

Physical Exam/Assessment

General: Client is alert and oriented to person. No orientation to place, time, or situation noted. Client appears disheveled and ill, no acute distress.

Integument: Skin color light brown. Skin is warm and dry upon palpation. No rashes, lesions, or bruising. Normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Skin turgor has normal mobility. Capillary refill is less than 3 seconds fingers bilaterally. Unable to assess capillary refill toes bilaterally due to thickening of the nails.

HEENT: Head and neck are symmetrical, trachea is midline without deviation, thyroid is non-palpable, no noted nodules. Bilateral carotid pulses are palpable 2+. No lymphadenopathy in the head or neck noted. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, and EOMs intact bilaterally. Bilateral auricles no visible or palpable deformities, lumps, or lesions. Bilateral canals clear. Hard of hearing bilaterally. Septum is midline, turbinates are moist and pink bilaterally and no visible bleeding or polyps. Oral mucosa is pink and moist without lesions noted. Soft palate rises and falls symmetrically. Hard palate is intact. Dentition is poor as client has missing and broken teeth.

Cardiovascular: Clear S1 and S2 without murmurs, gallops, or rubs. PMI palpable at 5th intercostal space at MCL. Normal rate and rhythm. Sinus rhythm on continuous cardiac monitor. Pulses are 3+ throughout bilaterally. No JVD or edema noted.

Respiratory: Normal rate and pattern of respirations, respirations are symmetrical and nonlabored. Lung sounds clear throughout anterior and posterior bilaterally with equal aeration, no wheezes, crackles, or rhonchi noted. No use of accessory muscles noted.

Genitourinary: Clear, yellow urine. No pain while urinating, not on dialysis. Urethral catheter in bladder- 16 Fr. Catheter patency maintained. CAUTI prevention measures by using foley catheter wipes for catheter care. Urine output was 800 mL. Intake was 600 mL of fluid.

Gastrointestinal: Abdomen is soft, nontender, no organomegaly or masses noted upon palpation of all 4 quadrants. Bowel sounds are normoactive in all 4 quadrants. Last BM was 02/27/2023. Diet at nursing home was a mechanical soft diet, diet at hospital is CHO, mechanical soft. No ostomies, NG tube, or feeding tubes noted.

Musculoskeletal: Upper extremities have full range of motion. General weakness noted in lower extremities with passive range of motion. Hand grips and pedal pushes and pulls demonstrate normal and equal strength. Strength is 3. Full ADL assistance is needed. Client is a fall risk with a score of 35. Hoyer lift is needed to move client completely out of bed.

Neurological: Client is alert and oriented to person. Disorientation to place, time, and situation. Cognition is impaired but does have the ability to follow some commands. Long-term and short-term memory deficits noted. Speech is clear, LOC-alert, moves all extremities well, PERRLA bilaterally, strength is equal bilaterally.

Most recent VS (include date/time and highlight if abnormal):

02/27/2023 @ 0700: Temp- 98.3 degrees Fahrenheit temporal; RR- 18; BP- 125/81; pulse- 86; O2 sat- 100% Room Air

02/27/2023 @ 1100: Temp- 97.6 degrees Fahrenheit temporal; RR- 18; BP- 111/70; pulse- 79; O2 sat- 100% Room Air

Pain and pain scale used:

02/27/2023 @ 0700: 0- numerical pain scale

02/27/2023 @ 1100: 0- numerical pain scale

References (3) (APA):

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

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2016). *Mosby's Diagnostic and Laboratory Test Reference*. Mosby.

Phelps, L. (2017). *Sparks and Taylor's Nursing Diagnosis Reference Manual*. LWW.

Siddiqui, A. H. (2022, July 18). *Methicillin Resistant Staphylococcus Aureus*. StatPearls - NCBI Bookshelf.

