

N321 Care Plan # 2

Lakeview College of Nursing

Jonny Yap

Prof. Kristal Henry

March 3, 2023

**Demographics (3 points)**

<b>Date of Admission</b> 02/26/2023	<b>Client Initials</b> RR	<b>Age</b> 58 years old	<b>Gender</b> Female
<b>Race/Ethnicity</b> Non-Hispanic White	<b>Occupation</b> Retired CAN	<b>Marital Status</b> Widowed	<b>Allergies</b> Artificial sugars, aspartame, aspirin, capsaicin, iodine, lavender oil, saccharin, rizatriptan
<b>Code Status</b> Full Code	<b>Height</b> 5' 0"	<b>Weight</b> 171lbs	

**Medical History (5 Points)****Past Medical History:**

The client's past medical history includes altered mental status, anxiety, asthma, bipolar I disorder, chronic obstructive pulmonary disease (COPD), depression, diabetes mellitus (DM), hypertension (HTN), neuropathy, post-traumatic stress disorder (PTSD), and rhabdomyolysis

**Past Surgical History:**

The client has several surgical histories, including bilateral carpal tunnel, bilateral eye surgery (laser), bilateral finger trigger, right leg surgery, umbilical hernia repair, and recently a sacral wound debridement (10/12/2022).

**Family History:** The client mentioned that her father and mother both have diabetes mellitus, & hypertension.

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

The client claimed to smoke when she was young but stopped over 20 years ago. The client denies drinking alcohol and denies abusing any uncontrolled substance.

**Assistive Devices:** The client is bedbound and is only moved by ambulatory lifts.

**Living Situation:** The client lives in an assisted living facility Arcadia Care Danville.

**Education Level:** The client said that she finished high school.

### **Admission Assessment**

**Chief Complaint (2 points):** Abdominal pain

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

The client complained of abdominal pain, which started on Saturday, February 28, 2023. It is an aching pain that gets worse when palpated. Healthcare providers gave her some pain medications, but the client said it is not working. The client only feels relief if she is left alone and not touching the area.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Ileus

**Secondary Diagnosis (if applicable):** Urinary Tract Infection & Sacral Decubitus

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

Ileus is the medical term for the lack of movement somewhere in the intestines, leading to a buildup and potential blockage of food materials. It could lead to intestinal obstruction. It means that no food material, gas, or liquids could get through (Weatherspoon & Nall, 2019). In the case of the client, it is caused by surgery. She had an umbilical hernia removed previously.

Causes of ileus are surgery, medications, intestinal cancer, diverticulitis, Parkinson's disease, and Crohn's disease (Weatherspoon & Nall, 2019). The client is taking tricyclic antidepressants for her mental health diagnoses which has an adverse effect causing paralytic ileus.

Signs and symptoms of ileus often manifest as bloating, tight abdomen, and swollen appearance (Weatherspoon & Nall, 2019). Clients are not able to pass gas although they feel like passing. Causing more discomfort and eventually causing pain. In the case of the client, her

abdomen is huge and tender to touch when palpated. Although auscultation resulted with normoactive sounds, client still complains of pain.

Other signs and symptoms of ileus 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 (Mayo Clinic, 2021).

Risk factors include abdominal or pelvic surgery, which often causes adhesions, Crohn's disease, which can cause the intestine's walls to thicken, narrowing the passageway, and Cancer in the abdomen (Mayo Clinic, 2021). As previously mentioned, the client had an umbilical hernia surgery done, and may have contributed to her present condition.

Complications of ileus to watch out for are tissue death and infection (Mayo Clinic, 2021). Systemic complications include dehydration, electrolyte imbalances, perforations, and kidney failure (Weatherspoon & Nall, 2019).

Diagnosing ileus starts with the provider asking the client questions about the manifestations, signs, and symptoms. Physical exam may be conducted. Imaging studies will further confirm diagnosis. These includes X-ray, CT scan, and Ultrasound (Weatherspoon & Nall, 2019). The client had CT scan done and confirmed the diagnosis.

Treatment for ileus depends on its severity (Weatherspoon & Nall, 2019). Such severity depends on whether it's causing a partial or complete intestinal obstruction, or if it is a paralytic ileus (Weatherspoon & Nall, 2019). In the client's case, she was admitted less than 24 hours and may need further evaluation by the providers. In case the providers determine the severity, treatment options include: for partial obstruction, providers may recommend a low-fiber diet to make stool passing easier. However, if that doesn't work, surgery may be needed to repair the affected portion of the bowel. For complete obstruction, which is a medical emergency,

extensive abdominal surgery is needed (Weatherspoon & Nall, 2019). The provider may use metal stent to open up the intestine and removal of the blockage and the damaged portions of the intestines (Weatherspoon & Nall, 2019). For paralytic ileus, further determination needs to be made. In cases for medication cause, provider may prescribe another medication to stimulate GI motility known as metoclopramide (Weatherspoon & Nall, 2019).

Prevention of ileus is preventing the risk factors occurring. However, being aware of the symptoms of ileus is very important as early detection and seeking prompt treatment will keep it from getting worse (Weatherspoon & Nall, 2019).

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

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

Mayo Clinic. (2021, January 20). *Intestinal obstruction - Symptoms and causes*. Mayo Clinic.

Retrieved March 1, 2023, from

<https://www.mayoclinic.org/diseases-conditions/intestinal-obstruction/symptoms-causes/syc-20351460>.

Weatherspoon, D., & Nall, R. (2019, May 12). *Ileus: Causes, Treatment, Symptoms, Diagnosis, and More*. Healthline. Retrieved March 1, 2023, from

<https://www.healthline.com/health/ileus>.

