N321 Care Plan #

Lakeview College of Nursing

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February 10, 2023

Demographics (3 points)

Date of Admission 12-30-2022	**Client Initials** R.P	**Age** 65	**Gender** Female
Race/Ethnicity African American	**Occupation** **Unemployed**	**Marital Status** Single	**Allergies** Lisinopril
Code Status Full Code	**Height** 5’4	**Weight** 205 lbs.	

Medical History (5 Points)

Past Medical History: Patient has a past medical history of COPD (chronic obstructive pulmonary disease), current moderate episodes of major depressive disorder (2-27-2020). Hypertension, Stroke.

Past Surgical History: Patient has a past surgical history that includes Hysterectomy; Lipoma resection; cardiac catheterization (9-28-20); upper gastrointestinal endoscopy (10-10-2021); colonoscopy (10-11-21).

Family History: The patients family history includes diabetes (brother); heart disease (mother); lupus (brother).

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): patient reports that she has quit smoking, her smoking use included cigarettes. She smoked an average of 5 packs per day. She has never used smokeless tobacco, she reports that she does not drink alcohol and does not use drugs.

Assistive Devices: uses a walker

Living Situation: lives in a nursing home

Education Level: some college, completed 1 year.

Admission Assessment

Chief Complaint (2 points): Shortness of breath

History of Present Illness – OLD CARTS (10 points): 65 year old obese african American female with comorbidities including copd systolic CHF. Obesity hyperventilation and stroke, was a current smoker. Family noted she was short of breath while on the phone with her with slow mentation. Ambulance was then called in and when they arrived they had to break down the door to get in the apartment. EMT reported while patient was being transported in the ambulance, she became unresponsive and had to intubate her in the emergency room.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute metabolic encephalopathy

Secondary Diagnosis (if applicable): Type 2 diabetes mellitus with diabetic polyneuropathy, with long term current use of insulin (HCC), respiratory failure with hypoxia (HCC), acute respiratory failure with hypoxia (HCC), somnolence, sepsis (HCC). Elevated troponin, possible demand ischemia, rule ACS (acute coronary syndrome).

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

Acute metabolic encephalopathy is an acute condition of global cerebral dysfunctions in the absence of primary structure brain disease. Acute metabolic encephalopathy is common among critically ill patients, this disease can sometimes be under-recognized and underrated. The causes of this disease is diverse, and can also be reversible, which helps to find treatments that are helpful. If you go without treatment there are certain metabolic encephalopathy that can result in permanent brain damage (Nation Institute of Neurological Disorders and Strokes, 2023) Acute metabolic encephalopathy comprises a series neurological disorders that are not caused by

the primary structural abnormalities (Nation Institute of Neurological Disorders and Strokes, 2023). This can be a result from systemic illness, like diabetes which the patient has a history of, liver disease, renal failure, and heart failure. The patient having diabetes could be an underlying contributor why this patient has metabolic encephalopathy and be reason why the patient's cognitive function is impaired.

Causes associated with this disease are infection, dehydration, malnutrition, alcohol toxicity, liver/kidney disease, metabolic imbalance, reduce oxygen to the brain, or pre-existing medical condition (Karthik Kumar, M. B. B. S., 2022, July 8). The patient came in with shortness of breath and the EMT found her passed out, I would say her passing out and falling unconscious, would cause a temporary lack of oxygen to the brain, but also because her kidneys aren't producing any urine, she is at risk for dehydration which is also a contributor to metabolic encephalopathy.

Some signs and symptoms include delirium, dementia, ataxia (difficulty coordinating with motor task, such as walking, eating, writing, jaundice, coma, illusions, decrease orientation, mood disorder, depression, and problems breathing. This disease is normal diagnosed through blood being presented in the urine or a spinal fluid sample, an MRI or CT to rule out brain related issues, and a EEG to detect any abnormalities that may be in the brain (Karthik Kumar, M. B. B. S., 2022, July 8). The treatments include first managing the underlying diseases the patient may have, monitoring of respiratory, but some treatments can vary as well depending on the severity of the encephalopathy. Medication can be given from the provider stop or reduce seizures, find nutrition that serves a better eating lifestyle, a change in your diet, and in severe cases dialysis or organ replacement surgery could be helpful (ScienceDirect, 2023). The patient is currently doing dialysis, which is treatment for metabolic encephalopathy, though this

treatment is helpful for treating this disease, her kidneys aren't producing urine so which intend causes of dehydration, which a is symptom for metabolic encephalopathy. If the patient does the dialysis and take in more fluids, she can potentially be helping herself get better and then that's one less thing to worry about. If the patient monitors her blood sugar correctly with her diabetes, she can stay in normal ranges and she can recover better with this disease.

