N321 Care Plan #1

Lakeview College of Nursing

Elexus Williams

Prof. Kristal Henry

February 10th, 2023

Demographics (3 points)

Date of Admission 02/04/2023	Client Initials J.S.	Age 74 y/o	Gender Female
Race/Ethnicity African American	Occupation Retired	Marital Status Widowed	Allergies Latex (8/6/2010) Severity: medium Reaction: unknown Lisinopril-hydrochlorothiazide (6/02/2015) Severity: medium Reaction: unknown
Code Status Full Cod	Height 5'3"	Weight 250 l	

e		b
		s

Medical History (5 Points)

Past Medical History: asthma, atelectasis (08/30/2020), hypertension, ischemic necrosis of small bowel (HCC) (08/30/2020), nephrolithiasis, pneumonia (08/29/2020), pregnancy, small bowel obstruction (HCC) (08/26/2020), and vertigo.

Past Surgical History: Endoscopy, colon, diagnostic; hysterectomy; carpal tunnel release (right); salpingo- oophorectomy; eswl for gallstones (2002); cholecystectomy; knee surgery; joint replacement; exploratory of abdomen; shoulder surgery (right, 10/29/2019); abdomen surgery (N/A, 08/29/2020); and colonoscopy (02/06/2023).

Family History: Family history is unknown by the patient.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient reports that they have never smoked. Patient reports no use of smokeless tobacco. Patient also reports that she does not drink alcohol and does not use drugs.

Assistive Devices: The patient stated that she uses a cane at home occasionally, while walking.

Living Situation: The patient stated she used to live with her husband before he passed and has lived on own for 2 years in a one-story home.

Education Level: The patient stated she has completed high school with a diploma.

<div align="center">

Admission Assessment

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Chief Complaint (2 points): Bright red blood per rectum

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

The patient presented to the emergency department in the afternoon on February 4th, 2023, Saturday, complaining of bright red blood per rectum. The patient stated that she started noticing the bright red blood in the morning and was concerned after seeing it in her stools more than once. The patient stated that she had a bowel movement and noticed when wiping there was bright red blood from her rectum. The patient has another bowel movement an hour or two after the previous one and stated that she noticed the bright red blood still being present. She stated that there was more blood than feces when she had her bowel movements. She also mentioned that when using the bathroom is when the bleeding occurred, but when checking herself between both bowel movements she had, she didn't notice blood on her clothes. The patient said she didn't want to attempt any home remedies for treatment because she felt it was a more serious situation, so she went to the emergency department to seek professional treatment.

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Primary Diagnosis

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Primary Diagnosis on Admission (2 points): Bright red blood per rectum

Secondary Diagnosis (if applicable): benign hypertension (chronic) (11/16/2010), chronic obstructive pulmonary disease (HCC) (chronic) (01/14/2015), hyperlipidemia (09/22/2020).

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

According to, (Cleveland Clinic, 2022), "Gastrointestinal (GI) bleeding is a symptom of many digestive system disorders, including reflux, ulcers, and cancer. It can occur in any part of the digestive system (GI tract), which runs from the mouth to the anus. Bleeding can be mild and ongoing or come on suddenly and be life-threatening." There are various causes of GI bleeding, this disease may be caused by Crohn's disease, esophageal cancer, esophageal varices, esophagitis, gastritis, chronic acid reflux, liver cancer, pancreatic cancer, peptic ulcers, and stomach cancer (Cleveland Clinic, 2022) as well as anal fissures, proctitis, colon polyps, tumors, hemorrhoids, and inflammatory bowel disease (Mayo Foundation for Medical Education and Research, 2020). Generally, people with GI bleeding, have symptoms of abdominal cramping, dark colored poop, or regular poop with blood in it, pale appearance to the face, shortness of breath, tiredness, and weakness (Cleveland Clinic, 2022) as well as lightheadedness, fainting, chest pain, rectal bleeding, or even vomiting blood or coffee ground resemblance (Mayo Foundation for Medical Education and Research, 2020). The testing done for GI bleeds are blood tests to check for signs of it such as anemia by using a sample of your blood, fecal occult blood test by testing for blood in the stool, a CT scan to view the intestines, GI X-rays used to see the digestive tract, and upper endoscopy to assess an upper GI bleed, and a colonoscopy to assess a lower GI bleed (Cleveland Clinic, 2022). There are different approaches to treatment that can be taken when it comes to GI bleeds such as taking medications for reducing the levels of stomach acid, helping blood clots in the body, or relieving the swelling (Cleveland Clinic, 2022). This patient was experiencing blood in the stool while at home and decided to come to emergency department to seek professional treatment. The patient then underwent a colonoscopy to rule out lower GI bleed, and it was discovered that was the reasoning behind the blood in patient's stool.

