

N321 Care Plan # 1

Lakeview College of Nursing

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Professor Kristal Henry

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Demographics (3 points)

| | | | |
|---|-------------------------------|-----------------------------------|--------------------------|
| Date of Admission 02/03/2023 | Client Initials JW | Age 45 | Gender M |
| Race/Ethnicity Caucasian, not Hispanic or Latino | Occupation AutoZone | Marital Status Divorced | Allergies None |
| Code Status Full | Height 6'4 | Weight 280 lbs. | |

Medical History (5 Points)

Past Medical History: Hyperlipidemia, Hypertension, Kidney stones

Past Surgical History: Joint Replacement, right foot fracture

Family History: Paternal- Kidney Cancer Maternal- None

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

Does not smoke or use smokeless tobacco, no drug use, and no alcohol use

Assistive Devices: Walker while in hospital but going home with crutches for foot

Living Situation: Lives at home with mom and niece.

Education Level: High school, no learning barriers

Admission Assessment

Chief Complaint (2 points): Right foot drainage, “noticed pus on my foot and thought I hit it on something”

History of Present Illness – OLD CARTS (10 points): Patient had surgery December 29th on his right foot. Friday morning (2/3), he noticed some pus on his foot and thought he had hit it on something. The client stated, “by Friday afternoon, my foot was warm, red, and swollen with pus.” He called his doctor’s office which prompted him to go into the walk-in and the walk-in sent him to the emergency room. He has no other symptoms, no aggregating or relieving factors and did not seek any treatment at home before coming to

try to relieve swelling. His pain was a level 0 on a scale from 0-10, his main concern was the drainage from his wound.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Cellulitis of right foot

Secondary Diagnosis (if applicable): N/A

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

"Cellulitis is the most common infectious cause of limb swelling" (Hinkle et al., 2021, p. 861). This happens when microbes enter an area with broken skin and release toxins. It can be caused by any skin break but more commonly from trauma or surgery. Some risk factors of cellulitis are an injury, weakened immune system, skin conditions, history of cellulitis, or being overweight.

The common symptoms and manifestations of cellulitis are compared to symptoms of infection. Swelling, redness, warmth, and pain, with systemic signs of fever, chills, and sweating are the most common that the patient will notice and seek help for (Mayo Clinic Staff, 2022). Cellulitis is localized to the wound area but without treatment infection can spread to the body and cause sepsis and many other complications. This is diagnosed by a bacteria culture to identify which organism is causing the infection, so the antibiotic for treatment is effective. In mild cases, an oral antibiotic can be prescribed compared to severe cellulitis, and IV antibiotic treatment is required. The wound will need to be kept clean and as sterile as possible to keep more microbes from entering. This is done by applying wet dressings on the infection site and keeping the whole area dry, clean, and covered. Some nursing interventions are to elevate the wound area above heart level and apply ice packs for inflammation.

Cellulitis can have severe complications like tissue damage and tissue death. If the infection spreads to the blood and throughout the whole body, one can experience shock. Prevention of cellulitis is essential in patient education. To prevent infection, good hygiene is critical, like washing hands often and keeping the wound covered. A patient needs to be educated on the signs and symptoms of cellulitis and infection, so they are aware and know if/when this happens to them to seek help and treatment.

The patient's symptoms were redness, swelling, warmth, and wound drainage of the right foot. To diagnose cellulitis, blood work, and X-rays were done. The X-rays needed to be done to see if the tissue was damaged and how severe. Bloodwork can show infection in a complete blood count (CBC) and furthermore in blood cultures. The patient had blood cultures to identify the organism causing the infection. An additional blood test completed was a metabolic panel to show the patient's electrolyte. This will identify if the patient is hydrated, overhydrated, or dehydrated. The main diagnosis of cellulitis is assessing the wound and observing how the wound is healing. After diagnosis of right foot cellulitis, the patient was treated with intravenous antibiotic therapy. Physical therapists are a part of the treatment plan to help the patient become mobile with the foot injury. Patient education is critical information and needs to be explained before the discharge process. The patient must be aware how to keep the wound sterile and dry. This includes washing hands, using gloves if available, using new and clean gauze when changing dressings. The wound cannot be without dressings until it is healed and not infected, having the wound open with no dressing or bandage will lead to exposure of new organisms that could lead to another infection. The patient needed educated on how to ice the foot to reduce swelling, as well as elevate above heart level and to not bear any weight on the injured foot. For

mobility and no weight bearing on injury, a walker was used in the hospital for mobility, and the patient will be sent home with crutches.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives* (2nd ed.). F. A. Davis Company.

