.

Adult Health II Care Plan #1

Lakeview College of Nursing

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Date: 02-18-2023

Demographics (5 points)

Date of Admission 01-29-2023	**Client Initials** B.B.	**Age** 90 Years	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Widowed	**Allergies** Amoxicillin - Hives Bactrium (Sulfamiethoxazole-Trimethroprim) - Unsure of Reaction Tramadolol - Unsure of Reaction
Code Status DNR - ACP Docs	**Height** 154.9cm (5'1'')	**Weight** 94lbs (42.6kg)	

<u>Medical History (5 Points)</u>

Past Medical History:

Actinic Karetosis (AK) (07/09/2018), Basil Cell Carcinoma (Date unknown), Cellulitus (Date unknown), Hearing Loss (Not listed in chart), HTN (Date unknown), Hyperlipidemia (Date Unknown), Hypomagnesemia (Date unknown), Hypophosphatemia (Date unknown), Hypothyroidism (Date unknown), Pneumonia due to MRSA (Date unknown)

Past Surgical History:

Appendectomy (Date Unknown), C-Section x2 (Date not Listed), Hysterectomy (Date Unknown), Lumbar Discectomy(Date Unknown), Cholecystectomy (Date Unknown), Carpel Tunnel Release (Date UnKnown), Cataract Removal (Date Unknown), Skin Cancer Excision (Date Unknown), Laparotomy (02-13-2023)

Family History:

Both Father and Mother has had a Heart Condition (not specific on chart) (both deceased) and Mother also had history of Thyroid Dysfunction (Deceased).

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

- ***Smoking***: None
- ***Alcohol use:*** None
- ***Drug use:*** None

Assistive Devices: Mostly used Wheeled Walker

Living Situation: Lives in Assisted Living

Education Level: Highest education level obtain is 2 year of college (An Associates Degreee)

Admission Assessment

Chief Complaint (2 points): Abdominal Pain

Principal Problem: Small Bowel Obstruction

History of Present Illness – OLD CARTS (10 points - In Paragraph format):

The pateint came through the ER in Carle Hospital in Urbana for abdominla pain (8/10 pain), pt. Stated that the pain had suddendly appear the morning of and gotten progressively worse throughout the day. Patient stated that they hadnt been able to defacate in the past 5 days. They stated that the homecare nurse noticed the deterioration and pain worsening and they drove them to the hospital. The patient had latered discharge as pain subsided. The patient then latered return the very night with epigastric pain that was a 7/10. The patient stated that the pain worsen when eating food or when having a bowel movement. Patient also stated that it felt like a severe cramping pain in the upper part of the abdoment. The patient had no other symptoms present during the time. The patient stated laying down made the pain feel better. No pharmacological interventions was used based on the patient statement.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):

- Small Bowel Obstruction.

Secondary Diagnosis (if applicable):

- **None listed**

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

- **Pathophysiology:**

The normal physiology of the small intestine consists of the digestion of food and the absorption of nutrients. The large bowel continues to aid in digestion and is responsible for vitamin synthesis, water absorption, and bilirubin breakdown. Any obstructive mechanism will hinder these physiologic component and causes dilation of the bowel proximal to the transition point and collapses distally (Capriotti, 2020). A result of partial or complete blockage of digested products during obstruction is emesis (Catena et al., 2019). Frequent emesis can lead to fluid deficits and electrolyte abnormalities (Catena et al., 2019). As the condition is left untreated and worsens, a bowel wall edema forms, and third-spacing begins (Catena et al., 2019). A serious and life-threatening complication of bowel obstruction is strangulation (Capriotti, 2020). Strangulation is more commonly seen in closed-loop obstructions (Capriotti, 2020). If the strangulated bowel is not treated promptly, it eventually becomes ischemic, and tissue infarction occurs (Capriotti, 2020). Tissue infarction progresses to bowel necrosis, perforation, and sepsis/septic shock (Capriotti, 2020).

Signs and symptoms include crampy abdominal pain that comes and goes, loss of appetite, constipation, vomiting, inability to have a bowel movement or pass gas, and swelling of the abdomen (Capriotti, 2020). Dianostics testing to identify intestinal obstruction, is Computerized tomography (CT) in the abdominal region which takes images different angles to produce cross-sectional images (Capriotti, 2020). Xray may be used to support CT imaging. Basic metabolic panel can show electrolyte imbalances as an effect from the obstruction (Capriotti, 2020).