Pathophysiology References (2) (APA):

Gastrointestinal (GI) bleeding: Symptoms, diagnosis, treatment. Cleveland Clinic. (n.d.). Retrieved November 16, 2022, from https://my.clevelandclinic.org/health/diseases/23391-gastrointestinal-gi-bleeding

Mayo Foundation for Medical Education and Research. (2020, October 15). *Gastrointestinal bleeding.* Mayo Clinic. Retrieved November 16, 2022, from https://www.mayoclinic.org/diseases-conditions/gastrointestinal-bleeding/symptoms-causes/syc-20372729

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	**4.2-5.4 mcL**	**4.27 mcL**	==**3.91 mcL**==	**RBC levels are low due to the patient having a primary diagnosis of bright red blood per rectum (lower GI bleeding).** **(Pagana, 2019)**
Hgb	**12-16 g/dL**	==**11.2 g/dL**==	==**10.5 g/dL**==	**Hgb levels are low due to the patient having a primary diagnosis of bright red blood per rectum (lower GI bleeding).** **(Pagana, 2019)**
Hct	**36-47%**	==**35.1%**==	==**32.3%**==	**Hct levels are low due to the patient having a primary diagnosis of bright red blood per rectum (lower GI bleeding).** **(Pagana, 2019)**
Platelets	**150-400 mcL**	**168 mcL**	**152 mcL**	
WBC	**5-10 mcL**	**6.30 mcL**	==**4.2 mcL**==	**WBC levels are low due to the patient having a primary diagnosis of bright red blood per rectum (lower GI bleeding).** **(Pagana, 2019)**
Neutrophils	**40-68%**	**61.0%**	**53.1%**	
Lymphocytes	**19-49%**	**30.7%**	**34.7%**	

Monocytes	3-13%	4.3%	6.2%	
Eosinophils	0-8.0%	3.2%	5.1%	
Bands	0-6%	N/A	N/A	

NOTE: **Bands were not obtained during this visit.**

Chemistry <mark>Highlight All Abnormal Labs</mark>—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145 mmol/L	141 mmol/L	141 mmol/L	
K+	3.5-5 mmol/L	3.9 mmol/L	3.6 mmol/L	
Cl-	98-106 mmol/L	105 mmol/L	<mark>108 mmol/L</mark>	Cl levels are high due to the patient having a primary diagnosis of bright red blood per rectum (lower GI bleeding). (Pagana, 2019)
CO2	23-30 mmol/L	27 mmol/L	26 mmol/L	
Glucose	74-106 mg/dL	<mark>109 mg/dL</mark>	96 mg/dL	Glucose levels are high due to the patient having a secondary diagnosis of hyperlipidemia. (Pagana, 2019)
BUN	10-20 mg/dL	20 mg/dL	<mark>9 mg/dL</mark>	BUN levels are low due to the patient having a primary diagnosis of bright red blood per rectum (lower GI bleeding). (Pagana, 2019)
Creatinine	0.5-1.1 mg/dL	0.87 mg/dL	0.68 mg/dL	
Albumin	3.5-5 g/dL	3.7 g/dL	3.2 g/dL	
Calcium	9-10.5 mg/dL	9.6 mg/dL	9.1 mg/dL	
Mag	1.3-2.1 mg/dL	N/A	1.4 mg/dL	

Phosphate	3-4.5	N/A	N/A	
Bilirubin	0.3-1 mg/dL	0.8 mg/dL	**1.1 mg/dL**	**Bilirubin levels are high due to the patient having a secondary diagnosis of hyperlipidemia. (Pagana, 2019)**
Alk Phos	30-120 u/L	50 units/L	50 units/L	
AST	0-35 units/L	14 units/L	14 units/L	
ALT	4-36 units/L	14 units/L	14 units/L	
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	N/A	N/A	

NOTE: **Magnesium was not obtained on admission.**

Phosphate was not obtained during this visit.

