

N321 Adult Health 2

Lakeview College of Nursing

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Professor Henry

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**Demographics (3 points)**

<b>Date of Admission</b> 02/09/2023	<b>Client Initials</b> L.F.H	<b>Age</b> 09/07/1941 (81)	<b>Gender</b> Female
<b>Race/Ethnicity</b> White	<b>Occupation</b> Retired	<b>Marital Status</b> Widowed	<b>Allergies</b> Atorvastatin Reaction: unknown Severity: high Clindamycin Reaction: swelling Severity: not specified Dobutamine: Reaction: rash Severity: not specified Meperidine Reaction: SOB Severity: not specified
<b>Code Status</b> Full Code	<b>Height</b> 4'11" (149.9 cm)	<b>Weight</b> 151 lbs 8 oz (68.7 kg)	

**Medical History (5 Points)**

**Past Medical History:** arthritis, chronic pain, severe depression, edentulous (03/34/10), gout (03/15/20), headache (10/24/14), hiatal hernia, HTN, stroke, kidney disease, history of TIA

**Past Surgical History:** exploratory of abdomen, joint knee replacement, knee surgery

**Family History:** unable to assess, patient poor historian

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

never smoked or used smokeless tobacco, no use of drugs, no current use of alcohol

**Assistive Devices:** walker and cane

**Living Situation:** patient has been living with her niece, will be going to a skilled nursing facility

**Education Level:** unable to assess

**Admission Assessment**

**Chief Complaint (2 points):** generalized weakness and altered mental status

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

L.F.H is an 84-year-old female who came to the emergency room on 2/9/23 with complaints of weakness and altered mental status. The weakness started to occur a couple weeks ago and has been generalized. The altered mental status started to change a couple months ago. The patient has chronic pain and has had some increased pain as characteristics of her present illness. The patient is on Norco at home for her pain that does help relieve it. There are no associated factors. The patient has never been treated for the present illness. The severity was unable to be obtained due the patient's altered mental status.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** staph aureus bacteremia (MSSA)

**Secondary Diagnosis (if applicable):** failure to thrive

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

When diagnosed with Methicillin Sensitive Staphylococcus Aureus Bacteremia (MSSA), it needs to be taken seriously. MSSA is a superbug to Methicillin Resistant Staphylococcus Aureus (MRSA). MSSA Bacteremia occurs when the MSSA bacteria enter your bloodstream. This is a serious infection that has a high risk of complications and death. Once it's in the bloodstream, the infection often spreads to other organs and tissues within the body such as the heart, lungs, or brain. MSSA infections are usually treatable with antibiotics. Many staph infections are mild, but they can also be serious and life-threatening. Many staph infections start on the skin (Capriotti, 2020). Signs and symptoms of skin infections can include cellulitis, impetigo, abscesses, and folliculitis. Other signs and symptoms are fever, aches, and pains. Some risk factors for developing MSSA Bacteremia are recent hospitalizations, diabetes, kidney failure, HIV/AIDS, and respiratory illnesses (Phelps,

2020). A lab test that can be done to determine if someone has MSSA is a blood culture test to determine whether the bacteremia is caused by MSSA or another type of bacteria or virus. There is no diagnostic test to confirm MSSA. The treatment of MSSA is IV antibiotics to fight the infection (Capriotti, 2020). The patient was being treated with vancomycin before being discharged to a skilled nursing facility.

When someone has failure to thrive, they have developed a syndrome of weight loss, decreased appetite and poor nutrition, inactivity, often accompanied by dehydration, depressive symptoms, impaired immune function, and low cholesterol (Phelps, 2020). The most common signs and symptoms of failure to thrive include unintentional weight loss, loss of appetite, depression, and dehydration. Risk factors include medical comorbidities, medications, and psychological factors such as depression (Capriotti, 2020). There are many lab tests that can be run to help confirm failure to thrive in an adult. A blood culture can show an infection. A complete blood cell count can show signs of anemia. Erythrocyte sedimentation rate and C-reactive protein levels can show inflammation. Growth hormone can show an endocrine deficiency. There are no diagnostic tests to confirm failure to thrive in an adult. One of the most important treatments and interventions for failure to thrive is nutritional supplementation. These patients need to increase their caloric and protein intake. In some cases, one may need enteral feeding depending on severity (Phelps, 2020). The patient gets ensure protein shakes with every meal at the hospital and should continue this at the skilled nursing facility she transfers to.

