N/A	N/A	
Bilirubin	0.2- 0.8	0.5	N/A	Bilirubin within normal limits
Alk Phos	34- 104	98	N/A	Alk Phos within normal limits
AST	10- 30	12	N/A	AST within normal limits
ALT	10- 40	19	N/A	ALT within normal limits
Amylase	60- 120	N/A	N/A	

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Lipase	0- 160	8.1	N/A	Lipase within normal limits
Lactic Acid	0.5- 2.2	0.7	N/A	Lactic acid within normal limits.

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	2- 3	N/A	N/A	
PT	9.5- 11.3	N/A	N/A	
PTT	30- 40	N/A	N/A	
D-Dimer	>250	N/A	N/A	
BNP	100- 400	N/A	N/A	
HDL	>60	N/A	N/A	
LDL	< 130	N/A	N/A	
Cholesterol	< 200	N/A	N/A	
Triglycerides	40- 180	N/A	N/A	
Hgb A1c	< 7	N/A	N/A	
TSH	0.5- 5.0	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	Clear/ yellow	N/A	N/A	
pH	4.6- 8.0	N/A	N/A	
Specific Gravity	1.005- 1.030	N/A	N/A	

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Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	Negative	N/A	N/A	
RBC	Negative	N/A	N/A	
Leukoesterase	Negative	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 <10,000 Positive >10,000	N/A	N/A	
Blood Culture	Negative	N/A	Negative	Blood culture within normal limits
Sputum Culture	Normal URT	N/A	N/A	
Stool Culture	Normal Intestinal Flora	N/A	N/A	

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):**

CT of Abdomen pelvis with contrast

Diagnostic Test Correlation (5 points):

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A CT of abdomen pelvis with contrast because there was cramping pain in the lower abdomen.

There is a region of abrupt tapering noted involving the descending colon along with regions of mural thickening and pericolonic stranding suggestive of acute colitis. Moderate constipation noted.

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 different medications must be completed***

Home Medications (5 required)

Brand/Generic	Acetaminophen (Tylenol)	Levothyroxine (Synthroid)	Simvastatin (Zocor)	Doxazosin (Cardura)	Zolmitriptan (Zomig)
Dose	325 mg	125 mg	20 mg	2 mg	2.5 mg
Frequency	Every 6 hours PRN	Daily	Daily	Daily	PRN
Route	Oral	Oral	Oral	Oral	Oral
Classification: Pharmacologic & Therapeutic	-Analgesics -Antipyretics	-Synthetic thyroxine -Thyroid hormone replacement	- Antilipemic -HMG-CoA reductase inhibitor	-Alpha blocker - Antihypertensive	- Hydroxytryptamine agonist - Antimigraine
Mechanism of Action	Inhibits the enzymes by blocking prostaglandin production and interfering with pain and pulse generation and the peripheral nervous system. (Jones and Bartlett, 2022)	Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription	Interferes with the hepatic enzyme hydroxymethyl glutaryl-coenzyme A reductase. (Jones and Bartlett, 2022)	Competitively inhibits alpha-adrenergic receptors in the sympathetic nervous system, causing peripheral vasodilation and reduced peripheral	Constricts dilated and inflamed cranial blood vessels in the carotid circulation and inhibits production of proinflammatory neuroreceptor