Treatment used to resolve obstruction is either non-invasive measures or surgical measures (Catena et al., 2019). Non-Invasive treatment includes use of fluid hydration and laxative medications such as dimenhydrinate or imodium. Surgical measures include intestinal obstruction repair (such as laparotomy) (Catena et al., 2019).

Relevance:

This is relevant to my patient due to having abdominal pain persistent cramping, 7/10 pain, Electrolyte imbalance, CT Scan on abdomen and pelvis showin obstruction on small bowel, recent laprotomy to treat obstruction, taking loperamide (imodium - laxative), and inability to defecate within the past 5 days.

Pathophysiology References (2) (APA):

- **Reference:**

Capriotti, T. (2020). *Davis advantage for pathophysiology: introductory concepts and clinical perspectives*. F. A. Davis Company.

Catena, F., De Simone, B., Coccolini, F., Di Saverio, S., Sartelli, M., & Ansaloni, L. (2019). *Bowel obstruction: a narrative review for all physicians.* World Journal of Emergency Surgery, 14(1). https://doi.org/10.1186/s13017-019-0240-7

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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	3.50 - 5.20 10^6 cells/mcL	4.21	N/A	
Hgb	11.0 - 16.0 g/dL	13.2	N/A	
Hct	34.0 - 47.0%	41.2%	N/A	
Platelets	140 - 400 10^6 cells/mcL	297	N/A	
WBC	4.00 - 11.00 10^6 cells/mcL	8.76	N/A	
Neutrophils	47.0 - 73.0%	Lab Not Tested	N/A	
Lymphocytes	18.0 - 42.0%	14.0	N/A	At Risk for Infection (Pagana et al., 2018).
Monocytes	4.0 - 12.0%	4.9	N/A	
Eosinophils	0.0 - 5.0%	1.1	N/A	
Bands	50 - 65%	Lab Not Tested	N/A	

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	142	139	
K+	3.5 - 5.1 mmol/L	4.7	4.4	
Cl-	98 - 107 mmol/L	106	111	Electrolyte imbalance due to small bowel obstruction Causing dehydration (Pagana et al., 2018).

CO2	22 - 29 mmol/L	25.0	21.0	Electrolyte imbalance due to small bowel obstruction (Pagana et al., 2018).
Glucose	74 - 100 mg/dL	124	99	can be caused by the small bowel distention (Pagana et al., 2018).
BUN	10 - 20mg/dL	26	10	It is increased due to decrease volume. can be used as a marker for kidney failure due to kidney not able to function (Pagana et al., 2018).
Creatinine	0.55 - 1.07 mg/dL	1.4	0.75	used as a marker for kidney failure due to kidney not able to function (Pagana et al., 2018).
Albumin	3.4 - 4.8 g/dL	3.8	N/A	
Calcium	8.9 - 10.3 mg/dL	9.4	8.6	Electrolyte imbalance due to small bowel obstruction (Pagana et al., 2018).
Mag	1.6 - 2.6 mg/dL	1.6	1.9	
Phosphate	3.0 - 4.5 mg/dL	Lab Not Tested	N/A	
Bilirubin	0.2 - 0.8 mg/dL	Lab Not Tested	N/A	
Alk Phos	40 - 150 U/L	75	N/A	
AST	5 - 34 U/L	16	N/A	
ALT	0 - 55 U/L	7	N/A	
Amylase	40 - 140 U/L	Lab Not Tested	N/A	
Lipase	8 - 78 U/L	33	N/A	
Lactic Acid	0.5 - 2.0 mmol/L	N/A	N/A	
Troponin	0 - 4 ng/L	4	N/A	
CK-MB	Not tested	Lab Not Tested	N/A	