## 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 (2/26)	Today's Value (2/27)	Reason for Abnormal Value
RBC	3.8 – 5.3 10 <sup>6</sup> cells/ $\mu$ L	3.36 10 <sup>6</sup> cells/ $\mu$ L	3.35 10 <sup>6</sup> cells/ $\mu$ L	The client has an acute Urinary Tract Infection and may be septic (Pagana et al., 2021, p. 419)
Hgb	12.0 - 16.0 g/dL	9.5 g/dL	9.3 g/dL	COPD causes the Hgb to decrease due to the lack of O <sub>2</sub> in the blood (Pagana et al., 2021, p. 265)
Hct	37.0% - 47.0%	29%	29.2%	COPD causes the Hct to decrease due to the lack of O <sub>2</sub> in the blood (Pagana et al., 2021, p. 265)
Platelets	140 – 440 x 10 <sup>9</sup> /L	387x 10 <sup>9</sup> /L	361x 10 <sup>9</sup> /L	The client's lab result is within normal range.
WBC	4.00 - 12.00 x 10 <sup>3</sup> / $\mu$ L	11.2 x 10 <sup>3</sup> / $\mu$ L	18.7 x 10 <sup>3</sup> / $\mu$ L	The client has an acute Urinary Tract Infection (Pagana et al., 2021, p. 493)
Neutrophils	47% - 73%	81.2%	92.3%	The client has an acute Urinary Tract Infection (Pagana et al., 2021, p. 493)
Lymphocytes	19% - 49%	13.3%	5.0%	The client has an acute Urinary Tract Infection (Pagana et al., 2021, p. 493)
Monocytes	3% - 13%	3.6%	1.8%	The client has an acute Urinary Tract Infection (Pagana et al., 2021, p. 493)
Eosinophils	0% - 8%	1.2%	0.6%	The client's lab result is within normal range.
Bands	0% - 3%	-	-	The provider did not order the test for the client.

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

Lab	Normal Range	Admission Value (2/26)	Today's Value (2/27)	Reason For Abnormal
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Na-	135 – 145 mmol/L	<b>136 mmol/L</b>	<b>136 mmol/L</b>	The client's lab result is within normal range.
K+	3.5 - 5.1 mmol/L	<b>3.3 mmol/L</b>	<b>4.3 mmol/L</b>	The client is taking diuretics as part of the hypertension regimen causing the K <sup>+</sup> to drop (Pagana et al., 2021, p. 389)
Cl-	98 – 108 mmol/L	<b>108 mmol/L</b>	<b>107 mmol/L</b>	The client's lab result is within normal range.
CO <sub>2</sub>	22 – 31 mmol/L	<b>22 mmol/L</b>	<b>24 mmol/L</b>	The client's lab result is within normal range.
Glucose	70 – 99 mg/dL	<b>142 mg/dL</b>	<b>139 mg/dL</b>	The client is diagnosed with diabetes mellitus (Pagana et al., 2021, p. 243)
BUN	7 – 25 mg/dL	<b>22 mg/dL</b>	<b>10 mg/dL</b>	The client's lab result is within normal range.
Creatinine	0.5 - 1.0 mg/dL	<b>0.61 mg/dL</b>	<b>0.57 mg/dL</b>	The client's lab result is within normal range.
Albumin	3.5 - 5.7 g/dL	<b>2.4 g/dL</b>	<b>2.3 g/dL</b>	The client has an acute Urinary Tract Infection (Pagana et al., 2021, p. 406)
Calcium	8.8 - 10.2 mg/dL	<b>8.7 mg/dL</b>	<b>8.4 mg/dL</b>	The low Calcium is caused by hypoalbuminemia (Pagana et al., 2021, p. 134)
Magnesium	1.3 - 2.1 mg/dL	-	<b>1.4 mg/dL</b>	The client's lab result is within normal range.
Phosphate	2.8 - 4.5 mg/dL	-	-	The provider did not order the test for the client.
Bilirubin	0.2 – 0.8 mg/dL	<b>0.7 mg/dL</b>	<b>0.9 mg/dL</b>	The client's CTScan shows that she has cholelithiasis (Pagana et al., 2021, p. 122)
Alk Phos	34 – 159 U/L	<b>104 U/L</b>	<b>91 U/L</b>	The client's lab result is within normal range.
AST	9 – 36 U/L	<b>24 U/L</b>	<b>21 U/L</b>	The client's lab result is within normal range.
ALT	7 – 52 U/L	<b>10 U/L</b>	<b>7 U/L</b>	The client's lab result is within normal range.
Amylase	29 – 103 U/L	-	-	The provider did not order the test for the client.
Lipase	11 – 82 U/L	<b>5.4 U/L</b>	-	The manifestation of low lipase could be from the Ileus and the DM of the client (Pagana et al., 2021, p. 620)

Lactic Acid	0.5 - 2.0 mmol/L	<b>0.9</b> mmol/L	-	The client's lab result is within normal range.
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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 (2/26)	Today's Value (2/27)	Reason for Abnormal
INR	0.8 - 1.1 Seconds	-	-	The provider did not order the test for the client.
PT	11.0 - 13.5 Seconds	-	-	The provider did not order the test for the client.
PTT	30 – 40 Seconds	-	-	The provider did not order the test f The provider did not order the test for the client.or the client.
D-Dimer	< 300 ng/mL	-	-	The provider did not order the test for the client.
BNP	0 – 100 pg/dL	-	-	The provider did not order the test for the client.
HDL	> 60 mg/dL	-	-	The provider did not order the test for the client.
LDL	< 100 mg/dL	-	-	The provider did not order the test for the client.
Cholesterol	< 200 mg/dL	-	-	The provider did not order the test for the client.
Triglycerides	< 150 mg/dL	-	-	The provider did not order the test for the client.
Hgb A1c	4.0% - 6.0%	-	-	The provider did not order the test for the client.
TSH	0.4 - 4.2 μIU/mL	-	-	The provider did not order the test for the client.
Troponin	0.0 – 0.4 mg/mL	-	-	The provider did not order the test for the client.
CK-MB	30-223 U/L	-	-	The provider did not order the test for the client.
CK-Total	3% - 5%	-	-	The provider did not order the test for the client.
ABG pH	7.35 – 7.45	-	-	The provider did not order the test for the client.
ABG PCO <sub>2</sub>	35 – 45 mm/Hg	-	-	The provider did not order the test for the client.
ABG HCO <sub>3</sub>	22 – 26 mEq/L	-	-	The provider did not order the test for the client.