Pathophysiology References (2) (APA):

Nation Institute of Neurological Disorders and Strokes. (2023). *Encephalopathy*. National Institute of Neurological Disorders and Stroke. Retrieved February 10, 2023, from https://www.ninds.nih.gov/health-information/disorders/encephalopathy

Karthik Kumar, M. B. B. S. (2022, July 8). *Metabolic encephalopathy: Symptoms, causes, treatment & recovery*. MedicineNet. Retrieved February 10, 2023, from https://www.medicinenet.com/what_is_metabolic_encephalopathy/article.htm

ScienceDirect. (2023). *Metabolic encephalopathy*. Metabolic Encephalopathy - an overview | ScienceDirect Topics. Retrieved February 10, 2023, from https://www.sciencedirect.com/topics/medicine-and-dentistry/metabolic-encephalopathy

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 10(6)/mcL	**4.46**	**N/A**	**RBC was in normal range**
Hgb	12.0-15.8 g/dL	**10.8**	**N/A**	**Hgb levels are low due to kidneys not working properly to produce urine. (Jones and Bartlett Learning, 2022).**

Hct	36.0-47.0%	**34.8**	**N/A**	**Hct levels are low due to kidneys not working properly to produce urine which causes dehydration (Jones and Bartlett Learning, 2022).**
Platelets	140-440 10(3)/mcL	**312**	**N/A**	**Platelets were in normal ranges**
WBC	4.0-12.0 10(3)/mcL	**13.0**	**N/A**	**Patient has a history of diabetes mellitus which can cause WBC to be elevated (Jones and Bartlett Learning, 2022).**
Neutrophils	47.0-73.0%	**87.4**	**N/A**	**Could be possible infection, or due to patient having diabetes mellitus (Jones and Bartlett Learning, 2022).**
Lymphocytes	18.0-42.0%	**7.2**	**N/A**	**Could be possible infection, or due to patient having diabetes mellitus (Jones and Bartlett Learning, 2022).**
Monocytes	4.0-12.0%	**4.9**	**N/A**	**Monocytes were in normal ranges**
Eosinophils	0.0-5.0%	**0.0**	**N/A**	**Eosinophils were in normal ranges**
Bands	**10% or less**	**N/A**	**N/A**	**Bands were not obtained during visit**

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 mmol/L**	**145**	**134**	**Sodium levels are low due to patient kidneys not working properly to produce urine, which causes dehydration (Jones and Bartlett Learning, 2022).**
K+	**3.5-5.1 mmol/L**	**4.3**	**3.8**	**K+ were in normal range**
Cl-	**98-107 mmol/L**	**117**	**95**	**Chloride levels are high due to patient kidneys not working properly to produce urine, which causes dehydration (Jones and Bartlett Learning, 2022).**
CO2	**22-30 mmol/L**	**16**	**27**	**Patient came in with shortness of breath and has a history of respiratory failure which can cause CO2 levels to drop (Jones and Bartlett Learning, 2022).**
Glucose	**70-99**	**109**	**102**	**Patient has a high glucose level**