Total CK	Not Tested	Lab Not Tested	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 sec	1.0	None	
PT	10.1-13.1 sec	12.8	None	
PTT	25-36 sec	Lab Not Tested	None	
D-Dimer	Lab Not Tested	Lab Not Tested	None	
BNP	0 - 100 pg/mL	Lab Not Tested	None	
HDL	Lab Not Tested	Lab Not Tested	None	
LDL	Lab Not Tested	Lab Not Tested	None	
Cholesterol	Lab Not Tested	Lab Not Tested	None	
Triglycerides	Lab Not Tested	Lab Not Tested	None	
Hgb A1c	Lab Not Tested	Lab Not Tested	None	
TSH	Lab Not Tested	Lab Not Tested	None	

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	Bright Yellow/Clear	Light Yellow	N/A	
pH	5.0 - 9.0	5.0	N/A	

Specific Gravity	1.003 - 1.030	1.015	N/A	
Glucose	Negative	Negative	N/A	
Protein	Negative	30ng/dL	N/A	Kidney Damage due to small bowel blockage (Pagana et al., 2018).
Ketones	Negative	Negative	N/A	
WBC	Negative 0-25/hpf	971	N/A	Infection (Pagana et al., 2018).
RBC	0 - 20 Ery/uL	714	N/A	Kidney and other urinary tract problems, such as infection, or stones. Kidney inflammation or injury (Pagana et al., 2018).
Leukoesterase	Negative	Small!	N/A	Urinary Tract Infection (Pagana et al., 2018).

Arterial Blood Gases 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
pH	No Labs Available	Lab Not Tested	N/A	-
PaO_2	No Labs Available	Lab Not Tested	N/A	-
$PaCO_2$	No Labs Available	Lab Not Tested	N/A	-
HCO_3	No Labs Available	Lab Not Tested	N/A	-
SaO_2	No Labs Available	Lab Not Tested	N/A	-

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings

Urine Culture	Negative	E. coli found present	N/A	Microbe that caused the Urinary Tract Infection (Pagana et al., 2018).
Blood Culture	Negative	Lab Not Tested	N/A	-
Sputum Culture	Negative	Lab Not Tested	N/A	-
Stool Culture	Negative	Lab Not Tested	N/A	-

Lab Correlations Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2018). *Mosby's diagnostic and laboratory test reference* (14th ed.). Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

- **CT Abdomen/Pelvis with Contrast (01/29/2023):**
  - **Purpose**: can diagnose obstructions, kidney stones, hernias, masses, tumors, infections, aneurysms and many other problems (Pagana et al., 2018).
  - **Results**: Moderate size hiatal hernia, small bowel obstruction, and bilateral pleural effusion.
- **X-ray KUB (01/29/2023):**
  - **Purpose**: performed to assess the abdominal area for causes of abdominal pain, or to assess the organs and structures of the urinary and/or gastrointestinal (GI) system (Pagana et al., 2018).
  - **Results**: Nasogastric Tube Placement, within normal limits.
- **X-Ray KUB (02/05/2023**):
  - **Purpose**: performed to assess the abdominal area for causes of abdominal pain, or to assess the organs and structures of the urinary and/or gastrointestinal (GI) system (Pagana et al., 2018).
  - **Results**: Prominent amount of gas in colon - no abdominal distention

Diagnostic Imaging Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2018). *Mosby's diagnostic and laboratory test reference* (14th ed.). Mosby.

Current Medications (10 points, 2 points per completed med)
5 different medications must be completed

Home Medications (5 required)

Brand/ Generic	**Denosumab (Prolia)**	**Gabapentin (Neurontin)**	**Loperamide (Imodium)**	**Potassium Chloride (Klor-Con) (ERT)**	**Acetaminophen (Tylenol)**
Dose	60mg	300mg Cap	2mg Cap	20mEq	500mg Tab
Frequency	One Time	2x Daily	PRN	Daily	2 tabs TID
Route	Subcutaneoues	Oral	Oral	Oral	Oral
Classification	**Pharmacologic Class**: Monoclonal Antibody **Therapeutic Class**: Antiresorptive, Antiosteoporotic	**Pharmacologic Class**: 1-amino-methlycyclohexaneacetic acid **Therapeutic Class**: Anticonvulsant	**Pharmacologic Class**: Reabsorpbents **Therapeutic Class**: Antidiarrheal Agents.	**Pharmacologic Class**: Electrolyte Cation **Therapeutic Class**: Electrolyte Replacement	**Pharmacologic Class**: Nonsalicylate, Para-aminophenol Derivative **Therapeutic Class**: Antipyretic, Nonopioid analgesics
Mechanism of Action	Binds to RANKL, a tranmembrane or soluble protein required for the formation, function, and survival of osteoclasts, the cells responsible for bone reabsorption. This leads to Osteoclast formation,	GABA inhibits the rapid firing of neurons associated with seizures. it also mah prevent exaggerated responses to a normally innocuous stimulus to account for its effectiveness in relieving	Loperamide binds to the opiate receptor in the gut wall. Consequently, it inhibits the release of acetylcholine and prostaglandins, thereby reducing propulsive peristalsis, and increasing	Acts as a major cation in intercellular fluid, activating many enzymatic reactions essential for physiologic processes, including nerve impulse transmission	Inhibits the enzymes clycooxynge nase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. it can also acts