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 (2/26)	Today's Value (2/27)	Reason for Abnormal
Color & Clarity	Clear - Yellow	Cloudy - Amber	-	The client has an acute urinary tract infection (Pagana et al., 2021, p. 933)
pH	5.0 - 9.0	5.5	-	The client's lab result is within normal range.
Specific Gravity	1.001 - 1.029	1.02	-	The client's lab result is within normal range.
Glucose	Negative	Negative	-	The client's lab result is within normal range.
Protein	< 20 mg/dL	Trace	-	The client's lab result is within normal range.
Ketones	Negative	Negative	-	The client's lab result is within normal range.
WBC	< 5 hpf	21 – 50	-	The client has an acute Urinary Tract Infection (Pagana et al., 2021, p. 933)
RBC	< 5 hpf	3 – 5	-	The client's lab result is within normal range.
Leukoesterase	Negative	3+	-	The client has an acute Urinary Tract Infection (Pagana et al., 2021, p. 933)

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 (2/26)	Today's Value (2/27)	Explanation of Findings
Urine Culture	Negative	In Process	-	The results of the test are pending.
Blood Culture	Negative	In Process	-	The results of the test are pending.
Sputum Culture	Negative	-	-	The provider did not order the test for the client.
Stool Culture	Negative	-	-	The provider did not order the test for the client.

Lab Correlations Reference (1) (APA):

Pagana, T. J., Pagana, T. N., & Pagana, K. D. (2021). *Mosby's® Manual of Diagnostic and Laboratory Tests* (7th ed.). Elsevier - Health Sciences Division.

### **Diagnostic Imaging**

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

CT Scan of the Abdomen

1. Moderate amount of fecal material in the colon.
2. Cholelithiasis. Needs ultrasound.
3. Small amount of air in the bladder lumen may be due to foley catheter placement.

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

Computed Tomography (CT) Scan was ordered by the provider on February 26, 2023, to further evaluate the client's abdominal pain chief complaint. CT Scan is used in evaluating the abdominal organs and pelvis (Pagana et al., p. 987). It is a non-invasive yet accurate radiographic procedure used to diagnose pathological conditions in the intrabdominal and retroperitoneal organs (Pagana et al., p. 987). The CT image results from passing x-rays through the thoracic organs at many angles (Pagana et al., p. 987). The abdominal CT found moderate amounts of fecal material in the colon causing the client discomfort and abdominal pain. CT also found that the client has cholelithiasis. Furthermore, CT shows a small amount of air in the bladder lumen due to the foley catheter placement.

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

Pagana, T. J., Pagana, T. N., & Pagana, K. D. (2021). *Mosby's® Manual of Diagnostic and Laboratory Tests* (7th ed.). Elsevier - Health Sciences Division.

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

**Home Medications (5 required)**

<b>Generic</b>	Hydrocodone / Acetaminophen	Divalproex Sodium	Paliperidone Palmitate
<b>Brand</b>	<b>Anexsia</b>	<b>Depakote</b>	<b>Invega Sustenna</b>
<b>Dose</b>	5/325 mg	500 mg	156 mg/mL
<b>Frequency</b>	Q8Hrs Daily	AM & Bedtime	Q28 Days
<b>Route</b>	PO	PO	IM
<b>Pharmacologic Classification</b>	Opioid agonist/nonopioid analgesic combination (Vallerand, 2023)	γ - Aminobutyric Acid (GABA)	Benzisoxazole derivative (Vallerand, 2023)
<b>Therapeutic Classification</b>	Antitussive (Vallerand, 2023)	Anticonvulsants (Vallerand, 2023)	Antipsychotic (Vallerand, 2023)
<b>Mechanism of Action</b>	After the perception of the response to painful stimuli while producing generalized CNS depression. Suppress the cough reflex via a direct central action. (Vallerand, 2023)	Suppression of seizure activity. It decrease manic episodes & decrease the frequency of migraine headaches. (Vallerand, 2023)	The active metabolite of risperidone, paliperidone selectively blocks serotonin & dopamine receptors in mesocortical tract of CNS to suppress psychotic symptoms. (Jones & Bartlett Learning, 2021, p. 1032)
<b>Reason Client Taking</b>	The client has rhabdomyolysis.	The client is diagnosed with Bipolar I Disorder	The client is diagnosed with Bipolar I Disorder
<b>Contraindications (2)</b>	<ul style="list-style-type: none"> <li>• Significant respiratory depression</li> <li>• Paralytic ileus (Vallerand, 2023)</li> </ul>	<ul style="list-style-type: none"> <li>• May result in fatal hyperammonemic encephalopathy</li> <li>• Risk for fatal hepatotoxicity (Vallerand, 2023)</li> </ul>	<ul style="list-style-type: none"> <li>• History of cardiac arrhythmias.</li> <li>• Preexisting severe GI narrowing. (Jones &amp; Bartlett Learning, 2021, p. 1032)</li> </ul>
<b>Side Effects/Adverse Reactions (2)</b>	<ul style="list-style-type: none"> <li>• CV: Hypotension</li> <li>• Resp: Respiratory depression (Vallerand, 2023)</li> </ul>	<ul style="list-style-type: none"> <li>• GI: Hepatotoxicity</li> <li>• Neuro: Suicidal thoughts (Vallerand, 2023)</li> </ul>	<ul style="list-style-type: none"> <li>• CNS: Agitation</li> <li>• CV: Bradycardia (Jones &amp; Bartlett Learning, 2021, p. 1033)</li> </ul>
<b>Nursing Considerations (2)</b>	<ul style="list-style-type: none"> <li>• Assess bowel function routinely.</li> <li>• Assess risk for opioid addiction. (Vallerand, 2023)</li> </ul>	<ul style="list-style-type: none"> <li>• Assess for suicidal tendencies.</li> <li>• Monitor for S/S of pancreatitis. (Vallerand, 2023)</li> </ul>	<ul style="list-style-type: none"> <li>• The drug shouldn't be given if client has a condition that severely narrows GI tract.</li> <li>• Advice client not to chew, crush, or splitting. (Jones &amp; Bartlett Learning, 2021, p. 1034)</li> </ul>