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. (2021). *Brunner and Suddarth's Textbook of Medical-Surgical Nursing* (K. H. Cheever, K. Overbaugh, & J. L. Hinkle, Eds.).

Lippincott Williams & Wilkins.

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 | 4.40-5.80 mcL | 4.82mcL | 4.32mcL | Hemolysis due to infection can cause a decrease in red blood cells (Pagana et al., 2019). |
| Hgb | 13-16.5g/dL | 14.1 mcL | 12.3 g/dL | Antibiotics can cause a decrease in hemoglobin levels (Pagana et al., 2019). |
| Hct | 38.0%- 50.0% | 41.6% | 37.6% | Antibiotics like penicillin's can cause a decrease in hematocrit levels (Pagana et al., 2019). |
| Platelets | 140-440mcL | 201 mcL | 204mcL | |
| WBC | 4-12mcL | 10.60 mcL | 11.80mcL | |
| Neutrophils | 40-68% | 65.9% | 61.6% | |

| | | | | |
|-------------|--------|-------|-------|---------------------|
| Lymphocytes | 19-49% | 19.2% | 26.2% | |
| Monocytes | 3-13% | 13.2% | 8.4% | |
| Eosinophils | 0-8% | 1.3% | 2.5% | |
| Bands | 0-5% | N/A | N/A | Test not performed. |

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 mmol/L | 139 mmol/L | 143 mmol/L | |
| K+ | 3.5-5.1 mmol/L | 3.9 mmol/L | 4.0 mmol/L | |
| Cl- | 98-107 mmol/L | 103 mmol/L | 109 mmol/L | |
| CO2 | 21-31 mmol/L | 26 mmol/L | 26 mmol/L | |
| Glucose | 70-99 mg/dL | 92mg/dL | 130mg/dL | Salicylates and diuretics can cause an increase to blood glucose levels (Pagana et al., 2019). |
| BUN | 7-25 mg/dL | 16 mg/dL | 10 mg/dL | |
| Creatinine | 0.50-1.20 mg/dL | 1.16 mg/dL | 1.11 mg/dL | |
| Albumin | 3.5-5.7 g/dL | 4.4 g/dL | N/A | |
| Calcium | 8.8-10.2 mg/dL | 9.8 mg/dL | 9.6 mg/dL | |
| Mag | 1.3-2.1 mEq/L | N/A | N/A | Test not performed. |
| Phosphate | 3.0-4.5 mg/dL | N/A | N/A | Test not performed. |
| Bilirubin | 0.2-0.8 mg/dL | 0.8 mg/dL | N/A | |
| Alk Phos | 30-120 U/L 0.5-2.0 | 86 U/L | N/A | |

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|--------------------|----------------------------|-----------------------|------------|--|
| AST | 0-35 units/L | N/A | N/A | |
| ALT | 4-36 units/L | 20 units/L | N/A | |
| Amylase | 60-120 units/dL | N/A | N/A | |
| Lipase | 0-160 units/L | N/A | N/A | |
| Lactic Acid | 0.7-2.0 mmol/L | 1.2 mmol/L | 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 secs | N/A | N/A | Test not performed. |
| PT | 60-70 secs | N/A | N/A | Test not performed. |
| PTT | 30-40 secs | N/A | N/A | Test not performed. |
| D-Dimer | <250 bg/mL <0.4mcg/mL | N/A | N/A | Test not performed. |
| BNP | <100 pg/mL | N/A | N/A | Test not performed. |
| HDL | >45 mg/dL female >55 mg/dL male | N/A | N/A | Test not performed. |
| LDL | <130 mg/dL | N/A | N/A | Test not performed. |
| Cholesterol | <200 mg/dL | N/A | N/A | Test not performed. |
| Triglycerides | Male 40-160 mg/dL Female 35- 135 mg/dL | N/A | N/A | Test not performed. |
| Hgb A1c | Nondiabetic 4% to 5.9% Good diabetic control <7% | N/A | N/A | Test not performed. |