	function, and survival o be inhibited. The action decreases bone reabsorption and increases bone mass and strength in both cortical and trabecular bone (Jones & Bartlett, 2021).	postherpetic neuralgia and restless leg syndrome symptoms (Jones & Bartlett, 2021).	intestinal transit time. Loperamide increases the tone of the anal sphincter, thereby reducing incontinence and urgency. (Jones & Bartlett, 2021).	and cardiac and skeletal muscle contraction. Potassium also helps maintain electroneutrality in cells by controlling exchange of intracellular and extracellular ions. it also helps maintain normal renal function and acid-base balance (Jones & Bartlett, 2021).	directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E_2 (Jones & Bartlett, 2021).
Reason Client Taking	to treat Osteoporosis and prevent risk of osteoporosis	To treat partial seizures	To Treat acute episodes of diarrhea	To prevent or treat hypokalemia.	To relieve mild to moderate pain or pain that is severe with adjunctive opioid analgesics
Contraindications (2)	● Hypersensitivity to its components ● Hypocalcemia	● Hypersensitivity to its components ● None other listed in	● Hypersensitivity to Lopermide components ● Patients with Renal impairme	● Acute Dehydration ● UTI	● Hepatic Impairment ● Active Liver disease

		drug book	nts like acute Kidney Injuries		
Side Effects/ Adverse Reactions (2)	● Thrombocytopenia ● Hypcalcemia	● Acute Renal Failure ● Thrombocytopenia	● Abdominal Pain ● Uncomfortable fullness in the abdomen	● GI Obstruction ● Thrombosis	● Leukopenia ● Hypotension
Nursing Considerations (2)	● Administer drug in the only the upper arm, thigh, or abdomen ● Fracture are at increased risk (commonly vertebral fractures)	● May be mixed with applesauce ● Monitor for renal function	● Abdominal assessment which includes frequency of bowel movements and stool characteristics ● Assess skin breakdown in the anal area.	● Give with food to prevent stomach irritation ● Monitor potasium level before and after administration.	● Use cautiously due to risk of hepatic impairment ● Monitor Renal Functions if in long-term therapy
Key Labs to monitor or assessments	- Monitor CBC with/out differential - assess calcium levels	- Assess renal Function - Assess CBC labs	- Monitor electrolyte imbalances - Monitor vital signs	- Monitor Potassium levels - Do not give it pt if patient is hyperkalemic	- Assess liver labs for toxicity - PT/INR should be monitored
Client Teaching (2)	- increase your risk of developing	- cause vision changes, clumsines	- Take drug with full glass of water.	- Take drug with full glass of water.	- Take as directed on the package

	infections - Adverse reaction may include muscle twitching.	s, unsteadiness, dizziness, drowsiness, sleepiness, or trouble with thinking - drudge may increase risk of suicidal thoughts or behavior	- medicine may cause heart rhythm problems.	- Do not lie down after 10 mins.	- Do not exceed 4g of medication within 24 horse.