### **Pathophysiology References (2) (APA):**

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

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and*

*Clinical Perspectives*. 2nd ed., F.A. Davis, 2020.

### 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	<b>3.67 10 (6)/mcL</b>	<b>2.91 10 (6)/mcL</b>	<b>RBCs are low due to the patient's chronic kidney disease (Jones &amp; Bartlett Learning, 2022).</b>
Hgb	12.0-15.8 g/dL	<b>9.9 g/dL</b>	<b>7.9 g/dL</b>	<b>Hgb is low due to the patient's chronic kidney disease (Jones &amp; Bartlett Learning, 2022).</b>
Hct	36.0-47.0%	<b>30.4 %</b>	<b>24.2 %</b>	<b>Hct is low due to the patient's chronic kidney disease (Jones &amp; Bartlett Learning, 2022).</b>
Platelets	140-440 10(3)/mcL	<b>482 10(3)/mcL</b>	411 10(3)/mcL	<b>Platelets were high upon admission due to the patient's kidney disease (Jones &amp; Bartlett Learning, 2022).</b>
WBC	4.00-12.00 10(3)/mcL	<b>13.80 10(3)/mcL</b>	5.50 10(3)/mcL	<b>WBCs were high upon admission due to the patient having a UTI (Jones &amp; Bartlett Learning, 2022).</b>
Neutrophils	47.0-73.0%	<b>89.6 %</b>	<b>75 %</b>	<b>Neutrophils are high due to the patient's MSSA diagnosis (Jones &amp; Bartlett Learning, 2022).</b>
Lymphocytes	18.0-42.0%	<b>3.7 %</b>	<b>13.4 %</b>	<b>Lymphocytes were low due to the patient's kidney disease (Jones &amp; Bartlett Learning, 2022).</b>
Monocytes	4.0-12.0%	6.4 %	9.3 %	Monocytes were within normal limits.
Eosinophils	0.0-5.0%	0.0 %	1.6 %	Eosinophils were within normal limits.
Bands	N/A	N/A	N/A	Bands were not obtained

**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-	135-145 mmol/L	138 mmol/L	138 mmol/L	Sodium was within normal limits.

<b>K+</b>	3.5-5.0 mmol/L	<b>3.4 mmol/L</b>	3.7 mmol/L	<b>Potassium is low due to the patient having a UTI (Jones &amp; Bartlett Learning, 2022).</b>
<b>Cl-</b>	98-107 mmol/L	98 mmol/L	101 mmol/L	Chloride was within normal limits.
<b>CO2</b>	21-31 mmol/L	25 mmol/L	27 mmol/L	CO2 was within normal limits.
<b>Glucose</b>	80-120 mg/dL	85 mg/dL	82 mg/dL	Glucose was within normal limits.
<b>BUN</b>	7-25 mg/dL	24 mg/dL	15 mg/dL	BUN was within normal limits.
<b>Creatinine</b>	0.50-1.00 mg/dL	0.81 mg/dL	0.83 mg/dL	Creatinine was within normal limits.
<b>Albumin</b>	3.5-5.7 g/dL	<b>2.9 g/dL</b>	<b>2.1 g/dL</b>	<b>Albumin is low due to the patient's kidney disease (Jones &amp; Bartlett Learning, 2022).</b>
<b>Calcium</b>	8.8-10.2 mg/dL	9.3 g/dL	<b>7.9 g/dL</b>	<b>Calcium is low due to low amounts of calcium in diet and being in a hospital for couple weeks (Jones &amp; Bartlett Learning, 2022).</b>
<b>Mag</b>	1.6-2.6 mg/dL	1.9 g/dL	N/A	Mag was within normal limits upon admission.
<b>Phosphate</b>	34-104 mg/dL	N/A	N/A	Phosphate was not obtained.
<b>Bilirubin</b>	0.2-0.8 mg/dL	<b>1.3 mg/dL</b>	0.5 mg/dL	<b>Bilirubin was high upon admission due to the patient's diagnosis of MSSA (Jones &amp; Bartlett Learning, 2022).</b>
<b>Alk Phos</b>	40-150 U/L	<b>241 U/L</b>	122 U/L	<b>Alk Phos is high due to the patient's kidney disease (Jones &amp; Bartlett Learning, 2022).</b>
<b>AST</b>	10-30 U/L	<b>104 U/L</b>	<b>58 U/L</b>	<b>AST is high due to the patient's diagnosis of MSSA (Jones &amp; Bartlett Learning, 2022).</b>
<b>ALT</b>	10-40 U/L	<b>71 U/L</b>	20 U/L	<b>ALT was high upon admission due to the patient's diagnosis of MSSA (Jones &amp; Bartlett Learning, 2022).</b>
<b>Amylase</b>	60-120 U/L	N/A	N/A	Amylase was not obtained.
<b>Lipase</b>	0-160 U/L	N/A	N/A	Lipase was not obtained.