<b>Generic</b>	Ferrous Sulfate	Oxybutynin
<b>Brand</b>	<b>Ferrocite</b>	<b>Oxytrol</b>
<b>Dose</b>	1mg	10 mg
<b>Frequency</b>	Daily	Daily
<b>Route</b>	PO	PO
<b>Pharmacologic Classification</b>	Hematinic (Jones & Bartlett Learning, 2021, p. 548)	Anticholinergic (Jones & Bartlett Learning, 2021, p. 1016)
<b>Therapeutic Classification</b>	Antianemic (Jones & Bartlett Learning, 2021, p. 548)	Antispasmodic (Jones & Bartlett Learning, 2021, p. 1016)
<b>Mechanism of Action</b>	Acts to normalize RBC production. (Jones & Bartlett Learning, 2021, p. 549)	Exerts antimuscarinic and direct antispasmodic actions on smooth muscle in the bladder. (Jones & Bartlett Learning, 2021, p. 1017)
<b>Reason Client Taking</b>	The client is anemic.	The client has overactive bladder.
<b>Contraindications (2)</b>	<ul style="list-style-type: none"> <li>• Hemochromatosis</li> <li>• Hemolytic Anemia (Jones &amp; Bartlett Learning, 2021, p. 549)</li> </ul>	<ul style="list-style-type: none"> <li>• Gastric retention</li> <li>• Angle-closure glaucoma (Jones &amp; Bartlett Learning, 2021, p. 1017)</li> </ul>
<b>Side Effects/Adverse Reactions (2)</b>	<ul style="list-style-type: none"> <li>• CV: Hypotension</li> <li>• Heme: Hemolysis (Jones &amp; Bartlett Learning, 2021, p. 550)</li> </ul>	<ul style="list-style-type: none"> <li>• CNS: Abnormal behaviors</li> <li>• CV: Arrhythmias (Jones &amp; Bartlett Learning, 2021, p. 1018)</li> </ul>
<b>Nursing Considerations (2)</b>	<ul style="list-style-type: none"> <li>• Avoid extravasation with IV administration.</li> <li>• Caution clients that drug could stain teeth so use straw. (Jones &amp; Bartlett Learning, 2021, p. 551)</li> </ul>	<ul style="list-style-type: none"> <li>• Caution with clients with diarrhea as it may signal incomplete GI obstruction.</li> <li>• Urge clients to avoid alcohol consumption. (Jones &amp; Bartlett Learning, 2021, p. 1017)</li> </ul>

**Hospital Medications (5 required)**

<b>Generic</b>	Atorvastatin	Ertapenem Sodium	Midodrine
<b>Brand</b>	<b>Lipitor</b>	<b>Invanz</b>	<b>ProAmatine</b>
<b>Dose</b>	20 mg	1 g	10 mg
<b>Frequency</b>	Every PM	Q24Hrs	Before meals 3x/day
<b>Route</b>	PO	IV	PO
<b>Pharmacologic Classification</b>	HMG-CoA reductase inhibitor (Jones & Bartlett Learning, 2021, p. 113)	Carbapenem (Jones & Bartlett Learning, 2021, p. 472)	Alpha-adrenergic agonist (Vallerand, 2023)
<b>Therapeutic Classification</b>	Anthihyperlipidemic (Jones & Bartlett Learning, 2021, p. 113)	Antibiotic (Jones & Bartlett Learning, 2021, p. 472)	Vasopressors (Vallerand, 2023)
<b>Mechanism of Action</b>	Reduces plasma cholesterol & lipoprotein levels (Jones & Bartlett Learning, 2021, p. 114)	Inhibits bacterial cell wall synthesis. (Jones & Bartlett Learning, 2021, p. 473)	Activation of alpha-1-adrenergic receptors. (Vallerand, 2023)
<b>Reason Client Taking</b>	The client is diagnosed with hypertension.	The client has UTI.	The client has hypertension.
<b>Contraindications (2)</b>	<ul style="list-style-type: none"> <li>Active hepatic disease.</li> <li>Unexplained persistent rise in serum transaminase level. (Jones &amp; Bartlett Learning, 2021, p. 114)</li> </ul>	<ul style="list-style-type: none"> <li>Hypersensitivity to beta lactams.</li> <li>Hypersensitivity to local anesthetics. (Jones &amp; Bartlett Learning, 2021, p. 473)</li> </ul>	<ul style="list-style-type: none"> <li>Urinary retention.</li> <li>Hepatic impairment. (Vallerand, 2023)</li> </ul>
<b>Side Effects /Adverse Reactions (2)</b>	<ul style="list-style-type: none"> <li>CV: Arrhythmias</li> <li>MS: Rhabdomyolysis (Jones &amp; Bartlett Learning, 2021, p. 115)</li> </ul>	<ul style="list-style-type: none"> <li>CNS: Seizures</li> <li>GI: C-Diff diarrhea (Jones &amp; Bartlett Learning, 2021, p. 474)</li> </ul>	<ul style="list-style-type: none"> <li>CNS: Confusion</li> <li>CV: Supine hypertension (Vallerand, 2023)</li> </ul>
<b>Nursing Considerations (2)</b>	<ul style="list-style-type: none"> <li>Use caution with clients who consumes alcohol.</li> <li>Monitor blood glucose levels. (Jones &amp; Bartlett Learning, 2021, p. 115)</li> </ul>	<ul style="list-style-type: none"> <li>Obtain urine culture before administering drug.</li> <li>Clients with history of seizures predisposes them to seizures. (Jones &amp; Bartlett Learning, 2021, p. 474)</li> </ul>	<ul style="list-style-type: none"> <li>Monitor supine and sitting BP prior to and during therapy.</li> <li>Take first dose shortly after rising. (Vallerand, 2023)</li> </ul>