Amylase was not obtained during this visit.

Lipase was not obtained during this visit.

Lactic Acid was not obtained during this visit.

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	1.1 secs	
PT	60-70 secs	N/A	**12.5 secs**	**PT levels are low due to the patient having a primary diagnosis of bright red blood per rectum (lower GI bleeding).**

				(Pagana, 2019)
PTT	**30-40 secs**	**N/A**	**N/A**	
D-Dimer	**<250 bg/mL <0.4mcg/mL**	**N/A**	**N/A**	
BNP	**<100 pg/mL**	**N/A**	**N/A**	
HDL	**>45 mg/dL female >55 mg/dL male**	**N/A**	**N/A**	
LDL	**<130 mg/dL**	**N/A**	**N/A**	
Cholesterol	**<200 mg/dL**	**N/A**	**N/A**	
Triglycerides	**Male 40-160 mg/dL Female35-135 mg/dL**	**N/A**	**N/A**	
Hgb A1c	**Nondiabetic 4%to 5.9% Good diabetic control &<7% Fair 8%to 9% Poor >9%**	**N/A**	**N/A**	
TSH	**2-10 mU/L**	**N/A**	**N/A**	

NOTE: INR was not obtained on admission.

PT was not obtained on admission.

Urinalysis <mark>Highlight All Abnormal Labs</mark>—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**Yellow, clear**	**N/A**	**N/A**	

pH	**5.0-9.0 units**	**N/A**	**N/A**	
Specific Gravity	**1.003-1.030 units**	**N/A**	**N/A**	
Glucose	**Negative**	**N/A**	**N/A**	
Protein	**Negative**	**N/A**	**N/A**	
Ketones	**Negative**	**N/A**	**N/A**	
WBC	**Negative 0-5, hpf**	**N/A**	**N/A**	
RBC	**Negative 0-2, hpf**	**N/A**	**N/A**	
Leukoesterase	**Negative**	**N/A**	**N/A**	

NOTE: Urinalysis was not obtained during this visit.

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**	
Blood Culture	**No growth**	**N/A**	**N/A**	
Sputum Culture	**No growth**	**N/A**	**N/A**	
Stool Culture	**No growth**	**N/A**	**N/A**	

NOTE: Cultures were not obtained during this visit.

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):

Diagnostic Test Correlation (5 points):

Colonoscopy biopsy: for bright red blood per rectum; finding: patient had black pigmentation of the colon, especially on the right side. Biopsy was completed. Patient did not have any polyps. Starting from 50cm of the sigmoid colon, patient had diverticulosis and some of the diverticula were quite large and wide open, but no clots seen in the diverticula.

Patient received colonoscopy biopsy due to bright red blood per rectum in the patient's bowels, also known as lower GI tract bleeding (Pagana, 2019). The colonoscopy biopsy rules out hemoccult-positive stools, abnormal sigmoidoscopy, lower GI tract bleeding, abdominal pain, or a change in bowel habits. The procedure ruled out that there was an indication of lower GI bleeding, therefore, this is why the procedure was completed.

Diagnostic Test Reference (1) (APA):

Pagana, Kathleen. (2019). Mosby's Diagnostic and Laboratory Test Reference, (14th ed.). Elsevier.

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

Home Medications (5 required)

Brand/Generic	Anusol-HC hydrocortisone	Antivert meclizine	Lipitor artorvastatin	Hyzaar losartan- hydrochlorothiazide	Tenor ateno
Dose	25 mg/supp	25 mg/tab	20mg/tab	12.5mg/tab	50mg/
Frequency	Every 12 hours	Every 6 hours PRN	Once daily in P.M.	Once daily in A.M.	Twice
Route	Rectal	Oral	Oral	Oral	Ora
Classification	**Pharmacologic:** Glucocorticoid **Therapeutic:** Adrenocorticoid replacement, anti- inflammatory (Jones &	**Pharmacologic:** Piperazines **Therapeutic:** Antiemetics, Antihistamines (Davis's Drug Guide for Rehabilitation	**Pharmacologic:** HMG-CoA reductase inhibitors, cholesterol absorption inhibitors **Therapeutic:**	**Pharmacologic:** Angiotensin II receptor blocker (ARB) **Therapeutic:** Antihypertensive (Jones & Bartlett Learning, 2023)	**Pharmac** Beta-adrer blocker **Therapeu** Antiangin antihypert (Jones & Bartlett