<b>Lactic Acid</b>	0.5-2.2 mmol/L	N/A	N/A	Lactic acid was not obtained.
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**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
<b>INR</b>	0.8-1.1	N/A	N/A	INR was not obtained.
<b>PT</b>	9.5-11.3 seconds	N/A	N/A	PT was not obtained.
<b>PTT</b>	30-40 seconds	N/A	N/A	PTT was not obtained.
<b>D-Dimer</b>	>250 mg/L FEU	N/A	N/A	D-Dimer was not obtained.
<b>BNP</b>	100-400 pg/mL	151 pg/mL	N/A	BNP was within normal limits upon admission.
<b>HDL</b>	>60 mg/dL	N/A	N/A	HDL was not obtained.
<b>LDL</b>	<130 mg/dL	N/A	N/A	LDL was not obtained.
<b>Cholesterol</b>	<200 mg/dL	N/A	N/A	Cholesterol was not obtained.
<b>Triglycerides</b>	40-180 mmol/L	N/A	N/A	Triglycerides were not obtained.
<b>Hgb A1c</b>	<7 mg/dL	N/A	N/A	Hgb A1c was not obtained
<b>TSH</b>	0.5-5.0 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
<b>Color &amp; Clarity</b>	Clear/yellow	<b>Dark yellow;cloudy</b>	N/A	<b>Color and clarity were abnormal due to the patient having a UTI (Jones &amp; Bartlett Learning, 2022).</b>
<b>pH</b>	4.6-8.0	6.0	N/A	pH was within normal limits.

<b>Specific Gravity</b>	1.005-1.030	1.022	N/A	Specific gravity was within normal limits.
<b>Glucose</b>	Negative	Negative	N/A	Glucose was not noted.
<b>Protein</b>	Negative	<b>1+</b>	N/A	<b>Protein was found in the urine due to the patient having a UTI (Jones &amp; Bartlett Learning, 2022).</b>
<b>Ketones</b>	Negative	Negative	N/A	Ketones were not noted.
<b>WBC</b>	Negative	<b>11-20</b>	N/A	<b>WBCs were found in the urine due to the patient having a UTI (Jones &amp; Bartlett Learning, 2022).</b>
<b>RBC</b>	Negative	N/A	N/A	RBCs were not obtained.
<b>Leukoesterase</b>	Negative	<b>3+</b>	N/A	<b>Leukoesterase was abnormal upon admission due to the patient having a UTI (Jones &amp; Bartlett Learning, 2022).</b>

**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
<b>Urine Culture</b>	Negative <10,000 Positive >10,000	<b>Contaminated; mixed growth</b>	N/A	<b>Urine culture was abnormal upon admission due to the patient having a UTI (Jones &amp; Bartlett Learning, 2022).</b>
<b>Blood Culture</b>	Negative	<b>MSSA</b>	N/A	<b>Blood culture was abnormal upon admission due to the patient having MSSA (Jones &amp; Bartlett Learning, 2022).</b>
<b>Sputum Culture</b>	Normal URT	N/A	N/A	<b>Sputum culture was not obtained.</b>
<b>Stool Culture</b>	Normal intestinal flora	N/A	N/A	<b>Stool culture was not obtained.</b>

**Lab Correlations Reference (1) (APA):**

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

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):**

XR Chest Single View Portable: Borderline cardiomegaly noted.