Hospital Medications (5 required)

Brand/ Generic	**Atenelol (Tenormin)**	**Amlodipine (Norvasc)**	**Levothyroxine sodium (T_4)**	**Enoxaparin (Lovenox)**	**Methocarbanol (Robaxin)**
Dose	25mg tab	5mg Tab	75 m	110mg	500 mg
Frequency	1 Tab Daily (At 0900)	1Tab Daily (At 0600)	1 Tab Daily (At 0600)	1 Tab Daily (At 1300)	q6hr/PRN
Route	Oral	Oral	Oral	Subcutaneous	Oral
Classification	**Pharmacologic Class**: Beta-Adrenergic Blocker **Therapeutic Class**: Antianginal, Antihypertensive	**Pharmacologic Class**: Calcium Channel Blocker **Therapeutic Class**: Antianginal, Antihypertnesive	**Pharmacologic Class**: Synthetic Throxine (T_4) **Therapeutic Class**: Thyroid Hormone Replacement	**Pharmacologic Class**: Low-molecular Weight Heparin **Therapeutic Class**: Anticoagulant	**Pharmacologic Class**: Carbamate derivative **Therapeutic Class**: Skeletal Muscle Relaxant

Mechanism of Action	Inhibits stimulation of beta$_1$-receptors sites, located mainly in the heart, decreasing cardiac excitability, cardiac output, and myocardial oxygen demand. It also acts to decrease release of renin from the kidney, aiding in reducing blood pressure. At high dose, it inhibits stimulation of beta$_2$ receptors in the lungs, which may cause bronchoconstriction. (Jones & Bartlett, 2021).	Binds to dihydropyridine and nondihydropyridine cell membrane receptor sites on myocardial and vasuclar smooth-muscle cells and inhibits influx of extracellular calcium ions across slow calcium channels. It decreases intracellular calcium level, inhibiting smooth muscle contractions and relaxing coronary and vascular smooth muscles, decreasing peripheral vascular resistance, and reducing systolic and diastolic blood pressures. It then decreases myocardial workload, oxygen demand, and possibly angina (Jones & Bartlett,	Replace endogenous thyroid hormone. (Jones & Bartlett, 2021).	Potentiates the action of antithrombin III, a coagulation Inhibitor by binding with antithrombin III, enoxaparin rapidly binds with and inactivates clotting factors (primarily factor Xa and thrombin). without Thrombin, fribrinogen cant convert to fibrin and clots cant form. (Jones & Bartlett, 2021).	Depresses CNS, which leads to sedation and reduced skeletal muscle spasms which alters perception of pain. (Jones & Bartlett, 2021).

		2021).			
Reason Client Taking	To treat Hypertension	to control hypertension and stable angina	To treat hypothyroidism.	To prevent deep vein thrombosis	To relieve pain discomfort
Contraindications (2)	● Anesthesia that produces myocardial depression ● Hypotension	● Hypersensitivity to its components ● Othrostatic Hypotension	● Hypersensitivity to its components ● Uncorrected adrenal insufficiency.	● Use of NSAIDs concurrently can increase risk of bleeding ● Hypersensitivity to enoxaparin or heparin, or pork products	● Hypersnesitivity to its components ● Not Listed
Side Effects/Adverse Reactions (2)	● Renal Failure ● Diarrhea	● Hypotension ● Abdominal cramps	● Abdominal Pain ● Arthralgia	● Cholestatic ● Thrombocytopenia	● Hypotension ● Nausea
Nursing Considerations (2)	● Educate the patient to not stop the medication abruptly ● Inform the patient that the medication may cause them to experience fatigue and reduced tolerance to exercise.	● Use cautiously for those in with impaired renal functions ● Monitor hepatic labs for impairment	● Monitor patients PT values and make adjustments accordingly ● Monitor signs and symptoms for coronary insufficiency.	● Use extreme precaution in patients with in increased risk of hemorrhage, notify provider if platelet count is below 100,000/ mm^3. ● **Do not give this drug intramus**	● May be crushed to be able to given in the NG tube for administration ● Keep antihistamines, corticosteroids, and epinephrine availabl e in

				cularly injection.	case of anaphylactic reaction.

Medications Reference (1) (APA):

- Jones & Bartlett. (2021). *Nurse's Drug Handbook* (12th ed.). Jones & Bartlett Learning.