	Bartlett Learning, 2023)	Professionals, 2023)	Lipid-lowering agents (Davis's Drug Guide, 2023)		Learning,
Mechanism of Action	Binds to glucocorticoid receptors and decreases inflammation. (Jones & Bartlett Learning, 2023)	Decreases motion sickness/vertigo by decreasing conduction in middle ear vestibular-cerebellar pathway. (Davis's Drug Guide for Rehabilitation Professionals, 2023)	Inhibits HMG-CoA reductase, which is an enzyme that is responsible for activating an early step in the formation of cholesterol. (Davis's Drug Guide, 2023)	A vasoconstrictor that sends signals to the adrenal cortex to secrete aldosterone, which reduces blood pressure. (Jones & Bartlett Learning, 2023)	Decreases release of in the kidr which hel reducing pressure. (Jones & Bartlett Learning,
Reason Client Taking	The patient had hemorrhoids.	The patient has benign paroxysmal postural, best known as vertigo.	The patient has high cholesterol.	The patient is diagnosed with hypertension.	The pati diagnose hyperten
Contraindications (2)	• Systemic fungal infection •Intestinal conditions prohibiting intrarectal steroids (Jones & Bartlett Learning, 2023)	• Pregnancy • Prostatic hyperplasia (Davis's Drug Guide for Rehabilitation Professionals, 2023)	• May appear in breast milk • Potential for fetal anomalies (Davis's Drug Guide, 2023)	• Concurrent aliskiren therapy (in patients with diabetes) • Hepatic disease (Jones & Bartlett Learning, 2023)	• Anesthe with agen produce myocardi infarction • Sinus bradycard (Jones & Bartlett Learning,
Side Effects/Adverse Reactions (2)	• CV: heart failure • GI: bleeding (Jones & Bartlett Learning, 2023)	• CNS: drowsiness • GI: dry mouth (Davis's Drug Guide for Rehabilitation Professionals, 2023)	• CNS: dizziness • GI: abdominal pain (Davis's Drug Guide, 2023)	• CV: Hypotension • HEME: Thrombocytopenia (Jones & Bartlett Learning, 2023)	• CV: arrhythmi • GU: Ren failure (Jones & Bartlett Learning,
Nursing Considerations (2)	• Be aware that high-dose therapy shouldn't be	• Use care if driving or in other activities that require	• Advise patient that this medication should be used	• Monitor blood pressure and renal function studies, as ordered, to evaluate	• Monitor patient for failure. At sign of he

given longer than 48 hours. Watch for depression and psychotic episodes. • Elderly patients are at a high risk for osteoporosis during long-term therapy. (Jones & Bartlett Learning, 2023)	quick reactions and strong concentration. • Advise patient about the risk of daytime drowsiness and decreased attention and mental focus. (Davis's Drug Guide for Rehabilitation Professionals, 2023)	in conjunction with diet restrictions (fat, cholesterol, carbohydrates, alcohol), exercise, and cessation of smoking. • Instruct patient to take medication as directed. If a dose is missed, omit, and resume usual schedule with next dose. Do not double up on missed doses. (Davis's Drug Guide, 2023)	drug effectiveness. • Know that patients of African descent with hypertension a left ventricular hypertrophy may not benefit from losartan to reduce stroke risk. (Jones & Bartlett Learning, 2023)	failure, ex patient to receive a digitalis glycoside, diuretic, o and to be closely monitored • Stop ate and notify prescriber patient de bradycard hypotensi other seri adverse reactions. (Jones & Bartlett Learning,

Hospital Medications (5 required)

Brand/ Generic	Tylenol acetaminophen	TUMS calcium carbonate	Circadin melatonin	Zofran- ODT ondansetron	Senokot senna
Dose	650mg/tab	1,000mg/tab	6mg/tab	4mg/tab	8.6mg/tab
Frequency	Every 4 hours PRN	Every 8 hours PRN	Nightly PRN	Every 6 hours PRN	Twice daily PRN