CT Head or Brain WO Contrast: No acute intracranial hemorrhage or acute abnormality is demonstrated.

XR Abdomen KUB Flat Plate: Some gaseous distention of stomach, small bowel, and colon.

Scattered feces in right colon. Postoperative changes without metallic ring around the proximal portion of the stomach.

XR Hip 2 Views Bilateral with AP Pelvis: Right hip prosthesis in good position. No acute fracture or dislocation. Severe osteoarthritis of the left hip joint with the pseudoarthrosis between the left femoral head and the acetabular roof with adjacent sclerotic changes. Also, some tissue calcifications medially.

XR Knee 1 or 2 Views Left: No acute fracture or dislocation. Soft tissue calcification in quadriceps tendon.

XR Shoulder Complete Right: Severe osteoarthritis of right shoulder joint. Some subacromial spurring.

**Diagnostic Test Correlation (5 points):**

The patient received the XR chest single view portable due to her shortness of breath.

The patient received the CT head or brain WO contrast due to her altered mental status being worse than her baseline.

The patient received the XR abdomen KUB flat plate due to her vomiting.

The patient received the XR hip 2 views bilateral with AP pelvis due to her previous hip injection.

The patient received the XR knee 1 or 2 views left due to her history of joint injections.

The patient received the XR Shoulder Complete Right due to her pain in her right shoulder.

**Diagnostic Test Reference (1) (APA):**

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

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

**Home Medications (5 required)**

<b>Brand/Generic</b>	Lovastatin (MEVACOR)	Rapoxetine (PAXIL)	Levothyroxine (SYNTHROID)	Omeprazole (PRILOSEC)	ropinirole (REQUIP)
<b>Dose</b>	40 mg	20 mg	125 mcg	40 mg	4 mg
<b>Frequency</b>	daily	daily	daily	daily	daily
<b>Route</b>	PO	PO	PO	PO	PO
<b>Classification</b>	T: lowering cholesterol and the risk of atherosclerotic cardiovascular disease P: lipid-lowering agents, statins, HMG-CoA Reductase Inhibitors	T: treat depression, panic attacks, obsessive-compulsive disorder (OCD), anxiety disorders, and post-traumatic stress disorder P: selective serotonin-reuptake inhibitors (SSRIs)	T: to treat the symptoms of hypothyroidism and an enlarged thyroid gland (goiter) P: synthetic thyroid hormones	T: to treat indigestion and heartburn, acid reflux, and stomach ulcers P: proton-pump inhibitors	T: treat signs and symptoms of Parkinson's disease P: dopamine agonists
<b>Mechanism of Action</b>	Competitively inhibit 3-hydroxy-3-methylglutar	Blocks the serotonin reuptake transporter	Triiodothyronine (T3) and L-thyroxine (T4) diffuse into	suppresses stomach acid secretion by	selectively stimulate dopamine D2 receptors

	yl-coenzyme A (HMG-CoA) reductase (Jones & Bartlett Learning, 2022).	(SERT) and thus increase the concentration of synaptic serotonin (Jones & Bartlett Learning, 2022).	the cell nucleus and bind to thyroid receptor proteins attached to DNA (Jones & Bartlett Learning, 2022).	specific inhibition of the H <sup>+</sup> /K <sup>+</sup> -ATPase system found at the secretory surface of gastric parietal cells (Jones & Bartlett Learning, 2022).	within the caudate-putamen system in the brain (Jones & Bartlett Learning, 2022).
<b>Reason Client Taking</b>	High cholesterol	Depression	Hypothyroidism	Gastric ulcers	Antiparkinsonian
<b>Contraindications (2)</b>	Hepatitis Jaundice	Low sodium Manic behavior	Acute myocardial infarction Hypersensitivity to any of the inactive ingredients in Synthroid tablets	Severe hepatic disease Bronchospasm	Sleep disorders Anaphylaxis
<b>Side Effects/Adverse Reactions (2)</b>	Chest tightness Bladder pain	Confusion Weakness	Chest pain Extreme fatigue	Blisters Back, leg, or stomach pain	Constipation Headache
<b>Nursing Considerations (2)</b>	Assess for joint pain and muscle pain (Jones & Bartlett Learning, 2022).	Black Box warning Make sure patient swallow tablets whole (Jones & Bartlett Learning, 2022).	Black Box warning Monitor TSH levels (Jones & Bartlett Learning, 2022).	Avoid alcohol and foods that may increase GI irritation Report any skin problems (Jones & Bartlett Learning, 2022).	Monitor for signs and symptoms of orthostatic hypotension Risk for syncope (Jones & Bartlett Learning, 2022).