	mg/dL			**due to patient having a history of diabetes mellitus (Jones and Bartlett Learning, 2022).**
BUN	**7-25 mg/dL**	**39**	**29**	**BUN was elevated due to kidneys not producing urine cause by dialysis (Jones and Bartlett Learning, 2022).**
Creatinine	**0.5-1.1 mg/dL**	**3.66**	**5.29**	**Creatinine levels are possibly high due to decrease in kidney functions, kidneys aren't producing urine (Jones and Bartlett Learning, 2022).**
Albumin	**3.5-5.0 g/dL**	**3.8**	**N/A**	**Albumin were in normal range.**
Calcium	**8.7-10.5 mg/dL**	**9.1**	**N/A**	**Calcium were in normal range.**
Mag	**1.6-2.6 mg/dL**	**N/A**	**N/A**	**Mag was not obtained.**
Phosphate	**3.0-4.5 mg/dL**	**N/A**	**N/A**	**Phosphate was not obtained**
Bilirubin	**0.2-0.8 mg/dL**	**0.3**	**N/A**	**Bilirubin was in normal range.**
Alk Phos	**34-104 U/L**	**98**	**N/A**	**Alk Phos was in normal range**
AST	**5-34 U/L**	**9**	**N/A**	**AST was in normal range**
ALT	**0-55 U/L**	**6**	**N/A**	**ALT was in normal range**
Amylase	**60-120 U/L**	**120**	**N/A**	**Amylase was in normal range**
Lipase	**0-160 U/L**	**13.6**	**N/A**	**Lipase was in normal range**
Lactic Acid	**0.5-2.2 mmol/L**	**0.7**	**N/A**	**Lactic Acid was in normal range**

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**	**N/A**	**N/A**	**INR was not obtained.**
PT	**9.6-11.8 seconds**	**N/A**	**N/A**	**PT was not obtained.**
PTT	**30-40 seconds**	**N/A**	**N/A**	**PTT was not obtained**
D-Dimer	**>250 mg/L FEU**	**N/A**	**N/A**	**D-Dimer was not obtained.**
BNP	**100 – 400 pg/mL**	**2,942**	**N/A**	**Patient kidney's aren't producing urine which could cause BNP levels to rise (Jones and Bartlett Learning, 2022).**
HDL	**>60 mg/dL**	**N/A**	**N/A**	**HDL was not obtained.**
LDL	**< 130 mg/dL**	**N/A**	**N/A**	**LDL was not obtained.**
Cholesterol	**< 200 mg/dL**	**N/A**	**N/A**	**Cholesterol was not obtained.**
Triglycerides	**40-180 mmol/L**	**144**	**N/A**	**Triglycerides were in normal range.**
Hgb A1c	**< 7 mg/dL**	**N/A**	**N/A**	**Hgb A1c was not obtained**
TSH	**0.3-5.0 mIU/mL**	**N/A**	**N/A**	**TSH was not obtained**

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**	**Yellow cloudy**	**N/A**	**Color & Clarity was in normal range.**
pH	**5.0-9.0**	**5.5**	**N/A**	**pH was in normal range.**
Specific Gravity	**1.003-1.030**	**1.020**	**N/A**	**Specific Gravity was in normal range.**
Glucose	**Negative**	**3+**	**N/A**	**Patient has a history of diabetes mellitus which could be why the glucose in the urine is elevated (Jones and Bartlett Learning, 2022).**
Protein	**Negative**	**4+**	**N/A**	**Kidneys not producing enough urine which causes dehydration, which could be why the protein in the urine is high (Jones and Bartlett Learning, 2022).**

Ketones	**Negative**	**Negative**	**N/A**	**Ketones were in normal range.**
WBC	**Negative 0-5**	**0.5**	**N/A**	**WBC were in normal range.**
RBC	**Negative 0-2**	**3-5**	**N/A**	**the kidneys are not producing urine due to dialysis which could be why the RBC could be elevated (Jones and Bartlett Learning, 2022).**
Leukoesterase	**Negative**	**Negative**	**N/A**	**Leukoesterase were in normal range.**

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	N/A	N/A	Urine culture was not obtained
Blood Culture	No growth	No growth	N/A	Blood culture was not obtained
Sputum Culture	No growth	contaminated	N/A	Possible bacteria of the mouth/ or could be due to patient having COPD (Chronic obstructive pulmonary disease) **(Jones and Bartlett Learning, 2022).**
Stool Culture	No growth	N/A	N/A	Stool culture was not obtained

Lab Correlations Reference (1) (APA): Pagana, Kathleen. (2019). Mosby's Diagnostic and Laboratory Test Reference, (14th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Chest X-ray clinical indication; shortness of breath

- Finding: Cardiomegaly. Mild pulmonary congestion hilar findings are seen on January 7th, 2023. Mild improvement.