Route	Oral	Oral	Oral	Oral	Oral
Classification	**Pharmacologic:** Nonsalicylate, para-aminophenol derivative **Therapeutic:** Antipyretic, nonopioid analgesic (Jones & Bartlett Learning, 2023)	**Pharmacologic:** Calcium salts **Therapeutic:** Antacid (Jones & Bartlett Learning, 2023)	**Pharmacologic:** Biogenic amine **Therapeutic:** Sedative, Hypnotics (Davis's Drug Guide, 2023)	**Pharmacologic:** Selective serotonin receptor **antagonist Therapeutic:** Antiemetic (Jones & Bartlett Learning, 2023)	**Pharmacologic:** Stimulant laxatives, Stool softeners **Therapeutic:** Laxatives (Davis's Drug Guide, 2023)
Mechanism of Action	Inhibits temperature control in the hypothalamus. (Jones & Bartlett Learning, 2023)	Neutralizes stomach acid, which relieves discomfort. (Jones & Bartlett Learning, 2023)	Helps the secretion of growth hormone & gonadotropic hormones, which aids in promoting sleep. (Davis's Drug Guide, 2023)	Prevents serotonin releasing inside the small intestine, which reduces nausea & vomiting. (Jones & Bartlett Learning, 2023)	Increases fluid in the colon, which aids in softening the stool. (PDR, 2023)
Reason Client Taking	Mild or severe pain if patient requests	Heartburn, indigestion	Sleep	Nausea	Constipation
Contraindications (2)	• Severe hepatic impairment • Severe active liver disease (Jones & Bartlett Learning, 2023)	• Concurrent use of calcium supplements • Renal calculi (Jones & Bartlett Learning, 2023)	• Pregnancy • Lactation (breastfeeding) (Davis's Drug Guide, 2023)	• Concomitant use of apomorphine • Anaphylaxis (Jones & Bartlett Learning, 2023)	• Pregnancy • Sodium restriction (PDR, 2023)

Side Effects/Adverse Reactions (2)	• CV: hypotension • Resp: pulmonary edema (Jones & Bartlett Learning, 2023)	• SKIN: diaphoresis • CV: hypotension (Jones & Bartlett Learning, 2023)	• CV: hypotension • CNS: dizziness (Davis's Drug Guide, 2023)	• CV: prolonged QT interval • EENT: laryngeal edema (Jones & Bartlett Learning, 2023)	• CNS: nausea • SKIN: rash (PDR, 2023)
Nursing Considerations (2)	• Monitor renal function in patient on long-term therapy. Keep in mind that blood or albumin in urine may indicate nephritis. • Calculate total daily intake of acetaminophen including other products that may contain acetaminophen so maximum daily dosage is not exceeded. (Jones & Bartlett Learning, 2023)	• Be aware that patients with kidney failure on dialysis may develop hypercalcemia when treated with calcium. Monitor patient closely. • Monitor serum calcium level in all patients, as ordered, and evaluate therapeutic response by assessing for Chvostek's & Trousseau's signs. (Jones & Bartlett Learning, 2023)	• Advise female patient to notify health care professional if pregnancy is planned or suspected or if breastfeeding. • Instruct patient to take at bedtime as directed. (Davis's Drug Guide, 2023)	• Be aware that oral disintegrating tablets may contain aspartame, which is metabolized to phenylaline & must be avoided in patients with phenylketonuria. • Monitor patient closely for signs & symptoms of hypersensitivity. (Jones & Bartlett Learning, 2023)	• Be aware that drug may alter urine & feces color; yellowish brown (acid), reddish brown (alkaline). • Reduce dose in patients who experience considerable abdominal cramping. (PDR, 2023)

Medications Reference (1) (APA):

Atorvastatin/Ezetimibe (Liptruzet): Davis's Drug Guide. Atorvastatin/ezetimibe (Liptruzet) |
    Davis's Drug Guide. (n.d.). Retrieved February 10, 2023, from
    https://www.drugguide.com/ddo/view/Davis-Drug-Guide/110148/all/atorvastatin_ezetimib
    e#0

Jones & Bartlett Learning, (2023). Nurse's Drug Handbook (22nd ed.). Jones & Bartlett

Meclizine. Meclizine | Davis's Drug Guide for Rehabilitation Professionals | F.A. Davis PT
    Collection | McGraw Hill Medical. (n.d.). Retrieved February 10, 2023, from
    https://fadavispt.mhmedical.com/content.aspx?
    bookid=1873§ionid=139016907#:~:text=Patient%2FClient%2DRelated
    %20Instruction&text=Advise%20patient%20to%20avoid%20alcohol,dry%20mouth%2C
    %20or%20blurred%20vision.