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	Bupropion SR (Wellbutrin SR)	Enoxaparin (Lovenox)	HYDROcodone -acetaminophen (NORCO)	Amlodipine (NORVASC)	Diclofenac Sodium (Voltaren)
<b>Dose</b>	150 mg	40 mg	5-325 mg	5 mg	4 g
<b>Frequency</b>	2 x daily	Every 24 hours	Every 6 hours prn	Daily	4 x daily prn
<b>Route</b>	PO	subcutaneous	PO	PO	topical
<b>Classification</b>	T: to treat depression and to prevent depression in patients with seasonal affective disorder (SAD) P: Antidepressant	T: to treat or prevent a type of blood clot called deep vein thrombosis (DVT) P: Low molecular weight heparins	T: to relieve pain in opioid-tolerant patients P: Opioid Analgesic	T: to treat hypertension P: Antianginal Agents, Calcium Channel Blockers, Dihydropyridine	T: stopping the body's production of a substance that causes pain, fever, and inflammation P: nonsteroidal anti-inflammatory drugs (NSAIDs)
<b>Mechanism of Action</b>	Dual inhibition of norepinephrine and dopamine reuptake (Jones & Bartlett Learning, 2022).	Binds and accelerates the activity of antithrombin III (Jones & Bartlett Learning, 2022).	Binds to and activates opioid receptors at sites in the periaqueductal and Periventricular grey matter to produce pain relief (Jones & Bartlett Learning, 2022).	inhibits the transmembrane influx of calcium ions into vascular smooth muscle and cardiac muscle (Jones & Bartlett Learning, 2022).	Inhibiting cyclooxygenase-1 (COX-1) and cyclooxygenase-2 (COX-2) with relative equipotency (Jones & Bartlett Learning, 2022).
<b>Reason Client Taking</b>	Depression	Prevent blood clots	Moderate to severe pain	Hypertension	Reduce swelling and pain
<b>Contraindications (2)</b>	Seizure disorders or conditions that	Decreased platelets Increased	Allergy Acute or severe asthma	Severe narrowing of the aortic valve	Asthma Urticaria

	increase risk of seizures	risk of bleeding		Severe liver disease	
<b>Side Effects/Adverse Reactions (2)</b>	Headache Weight loss	Diarrhea Fever	Drowsiness Constipation	Stomach pain Dizziness	Dizziness Drowsiness
<b>Nursing Considerations (2)</b>	avoid alcohol and other CNS depressants Monitor liver and renal function (Jones & Bartlett Learning, 2022).	Monitor platelet count Monitor for signs and symptoms of bleeding (Jones & Bartlett Learning, 2022).	Monitor respiratory rate Monitor oxygen saturation (Jones & Bartlett Learning, 2022).	Monitor BP Take with meals if upset stomach occurs (Jones & Bartlett Learning, 2022).	Black box warning Administer with food or after meals (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**

<b>GENERAL:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	Patient is alert and oriented to person, place, time, and situation. Patient is in no acute distress and well-groomed.
<b>INTEGUMENTARY:</b> <b>Skin color:</b> normal for ethnicity <b>Character:</b> warm and dry <b>Temperature:</b> 97.4 degrees F <b>Turgor:</b> quick to return <b>Rashes:</b> no rashes present <b>Bruises:</b> purple and yellow discoloration on right knee <b>Wounds:</b> no wounds present <b>Braden Score:</b> 14 <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b>	Skin is normal for ethnicity, warm, and dry. PICC line in left basilic vein. Skin turgor quick to return.
<b>HEENT:</b> <b>Head/Neck:</b>	Head and neck are symmetrical, trachea is midline without deviation, thyroid is not

