N431 Care Plan

Lakeview College of Nursing

Berich Mpoy

Demographics (3 points)

Date of Admission 2/15/23	**Client Initials** CL	**Age** 74	**Gender** F
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Married	**Allergies** Influenza vaccine
Code Status DNR	**Height** 5’6	**Weight** 104.004kg	

Medical History (5 Points)

Past Medical History: small bowel obstruction, chronic obstructive pulmonary disease, irritable bowel syndrome, gastroesophageal reflux disease, arthritis, hyperlipidemia, diabetes mellitus, lumbar radiculopathy, tonsillitis, anxiety, degenerative joints, depression, morbid obesity, cholelithiasis and peripheral neuropathy.

Past Surgical History: total knee and hip arthroplasty, operation of the hip joint, arthroplasty of the shoulder, open reduction fracture, gastro reflux operation, laparoscopic cholecystectomy, repair of umbilical hernia, tonsillectomy, arthroplasty thumb-basal joint (left) 10/27/17, laparotomy exploratory 02/15/23, arthroplasty of the shoulder and rotator cuff repair left 10/27/17.

Family History: Mother has vision disorder.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): no tobacco use, uses alcohol on occasion, one to two glasses of wine once or twice a week for 20 years, no drug use.

Assistive Devices: Hoyer lift

Living Situation: Nursing home

Education Level: High school

Admission Assessment

Chief Complaint (2 points): Abdominal pain

History of Present Illness – OLD CARTS (10 points): The patient presented to the hospital after complaining of abdominal pain and asking for water at the nursing home for hours. The patient was brought in by ambulance to the emergency department. the patient's pain began after dinner and did not go away. The patient complained of continuous abdominal pain that was sharp and throbbing. The patient has no relieving or aggravating factors. There is no indication that treatments for chronic abdominal pain were provided for the patient at the nursing home before bringing her that hospital.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Chronic abdominal pain

Secondary Diagnosis (if applicable): N/A

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

Chronic abdominal pain lasts more than three months and is either continuous or intermittent. Chronic abdominal pain is not caused by one specific issue but multiple disorder and or diseases. It can be caused by gastrointestinal diseases and extra-intestinal conditions, such as disorders of gut brain interaction, irritable bowel syndrome, and centrally mediated abdominal pain syndrome (Demitasse., L. 2021). Chronic abdominal pain presents differently depending on affected areas. Chronic abdominal pain can be visceral, somatosensory, and functional. Visceral pain is associated with deep abdominal organs, while functional pain associated with visceral receptors and central hypersensitivity, and somatic pain is associated with nociceptors in superficial tissues (Demitasse., L. 2021). Chronic abdominal pains effects on other body systems are indeterminable unless the disorder or diseases causing the pain's unknown. Chronic

abdominal pain does have an effect on the body overall, it can cause depression, insomnia, stress and anxiety. It can affect emotional and psychological wellbeing of a patient

Signs and symptoms of chronic abdominal pain can vary depending on which receptors are affected and if there are any underlying disorders causing the pain. General signs and symptoms of chronic abdominal pain are sharp or dull pain, fever, night sweats, loss of appetite, weight loss, jaundice, nausea and vomiting, and bloody stools. This particular patient presented with some general signs and symptoms of chronic abdominal pain such as sharp pain, loss of appetite, and nausea. Vital sign abnormalities may not be present because patients with abdominal chronic pain are usually placed on pain medications and other medications.

Laboratory findings in chronic abdominal pain can range from increase in lipase, white blood cells, red blood cells and amylase to an increase in C reactive protein depending on the underlying cause of the pain. According to Demitasse., L. (2021) diagnostic imaging such as ultrasound, computed tomography scan, and magnetic resonance cholangiopancreatography scan are used. A computer tomography scan of the head, abdomen and pelvis was performed on this client. The scan did not reveal a particular cause for chronic abdominal pain in this patient.

Treatments for chronic abdominal pain include surgery, rest, pain medication, and non-steroidal anti-inflammatory drugs. According to Capriotti (2020), the primary goal of management are to relieve abdominal pain, reduce stress, and if constipation is present, a peg tube is placed. In this particular patient constipation medication was provided and a peg tube was placed in place until constipation is relieved. An abdominal exploration surgery oh abdominal laparotomy was conducted to identify the cause of chronic abdominal pain in this patient. The surgery is done while the patient is under general anesthesia. the surgeon examines abdominal organs for the cause of chronic abdominal pain.

Pathophysiology References (2) (APA):

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives*. [FADavis].