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		and protein synthesis (Jones and Bartlett, 2022)		vascular resistance. Also decreases blood pressure. (Jones and Bartlett, 2022)	s. (Jones and Bartlett, 2022)
Reason Client Taking	Pain management	For hypothyroidism	Reduces cholesterol	To reduce peripheral vascular resistance	Treats migraine headaches
Contraindications (2)	Severe hepatic impairment, severe active hepatic disease (Jones and Bartlett, 2022)	Uncorrected adrenal insufficiency, Acute myocardial infarctions (Jones and Bartlett, 2022)	Active hepatic disease, Concurrent use with boceprevir (Jones and Bartlett, 2022)	Orthostatic hypotension, Liver problems. (Jones and Bartlett, 2022)	History of stroke. History of ischemic attack. (Jones and Bartlett, 2022)
Side Effects/Adverse Reactions (2)	Disorientation, kidney toxicity (Jones and Bartlett, 2022)	Cardiac arrest, heart failure (Jones and Bartlett, 2022)	Cataracts, abdominal pain. (Jones and Bartlett, 2022)	Dizziness, GI obstructions. (Jones and Bartlett, 2022)	Bloody diarrhea, ischemic colitis (Jones and Bartlett, 2022)
Nursing Considerations (2)	Acetadote is the antidote for overdose, may increase risk for bleeding with warfarin therapy (Jones and Bartlett, 2022)	Monitor PT of a patient who is receiving anticoagulants, as a dosage adjustment may be required, Be aware that levothyroxine therapy is not to be used for the treatment of obesity or weight loss (Jones and Bartlett, 2022)	Monitor serum lipoprotein level as ordered to evaluate response to therapy. Monitor patient for elevated CPK levels for symptoms of myopathy. (Jones and Bartlett, 2022)	Monitor blood pressure for 2 to 6 hours after first dose because orthostatic hypotension commonly occurs at this time. Monitor urination, checking for difficulty urinating. (Jones and Bartlett, 2022)	Monitor patient closely for signs and symptoms of angina. Monitor elderly patient for increased blood pressure. (Jones and Bartlett, 2022)

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Hospital Medications (5 required)

Brand/Generic	Ceftriaxone (Rocephin)	Calcium carbonate (Tums)	Aspirin (Acetylsalicylic acid)	Metronidazole (Flagyl)	Enoxaparin (Lovenox)
Dose	2 g	1000mg	81mg	500 mg	40 mg
Frequency	Daily	Every 8 hours PRN	Daily	Every 8 hours	Every 24 hours
Route	IV	Oral	Oral	IV	Subcutaneous
Classification: Pharmacologic & Therapeutic	-Third generation cephalosporin -Antibiotic	-Calcium salts -Antacid	-Salicylate - NSAID	- Nitroimidazole -Antiprotozoal	-Low molecular weight - Anticoagulant
Mechanism of Action	Interferes with bacterial cell wall synthesis by inhibiting cross linking of peptidoglycan strands. (Jones and Bartlett, 2022)	Increases levels of intracellular and extracellular calcium, which is needed to maintain homeostasis, especially in the nervous and musculoskeletal systems. (Jones and Bartlett, 2022)	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins cause local vasodilation with swelling and pain. (Jones and Bartlett, 2022)	Undergoes intracellular chemical reduction during anaerobic metabolism. After metronidazole is reduced it damages DNA's helical structure and breaks it strands which cause cell death. (Jones and Bartlett, 2022)	Potentiates the action of antithrombin III, a coagulation inhibitor. By binding with antithrombin III, enoxaparin rapidly binds with and inactivates clotting factors. (Jones and Bartlett, 2022)
Reason Client Taking	Fight infection	Provide antacid effect	To relieve pain	Treat systemic anaerobic infections	Prevent DVT
Contraindications (2)	Hyperbilirubinemia, premature neonates. (Jones and Bartlett, 2022)	Cardiac resuscitation with risk of existing digitalis toxicity or presence of ventricular	Active bleeding or coagulation disorders, current or recent GI bleeding or ulcers (Jones	Alcohol use during or at least 3 days after metronidazole therapy, disulfiram use within past two weeks	Active major bleeding, history of immune-mediated heparin-induced thrombocytopenia. (Jones