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|------------|-------------------------------------|------------|------------|----------------------------|
| | Fair 8%to 9% Poor >9% | | | |
| TSH | 2-10 mU/L | N/A | N/A | Test not performed. |

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 or clear | N/A | Yellow and clear | Test not performed but observed urine for output documentation. |
| pH | 5.0-9.0 units | N/A | N/A | Test not performed. |
| Specific Gravity | 1.003-1.030units | N/A | N/A | Test not performed. |
| Glucose | Neg | N/A | N/A | Test not performed. |
| Protein | Neg | N/A | N/A | Test not performed. |
| Ketones | Neg | N/A | N/A | Test not performed. |
| WBC | Neg 0-5 hpf | N/A | N/A | Test not performed. |
| RBC | Neg 0-2 hpf | N/A | N/A | Test not performed. |
| Leukoesterase | negative | N/A | N/A | Test not performed. |

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 colonies/ml Positive >100,000 colonies/ml | N/A | N/A | An abnormal urine culture could indicate a UTI or bladder infection (Pagana et al., 2019). |
| Blood Culture | Negative | Positive aerobic and anaerobic | N/A | Patient has cellulitis in his right foot wound. The blood culture is positive for bacteria but waiting for it to grow to see what exact |

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|-----------------------|---------------------------------------|------------|------------|--|
| | | | | organism it is (Pagana et al., 2019). |
| Sputum Culture | Normal upper respiratory tract | N/A | N/A | An abnormal sputum culture would indicate bacteria or fungus in the lungs or airway (Pagana et al., 2019). |
| Stool Culture | Normal intestinal flora | N/A | N/A | An abnormal stool culture would indicate bacteria in the lower digestive tract that could cause an infection (Pagana et al., 2019). |

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagaana, T. N. (2019). In *Mosby's Diagnostic and Laboratory Test Reference* (14th ed., p. 1088). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

X-Ray foot 3 or more views right 2/3-impression- no acute fracture or hardware loosening is seen. No bone erosion is identified. Moderate soft tissue swelling is present bilaterally.

X-Ray foot 3 or more views right 2/4-impression- Old fracture noted at the base of the 5th metatarsus. There is a 4mm gap between fracture fragment in the lower part of the fracture line.

Diagnostic Test Correlation (5 points): The X-Ray was to show how severe the tissue swelling was and if the bone had any erosion. The patient had an old foot fracture, this needed to be checked to see if there are any new/current fractures.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagaana, T. N. (2019). In *Mosby's Diagnostic and Laboratory Test Reference* (14th ed., p. 1088). Elsevier.

**Current Medications (10 points, 1 point per completed med)
*10 different medications must be completed***

Home Medications (5 required)