Renal Ultrasound clinical indication; kidneys not producing urine

- Impression: both kidneys are visualized with hydronephrosis or stones. Blood flow appears within normal limits. No cyst noted on kidneys.

Ultrasound bilateral duplex clinical indication; detect blood flows throughout the body.

- Right impression this is consistent with no thrombus. No evidence of deep or superficial venous thrombosis. Left impression.

Diagnostic Test Correlation (5 points): the patient received a chest X-ray due to patient coming in with shortness of breath. The patient received a renal ultrasound due to patient kidneys not producing any urine due to dialysis. Patient received an ultrasound bilateral duplex to determine the blood flow throughout the body.

Diagnostic Test Reference (1) (APA): Sparks & Taylor, (2020). Nursing Diagnosis Reference Manual (11th ed.). Linda Lee Phelps

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

Home Medications (5 required)

Brand/ Generic	acetaminophen (Tylenol)	Sodium bicarbonate (Baking soda, Sellymin)	Atorvastatin (Lipitor)	amlodipine (Norvasc)	Metolazone (Zaroxolyn)
Dose	650 mg Tablets	1,300mg	80 mg	10 mg	5 mg
Frequency	Every 4 hrs/	Nightly	Nightly	Daily	Daily

	PRN				
Route	Oral	Oral	Oral	Oral	Oral
Classification	Nonsalicylate, para-aminophenol derivative, Antipyretic, nonopioid analgesic	Electroltye, systemic and urinary alkalizer	HMG-CoA reductase inhibitor, Antihyperlipidemic	Calcium channel blocker, Antianginal	Thiazide-like diuretic, diuretic
Mechanism of Action	Inhibits the enzyme cyclooxygenase, Blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system (Jones & Bartlett Learning, 2022).	Sodium bicarbonate increases the excretion of free bicarbonate ions in the urine, raising urine pH; increased alkalinity of urine may help to dissolve uric acid calculi (Jones & Bartlett Learning, 2022).	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 uptake and breakdown (Jones & Bartlett Learning, 2022).	Decreased peripheral vascular resistance also decreases myocardial workload, oxygen demand, and possible angina (Jones & Bartlett Learning, 2022).	Promotes renal excretion of sodium and water by inhibiting their reabsorption in distal convoluted tubules (Jones & Bartlett Learning, 2022).
Reason Client Taking	To relieve mild to moderate pain	To relieve heart burn and acid indigestion	To reduce the risk of acute cardiovascular events, like heart attack.	To treat high blood pressure	to manage edema
Contraindications (2)	Severe active liver disease, severe hepatic impairment (Jones &	Loss of chloride through vomiting or continuous gastrointesti	Active hepatic disease, breastfeeding (Jones & Bartlett Learning,	Hypersensitivity to amlodipine or its components, dihydropyrid	Anuria, hepatic coma or precoma, hypersensitivity to

	Bartlett Learning, 2022).	nal suction, use of diuretic therapy known to produce a hypochloremic alkalosis (Jones & Bartlett Learning, 2022).	2022).	ine hypersensitivity (Jones & Bartlett Learning, 2022).	metolazone or its components (Jones & Bartlett Learning, 2022).
Side Effects/Adverse Reactions (2)	Hemolytic anemia(with long use), pulmonary edema	Mental or mood changes, peripheral edema	Pancreatitis, arrhythmias	Dizziness, chest pain	Depression, dry skin
Nursing Considerations (2)	Monitor the end of a parenteral infusion to prevent the possibility of air embolism and use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment. (Jones & Bartlett	Monitor sodium bicarbonate oral powder because it contains 952 mg of sodium/tsp; and tablets contain 325 mg/3.9-mEq tablet, 520 mg/6.2-mEq tablet and 650 mg/7.7-mEq tablets. Monitor urine pH, as ordered, to determine drug's effectiveness as urine alkalizer	Be aware that atorvastatin may be used with colestipol or cholestyramine for additive antihyperlipidemic effects, Monitor diabetic patient's blood glucose levels because atorvastatin therapy can affect blood glucose control (Jones & Bartlett Learning, 2022).	Use amlodipine cautiously in patients with heart blocker, heart failure, impaired renal function, hepatic disorder, or severe aortic stenosis. Monitor patients with impaired hepatic function closely because amlodipine is extensively metabolized by the liver	Anticipate giving metolazone with a loop diuretic if patient responds poorly to loop diuretics alone. Measure patient's fluid intake and output and daily weight to monitor drug's diuretic effect (Jones & Bartlett Learning, 2022).