<p><b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>palpable, no noted nodules. Auricles are pink and moist with no lesions noted bilaterally. <b>Patient is hard of hearing.</b> Bilateral pulses are palpable and 2+. PERRLA, EOMs intact. Sclera is white bilaterally, cornea clear bilaterally, conjunctiva pink bilaterally, lids are pink and moist without lesions. Septum is midline, turbinates are pink and moist bilaterally and no visible bleeding or polyps present. Frontal and maxillary sinuses are nontender to palpation bilaterally. <b>Teeth are missing</b>, oral mucosa is dry and pink with no lesions noted.</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Location of Edema:</b> <b>right and left knee</b></p>	<p>Clear S1 and S2 without murmurs, gallops, or rubs. PMI palpable at fifth intercostal space at MCL. Capillary refill is less than three seconds.</p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>Bilateral anterior and lateral wheezes and coarse breath sounds. Normal rate of respirations.</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b> Regular  <b>Current Diet:</b> Cardiac  <b>Height:</b> 4'11" (149.9 cm)  <b>Weight:</b> 151 lbs 8 oz (68.7 kg)  <b>Auscultation Bowel sounds:</b> normoactive  <b>Last BM:</b> 2/19/23  <b>Palpation: Pain, Mass etc.:</b> none noted  <b>Inspection:</b>          <b>Distention:</b>          <b>Incisions:</b>          <b>Scars:</b>          <b>Drains:</b>          <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>          <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>Abdomen is nondistended, soft, and nontender to palpation. Patient showed no nonverbal indications of pain. Bowel sounds are normoactive.</p>

<p><b>Type:</b></p>	
<p><b>GENITOURINARY:</b>  <b>Color:</b> yellow  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b>  <b>Size:</b></p>	<p>Patient has no pain with urination and voids spontaneously without difficulty.</p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM: moderately impaired (all extremities)</b>  <b>Supportive devices: walker/cane</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score: 98</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input checked="" type="checkbox"/>  <b>Needs support to stand and walk</b> <input checked="" type="checkbox"/></p>	<p>Patient has moderately impaired range of motion for all extremities. Hand grips and pedal pushes and pulls demonstrate normal and equal strength bilaterally. Patient uses a walker and cane. Patient has generalized weakness. Left and right knee and hip tenderness.</p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>if no -</b>  <b>Legs</b> <input checked="" type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b> patient is oriented  <b>Mental Status:</b>  <b>Speech:</b> speech is normal and appropriate  <b>Sensory:</b>  <b>LOC:</b> patient is alert</p>	<p>Patient is alert and able to answers all questions. Speech is clear and appropriate for age and situation.</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b> family has visited frequently throughout hospital stay  <b>Developmental level:</b> older adulthood  <b>Religion &amp; what it means to pt.:</b> N/A  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b> Family involved and supportive of patient</p>	<p>Patient was calm, cooperative, and accepting. Safe and supportive environment. Thoughts and feelings acknowledged. Family is very involved and supportive of patient.</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	71 bpm	146/65 mmHg	18	99.1 degrees F	97 % 2 L nasal cannula
1500	78 bpm	130/50 mmHg	18	97.4 degrees F	98 % 2 L nasal cannula

**Pain Assessment, 2 sets (2 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
0930	Numeric Scale	Generalized	5	Constant; Aching	N/A
1500	Numeric Scale	N/A	0	N/A	N/A

**IV Assessment (2 Points)**

IV Assessment	Fluid Type/Rate or Saline Lock
<b>Size of IV:</b> PICC line <b>Location of IV:</b> left basilic vein <b>Date on IV:</b> 2/17/23 <b>Patency of IV:</b> PICC patent <b>Signs of erythema, drainage, etc.:</b> none noted <b>IV dressing assessment:</b> clean, dry, intact	Saline Lock present No fluids running

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
420 mL of water 50% of lunch tray eaten	800 mL

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care:** I went into the patient’s room around 1215 to introduce myself.

The patient had a relaxing afternoon. I completed my head-to-assessment, vitals, and a bath around 1445 before the ambulance came to pick her up and take her to her skilled nursing facility. I packed the patient up, so she was ready to go once the EMTs arrived.

The patient had no needs before she left.