| | | | | | |
|--------------------------------|---|--|--|--|---|
| Brand/ Generic | Ibuprofen Advil | atorvastatin Lipitor | Amlodipine besylate Norvasc | Hydrochlorothi azide Microzide | Losartan- hydrochlorothi azide Hyzaar |
| Dose | 200 mg | 20 mg | 5 mg | 25 mg | 100-12.5 mg |
| Frequency | Every 4 to 6 hours as needed | Nightly | Nightly | Daily | Daily |
| Route | oral | oral | oral | oral | oral |
| Classification | Pharmacologic- NSAID Therapeutic - analgesic, anti- inflammato ry, antipyretic | Pharmacologic - HMG-CoA reductase inhibitor Therapeutic- Antihyperlipid emic | Pharmacologic - Calcium channel blocker Therapeutic- antianginal, antihypertensiv e | Pharmacologic- Thiazide diuretic Therapeutic- Diuretic | Pharmacologic- Angiotensin II receptor blocker (ARB) Therapeutic- Antihypertensi ve |
| Mechanism of Action | “Blocks activity of cyclooxygen ase, the enzyme needed to synthesize prostagland ins, which mediate inflammato ry response and cause local pain, swelling, and | “Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL | “Bins to dihydropyridin e and nondihydropyr idine cell membrane receptor sites on myocardial and vascular smooth muscle cells and inhibits influx of extracellular calcium ions across slow calcium | “A thiazide diuretic, hydrochlorothi azide promotes movement of sodium, chloride, and water from blood in peritubular capillaries into nephron’s distal convoluted tubule. Initially, it may decrease | “Blocks binding of angiotensin II to receptor sites in many tissues, including adrenal glands and vascular smooth muscle. Angiotensin II is a potent vasoconstrictor that also stimulates the adrenal cortex |

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| | vasodilation . By inhibiting prostaglandins, this NSAID reduces inflammatory symptoms and relieves pain” (Jones & Bartlett Learning, 2021). | uptake and breakdown” (Jones & Bartlett Learning, 2021). | channels” (Jones & Bartlett Learning, 2021). | cardiac output, extracellular fluid volume, or plasma volume, which helps explain blood pressure reduction” (Jones & Bartlett Learning, 2021). | to secrete aldosterone. The inhibiting effects of angiotensin II reduce blood pressure” (Jones & Bartlett Learning, 2021). |
| Reason Client Taking | To relieve pain or inflammation | History of hyperlipidemia | History of hypertension | To manage hypertension | To manage hypertension |
| Contraindications (2) | Asthma, rhinitis (Jones & Bartlett Learning, 2021) | Active hepatic disease, persistent rise in transaminase level (Jones & Bartlett Learning, 2021) | Hypersensitivity to amlodipine or its components, severe interaction to dantrolene, severe, patients with aortic stenosis (Jones & Bartlett Learning, 2021) | Anuria, sulfonamide derivatives (Jones & Bartlett Learning, 2021) | Concurrent aliskiren therapy, hypersensitivity to losartan or its components (Jones & Bartlett Learning, 2021) |
| Side Effects/Adverse Reactions (2) | Heart failure, anemia (Jones & Bartlett Learning, 2021) | Thrombocytopenia, arrhythmias (Jones & Bartlett Learning, 2021) | Hypotension, pancreatitis (Jones & Bartlett Learning, 2021) | Hyperuricemia, insomnia (Jones & Bartlett Learning, 2021) | Hypotension, thrombocytopenia, hyponatremia (Jones & Bartlett Learning, 2021) |
| Nursing Considerations (2) | Know that the risk of heart failure increases with use of NSAIDs. | Expect live function tests to be performed before atorvastatin therapy starts | Use cautiously in patients with heart block, heart failure, impaired renal function, and hepatic | Assess for evidence of hypokalemia. Monitor BUN and creatinine levels and notify provider | Monitor blood pressure and renal function to evaluate drug effectiveness. Check patients |

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|--|--|--|---|--|--|
| | Monitor CBC for decreased hemoglobin and hematocrit, can worsen anemia (Jones & Bartlett Learning, 2021) | and after. Be aware it may be used with colestipol or cholestyramine (Jones & Bartlett Learning, 2021) | disorder. Monitor blood pressure while adjusting dosage because hypotension can occur (Jones & Bartlett Learning, 2021) | if elevated (Jones & Bartlett Learning, 2021). | potassium level often for potential hyperkalemia (Jones & Bartlett Learning, 2021) |
|--|--|--|---|--|--|

Hospital Medications (5 required)