Physical Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	- Patient is alert and oriented X4 to person, place, time, and situation. - No distress appearance at the moment and was resting/laying in bed with HOB elevated at 60 degrees. - Patient is alert and responsive to verbal and painful stimuli - Overall appearance was appropriate for the setting/situation
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 20** **Drains present: Y☐ N☐** **Type:**	Skin color is olive color,dry/warm upon palpation with age spots generalized throughout head and extremity areas. Skin turgor was retractable almost immediate. No signs of contusions or rashes in the trunk areas and upper/lower extremities. Has an Intentional Insicion wound on the abdomen (about 3 inches in length) with no sign of drainage. The incision is proximal edges with no gaps inbetween wound edges. Braden Score is 20 (no risk - no need for pressure ulcer prevention).
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	*Head/Neck:* Skull and face are symmetrical. Trachea is midline with no deviations. Upon palpation trachea movement is present when patient swallows. Carotid artery is palpable and is +2 bilaterally. All cervical lymph nodes are nonpalpable bilaterally. Eyelids have no visible discoloration, lesions, or swelling bilaterally. *Eyes*: Sclera is white and clear bilaterally. Conjunctiva is pink and moist bilaterally. Pupils (PERRLA) are round and equal, reactive to light, and are able to accommodate bilaterally. 6 Extraocular movements are present in both eyes with no deviations bilaterally. *Ears*: No present ear tenderness upon palpation with no visible drainage or discoloration bilaterally. No visible

	impaction in ears bilaterally. *Nose*: Nose septum is midline. Turbinates are moist and pink in nose bilaterally with no visible signs of bleeding. Frontal sinuses are nontender to palpation bilaterally. *Teeth:* Uvula is midline. Soft palate and hard palate are present. Swallow reflex is present with a soft palate able to move upward. Buccal mucosa is moist. Teeth are present and are a yellow/white color and is consistent in the top section and bottom section of the mouth. Has Upper roow teeth denture and lower row of teeth is original.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	Sinus Rhythm is present along with S1 and S2 sound present. No signs of S3, S4, or murmurs. Heart rhythm is regular (Normal sinus Rhythm) Upper and lower peripheral pulses were +2 bilaterally. Popliteal pulse is +1 - Apical pulse auscultated at the midclavicular line at the 5th intercostal space (rhythm/rate is regular). Cap refill is less than 3 seconds. No signs of neck vein distention or edema in the upper/lower extremities.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	No use of accessory muscles during respiration. Normal rate and regular pattern of respirations. Respirations are symmetrical and non-labored. Lung sounds clear throughout anterior/posterior in the upper section bilaterally. No wheezes, crackles, or rhonchi present. No use of accessory muscle or signs of breathing distress. Lung aeration is equal bilaterally.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:**	Diet at home is regular. Current Diet was through nasogastric tube but has now advanced to regular (due to bowel Obstruction). Height is 5'1'' (154.9 cm) and Current Weight is 94 lbs (42.6 kg). Normoactive bowel sounds in all 4 quadrants. Last BM was the day prior in the late evening. No pain/tenderness or mass upon palpation in all 4 quadrants. No signs of distention, scars, drains, or wounds upon inspection. Patient has

Inspection: **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	incision wound about 3 inches in length on the middle right side of the abdomen. No redness, hot to touch, drainage, or swelling present. No ostomy or nasogastric tube present.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** **Size:**	Urine is yellow and clear. Urine output was 300mL (on 1x occurrence - measurable via external catheter). Patient does use a bedside commode (due to fall risk safety precaution). Genitals are clean (By patient statement and Nursing student inpection). Patient is not on dialysis. Patient has a purewick external catheter (12French) in place for voiding.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: ~~Y~~☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 45 (Low Risk)** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒**	Neurovascular is intact with no impaired blood flow or damage to the peripheral nerves in the extremities bilaterally. Patient is able to perform all ROM actively in upper and lower extremities bilaterally (able to do so in bed or in a chair but not standing (due to fall risk safety precautions/weakness in due to age). Patient uses a walker. Muscle strength is 5/5 in upper and lower bilaterally. No need of ADL assistance except for toileting (assisting to bedside commode and monitoring only) Client is able to ambulate with the assistive devices in the hospital settings and at home. Fall Risk score is 70 (Low Risk - recommend that the implementation of Fall Prevention Measures). Patient need support with ambulating to stand/walk and to a chair or bed but is able to do so with assistance device such as their walker.