	Learning, 2022).	(Jones & Bartlett Learning, 2022).		and expect to titrate dosage slowly when administering drug to patient with severe hepatic impairment (Jones & Bartlett Learning, 2022).	

Hospital Medications (5 required)

Brand/Generic	Carvedilol (Coreg)	Clopidogrel (Plavix)	Tums (Calcium carbonate)	Heparin (porcine)	Hydralazine (apresoline)
Dose	12.5 mg tablets	75 mg tablet	1000mg	7,500 units	10 mg
Frequency	2 times daily with meals	Daily	Every 8 hours PRN	Every 8 hours (3 times per day)	Every 6 hours PRN
Route	Oral	Oral	Oral	Subcutaneous	Oral
Classification	Nonselective beta blocker,	Platelet inhibitor,	Calcium salts, antacid	Anticoagulant, anticoagulant	Vasodilator, Antihypertensive

	Antihypertensive	platelet aggregation inhibitor			
Mechanism of Action	Reduces cardiac output and tachycardia (Jones & Bartlett Learning, 2022).	Bind to adenosine diphosphate (ADP) receptors on the surface or activated platelets nearby glycoprotein IIb/IIIa receptors and prevents fibrinogen from attaching to receptors (Jones & Bartlett Learning, 2022).	Increases levels of intracellular and extracellular calcium, which is needed to maintain homeostasis, especially in the nervous and musculoskeletal systems (Jones & Bartlett Learning, 2022).	Thrombin is needed for conversion of fibrinogen ton fibrin; without fibrin, clot can't form. At high doses, heparin inactivates thrombin, preventing fibrin formation and existing clot extension (Jones & Bartlett Learning, 2022).	May act in a manner that resembles organic nitrates and sodium nitroprusside, except that hydralazine is selective for arteries (Jones & Bartlett Learning, 2022).
Reason Client Taking	To control hypertension	Reduce the risk of clots formation	To prevent antacid effects for heartburn	To prevent and treat peripheral arterial embolism	To manage hypertension
Contraindications (2)	Bronchial asthma or related bronchospastic condition; cardiogenic shock; decompensated heart failure that requires I.V. inotropic; history of serious hypersensitivity reactions, such as anaphylaxis, angioedema,	Active pathological bleeding, including intracranial hemorrhage and peptic ulcer; hypersensitivity to clopidogrel or its components (Jones & Bartlett Learning, 2022).	Cardiac resuscitation with risk of existing digitalis toxicity or presence of ventricular fibrillation, concurrent use of calcium supplements (Jones & Bartlett Learning, 2022).	Breastfeeding, infants, neonates, or pregnant woman (heparin sodium injection, USP, preserved with benzyl alcohol). History of heparin-induced thrombocytopenia or heparin-induced thrombocytope	Coronary artery disease, hypersensitivity to hydralazine or its components, mitral valvular rheumatic heart disease (Jones & Bartlett Learning, 2022).