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		fibrillation, concurrent use of calcium supplements (Jones and Bartlett, 2022)	and Bartlett, 2022)	(Jones and Bartlett, 2022)	and Bartlett, 2022)
Side Effects/Adverse Reactions (2)	Hepatic failure, oliguria (Jones and Bartlett, 2022)	Hypotension, hypercalcemia (Jones and Bartlett, 2022)	CNS depression, GI bleeding (Jones and Bartlett, 2022)	Aseptic meningitis, seizures (Jones and Bartlett, 2022)	Atrial fibrillation, thrombosis. (Jones and Bartlett, 2022)
Nursing Considerations (2)	Monitor BUN and serum creatinine levels to detect early signs of nephrotoxicity, assess signs for superinfection such as cough of sputum changes (Jones and Bartlett, 2022)	Check intravenous sites regularly for infiltration because calcium causes necrosis, be aware that patients with kidney failure on dialysis may develop hypercalcemia. (Jones and Bartlett, 2022)	Be aware that elderly patients and dehydrated febrile children are at higher risk for toxicity, Instruct patient to take aspirin with food or after meals because it may cause GI upset if taken on an empty stomach (Jones and Bartlett, 2022)	Monitor CBC and culture and sensitivity if therapy lasts longer than 10 days, Monitor patient's neurological status throughout therapy. (Jones and Bartlett, 2022)	Test stool for occult blood, Keep protamine sulfate nearby incase of accidental overdose. (Jones and Bartlett, 2022)

Medications Reference (1) (APA):

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

Assessment

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

<p>GENERAL: Alertness: Alert and Oriented Orientation: Person, place, time, and situation Distress: Abdominal Pain and vomiting Overall appearance: Appropriate</p>	
<p>INTEGUMENTARY: Skin color: White Character: Dry Temperature: Warm Turgor: Normal mobility Rashes: No rashes Bruises: Small bruise on right leg Wounds: No wounds Braden Score: 20 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>HEENT: Head/Neck: Head and Neck are symmetrical Ears: Hearing is appropriate Eyes: Vision is appropriate Nose: Turbinates appeared dry Teeth: Good dentition</p>	
<p>CARDIOVASCULAR: Heart sounds: Clear S1 and S2 without murmurs gallops or rubs S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Normal rate and rhythm Peripheral Pulses: 2+ bilaterally throughout Capillary refill: Less than 3 seconds bilaterally Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	

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<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character: Lungs sound clear anterior/posterior with normal rate and rhythm</p>	
<p>GASTROINTESTINAL: Diet at home: Poor diet (One meal a day, junk food with no fruits or vegetables) Current Diet: Low fiber Height: 5'7" Weight: 174 lb Auscultation Bowel sounds: Hyperactive Last BM: 1/30/2023 Palpation: Pain, Mass etc.: Pain upon light palpation Inspection: Swelling of abdomen Distention: N/A Incisions: N/A Scars: N/A Drains: N/A Wounds: N/A Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>GENITOURINARY: Color: Yellow Character: Clear Quantity of urine: X4 Occurrences Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Normal Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/A Size: N/A</p>	
<p>MUSCULOSKELETAL: Neurovascular status: Nailbeds intact. Extremities warm and dry throughout ROM: Full range of motion Supportive devices: None Strength: Normal and equal strength</p>	

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<p>ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Score: 27</p> <p>Activity/Mobility Status: Patient lies in bed most of the day but can get up independently when needed.</p> <p>Independent (up ad lib) <input checked="" type="checkbox"/></p> <p>Needs assistance with equipment <input type="checkbox"/></p> <p>Needs support to stand and walk <input type="checkbox"/></p>	
<p>NEUROLOGICAL:</p> <p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Orientation: Person, place, time, and situation</p> <p>Mental Status: Normal cognition</p> <p>Speech: Clear</p> <p>Sensory: Normal sensory</p> <p>LOC: Alert- awake and answers questions fully</p>	
<p>PSYCHOSOCIAL/CULTURAL:</p> <p>Coping method(s): Talking with family</p> <p>Developmental level: Can read, write, and form complete sentences</p> <p>Religion & what it means to pt.: None</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support): Lives at home by himself. Has 2 sisters for his support system. Retired.</p>	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0748	65	146/81	20	99.4	94
1030	51	129/62	19	98.7	95

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Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0748	0-10	Abdomen	5	Cramping	Pain medications
1030	0-10	Abdomen	5	Cramping	Pain medications

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20G Location of IV: Top left hand Date on IV: 1/30/2023 Patency of IV: Yes Signs of erythema, drainage, etc.: No IV dressing assessment: Clean, dry, and intact	0.9% Sodium Chloride discontinued 125ml/hour Saline locked