**Procedures/testing done:** patient had a TEE earlier in the morning

**Complaints/Issues:** none

**Vital signs (stable/unstable):** stable

**Tolerating diet, activity, etc.:** the patient tolerated her cardiac diet, she is up to the toilet with 1-2 assists with a gait belt and walker

**Physician notifications:** none

**Future plans for client:** the patient discharged to a skilled nursing facility around 1530 for rehab to gain some of her strength back

**Discharge Planning (2 points)**

**Discharge location:** skilled nursing facility

**Home health needs (if applicable):** N/A

**Equipment needs (if applicable):** N/A; patient already has her own walker and cane

**Follow up plan:** follow up with PCP and get an outpatient PET CT to monitor the patient’s condition

**Education needs:** I would provide the patient with central line education, risk for falls education, and septic shock education

**Nursing Diagnosis (15 points)**

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

Nursing Diagnosis	Rationale	Interventions	Outcome Goal	Evaluation
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<ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>(2 per dx)</b></p>	<p><b>(1 per dx)</b></p>	<ul style="list-style-type: none"> <li>• How did the client/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p>1. Risk for shock related to systemic inflammatory response from presence of bacteria in bloodstream as evidence by mixed growth of 3 or more on blood culture</p>	<p>I chose this diagnosis because the patient is at risk for shock based on her MSSA diagnosis.</p>	<ol style="list-style-type: none"> <li>1. Monitor heart rate and rhythm</li> <li>2. Auscultate bowel sounds</li> </ol>	<ol style="list-style-type: none"> <li>1. The patient will have adequate perfusion and get rid of the infection</li> </ol>	<p>Patient shows understanding and will have improved perfusion</p>
<p>2. Risk for increased pain related to joint deterioration as evidence by increased pain when rolling the onto right side</p>	<p>I chose this diagnosis because the patient is at risk for increased pain from lying in bed more frequently.</p>	<ol style="list-style-type: none"> <li>1. Assess pt signs and symptoms of pain of and administer pain medication as prescribed</li> <li>2. Use a pain scale when assessing pain and record severity</li> </ol>	<ol style="list-style-type: none"> <li>1. Patient able to identify effective pain relief</li> </ol>	<p>Patient states satisfaction with pain management regimen.</p>
<p>3. Risk for falls related to motor weakness related to generalized</p>	<p>I chose this diagnosis because the patient has generalized weakness</p>	<ol style="list-style-type: none"> <li>1. Room in fall zone area and close to nurse’s station</li> </ol>	<ol style="list-style-type: none"> <li>1. Patient will not sustain a fall</li> </ol>	<p>Patient will not sustain a fall and will understand the intent to use safety measures to prevent falls</p>

weakness	which puts her at risk for falling.	2. Assess mental status changes		
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**Other References (APA):**

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

**Concept Map (20 Points):**

**Subjective Data**

Positive Urinalysis  
 Positive Urine Culture  
 Positive Blood Culture  
 Abnormal CBC Panel  
 Patient stated, "The facility sounds like it is very good and a nice place to live"  
 RR: 18  
 Patient said, "I enjoyed the bath we gave her."  
 T: 97.4  
 Patient stated, "I am not in any pain!"  
 O2: 98 on 2 L nasal cannula  
 P: O

**Objective Data**

**Nursing Diagnosis/Outcomes**

ND: Risk for shock related to systemic inflammatory response from presence of bacteria in bloodstream as evidence by mixed growth of 3 or more on blood culture  
 O: The patient will have adequate perfusion and get rid of the infection

81-year-old female  
 Full Code  
 AMS  
 ND: Risk for increased pain related to joint deterioration as evidence by increased pain when rolling the onto right side  
 Generalized weakness  
 MSSA  
 O: Patient able to identify effective pain relief

Failure to thrive  
 Chronic pain  
**Client Information**  
 ND: Risk for falls related to motor weakness related to generalized weakness  
 O: Patient will not sustain a fall

1. Monitor heart rate and rhythm
  2. Auscultate bowel sounds
1. Assess patient signs and symptoms of pain of and administer pain medication as prescribed
  2. Use a pain scale when assessing pain and record severity

**Nursing Interventions**

1. Room in fall zone area and close to nurse's station
2. Assess mental status changes