	or stevens-Johnson syndrome (Jones & Bartlett Learning, 2022).			nia with thrombosis, or thrombocytopenia with pentosan polysulfide (Jones & Bartlett Learning, 2022).	
Side Effects/Adverse Reactions (2)	Light headedness, edema	Confusion, insulin autoimmune syndrome	Hypotension, hypercalcemia	Rebound hyperlipemia, fever	Chills, palpitations
Nursing Considerations (2)	Use carvedilol cautiously in patients with peripheral vascular disease because it may aggravate symptoms of aterial insufficiency. In patients with diabetes mellitus it may mask signs of hypoglycemia, such as tachycardia, and may delay recovery. Monitor patients blood glucose levels, as ordered during carvedilol therapy	Avoid clopidogrel in patients who have a genetic variation in CYP2C19 or are receiving CYP2C19 inhibitors. Platelet inhibition may decline, increasing the risk of adverse cardiovascular effects after MI. Determine if patient has a history of hypersensitivity that may have included a hematologic reaction to any other thienopyridine drugs, such as prasugrel or ticlopidine, because allergic cross-reactivity	Check intravenous sites regularly for infiltration because calcium causes necrosis, be aware that patients with kidney failure on dialysis may develop hypercalcemia (Jones & Bartlett Learning, 2022).	Be aware that heparin resistance may occur especially in patients with antithrombin III deficiency, cancer, fever, infections with thrombosing tendencies, MI thrombophlebitis, or thrombosis and post-surgery. Monitor coagulation tests closely in these patients and expect and adjustment in the heparin dose, ass needed. Make sure all healthcare providers know that patient is receiving	Monitor ANA titer, CBC, and lupus erythematosus cell preparation before therapy and periodically as ordered during long-term treatment. monitor blood pressure and pulse rate regularly and weigh patient daily during therapy (Jones & Bartlett Learning, 2022).

	because drug may alter blood glucose levels (Jones & Bartlett Learning, 2022).	has been reported (Jones & Bartlett Learning, 2022).		heparin (Jones & Bartlett Learning, 2022).	

Medications Reference (1) (APA):

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

Assessment

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

GENERAL: **Alertness:** alert and responsive **Orientation:** person, place, time, and situation **Distress:** no distress **Overall appearance:** well groomed	Patient is alert and oriented to person, place, time, and situation. Patient is well-groomed and is in no acute distress. Patient has a history of obesity
INTEGUMENTARY: **Skin color:** discoloration with little ash	Skin had discoloration with little ash and was intact, skin was warm, and dry upon palpations,

Character: warm and dry **Temperature:** 97.8 **Turgor:** return back to normal less than 3 seconds **Rashes:** none noted **Bruises:** None Noted **Wounds:** .None noted **Braden Score:** 22 **Drains present: Y☐ N ☒** **Type:**	No bruising, no rashes, no bruising, skin turgor return to normal within 3 seconds
HEENT: **Head/Neck: head and neck is symmetrical** **Ears: hearing is appropriate** **Eyes: vision is appropriate** **Nose: septum is midline, no lump or bruises** **Teeth: wasn't obtained**	Head and neck are symmetrical, trachea is midline with no deviation, ears were free of any drainage, external left ear and external right ear were without lesions noted. Both PERRLA and EOMs are intact. Conjunctivae are pink bilaterally; sclera are white bilaterally and cornea are clear bilaterally. Septum is midline, bilateral turbinate's are pink and moist. Was not able to obtain oral mucosa upon visit. .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable): normal rate** **Peripheral Pulses: 3+** **Capillary refill**: less than 3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☐** **Location of Edema:** no edema noted	Clear S1 and S2 sounds without murmurs, rubs, or gallops. Capillary refill is less than 3 seconds. Radial pulse regular.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Lungs are without crackles, or wheezing, rhonchi was presented in the left upper side patient seem to be breathing normal and wasn't in any distress
GASTROINTESTINAL: **Diet at home:** regular **Current Diet:** Renal diet **Height: 5'4** **Weight: 205 lbs.** **Auscultation Bowel sounds:** normoactive in all four quadrants **Last BM: 2-3-2023** **Palpation: Pain, Mass etc.:** **Inspection:** unable to assess	Bowel sound are normal with no distention, abdomen is soft and nontender to palpations, no rebound tenderness, no guarding.

Distention: unable to assess **Incisions:** unable to assess **Scars:** unable to assess **Drains:** unable to assess **Wounds:** unable to assess **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine: unmeasurable** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☒ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Patient doesn't produce urine due to dialysis**
MUSCULOSKELETAL: **Neurovascular status:** unable to assess **ROM:** unable to assess **Supportive devices:** walker **Strength:** unable to assess **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 90.51** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk☒**	**Wasn't able to assess due to patient refusal**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☒ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** clear **Sensory:** **LOC:** alert and oriented x4	Patient is alert and oriented to person, place, time, and situation. Patient is having pain in the left leg. Speech was clear
PSYCHOSOCIAL/CULTURAL: **Coping method(s):**	Wasn't able to assess due to patients refusal