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Patient refusing to eat or drink due to pain	Urination X4 occurrences Bowel Movement X4 occurrences

Nursing Care**Summary of Care (2 points)**

Overview of care: I started clinical at 0630 however when I went up to the floor my patient was still asleep. My patient woke up around 0730 which is when I introduced myself and obtained my first set of vitals. At around 0900 I helped my nurse with giving the patient his medications for the day. He could not take the bigger pills so we decided to dissolve them and put them in apple sauce to make sure they went down easier. At 1000 I performed my head to toe assessment, my patient was very compliant and eager to help me fill out my papers. At 1030 I

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obtained my second set of vitals. After that my patient said that he wanted to rest so I told him goodbye and thanked him for letting me take care of him. At 1130 I reported to the nurse what I had done for the day and left the floor.

Procedures/testing done: None

Complaints/Issues: The patient was frequently complaining of a cramping abdominal pain.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Patient sat on his bed all day because getting up for anything made his abdomen hurt. Patient was put on a low fiber diet however he could not eat or drink due to abdominal pain.

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 wait for labs to get back to see what is causing the acute colitis. There was no active discharge plan in the time I was there.

Discharge Planning (2 points)

Discharge location: Back home

Home health needs (if applicable): Patient would not benefit from home health

Equipment needs (if applicable): Patient does not need equipment

Follow up plan: Patient will follow up with gastrourinary doctor if pain persists

Education needs: The education needed for this patient is to avoid risk factors for acute colitis. The patient should know not to eat foods that are spicy or that are high in fibers. And the patient should not drink alcohol or carbonated drinks.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

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Nursing Diagnosis <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ● Explain why the nursing diagnosis was chosen 	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation <ul style="list-style-type: none"> ● How did the client/family respond to the nurse’s actions? ● Client response, status of goals and outcomes, modifications to plan.
1. Risk for acute pain related to abdominal discomfort as evidenced by pain score 5 out of 10	Patient had a quick onset of abdominal pain.	1. Assess patient’s signs and symptoms of pain, and administer pain medications. 2. Perform comfort measures to promote relaxation	1. Patient will rate pain a maximum 3 out of 10	The patient no longer has any abdominal discomfort.
2. Risk for malnutrition as related to reluctance to consume meals as evidenced by an imbalance of electrolytes.	The patient’s calcium and chloride levels were abnormal.	1. Monitor daily weights 2. Monitor fluid intake and output	1. The electrolytes will be within normal range.	The patient ate and drank more than what he did the day before.
3. Risk for activity intolerance	The patient does not get up much	1. Perform active or passive ROM activities every	1. The patient will be a lot more active and get out	The patient got up multiple times to walk around and

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related to immobility as evidence by activity status	because of abdominal pain.	2 to 4 hours 2. Encourage active exercises including self care activities	of bed more frequently	performed ROM exercises.
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Other References (APA):

Sparks & Taylors, (2020). Nursing Diagnosis Reference Manual (11th ed.). Linda Lee Phelps

Concept Map (20 Points):

Height- 5'7"
Weight- 174 lb
Patient reported cramping abdominal pain
Patient stated pain 5 out of 10.
Patient stated they live alone at home
Resp Rate- 19
Oxygen- 94%

Admitted 1/27/2023
Initials: SL
68-year-old male
Retired
Divorced
No allergies
Full code status
Diagnosed with Acute Colitis frequently

Risk for acute pain related to abdominal pain, evidenced by pain score 5 out of 10
Patient will rate pain a maximum of 4 out of 10
Risk for malnutrition as related to reluctance to consume meals as evidenced by an imbalance of electrolytes. Monitor daily weights
The electrolytes will be monitored and output every 2 to 4 hours
Risk for activity intolerance related to weakness. Performability as evidenced by ROM activities
The patient will be a frequent user of bathroom self care activities

Assess patient's signs and symptoms of pain, and administer pain medications.
Perform comfort measures to promote relaxation.
Monitor fluid intake and output
Encourage active use of bathroom self care activities