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|----------------------------|--|--|--|---|--|
| Brand/ Generic | enoxaparin Lovenox | Aspirin EC (ecoterin) | Piperacillin-tazobactam Zosyn | vancomycin hydrochloride Vancocin | Ondansetron Zofran |
| Dose | 40 mg | 325 mg | 4.5g 25 ml/hr | 1500 mg 166.7ml/hr | 4mg |
| Frequency | Every 24 hours | Daily | Every 8 hours | Every 12 hours | Every 4 hours PRN |
| Route | Sub-cutaneous | Oral | Intravenous | Intravenous | Injection |
| Classification | Pharmacological- low-molecular-weight heparin Therapeutic - anticoagulant | Pharmacological- Salicylate Therapeutic - NSAID | Pharmacological- penicillin Therapeutic- extended spectrum antibiotic | Pharmacological- Glycopeptide Therapeutic - Antibiotic | Pharmacological- selective serotonin receptor antagonist Therapeutic - antiemetic |
| Mechanism of Action | “Potentiates the action of antithrombin III, a coagulation inhibitor. By | “Blocks the activity of cyclooxygenase, the enzyme needed for | “Antipseudomonal penicillin plus beta-lactamase inhibitor; | “Inhibits bacterial RNA and cell wall synthesis; alters | “Blocks serotonin receptors centrally in the chemorecept |

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|-------------------------------------|--|--|---|--|---|
| | <p>binding with antithrombin III, enoxaparin rapidly binds with and inactivates clotting factors (primarily factor Xa and thrombin)” (Jones & Bartlett Learning, 2021).</p> | <p>prostaglandin synthesis. Prostaglandins, important mediators in the inflammatory response, cause local vasodilation with swelling and pain. With blocking cyclooxygenase and inhibition of prostaglandins, inflammatory symptoms subside” (Jones & Bartlett Learning, 2021).</p> | <p>inhibits biosynthesis of cell wall mucopeptide synthesis by binding to 1 or more of the penicillin-binding proteins and is effective during active-multiplication stage” (Jones & Bartlett Learning, 2021).</p> | <p>permeability of bacterial membranes, causing cell wall lysis and death” (Jones & Bartlett Learning, 2021).</p> | <p>or trigger zone and peripherally at vagal nerve terminals in the intestine. This action reduces nausea and vomiting by preventing serotonin release in the small intestine and by blocking signals to the CNS” (Jones & Bartlett Learning, 2021).</p> |
| <p>Reason Client Taking</p> | <p>To prevent blood clots from being an inpatient and having low activity</p> | <p>To relieve pain and inflammation.</p> | <p>To treat cellulitis infection</p> | <p>To treat infection in foot</p> | <p>For nausea</p> |
| <p>Contraindications (2)</p> | <p>Active major bleeding, pork products (Jones & Bartlett Learning, 2021)</p> | <p>Fever, active bleeding, or coagulation disorder (Jones & Bartlett Learning, 2021)</p> | <p>Allergy to penicillin, cephalosporins, imipenem or beta-lactamase inhibitors (Jones & Bartlett Learning, 2021)</p> | <p>Hypersensitivity to corn or corn products when given with dextrose solutions, hypersensitivity to vancomycin or its components</p> | <p>Concomitant use of apomorphine, hypersensitivity to ondansetron or its components (Jones & Bartlett Learning, 2021)</p> |

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| | | | | (Jones & Bartlett Learning, 2021) | |
| Side Effects/Adverse Reactions (2) | Cholestatic and hepatocellular injury, congestive heart failure (Jones & Bartlett Learning, 2021) | Hepatotoxicity, prolonged bleeding time (Jones & Bartlett Learning, 2021) | Hypertension, diarrhea (Jones & Bartlett Learning, 2021) | Toxic epidermal necrolysis, Clostridium difficile-associated diarrhea (Jones & Bartlett Learning, 2021) | Toxic epidermal necrolysis, serotonin syndrome (Jones & Bartlett Learning, 2021) |
| Nursing Considerations (2) | Watch closely for bleeding. Keep protamine sulfate accessible in case of accidental overdose. Check potassium levels for elevation (Jones & Bartlett Learning, 2021) | Have patient take with food to prevent and upset stomach. Taking aspirin and ibuprofen can reduce cardioprotective and stroke preventative effects of aspirin (Jones & Bartlett Learning, 2021) | Be cautious of bleeding complications, prolong use can cause fungal infection or bacterial superinfection (Jones & Bartlett Learning, 2021) | Monitor vancomycin blood concentrations, observe IV site for extravasation (Jones & Bartlett Learning, 2021) | Monitor closely for symptoms serotonin syndrome like agitation, chills, fever, etc. Know patient magnesium, potassium levels due to increased risk of prolonged QT interval (Jones & Bartlett Learning, 2021) |