<b>Generic</b>	Pantoprazole	Vancomycin
<b>Brand</b>	<b>Protonix</b>	<b>Vancocin</b>
<b>Dose</b>	40 mg	1,500 mg on 0.9%/250 mL
<b>Frequency</b>	BID	Q12Hrs
<b>Route</b>	PO	IV
<b>Pharmacologic Classification</b>	Proton pump inhibitor (Jones & Bartlett Learning, 2021, p. 1038)	Glycopeptide (Jones & Bartlett Learning, 2021, p. 1355)
<b>Therapeutic Classification</b>	Antiulcer (Jones & Bartlett Learning, 2021, p. 1038)	Antibiotic (Jones & Bartlett Learning, 2021, p. 1355)
<b>Mechanism of Action</b>	Inhibits HKATPase enzyme system, or proton pump, in gastric parietal cells. (Jones & Bartlett Learning, 2021, p. 1039)	Inhibits bacterial RNA and cell wall synthesis. (Jones & Bartlett Learning, 2021, p. 1355)
<b>Reason Client Taking</b>	To prevent the client from GERD since she is bedbound.	The client has MRSA.
<b>Contraindications (2)</b>	<ul style="list-style-type: none"> <li>• D/D: Increased risk of methotrexate toxicities.</li> <li>• Increased INR, PT, &amp; bleeding risk. (Jones &amp; Bartlett Learning, 2021, p. 1039)</li> </ul>	<ul style="list-style-type: none"> <li>• Hypersensitivity to corn or corn products when given with dextrose solutions.</li> <li>• D/D: Anesthetic agents. (Jones &amp; Bartlett Learning, 2021, p. 1356)</li> </ul>
<b>Side Effects /Adverse Reactions (2)</b>	<ul style="list-style-type: none"> <li>• GI: C-Diff diarrhea.</li> <li>• MS: Rhabdomyolysis. (Jones &amp; Bartlett Learning, 2021, p. 1039)</li> </ul>	<ul style="list-style-type: none"> <li>• CV: Hypotension</li> <li>• GI: C-diff diarrhea (Jones &amp; Bartlett Learning, 2021, p. 1356)</li> </ul>
<b>Nursing Considerations (2)</b>	<ul style="list-style-type: none"> <li>• Don't give if testing for H. pylori and may lead to false-negative result.</li> <li>• Advise client to expect relief of symptoms within 2 weeks of starting therapy. (Jones &amp; Bartlett Learning, 2021, p. 1041)</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor serum vancomycin concentration with clients with renal impairment.</li> <li>• Notify provider if client develops persistent or severe diarrhea. (Jones &amp; Bartlett Learning, 2021, p. 1357)</li> </ul>

**Medications Reference (1) (APA):**

Jones & Bartlett Learning. (2021). *2022 Nurse's Drug Handbook* (Jones & Bartlett Learning, Ed.). Jones & Bartlett Learning.

Vallerand, A. H., et al., (2022). *Davis Drug Guide for Nurses* (Version 6.4.0.539). [Mobile App]. App Store.

**Assessment**

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

<p><b>GENERAL:</b>  <b>Alertness:</b> noted  <b>Orientation:</b> noted  <b>Distress:</b> no  <b>Overall appearance:</b> groomed</p>	<p><b>ALERTNESS &amp; ORIENTATION:</b> The client is alert and oriented to person, place, time, and situation.  <b>APPEARANCE:</b> The client is groomed and wearing an appropriate shirt. <b>DISTRESS:</b> The client appears to be in no acute distress.</p>
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b> light beige skin  <b>Character:</b> dry and intact  <b>Temperature:</b> warm  <b>Turgor:</b> normal  <b>Rashes:</b> none  <b>Bruises:</b> none  <b>Wounds:</b> Sacral and ankles bilaterally  <b>Braden Score:</b> 13  <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p><b>HAIR:</b> Hair is evenly and finely distributed.  <b>SKIN COLOR:</b> The skin is usual for ethnicity light beige color.  <b>CHARACTER:</b> Skin is dry and intact, with no rashes, lesions, or bruising. <b>Signs of healed scars on both arms from surgeries.</b>  <b>TEMPERATURE:</b> Skin is warm and dry upon palpation.  <b>TURGOR:</b> The client’s skin has normal mobility.  <b>CAPILLARY REFILL:</b> The client’s capillary refill on the fingers are &lt;3 bilaterally. Capillary refills on the toes are &lt;3 seconds bilaterally.  <b>BRADEN SCORE: 13</b></p>
<p><b>HEENT:</b>  <b>Head/Neck:</b> noted  <b>Ears:</b> noted  <b>Eyes:</b> noted  <b>Nose:</b> noted  <b>Teeth:</b> missing several teeth with no dentures</p>	<p><b>HEAD:</b> Symmetrical and round. The hair is curly black with traces of grey and white.  <b>NECK:</b> Symmetrical, trachea is midline without deviation, the thyroid gland does not deviate, and no noted nodules. Bilateral carotid pulses are palpable +2. No lymphadenopathy in the head or neck was noted.  <b>EYES:</b> Bilateral scleras are white, bilateral cornea clear, bilateral conjunctivas are light pink, no visible drainage from both eyes, bilateral eyelids are moist and pink without lesions or discharge. <b>PERRLA bilaterally. EOM intact bilaterally.</b>  <b>EARS:</b> Bilateral auricles show no visible lesions, lumps, nor deformities  <b>MOUTH/TEETH:</b> <b>Pink and moist gums with several dentition.</b>  <b>NOSE:</b> Nose is midline with no signs of lumps, rashes, lesions, or deformities.</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b> noted  <b>S1, S2, S3, S4, murmur etc.</b> none noted  <b>Cardiac rhythm (if applicable):</b> none  <b>Peripheral Pulses:</b> noted  <b>Capillary refill:</b> &lt;3</p>	<p><b>HEART SOUNDS:</b> Clear S1 &amp; S2 without murmurs, gallops or rubs.  <b>PERIPHERAL PULSES:</b> Peripheral pulses 3+ bilaterally.  <b>CAPILLARY REFILLS:</b> Capillary refills on the fingers &amp; toes are &lt;3 bilaterally.</p>