Needs support to stand and walk ☒	
NEUROLOGICAL: **MAEW: Y** ☒ **N** ☐ **PERLA: Y** ☒ **N** ☐ **Strength Equal: Y** ☒ **N** ☐ **if no - Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	MAEW is intact with PERRLA is equal, round and reactive. Muscle Strength in both upper and lower extremity is equal bilaterally. Orientated x4 to person,place, time, and situation. Mental status is normal with behavior appropriate to their responses. Speech and sensory is normal except for the left ear (has hearing loss/troubled hearing). LOC is 15 with patient alert and awake to question and answers 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):**	Method of coping is to talk to the most their sister, some family (mainly daughter and son), and friends to let them know of their situation. No deficit noted in development level. Patient stated that they believe in christianity meaning that they believe in the name jesus christ. Patient is widow that has been living in a assisted living, with daughter/son being the closest to them. Support system is good because their family/friends keeps calling the patients phone.

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

Time	Pulse	B/P (list position)	Resp Rate	Temp	Oxygen
0705	**74** Automatic Machine	**132/89** -HOB elevated @ 60° -Left Brachial Artery	**18** Unlabored	**97.6°F** Temporal	**98%** - Pulse Ox - On Room Air
1113	**72** Automatic Machine	**159/74** - HOB elevated @ 60° - Left Brachial Artery	**16** Unlabored	**97.8°>F** Temporal	**96%** - Pulse Ox - On Room Air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0705	**1-10**	–	0 - None	None	None
1113	**1-10**	–	0 - None	None	None

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:**	Double Lumen IV Lock was inplace with no fluid was given (it was disconnected) (only to ensure access).Size of IV Was not listed and was located in the right arm (at Intecubital area) - Date: 09/21/2022 Patency of IV is able to flush without difficulties. No signs of erythemas, drainage, and ect. IV Dressing is clean, neat, dry, and intact.

Intake and Output (2 points)

Intake (in mL) (Make a list of what was eaten)	Output (in mL)
Did not assess due to time nursing studnet arrived (Patient ate breakfast early)	1x Occurence - External Catheter (Purewick) - 300 mL

Nursing Care

Summary of Care (2 points)

Overview of care: The patient woke up at 0600 with vitals taken at 0705. Patient did take all morning medication Patient had a purewick (External catheter for voiding). The patient had stated no pain during the morning. The Patient has been waiting on discharging 2 days prior but was waiting on health insurance to approval based on the patients condition and circumstances. No other problems were identified.

Procedures/testing done: No lab testing or procedures were performed during the time.

Complaints/Issues: Patient had no compliants or issue. She only had a complaint about the insurance company prolonging her stay.

Vital signs (stable/unstable): All vital signs were stable except for the Blood pressure. The blood pressure at 0705 was 132/89 and at 1113 it was 159/74. The patients primary RN Nurse was notified of blood pressure findings on both occurrences.

Tolerating diet, activity, etc.: Patients diet was giving NG tube feeding in the start of stay but has now advanced to regular diet with the removal of the NG tube. Patient does need assistence to sit and stand. The patient tolerated active range of motion exercises very well.

Physician notifications: No notification

Future plans for client: Needs to evaluate on patients strength, assessments of abdominal area, and communication with the insurances for care.

Discharge Planning (2 points)

Discharge location: Assisted Living Facility (Was not able to find the name of place)

Home health needs (if applicable): None required

Equipment needs (if applicable): Hearing Aid needed for the Left Ear.

Follow up plan: Follow up with the primary provider to discuss recent hospitalization.

Education needs: The patient needs education on how to stay healthy and promote gastrointestinal health.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

(3) Nursing Diagnosis ● Include full nursing diagnosis with "related to" and "as evidence 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. ● Is the Goal met or unmet?
1.) Acute Pain related to recent pain related to constipation as evidence by having epigastric pain 6/10, abdominal pain 7/10, and CT Abdomen/Pelvis with Contrast shows small bowel obstruction present.	This is relates to the patient due the recent chief complaint of abdominal pain, Electrolyte imbalance, and bowel obstruction found on CT scan.	**1.)** Assess the patient signs and symptoms of pain behavioral cues and administer pain medication as prescribed. (Phelps, 2020). **2.)** Provide patient with information to help increase pain	When Patient feels pain rated > 5/10 pain, patient will report it and we will assist with pain alleviating measures. Patient will report < 3/10 pain every 4-6 hours.	**Response to actions**: Not Sure, Patient did not had any pain at the time, due to problem being resolved. **Response to goal:** Not sure did not assess due to time restraints. **Goal unmet:** due to inability to implement and evaluate.