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2022 Nurse's Drug Handbook* (21st ed.). Jones & Bartlett Learning.

Assessment

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

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|---|--|
| <p>GENERAL: Alertness: alert and responsive Orientation: a/o x4 Distress: no acute distress Overall appearance: well groomed</p> | <p>Patient alert and responsive with orientation to person, time, place, and situation. Patient appears in no acute distress and is well groomed.</p> |
| <p>INTEGUMENTARY: Skin color: white Character: dry, no edema Temperature: warm Turgor: elastic with great mobility Rashes: none Bruises: bruising on right foot wound Wounds: right foot Braden Score: 21 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p> | <p>Skin is white without discoloration, warm and dry upon palpitation without edema. Skin temperature is warm, no rashes, or scars. Patient does have several tattoos all over body. Skin turgor is elastic with normal mobility. Patient has a right foot wound with stitches and is clean, dry, and swollen with some bruising. Wound has some dried blood, minimal drainage and not warmth upon palpitation. Braden score 21. No drains present.</p> |
| <p>HEENT: Head/Neck: symmetrical Ears: without lesions or lumps Eyes: PERRLA Nose: septum midline Teeth: good dentition</p> | <p>Head and neck are symmetrical, trachea is midline with no swollen lymph nodes. Eyes are PERRLA bilaterally, pupils are +3 bilaterally. Ears are symmetrical with no lesions, lumps or masses bilaterally. Septum is midline and teeth are well approximated.</p> |
| <p>CARDIOVASCULAR: Heart sounds: Clear S1 and S2 S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: +3 Capillary refill: less than 3 seconds 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> | <p>Clear S1 and S2 heart sounds present, without murmurs, gallops or rubs. Brachial and radial pulses are +3 bilaterally, carotids +2 bilaterally. Left dorsalis pedis and posterior tibial pulse +3, right was not assessed due to dressings. Capillary refill is less than 3 seconds in fingers and toes. No neck vein distention. No edema noted.</p> |
| <p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p> | <p>Breath sounds anterior and posterior are clear bilaterally without crackles, wheezes, or rhonchi noted. Respirations are regular and unlabored without accessory muscle use. Respiratory pattern is regular 18 breaths per minute.</p> |
| <p>GASTROINTESTINAL: Diet at home: Anything Current Diet: general</p> | <p>Diet at home is “whatever I feel like eating” per patient. Current diet- general. Height is 6’4, weight 280 lbs. Bowel sounds are normal</p> |

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| <p>Height: 6'4 Weight: 280 lbs Auscultation Bowel sounds: normal clicks and gurgles Last BM: this morning (0700 2/6) Palpation: Pain, Mass etc.: no pain or masses Inspection: Distention: none Incisions: none Scars: none Drains: none Wounds: none on abdomen 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>active in all four quadrants. Last bowel movement was this morning (2/6 at 7 am). No tenderness noted upon light palpitation in all four quadrants. No distention, incisions, scars, or drains noted. No gastrointestinal wound. No ostomy, no nasogastric or feeding tubes.</p> |
| <p>GENITOURINARY: Color: yellow Character: clear without cloudiness Quantity of urine: 300 ml 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: not assessed Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p> | <p>Urine is yellow and clear. Patient discarded 300 ml of urine this morning (2/6). Patient states no pain with urination. No dialysis. Inspection of genitals was not assessed at this time. No urinary catheter.</p> |
| <p>MUSCULOSKELETAL: Neurovascular status: nails smooth and clear ROM: active Supportive devices: walker, crutches Strength: 5 ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 34 Activity/Mobility Status: Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p> | <p>Nails are smooth and clear without clubbing or cyanosis. ROM is active in all extremities besides the injured right foot. The right foot can move some but is non-weight bearing. Strength in all extremities is 5 besides right foot. The right foot is a 3, the patient can move some for pedal pushes/pulls but not much. Patient does not need ADL assistance but is a fall risk, with a score of 34. Patient is independent but requires a walker for now in hospital and going home with crutches due to right foot.</p> |
| <p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> | <p>The patient moves all extremities well, the right foot does not have normal strength but moves well for the wound and injury.</p> |