Melatonin (pineal hormone, N-acetyl-5–methoxtryptamine): Davis's Drug Guide. Melatonin
    (pineal hormone, N-acetyl-5–methoxtryptamine) | Davis's Drug Guide. (n.d.). Retrieved
    February 10, 2023, from
    https://www.drugguide.com/ddo/view/Davis-Drug-Guide/109916/all/melatonin#2

PDR Search. Senokot (sennosides) dose, indications, adverse effects, interactions... from
    PDR.net. (n.d.). Retrieved February 10, 2023, from
    https://www.pdr.net/drug-summary/Senokot-sennosides-3182

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	ALERTNESS & ORIENTATION: The patient is alert and oriented to person, place, time, and situation. APPEARANCE: The patient is well-groomed, wearing an appropriate hospital gown. DISTRESS: The patient does not appear to be in no acute distress
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	HAIR: Hair quantity is distributed evenly. SKIN COLOR: Skin is usual for ethnicity, dark brown color. CHARACTER: Skin is dry and intact, with no rashes, lesions, or bruising. Scars on both lower extremities (legs) from knee replacements. TEMPERATURE: Skin is warm and dry upon palpation. TURGOR: Skin has normal elasticity. CAPILLARY REFILL: Capillary refills on the fingers & toes are less than 3 seconds bilaterally. <mark>BRADEN SCORE: 22</mark>
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	HEAD: Head is normocephalic and atraumatic. NECK: Neck is symmetrical, trachea is midline without deviation, thyroid is not palpable, no nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck. EYES: Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge. PERRLA bilaterally. EOMs intact bilaterally. EARS: No drainage or ear wax, hearing intact, bilateral auricles, no visible or palpable deformities, lumps, or lesions. NOSE: Nose has no drainage, lumps, rashes, lesions, or deformities. Septum is midline. TEETH: Oral mucosa pink and moist with good dentition.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):**	HEART SOUNDS: S1 and S2 heard, no murmur or extra heart sounds. Regular rate and rhythm. PERIPHERAL PULSES: Peripheral pulses 2+, bilaterally, and symmetrical.

Peripheral Pulses: **Capillary refill:** **Neck Vein Distention:** Y ☐ N ☒ **Edema Y** ☒ **N** ☐ **Location of Edema:**	CAPILLARY REFILL: Capillary refill less than 3 seconds on fingers and toes. EDEMA: ==Edema in the lower extremities – from knee to ankle.==
RESPIRATORY: **Accessory muscle use:** Y☐ N ☒ **Breath Sounds: Location, character**	RESPIRATIONS: Normal rate and pattern of respirations. Symmetrical and non-labored. BREATH SOUNDS: Breath sounds, clear throughout. No wheezes or crackles noted.

GASTROINTESTINAL:
Diet at home:
Current Diet
Height:
Weight:
Auscultation Bowel sounds:
Last BM:
Palpation: Pain, Mass etc.:
Inspection:
  Distention:
  Incisions:
  Scars:
  Drains:
  Wounds:
Ostomy: Y ☐ N ☒
Nasogastric: Y ☐ N ☒
  Size:
Feeding tubes/PEG tube Y ☐ N ☒
  Type:
	DIET AT HOME: Regular diet
	CURRENT DIET: Regular diet
	HEIGHT: 5'0"
	WEIGHT: ==221lbs==
	AUCULTATION BOWEL SOUNDS: ==Bowel sounds hyperactive in four quadrants.== No organomegaly found. No rashes, lesions, lumps, or deformities.
	Last BM: ==Last bowel movement was 2/4/2023, formed, brown with bright red blood.==
	PALPATION: Abdomen is soft, no tenderness, and no masses.
	INSPECTION: No distention. No incisions. ==2 scars on both knees from having past surgery of knee replacement.== No drains. No wounds.