Sabo, C. M., Grad, S., & Dumitrascu, D. L. (2021). Chronic Abdominal Pain in General Practice. *Digestive diseases (Basel, Switzerland)*, *39*(6), 606–614. https://doi.org/10.1159/000515433

Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.0-5.8×10^6/mcl	5.36mcl	N/A	N/A
Hgb	12.0-15.8g/dl	16.5g/dl	N/A	"Increase levels may indicate congenital heart disease, severe chronic obstructive pulmonary disease, polycythemia Vera, or severe hydration" (Pagana, 2018). In this particular patient her history of severe chronic obstructive pulmonary disease is the cause of elevated hemoglobin levels due diminished oxygen in the body, the body is producing more hemoglobin in order to increase oxygen delivery.
Hct	36.0-47.0%	48%	N/A	Chronic obstructive pulmonary disease has the same effect on hematocrit as it does on hemoglobin. Hematocrit levels are increased in this patient because of her history of chronic obstructive pulmonary disease. According to Pagan, (2018), Increase levels may indicate erythrocytosis, congenital heart disease, polycythemia Vera, severe dehydration, or severe

				chronic obstructive pulmonary disease.
Platelets	140-440k/mcl	487k/mcl	N/A	Elevated platelet count is caused by the patient's history of irritable bowel syndrome. irritation and inflammation can increase platelet production Capriotti (2020)
WBC	4.0-12.0k/mcl	24.3k/mcl	N/A	Elevated white blood count are caused by inflammation and stress caused by chronic abdominal pain. irritation and inflammation can increase platelet production Capriotti (2020).
Neutrophils	40-60%	91.9%	N/A	Infection increases neutrophil counts but the patient showed no sign of infection Capriotti (2020). the elevated neutrophilic levels in the patient are caused by irritation, inflammation and chronic obstructive pulmonary disease. because of chronic obstructive pulmonary disease causing a demand of red blood cells to increase oxygen perfusion throughout the body can cause irritation and inflammation which can lead to the production of white blood cells.
Lymphocytes	19-49%	4.3%	N/A	low lymphocytes caused by poor nutrition call mom infections, diseases, medicines, and other factors Capriotti (2020). Low lymphocytes In this patient are caused by poor nutrition.
Monocytes	3.0-13.0%	3.5%	N/A	N/A
Eosinophils	0.0-8.0%	0.3%	N/A	N/A
Bands	0.0-10.0%	N/A	N/A	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-	134-144mmol/L	137mmol/l	N/A	N/A

K+	3.5-5.1mmol/L	3.5mmol/l	N/A	N/A
Cl-	98-107mmol/L	102mmol/l	N/A	N/A
CO2	21-31mmol/L	23mmo/l	N/A	
Glucose	70-99mg/dL	158mg/dl	N/A	The patient's history of hyperlipidemia and morbid obesity is the cause of high glucose. The patient is also immobilized which can cause high glucose levels. According to Pagan, (2018), hyperlipidemia, immobility and morbid obesity can cause high glucose levels.
BUN	7-25 mg/dL	15mg/dl	N/A	
Creatinine	0.50-1.20mg/dL	0.91mg/dl	N/A	
Albumin	3.5-5.7g/dL	3.3g/dl	N/A	Low albumin level caused by digestive diseases and malabsorption and malnutrition in this patient (MedlinePlus, 2021).
Calcium	8.6-10.3mg/dL	9.4mg/dl	N/A	
Mag	1.6-2.6mg/dL	1.5mg/dl	N/A	According to Pagan, (2018), low magnesium levels uh caused by malnutrition resulting in poor intake, and malabsorption. Due to the patient experiencing abdominal pain, low magnesium is due to malnutrition because the patient could not eat with chronic abdominal pain.
Phosphate	2.4-4.5unit/L	N/A	N/A	N/A
Bilirubin	0.3-1.0mg/dL	1.6mg/dl	N/A	Low bilirubin levels in this patient is caused by the patients home medications such as NSIADs and barbiturates (Pagana, 2018).
Alk Phos	34-104units/L	202unit/l	N/A	According to MedlinePlus, (2021), If ALP levels are elevated but liver enzymes are not elevated the most likely cause of ALP elevation is

				bone disorders. If liver enzymes are high, then ALP levels then the problem is your liver. high ALP levels in this patient indicate the patient have bone disorder. the cause of elevated ALP level in this patient is degenerative joints disorder end arthritis.
AST	13-39units/l	14unit/l	N/A	N/A
ALT	7-52unit/l	12uni/l	N/A	N/A
Amylase	29-103 unit/l	N/A	N/A	N/A
Lipase	11-82unit/l	492unit/l	N/A	N/A
Lactic Acid	<2.5mmol/l	1.8mmol/l	N/A	N/A
Troponin	0-0.04mg/dl	0.0033mg/dl	N/A	N/A
CK-MB	5-25ug/l	N/A	N/A	N/A
Total CK	22-198 u/l	N/A	N/A	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	0.86- 1.4	N/A	N/A	N/A
PT	11.9- 15	N/A	N/A	N/A
PTT	22.6 - 35.3	N/A	N/A	N/A
D-Dimer	0.00 - 0.62g/l	N/A	N/A	N/A
BNP	0-100pg/ml	N/A	N/A	N/A
HDL	23-92mg/dl	N/A	N/A	N/A
LDL	75	N/A	N/A	N/A