<p><b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Edema</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><b>Location of Edema:</b> left and right lower feet</p>	<p>EDEMA: Pitting edema 1+ on the LT and RT legs.</p>
<p><b>RESPIRATORY:</b></p> <p><b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Breath Sounds: Location, character</b> Clear lung sounds bilaterally</p>	<p>RESPIRATIONS: Normal rate and pattern of respirations. Respirations are symmetrical. BREATH SOUNDS: Lung sounds are clear without rubs bilaterally.</p>
<p><b>GASTROINTESTINAL:</b></p> <p><b>Diet at home:</b> carbohydrates consistent low calorie</p> <p><b>Current Diet:</b> regular, thin liquids</p> <p><b>Height:</b> 5' 0"</p> <p><b>Weight:</b> 171 lbs</p> <p><b>Auscultation Bowel sounds:</b> normoactive</p> <p><b>Last BM:</b> 02/27/2023</p> <p><b>Palpation: Pain, Mass etc.:</b> Lower abdominal pain</p> <p><b>Inspection:</b> good</p> <p>    <b>Distention:</b> lower abdomen</p> <p>    <b>Incisions:</b> none</p> <p>    <b>Scars:</b> both hands, right leg, abdomen</p> <p>    <b>Drains:</b> none</p> <p>    <b>Wounds:</b> sacral &amp; bilateral ankles</p> <p><b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>    <b>Size:</b></p> <p><b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>    <b>Type:</b></p>	<p>BOWEL SOUNDS: Bowel sounds were normoactive upon auscultation on all four abdomen quadrants. The abdomen is dry, soft, aching pain on the lower abdomen, per client. No organomegaly was noted on all four quadrants. The abdomen shows no rashes, lesions, lumps, or deformities.</p>
<p><b>GENITOURINARY:</b></p> <p><b>Color:</b> amber</p> <p><b>Character:</b> cloudy</p> <p><b>Quantity of urine:</b> normal</p> <p><b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Inspection of genitals:</b> clean &amp; dry</p> <p><b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>    <b>Type:</b> French</p> <p>    <b>Size:</b> 16</p>	<p>COLOR: Amber</p> <p>CHARACTERISTIC: Cloudy</p>
<p><b>MUSCULOSKELETAL:</b></p> <p><b>Neurovascular status:</b> capillary refills &lt;3 bilaterally</p> <p><b>ROM:</b> passive</p> <p><b>Supportive devices:</b> none</p>	<p>NEUROVASCULAR: Capillary refills on the fingers &amp; toes are &lt;3 bilaterally. Skin is warm, dry, and scaly.</p> <p>ROM: all extremities have passive ROM.</p> <p>STRENGTH: Hand grips, pedal pushes, and pedal</p>

<p><b>Strength:</b> weak  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b> 80  <b>Activity/Mobility Status:</b> bedbound  <b>Independent (up ad lib)</b> <input checked="" type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>pulls showed weakness 1/5 bilaterally.  <b>FALL SCORE:</b> 80</p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> client is immobile  <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> Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/>  <b>Orientation:</b> noted  <b>Mental Status:</b> noted  <b>Speech:</b> clear  <b>Sensory:</b> normal  <b>LOC:</b> alert</p>	<p><b>ORIENTATION:</b> The client is alert and oriented to person, place, time, and situation.  <b>COGNITION/MENTAL:</b> The client’s cognition is normal  <b>SPEECH:</b> The client’s speech is clear  <b>LOC:</b> The client is alert and awake and answers questions appropriately.</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b> 10 children  <b>Developmental level:</b> Generativity vs. Stagnation  <b>Religion &amp; what it means to pt.:</b>                  Non-practicing Roman Catholic  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p><b>COPING METHODS:</b> The client is non-practicing Roman Catholic  <b>DEVELOPMENTAL LEVEL:</b> The client mentioned of finishing high school and went to work as a Certified Nurse Assistant</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen	Accucheck
1027	88	108/69	20	98.9° Temporal	98% Room Air	131
1510	89	113/76	20	97.8° Temporal	97% Room Air	92

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

Time	Scale	Location	Severity	Characteristics	Interventions
1510	4	Left Back	Tolerable	Aching	Tylenol
1550	4	Abdomen	When touched	Aching	Tylenol

**IV Assessment (2 Points)**

IV Assessment	Fluid Type/Rate or Saline Lock
<p><b>Size of IV:</b> 20G  <b>Location of IV:</b> Right Anterior Forearm  <b>Date on IV:</b> 02/27/2023  <b>Patency of IV:</b> IV is patent.  <b>Signs of erythema, drainage, etc.:</b> none  <b>IV dressing assessment:</b> clean, dry, intact with no signs of infiltration, phlebitis, extravasation or infection</p>	<p>The student RN, under the supervision of the staff RN, changed the finished bag of 0.9% NaCl to run at 125mL/hr and primed and administered the Vancomycin IVPB 1,500mg ordered to run 166.7mL/hr.</p>

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
1,000 mL 0.9% NaCl	825 mL urine emptied from the old foley bag
480 mL water, 120 mL Ice cream	150 mL urine inside the discontinued foley bag

## Nursing Care

### Summary of Care (2 points)

**Overview of care:** Student RN arrived at the medical surgical unit on 4 West around 1200 noon after the preclinical briefing. Student RN introduced himself to the staff RN Arlyn, an acquaintance in another facility. After the brief introduction, the staff RN gave the student RN SBAR. SBAR includes all the charts received from Arcadia Health Danville, medications given, nursing assessments, interventions done, and what transposed before the arrival of the student RN. The staff RN informed the student RN to let the client sleep since the client was admitted the night before and was not able to sleep. Student RN accessed the client's charts and started reading and familiarizing himself with the client's condition. The student RN noted that the client is on contact isolation due to MRSA. The client's lunch arrived around 1300, but the staff RN advised the student RN to wait until it was time for vitals and medication administration to wake the client. Nurse-client interaction was initiated at 1500 for the Q4 hours vital signs check.