GENITOURINARY:
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐ N ☒
Dialysis: Y ☐ N ☒
Inspection of genitals:
Catheter: Y ☐ N ☒
  Type:
  Size:
	COLOR: Yellow
	CHARACTERISTIC: Clear
	QUANTITY: Within normal limits, adequate output.
	INSPECTION: Genitals are of standard appearance

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:**	NEUROVASCULAR: Within normal limits ROM: All extremities have full range of motion (ROM). SUPPORTIVE DEVICES: ==Patient does use a can occasionally.==

ADL Assistance: Y☐ N☒ **Fall Risk:** Y☒ N☐ **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☒ **Needs assistance with equipment** ☒ **Needs support to stand and walk** ☒	STRENGTH: Hand grips, pedal pushes, and pulls demonstrate normal and equal strength. FALL SCORE: 19 ACTIVITY/MOBILITY STATUS: Within normal limits for age. Patient does use a cane occasionally.
NEUROLOGICAL: **MAEW:** Y☒ N☐ **PERLA:** Y☒ N☐ **Strength Equal:** Y☒ N☐ if no - **Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	ORIENTATION: The patient is alert and oriented to person, place, time, and situation. COGNITION/MENTAL: The patient's cognition status is adequate SPEECH: The patient's speech is adequate SENSORY: The patient has adequate sensory, was tested on the legs and arms. LOC: The client is alert and awake, answers questions that are asked appropriately.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	COPING METHODS: The patient states: "I don't know if I will ever get over my husband's death". The patient uses prayer as a form of coping and states "God is the first thing to come to mind". DEVELOPMENTAL LEVEL: Generativity vs. Stagnation. The patient stays in a positive mood and goes to church twice a week with her daughter and sister. RELIGION: The patient identifies as a Christian and says it means everything to her. PERSONAL/FAMILY DATA: The patient lives by herself in a one-story home, husband passed away 2 years ago and has been living alone since then. Patient stated that her support system is her daughter and sister, who help her run errands and visit often.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:20a	81	131/77	20	98.0	96 (on room

					air)
11:25a	**83**	<mark>**151/79**</mark>	**18**	**97.2**	**97 (on room air)**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:20a	**0**	**N/A**	**N/A**	**N/A**	**N/A**
11:25a	**0**	**N/A**	**N/A**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	20 gauge Right antecubital 2/5/2023 Not used during shift- cannot assess patency. No signs of erythema, drainage, etc. Clean, dry, intact- tegaderm dressing. Saline locked.
IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	20 gauge Left antecubital 2/5/2023 IV is patent. No signs of erythema, drainage, etc. Clean, dry, intact- tegaderm dressing. Saline locked.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

IV- 1000mL (0.9% NaCl)	2 urinary occurrences

Nursing Care

Summary of Care (2 points)

Overview of care: This student RN arrived at the medical surgical unit on 4E around 0700. Student RN introduced herself to RN Katie, then introduced herself to the patient – J.S. The student RN investigated the patient's charts while waiting for someone to transport patient to OR for a colonoscopy. After the colonoscopy was successfully completed the student RN and patient came back to 4E. The student RN then proceeded to help the patient back into bed, complete a head-to-toe assessment on the patient, assist the patient in ordering lunch, and going to the restroom as well.

Procedures/testing done: The student RN went to the OR with patient while the patient had colonoscopy done.

Complaints/Issues: The patient had complained of being cold in PACU, the student RN then had gotten the patient a warm blanket.

Vital signs (stable/unstable): The vital signs were stable, except for the second set of blood pressure taken at 11:25a, which was 151/79. Systolic being higher than normal.

Tolerating diet, activity, etc.: The patient was not scheduled to eat before the surgery, was placed on NPO. After the colonoscopy was completed and physician had spoken with the patient, the patient's diet went back to regular. Patient ordered lunch, which consisted of pasta and a side salad with apple juice. Patient was able to keep food down and stomach tolerated well.

Physician notifications: Physician was not notified for any reasons.

Future plans for client: The student RN talked to the patient and suggested that if walking gets to become something that isn't achievable without being at risk to consider getting a wheelchair to prevent any falls. The student RN also mentioned to not hesitate to come to the emergency department if the patient notices any bleeding again in the future.

Discharge Planning (2 points)

Discharge location: The patient will be discharged and returning to home alone.

Home health needs (if applicable): The patient will not benefit from home health care, as patient is seen to be very self-sufficient for age when it comes to caring for herself.

Equipment needs (if applicable): The patient is sufficient without cane, but student RN encouraged the patient to still use the necessary devices to help support patient when ambulating to prevent from falls.

Follow up plan: The patient should visit with her primary physician to follow up from the colonoscopy that was just completed.