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|---|---|
| <p>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no – not in R foot Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: x4 Mental Status: normal cognition Speech: clear Sensory: intact bilaterally LOC: alert, awake and answers questions appropriately</p> | <p>PERRLA bilaterally. Strength is equal bilaterally in arms, left leg has normal strength and right leg is weak due to foot wound. Orientated to person, place, situation, and time with normal cognition. Speech is clear, sensory is intact bilaterally. Patient is alert, awake, responding and answering questions appropriately and compliant.</p> |
| <p>PSYCHOSOCIAL/CULTURAL: Coping method(s): friends Developmental level: appropriate Religion & what it means to pt.: Christian Personal/Family Data (Think about home environment, family structure, and available family support):</p> | <p>The patient has many friends and a girlfriend for coping mechanisms and support systems. Patient can read, write, and talk clearly in an appropriate manner. The highest level of education is a high school diploma. Patient has Christian religious beliefs. He lives at home taking care of his mother as well as a little niece that “likes to skip school” he stated. His girlfriend lives in Covington and he believes he has a good support system.</p> |

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|------|-------|--------|-----------|------------------|--------------------|
| 0751 | 93 | 131/87 | 18 | 97.5 temporal | 96% on room air |
| 1055 | 80 | 136/86 | 18 | 97 temporal | 97% room air |

Pain Assessment, 2 sets (2 points)

| Time | Scale | Location | Severity | Characteristics | Interventions |
|------|--------------|----------|----------|-----------------|---------------|
| 0751 | Numeric 0-10 | N/A | 0 | N/A | N/A |
| 1055 | Numeric 0-10 | N/A | 0 | N/A | N/A |

IV Assessment (2 Points)

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| Size of IV: 20 gauge Location of IV: right wrist Date on IV: 02/03/2023 Patency of IV: clean, dry, intact Signs of erythema, drainage, etc.: N/A IV dressing assessment: transparent | Vancomycin Hcl in NaCl 1500 mg 166.7ml/hr every 12 hours, complete at 0721. Piperacillin-tazobactam (Zosyn) 4.5 g 25ml/hr every 8 hours, 0951 complete. Saline lock at 0951 when Zosyn completed. |

Intake and Output (2 points)

| Intake (in mL) | Output (in mL) |
|---|-----------------------|
| 360 mL (water)- 100% IV-350 mL | 300 mL urine |

Nursing Care

Summary of Care (2 points)

Overview of care: Around 0750, this nursing student went in and introduced self and took morning vitals. After vitals, head to toe assessment was done. Patient ate breakfast and a new fresh water and ice chips. Physical therapy worked with him shortly after breakfast. At 1050 this student checked the client’s vitals again, and at 1115 dressing was changed, and this nursing student went home.

Procedures/testing done: No procedures or testing done.

Complaints/Issues: None

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: Diet is general, and patient is having a bowel movement one time every morning which is unusual for patient. Activity is non

weight bearing on the right foot, patient gets up with walker independently and into chair.

Physician notifications: None

Future plans for client: Patient waiting for blood cultures gram stain result to see if any more specific bacteria grew for discharge. Also waiting for the right foot wound to heal.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): N/A

Equipment needs (if applicable): Patient is going home with crutches

Follow up plan: Follow up with orthopedic doctor allow foot to heal.