Developmental level: **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100 am	**74 bpm**	**134/76**	**18**	**97.8**	**92% room air**
1500 pm	**Wasn't obtain during visit**	**114/69**	**Wasn't obtained**	**98.0**	**Wasn't obtained during visit**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1200 pm	**Numeric 0-10**	**Was not obtain due to pt refusal**	**Was not obtain due to pt refusal**	**Was not obtain due to pt refusal**	**Was not obtain due to pt refusal**
1500	**Numeric 0-10**	**Was not obtain due to pt refusal**	**Was not obtain due to pt refusal**	**Was not obtain due to pt refusal**	**Was not obtain due to pt refusal**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** right side **Date on IV:** 1-6-23	Hemodialysis catheter used only.

Patency of IV: patent **Signs of erythema, drainage, etc.:** No signs of erythema or any drainage **IV dressing assessment:** clean, dry, and intact	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
240 mL	Patient is not producing urine due to dialysis

Nursing Care

Summary of Care (2 points)

Overview of care: I met the patient and introduced myself at 1300 with the healthcare tech. I went with her to dialysis and did what she would allow of my head to toe assessment.

Procedures/testing done: Dialysis

Complaints/Issues: No complications

Vital signs (stable/unstable): vital signs were stable

Tolerating diet, activity, etc.: tolerating a renal diet, activity of what patient will allow

Physician notifications: No need to notify physician

Future plans for client: she is awaiting discharge to go to a nursing home.

Discharge Planning (2 points)

Discharge location: nursing home.

Home health needs (if applicable): No

Equipment needs (if applicable): walker

Follow up plan: should follow up with primary physician.

Education needs: education for 24-hour port catheter, you would want to keep your bandage and exit site clean and dry.

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. Fluid volume deficit related to dialysis as evidence by lack of urination	Patient is not producing any urine	1. urge the patient in drinking the prescribed amount of fluid a day 2. Weigh the patient daily	1. patient demonstrates lifestyle changes to avoid progression of dehydration	Patient will follow treatment. Patient will take in the oral fluid amount daily to help progression of dehydration
2. at risk for situational low self-esteem related to pt history of present illness diagnosis of obesity as evidence by weight currently being 205 lbs.	I chose this because the patient has a history of obesity and current weight is 205 lbs.	1. Help the pt seek goals that they are able to complete, for them lose weight. 2. Encourage changed life style habits, and encourage better sources of food.	1. The patient will show they are willing to complete their weight goals and monitor their eating habits.	Patient follows the treatment. Patient show interest in wanting to get to a weight that's health for them.

3. At risk for falls as evidence by Morse Scale being greater than 50, making patient a high risk fall.	The patient requires the use of equipment, such as his walker or extensive assist to move around.	1. Walking with assistance 2. Performing ROM exercises	1. Patient should achieve her highest mobility level possible	Patient was monitored walking and still requires help, cannot walk without support.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Patient complained of wanting to leave the hospital.

Nursing Diagnosis/Outcomes

1.Fluid volume deficit related to dialysis as evidence by lack of urination
patient demonstrates lifestyle changes to avoid progression of dehydration.

2. at risk for situational low self-esteem related to pt history of present illness diagnosis of obesity as evidence by weight currently being 205 lbs.

- The patient will show they are willing to complete their weight goals and monitor their eating habits.

3. At risk for falls as evidence by Morse Scale being greater than 50, making patient a high risk fall.
   - Patient should achieve her highest mobility level possible

Objective Data

HR: wasn't obtained
B/P: 134/76
Temp: 98.0
Oxygen: wasn't obtained
Pain: wasn't obtained

Client Information

Date of admission: 12-30-2022
Client initials: R.Y Palmer
Age: 94-year-old
Gender: female
Race: African American
Occupation: unemployed
Martial status: single
Allergies Lisinopril
Code status: full code
Height: 5;4
Weight: 205 lbs.

Nursing Interventions

1. urge the patient in drinking the prescribed amount of fluid a day
2. Weigh the patient daily
3. Help the pt seek goals that they are able to complete, for them lose weight.
4. Encourage changed life style habits, and encourage better sources of food.
5. Walking with assistance
6. Performing ROM exercises