Education needs: The patient needs educated on the foods that may hinder the patient in the future. Foods such as spicy foods, popcorn, etc. can be detrimental to the patient's intestine, as the patient does have diverticulitis (little pockets in intestines) that food can get stuck in. The patient should also exercise and get enough protein and iron in diet to aid in her health.

<div align="center">

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by"	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status of goals

components • Listed in order by priority – highest priority to lowest priority pertinent to this client				and outcomes, modifications to plan.
1. At risk for falls related to unsteady gait as evidence by Morse Scale being a 19. (Phelps, L. L, 2020)	The patient has difficulty with gait, patient requires personnel assistance and assistive devices when ambulating.	1. Assessing the patients' ability to use the call bell or other safety emergency systems if need be. (Phelps, L. L, 2020) 2. Identify any factors that may cause or contribute to patient possibly being injured from a fall. (Phelps, L. L, 2020)	**1.** The patient should identify any available resources in the community to help the patient with ongoing fall prevention. (Phelps, L. L, 2020)	Patient was seen using their call bell when needing to ambulate to the bathroom instead of attempting to get out of bed without the assistance of someone else.
2. At risk for loneliness related to patient losing her husband and living alone as evidence by her charts and stating	The student RN spent enough time with patient to allow self-expression of feelings of loneliness-patient disclosed that she does not participate in many activities like	1. Inform the patient that you'll help with expression of feelings of loneliness and identify ways to increase social activity. (Phelps, L. L, 2020) 2. Help patient identify feelings associated with loneliness to	1. Patient expresses feelings of loneliness. (Phelps, L. L, 2020)	Patient talked to student RN; student RN talked about support groups that patient can join to help cope with loneliness. Patient is now considering and going to investigate support groups in her area.

that she is a widow. (Phelps, L. L, 2020)	she used to when her husband was alive, although she goes to church twice a week. Patient also stated most of her free time is spent thinking of him.	lessen their impact and mobilize energy to counteract them. (Phelps, L. L, 2020)		
3. At risk for grieving due to patient stating she's not sure if she will ever get over her husband being deceased related to patient being a widow. (Phelps, L. L, 2020)	The patient had stated to the student RN that she is not quite sure if she will ever get over her husband being deceased.	1. Assist the patient in understanding grieving process and accepting feeling. (Phelps, L. L, 2020) 2. Provide time for patient to express their feelings about death or terminal illness. (Phelps, L. L, 2020)	1. Patient can express grief in a nondestructive manner. (Phelps, L. L, 2020)	Patient talked to student RN; patient expressed feelings about husband's death and shared heartfelt moments about her their life together.

Other References (APA):

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

Kluwer.

Concept Map (20 Points):

Subjective Data   **Nursing Diagnosis/Outcomes**

Nursing Interventions

Client Information

Objective Data

NURSING DIAGNOSES/OUTCOMES

1. At risk for falls related to unsteady gait as evidence by Morse Scale being a 19.
   - Patient was seen using their call bell when needing to ambulate ~~SUBJECTIVE DATA~~ attempting to get out of bed without the assistance of someone else.

SUBJECTIVE DATA

2. At risk for loneliness related to patient losing her husband and living alone as evidence by her charts and stating that she is a widow.
   - Patient talked to student RN; student RN talked about support groups that patient can join to help cope with loneliness. Patient is now considering and going to investigate support groups in her area.
3. At risk for grieving due to patient stating she's not sure if she will ever get over her husband being deceased related to patient being a widow.
   - Patient talked to student RN; patient expressed feelings about husband's death and shared heartfelt moments about her their life together.

INTE

- Assessing the patients' ability to use the call bell or other safety emergency systems if need be.
- Identify any factors that may cause or contribute to patient possibly b
- Inform the patient that you'll help with expression of feelings of loneliness and identify ways to increase social activity.
- Help patient identify feelings associated with loneliness to lessen their impact and mobilize energy to counteract them.
- Assist the patient in understanding grieving process and accepting feeling.
- Provide time for patient to express their feelings about death or terminal illness.

OBJECTIVE DATA

CLIENT INFORMATION

year old female is admitted
rgency department for bright red
blood per rectum"

Patient: J.S.
DOA: 2/4/2023
Ethnicity: African American
Occupation: Retired
Marital Status: Widowed
Code Status: Full Code
Height: 5'3"
Weight: 250lbs