**Procedures/testing done:** At 1500, the student RN, wearing proper PPE, woke the client up and initiated collecting vital signs. After this, the student RN asked the client if she wanted lunch. She replied Yes, but someone must feed her. The student RN volunteered to help the client and do some assessments while feeding. The client agreed. The student RN obtained blood pressure, temperature, respiratory rate, heart rate, pulse, O2 saturation, and blood glucose at 1510. After getting all the vitals, the student RN acquired a swab sample for retesting for MRSA. The student RN proceeded to feed the client after that.

**Complaints/Issues:** The client complained of left lower back pain before the feeding. The client said it is on a scale of 4 on a 0-10 scale. The client also has stage 2 sacral and bilateral ankle pressure ulcers. To which, according to the client, is not hurting unless moved or pressed.

**Vital signs (stable/unstable):** Vital signs were generally stable and improved compared to the earlier set. Vital signs recorded above.

**Tolerating diet, activity, etc.:** The client was fed beef, mashed potatoes, vanilla ice cream, and 2 16 oz of ice water but refused the carrots. Overall, the client finished 75% of the ordered food. Although the client came in with a foley catheter, the staff RN could not find the date when it was placed in. The staff RN asked the student RN to help her replace the foley catheter to ensure no further infection was expected. After the client finished her food, the student RN administered crushed pills to the client through apple sauce. At 1615, the staff RN, student RN, and HCT Destiny tagged team in replacing the foley catheter of the client. The client was wearing Depends, and when opened, the healthcare team found soft greenish stool all over the client's genital area. Student RN was instructed to fetch warmed hygiene wipes. The staff RN pulled out the old foley. After cleaning the client's genital area, clean pads were changed, and the staff RN inserted the new foley catheter while the student RN and HCT supported the client's legs. The client was uncomfortable and in pain, for she never moved her legs prior. After finishing perineal care and foley insertion, the student RN helped the staff RN administer medication to the other client the staff RN was taking care of. The student RN went back to say goodbye to the client. The client did not want the student RN to leave because she wanted the student RN to feed her dinner. The staff RN volunteered to do it herself. Nurse-client relationship terminated at that moment.

**Physician notifications:** The student RN informed the staff RN about the client's complaints of pain, but there are PRN orders for pain medications, so no calls were placed.

**Plans for the client:** The client was recently admitted to the unit, and providers are still doing more tests and evaluations on managing the client's conditions. Blood and urine culture results have not yet been released. The client's case should be referred to case management, where they could communicate with Arcadia Health Danville on how to manage the client's case and avoid a repeat of the client's hospital admission.

### **Discharge Planning (2 points)**

**Discharge location:** Arcadia Health Danville, 1701 N Bowman Avenue, Danville, Illinois, 61832.

**Home health needs (if applicable):** The client needs a team to help with ADLs since she is bedbound and cannot care for herself. The client must be turned every two hours to prevent further worsening of her Stage 2 pressure ulcers on the sacral area and her ankles. The client needs regular perineal care, dental hygiene, daily hygiene care, and wound & dressing care.

**Equipment needs (if applicable):** The client needs a mechanical lift, air-pressurized bed, and pressure boots.

**Follow-up plan:** The Arcadia Health Danville resident provider should take over care.

**Education needs:** Education should be targeted toward the healthcare team in the assisted living facility.

### **Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\*  
(Please see next page)**

<p><b>Nursing Diagnosis</b></p> <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>	<p><b>Rationale</b></p> <ul style="list-style-type: none"> <li>● Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Interventions (2 per dx)</b></p>	<p><b>Outcome Goal (1 per dx)</b></p>	<p><b>Evaluation</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. Dysfunctional gastrointestinal motility related to immobility of the client as evidenced by the client’s chief complaints of abdominal pain, abdominal distension, and bloating.</p>	<p>The client is bedbound and cannot move by herself because of rhabdomyolysis and the complication of the umbilical hernia repair surgery causing paralytic ileus.</p>	<ol style="list-style-type: none"> <li>1. Assess the client’s bowel habits and patterns of elimination.</li> <li>2. Encourage increased activity with passive range of motion exercises within the client’s limits. (Gulanick &amp; Myers, 2021, p. 41)</li> </ol>	<p>The client passes soft, formed stool at a frequency perceived as “normal” by the client and will verbalize reduced abdominal pain, distension, and bloating. (Gulanick &amp; Myers, 2021, p. 41)</p>	<p>The client’s healthcare team will be able to notice regular bowel elimination of the client when the client goes back to the facility. The client will feel comfortable in the absence of pain, distension, and bloating.</p>
<p>2. Impaired tissue integrity related to the immobility of the client as evidenced by the stage 2 sacral and bilateral ankle pressure ulcers.</p>	<p>The client had a wound debridement done in October 2022, but the pressure ulcers remain a stage 2, as assessed and evaluated recently by the wound care team on February 27, 2023.</p>	<ol style="list-style-type: none"> <li>1. Encourage the use of pressure-relieving devices such as specialized air-pressurized mattresses, cushions, heel troughs, and other devices, and also encourage and strictly implement repositioning of the client.</li> <li>2. Encourage and implement strict wound care protocol to avoid infections and additional ulcers. (Gulanick &amp; Myers, 2021, p. 141)</li> </ol>	<p>The client will get stage-appropriate wound care and has controlled risk factors for the prevention of additional ulcers. (Gulanick &amp; Myers, 2021, p. 141)</p>	<p>The client’s healthcare team and case management will acknowledge the plan of care for the prevention of additional ulcers. The healthcare team will be able to take proper care of the wound by implementing proper hand hygiene, wound cleansing, dressing changes, and the application of topical medications.</p>
<p>3. Acute pain related to the inflammation and infection of the urinary tract as evidenced by the client’s complaint of lower back pain, lower abdominal pain, the cloudy and amber-colored urine in the undated foley catheter, and the elevated white blood cell count lab result.</p>	<p>The client’s abdominal assessment has normoactive bowel sounds, and the client was able to defecate. The foley catheter shows dark granules on the tubing and very cloudy urine deposits in the reservoir, indicating a septic urinary tract infection. Urine cultures are pending as of this writing.</p>	<ol style="list-style-type: none"> <li>1. Encourage the client to increase oral fluid intake unless contraindicated.</li> <li>2. Administer antispasmodics and antibiotics to eliminate infective pathogens. (Gulanick &amp; Myers, 2021, p. 810)</li> </ol>	<p>The client will report a satisfactory pain control level of 3 or below on a 0-10 scale or will report the absence of pain. (Gulanick &amp; Myers, 2021, p. 810)</p>	<p>The client’s healthcare team will document and strictly adhere to guidelines of frequently checking and changing the foley catheter of the client to prevent another infection. The healthcare team will identify early signs and symptoms of urinary tract infection and will be able to impose proper interventions.</p>