<https://www.ncbi.nlm.nih.gov/books/NBK482221/#article-25074.s6>

Smith, D. A. (2022, July 31). *Bacteremia*. StatPearls - NCBI Bookshelf. <https://www.ncbi.nlm.nih.gov/books/NBK441979/>

Folic acid (Folvite)

Pharmacological Classification: water-soluble vitamins (Jones & Bartlett Learning, 2021)

Therapeutic Classification: anti-anemic, vitamins (Jones & Bartlett Learning, 2021)

Why the client is taking it: Alzheimer's disease & anemia

Nursing Assessment: Monitor plasma folic acid levels, hemoglobin, hematocrit, and reticulocyte count (Jones & Bartlett Learning, 2021)

Gabapentin (Neurontin)

Pharmacological Classification: 1- amino- methylcyclohexane acetic acid (Jones & Bartlett Learning, 2021)

Therapeutic Classification: anticonvulsant (Jones & Bartlett Learning, 2021)

Why the client is taking it: neuralgia

Nursing Assessment: Monitor renal function & monitor for suicidal thoughts (Jones & Bartlett Learning, 2021)

Insulin glargine (Lantus)

Pharmacological Classification: pancreatic (Jones & Bartlett Learning, 2021)

Therapeutic Classification: hormones (Jones & Bartlett Learning, 2021)

Why the client is taking it: diabetes mellitus

Nursing Assessment: Assess for hypoglycemia, monitor body weight periodically, and monitor blood glucose levels, & serum potassium (Jones & Bartlett Learning, 2021)

Insulin regular (Humulin R)

Pharmacological Classification: pancreatic (Jones & Bartlett Learning, 2021)

Therapeutic Classification: antidiabetic, hormones (Jones & Bartlett Learning, 2021)

Why the client is taking it: diabetes mellitus

Nursing Assessment: Assess for hypoglycemia, monitor body weight periodically, and monitor blood glucose levels, & serum potassium (Jones & Bartlett Learning, 2021)

Isosorbide mononitrate (Monoket)

Pharmacological Classification: nitrate (Jones & Bartlett Learning, 2021)

Therapeutic Classification: antianginal (Jones & Bartlett Learning, 2021)

Why the client is taking it: heart disease & ischemic cardiomyopathy

Nursing Assessment: Monitor blood pressure often (Jones & Bartlett Learning, 2021)

Meropenem (Merrem)

Pharmacological Classification: carbapenem (Jones & Bartlett Learning, 2021)

Therapeutic Classification: antibiotic (Jones & Bartlett Learning, 2021)

Why the client is taking it: ESBL infection

Nursing Assessment: Culture & sensitivity, monitor for diarrhea, skin assessment, seizure precautions, and serum creatinine clearance (Jones & Bartlett Learning, 2021).

Metoprolol succinate (Toprol- XL)

Pharmacological Classification: beta-adrenergic blocker (Jones & Bartlett Learning, 2021)

Therapeutic Classification: antianginal, antihypertensive (Jones & Bartlett Learning, 2021)

Why the client is taking it: heart disease, ischemic cardiomyopathy, & hypertension

Nursing Assessment: Assess EKG, monitor blood glucose level, and monitor for chest pain or angina (Jones & Bartlett Learning, 2021).

Metronidazole (Flagyl)

Pharmacological Classification: nitroimidazole (Jones & Bartlett Learning, 2021)

Therapeutic Classification: antiprotozoal (Jones & Bartlett Learning, 2021)

Why the client is taking it: H. pylori infection

Nursing Assessment: Monitor liver panel, CBC, and culture and sensitivity tests, assess neurologic status, and assess for candidiasis (Jones & Bartlett Learning, 2021).

Oxybutynin (Ditropan- XL)

Pharmacological Classification: anticholinergic (Jones & Bartlett Learning, 2021)

Therapeutic Classification: antispasmodic (urinary) (Jones & Bartlett Learning, 2021)

Why the client is taking it: incontinence

Nursing Assessment: Assess urinary symptoms, monitor for angioedema, and monitor for adverse cardiovascular reactions (Jones & Bartlett Learning, 2021).

Pantoprazole (Protonix)

Pharmacological Classification: proton pump inhibitor (Jones & Bartlett Learning, 2021)

Therapeutic Classification: antiulcer (Jones & Bartlett Learning, 2021)

Why the client is taking it: GI hemorrhage & GERD

Nursing Assessment: Monitor PT/INR, urine output, bone fractures, diarrhea from c-diff, and hypomagnesemia (Jones & Bartlett Learning, 2021).

Sodium bicarbonate (Baking Soda)

Pharmacological Classification: electrolyte (Jones & Bartlett Learning, 2021)

Therapeutic Classification: antacid, electrolyte replenisher, systemic and urinary alkalizer (Jones & Bartlett Learning, 2021)

Why the client is taking it: age-related renal impairment

Nursing Assessment: Monitor sodium intake, urine pH, and IV site for extravasation (Jones & Bartlett Learning, 2021).