		tolerance. (Phelps, 2020).		
2.) Electrolyte Imbalance related to recent bowel obstruction as evidence by High chloride levels (dehydration) and high BUN and Creatinine levels (decreased kidney function)	The nursing diagnosis relates to the patient because of small bowel blokage. The blockage can cause the intestine to swell and make the intestine less able to absorb fluids, which leads to dehydration and kidney failure (or injury), and electrolyte imbalances.	**1.)** Assess and monitor physical signs of electrolyte imbalance. (Phelps, 2020). **2.)** Assess the patients fluid status. (Phelps, 2020).	Within 2 days the patient will have adequate fluid hydration and maintainence. Within 3 days, the patient will be maintain adequte electrolyte levels and show improvement on renal function test.	**Response to actions**: not sure, the principle problem was resolved when nursing student arrive. **Response to goal:** Not sure did not assess due to principle problem resolved. **Goal unmet:** due to inability to implement and evaluate.
3.) Risk for Constipation related to bowel obstruction as evidence by electrolyte imbalance, blockage in the bowel, and inability to defacate.	This is relevant because of the recent obstruction, inability to defecate, and recent electrolyte imbalance.	**1.)** Monitor Patient Intake/Output accurrately every hour (Phelps, 2020). **2.)** encourage to increase intake of high-fiber foods (Phelps, 2020).	Within a week, the patient elimination pattern will return to a normal pattern.	**Response to actions:** not sure, principle problem had been resolved before nursing student arrived. **Response to goal:** Not sure, principle problem had been resolve before nursing student had arrived. **Goal unmet:** due to inability to implement and evaluate.

Other References (APA):

- Phelps, L. (2020). *Sparks & Taylor's nursing diagnosis reference manual* (11th ed.). LWW.

Concept Map (20 Points):

Subjective Data

Patient came in with abdominal pain (8/10 pain) that suddenly appear the morning of and gotten progressively worse throughout the day
Patient stated that they hadn't been able to defecate in the past 5 days.
Patient stated that the pain worsen when eating food.
Patient also stated that it felt like a severe cramping pain in the upper part of the abdomen.

Nursing Diagnosis/Outcomes

Nursing diagnosis: Acute Pain related to recent pain related to constipation as evidence by having epigastric pain 6/10, abdominal pain 7/10, and CT Abdomen/Pelvis with Contrast shows small bowel obstruction present.

Goal: When Patient feels pain rated > 5/10 pain, patient will report it and we will assist with pain alleviating measures. Patient will report < 3/10 pain every 4-6 hours.

Nursing Diagnosis: Electrolyte Imbalance related to recent bowel obstruction as evidence by High chloride levels (dehydration) and high BUN and Creatinine levels

Goal: Within 2 days the patient will have adequate fluid hydration and maintenance. Within 3 days, the patient will be maintain adequate electrolyte levels and show improvement on renal function test.

Nursing Diagnosis: Risk for Constipation related to bowel obstruction as evidence

Objective Data	Client Information	Nursing Interventions
Blood pressure at 1113 was 159/74 sitting with the head of the bed elevated at 60°. Able to perform ROM actively Chloride level is at 111 (high = Imbalance due to bowel obstruction) BUN was at 26 (High = Imbalance due to bowel obstruction)	Patient is a compliant 90 year old female admitted with Abdominal Pain. Has history of Actinic Keratosis (AK), Basal Cell Carcinoma , Cellulitis, Hearing Loss, HTN, Hyperlipidemia, Hypomagnesemia, Hypophosphatemia, Hypothyroidism, Pneumonia due to MRSA. Patient also used a walker as a means for ambulation.	Assess the patient signs and symptoms of pain behavioral cues and administer pain medication as prescribed (Phelps, 2020). Provide patient with information to help increase pain tolerance (Phelps, 2020). Assess and monitor physical signs of