**Other References (APA):**

Gulanick, M., & Myers, J. L. (2021). *Nursing Care Plans: Diagnoses, Interventions, and Outcomes* (J. L. Myers & M. Gulanick, Eds.; 10th ed.). Elsevier.

**Concept Map (20 Points): (Please see next page)**

**SUBJECTIVE DATA**

The client's chief complaint was, 4 out of 10 left lower back and lower abdominal pain, which worsens if palpated.

**NURSING DIAGNOSES/OUTCOMES**

- 1. Dysfunctional gastrointestinal motility related to immobility of the client as evidenced by the client's chief complaints of abdominal pain, abdominal distension, and bloating.**  
*Outcome: The client passes soft, formed stool at a frequency perceived as "normal" by the client and will verbalize reduced abdominal pain, distension, and bloating.*
- 2. Impaired tissue integrity related to the immobility of the client as evidenced by the stage 2 sacral and bilateral ankle pressure ulcers.**  
*Outcome: The client will get stage-appropriate wound care and has controlled risk factors for the prevention of additional ulcers.*
- 3. Acute pain related to the inflammation and infection of the urinary tract as evidenced by the client's complaint of lower back pain, lower abdominal pain, the cloudy and amber-colored urine in the undated foley catheter, and the elevated white blood cell count lab result.**  
*Outcome: The client will report a satisfactory pain control level of 3 or below on a 0-10 scale or will report the absence of pain.*

**OBJECTIVE DATA**

Temp: 97.8°F, Temporal  
BP: 113/76  
Pulse: 89  
RR: 20

SaO<sub>2</sub>: 97% Room Air

Pain: 4 - left lower back, 4 - lower abdomen

Chemistry	Others	Hematology
Na: 136	TNI: N/A	RBC: 3.35
K: 4.3	CK-MB: N/A	Hgb: 9.3
Cl: 107	INR: N/A	Hct: 29.2%
CO <sub>2</sub> : 24	PT: N/A	Platelets: 361
Glu: 92	PTT: N/A	WBC: 18.7
BUN: 10	Lactic: 0.9	Neutrophils: 92.3%
Crea: 0.57	HA1c: N/A	Lymphocytes: 5.0%
Albumin: 2.3		Monocytes: 1.8%
Ca: 8.4		Eosinophils: 0.6%
Mg: 1.6		Bands: N/A
Phos: N/A	<b>Cultures:</b>	
Bilirubin: 0.9	Urine: In process	
Alk Phos: 91	Blood: In process	
AST: 21	Sputum: N/A	
ALT: 7	Stool: N/A	

**CLIENT INFORMATION**

"58-year-old female with complaints of abdominal pain is admitted to the emergency department for ileus and UTI."

DOA: 02/26/2023

INITIALS: R.R.

Demographics:

GENDER: Female

RACE/ETHNICITY: Non-Hispanic White

OCCUPATION: Retired CNA

MARITAL STATUS: Widowed

CODE STATUS: Full Code

HEIGHT: 5'0"

WEIGHT: 171lbs

BMI: 33.4 kg/m<sup>2</sup>

**NURSING INTERVENTIONS**

- Assess the client's bowel habits and patterns of elimination.
- Encourage increased activity with passive range of motion exercises within the client's limits.
- Encourage the use of pressure-relieving devices such as specialized air-pressurized mattresses, cushions, heel troughs, and other devices, and also encourage and strictly implement repositioning of the client.
- Encourage and implement strict wound care protocol to avoid infections and additional ulcers.
- Encourage the client to increase oral fluid intake unless contraindicated.
- Administer antispasmodics and antibiotics to eliminate infective pathogens.

**References:**

- Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives* (2nd ed.). F. A. Davis Company.
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- Jones & Bartlett Learning. (2021). *2022 Nurse's Drug Handbook* (Jones & Bartlett Learning, Ed.). Jones & Bartlett Learning.
- Mayo Clinic. (2021, January 20). *Intestinal obstruction - Symptoms and causes*. Mayo Clinic. Retrieved March 1, 2023, from <https://www.mayoclinic.org/diseases-conditions/intestinal-obstruction/symptoms-causes/syc-20351460>.
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- Weatherspoon, D., & Nall, R. (2019, May 12). *Ileus: Causes, Treatment, Symptoms, Diagnosis, and More*. Healthline. Retrieved March 1, 2023, from <https://www.healthline.com/health/ileus>.