Education needs: Monitor wound for swelling, redness, drainage, and warmth to touch of foot. Foot needs elevated multiple times a day to prevent swelling. Patient can ice for comfort and swelling as well. Education on how to properly use crutches and to let his foot rest and not to apply weight on right foot.

Nursing Diagnosis (15 points)

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

| <p>Nursing Diagnosis</p> <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 | <p>Rationale</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen | <p>Interventions (2 per dx)</p> | <p>Outcome Goal (1 per dx)</p> | <p>Evaluation</p> <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. |
|---|--|--|---------------------------------------|---|
|---|--|--|---------------------------------------|---|

| | | | | |
|--|---|--|--|---|
| <p>1. Risk for infection related to contamination as evidence by patient's blood cultures being positive.</p> | <p>Patient's chief complaint is swelling, warmth, redness, and wound drainage from foot.</p> | <p>1. Assess the wound for drainage local swelling, and inflammation. 2. Provide antibiotics for systemic infection.</p> | <p>1. Antibiotics treat the infection and symptoms decrease.</p> | <p>The client was very cooperative and ready to learn. The client understood the importance of staying in the hospital and receiving IV antibiotic fluids.</p> |
| <p>2. Risk for decreased mobility related to musculoskeletal impairment as evidence by right foot wound.</p> | <p>Patient is unable to walk without any assisted devices.</p> | <p>1. Assess patients upper extremities strength to ensure he can use prescribed crutches at home. 2. Reinforce teaching by the physical therapist on use and care of crutches. Include instructions on ambulatory aid on stairs or in other situations the patient can experience at home after discharge.</p> | <p>1. The patient demonstrates appropriate use of ambulatory aids.</p> | <p>The client responded well to the teaching and even asked for physical therapy to come back after his antibiotics were off for awhile to be able to try and move around more freely.</p> |
| <p>3. Risk for falls related to ambulatory aid as evidence by crutches.</p> | <p>For the patient to be aware of risks due to foot wound.</p> | <p>1. Educate client on how to improve environmental safety factors. 2. Identify factors that can cause a fall.</p> | <p>1. Patient will develop strategies to prevent falls and maintain safety.</p> | <p>Patient was able to identify things in home that put him at risk for falls. Patient is cooperative with physical therapy to be able to move without falling.</p> |

Other References (APA):

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

Swearingen, P. L. (2018). *All-in-one Nursing Care Planning Resource: Medical-surgical,
Pediatric, Maternity, and Psychiatric-mental Health* (P. L. Swearingen & J. Wright,
Eds.). Elsevier.

Concept Map (20 Points):

Subjective Data

Right foot swollen, little drainage and some dried blood
 No allergies known
 Weight: 280 lbs. Height: 6'4
 Patient has no current pain
 RBC- 4.32mcl
 Patient has a great support system of friends and girlfriend
 Hgb- 12.3g/dl
 Hct- 37.6%
 Patient stated lives at home with mother
 Glucose- 130 mg/dL

Objective Data

Nursing Diagnosis/Outcomes

JW
 Male
 45 yrs. old
 Divorced
 Employed at AutoZone
 Full code
 Caucasian, not Hispanic or
 Height: 6'4 Weight: 280 lbs.

Client Information

Diagnosis- Risk for infection related to contamination as evidence by patient's blood cultures being positive.
 Outcome- Antibiotics treat the infection and symptoms decrease.
 Assess the wound for drainage local swelling, and inflammation.
 Provide antibiotics for systemic infection.
 Assess patients upper extremities strength to ensure he can use prescribed crutches at home.
 Based on being in the physical department
 Diagnosis- Risk for decreased mobility related to physical deconditioning as evidence by right foot wound.
 Outcome- The patient demonstrates nursing interventions.
 Include instructions on ambulatory aid on stairs or in other situations the patient can experience at home after discharge.
 Diagnosis- Risk for falls related to ambulatory aid as evidence by crutches.
 Outcome- Patient will develop strategies to prevent falls and maintain safety.
 Educate client on how to improve environmental safety factors.
 Identify factors that can cause a fall.