Vancomycin HCL (Vancocin)

Pharmacological Classification: glycopeptide (Jones & Bartlett Learning, 2021)

Therapeutic Classification: antibiotic (Jones & Bartlett Learning, 2021)

Why the client is taking it: MRSA- bacteremia

Nursing Assessment: Monitor blood vancomycin concentrations frequently, check CBC, BUN, & creatinine levels, observe the IV site for extravasation, assess hearing, and monitor for diarrhea (Jones & Bartlett Learning, 2021).

Labs/Diagnostics Continued.

Hct: 27% (38.0-50.0%)

Reason for abnormal value: anemia & renal disease (Pagana et al., 2017).

RDW: 17.3% (11.8-15.5%)

Reason for abnormal value: anemia (Pagana et al., 2017).

MPV: 6.5 fL (8.0-12.6 fL)

Reason for abnormal value: anemia (Pagana et al., 2017).

Neutrophils: 69.2% (40.0-68.0%)

Reason for abnormal value: arthritis & infection (Pagana et al., 2017).

Basophils: 1.1% (0.0-1.0%)

Reason for abnormal value: bacteremia (Pagana et al., 2017).

Absolute neutrophils: 5.40 mcL (1.40-5.30 mcL)

Reason for abnormal value: arthritis & infection (Pagana et al., 2017).

XR Chest single view

Reason: sepsis, 73-year-old

Impression: no acute disease

US Renal Complete

Reason: 73-year-old, hydronephrosis & stents, AKI hypertension, diabetes & dementia, unable to obtain much history from patient

Impression: Right kidney is measuring 11.8 X 5 X 5.3 cm right renal cortex is 1.4 cm. Slightly decreased blood flow to the right kidney. Mild to moderate hydronephrotic changes in the right kidney. There is a linear echo in the right renal pelvis seen in previous portion of the stent. KUB may be helpful to assess this finding. Small cystic area in the renal pelvis region measuring 1.4 X 1.4 X 1.8 cm. Kidney 12.7 X 5 X 5.3 cm. There is decreased blood flow with mild hydronephrotic changes. Findings need to be clinically correlated. On the CT study of 18th of December 2022 pt had a left to ureteric stent. There was no stent on the right side.

XR abdomen KUB flat plate

Reason: 73-year-old, assess kidneys for stents, cysts

Impression: bowel gas pattern is unremarkable. No renal calcification seen. No other significant findings.

Stomach Tissue Biopsy

Results: H. pylori positive

Blood Culture

Results: positive MRSA

Active Orders Continued

- Give client/family education on blood transfusion one time- client receiving blood
- Hold transfusion if: client complains of chills, abdominal/flank pain, SOB, CP, restlessness, infusion site pain, sudden changes in vitals
- Insert/maintain indwelling urethral catheter- management of acute urinary retention & urinary obstructions
- Insert/maintain peripheral IV- per admission protocol
- I & O every 8 hours, number of voids & stools- accurate measurement of intake & output d/t acute kidney injury and heart disease
- Notify physician= critical POCT glucose or serum glucose <50mg/dL, hypoglycemia s/s, treatment, or response, pulse <50 or >120, RR <10 or >30, temp >101.5, urinary output <240 mL/8 hr, SBP<85 or >180, DBP<50 or >105, pulse ox <90 or new onset or worsening pain, when prior to admission med review has been completed -per admission protocol
- Perform POC blood glucose- 4 times a day before meals and at bedtime= call if glucose >400, post hypoglycemia treatment/ blood glucose greater than or equal to 80mg/dL; notify physician if 70 mg/dL or less- diabetes management
- Place sequential compression device= until specified- prevention of blood clots
- Saline lock IV- per admission protocol
- Strict I & O every 8 hours- accurate measurement of intake & output d/t acute kidney injury and heart disease
- Transfusion reaction management: continuous; stop transfusion, keep IV open with normal saline, notify blood bank of reaction, contact ordering physician
- Up in chair BID- promote optimal lung expansion & exercise
- Up with assistance PRN- to prevent falls
- Nursing night calls- per admission protocol
- Verify informed consent- esophagogastroduodenoscopy with sedation= V. Sekar- per protocol
- Verify informed consent for blood administration- per protocol for administering blood

- Vital signs= vitals within 30 minutes before initiating blood transfusion, 10-20 minutes after starting & 90 minutes after completion- per protocol
- Vital signs- routine- per admission protocol