	-193mg/dl			
Cholesterol	<199mg/dl	N/A	N/A	N/A
Triglycerides	<150mg/dl	N/A	N/A	N/A
Hgb A1c	<5.7%	N/A	N/A	N/A
TSH	0. 45 - 5.33uU/ml	N/A	N/A	N/A

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	yellow, clear	Dark yellow	N/A	Dark yellow urine is an indication of cirrhosis or dehydration (MedlinePlus, 2021). Dark yellow urine is an indication of dehydration in this patient. The patient stated she was dehydrated before taken to the hospital.
pH	5.0-9.0	6.5	N/A	N/A
Specific Gravity	1.003-1.013	1.050	N/A	N/A
Glucose	Negative	Normal	N/A	N/A
Protein	Negative	3+	N/A	"Strenuous exercise, dehydration, diet, stress, pregnancy, and other issues can cause a temporary rise in urine protein levels" (MedlinePlus, 2021). Dehydration is the most likely cause of protein elevation in this patient.
Ketones	Negative	1+	N/A	N/A
WBC	0.0-0.5	54/HPF	N/A	According to MedlinePlus, (2021) inflammation in the body triggers the release of leukocytes, the inflammation can come from an injury, infection, or disease. Elevated white blood cells in this patient is an indication that the patient is experiencing inflammation from chronic

				abdominal pain.
RBC	0.0-3.0	N/A	N/A	N/A
Leukoesterase	Negative	N/A	N/A	N/A

Arterial Blood Gas 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	7.35-7.45	N/A	N/A	N/A
PaO2	90- 100mmhg	N/A	N/A	N/A
PaCO2	35-45mEq/l	N/A	N/A	N/A
HCO3	22-26mEq/l	N/A	N/A	N/A
SaO2	95-100%	N/A	N/A	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	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Jones, D.W. (2020). Nurse's drug handbook. (A. Bartlett, Ed.) (19th ed.). Jones & Bartlett Learning.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

A CT scan of the abdomen and pelvis with contrast was done on 2/15/23. The test showed that patient had a fatty liver with infiltration. The patient has a negative Murphy sign and her biliary ducts normal. She has no sign of stones oh dilation. The patient's pancreas was not visualized with certainty.

A CT scan of the brain of the head without contrast was done on 2/15/23. The test showed mild prominence of the sulci and ventricles. The test also showed that there were no extra axial fluid collection and no messes or midline shifts. Moderate patchy white matter with hypodensity consistent with small vessel extremity changes were noted during the test.

An X-ray of the chest with one view was conducted. The X-ray showed low lung volumes with heart enlargement End central bronchovesicular crowding with no concerning infiltrate. The slight blunting of the left lateral costophrenic sulcus may be related to scarring or trace pleural fluid. The scan also showed that the patient had known pneumothorax end that the bowl of the upper abdomen was the standard due to gas.

Diagnostic Test Correlation (5 points):

A CT scan of the abdomen and pelvis was done to examine the cause of chronic abdominal pain the patient was experiencing. The CT scan of the stomach is performed to assess the abdomen and pelvis for tumors, lesions, injuries, bleeding, unexplained abdominal pain, and obstructions.

A CT scan of the abdomen and pelvis can diagnose kidney stones, hernias, aneurysms, infections, pancreatitis, and many other conditions (Capriotti, 2020).

The CT scan of the head without contrast was conducted to investigate altered mental status in the patient. According to Capriotti (2020), a non-contrast head CT is conducted to detect any acute hemorrhage in the brain. the scan also assesses head injuries, severe headaches, dizziness and other symptoms of aneurysms.

An X-ray of the chest was conducted to examine the chest pain the patient was experiencing. A chest X-ray is used to diagnose conditions that affecting the chest it's contacts and all nearby structures, such as the chest wall, the bones around, and also the structures contained within the thoracic cavity (Capriotti, 2020). The lungs, heart, great vessels also assessed during an chest X-ray. The tests diagnosis for disorders such as pneumonia, congestive heart failure, and other conditions related to the hot and lungs.

Diagnostic Test Reference (1) (APA):

Capriotti, T. M. (2020). Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives. [FADavis].

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

Home Medications (5 required)

Brand/ Generic	Provastatin/ Pravachol	Loperamide/ Imodium	Duloxetine/ Cymbalta	Bupropion/ Aplenzin	Diclofenac/ Voltaren
Dose	40mg	2mg	40mg	50mg	4g
Frequency	Daily	HS	Daily	BID	QID
Route	oral	oral	oral	oral	Topical
Classification	Pharmacological class: HMG-CoA reductase inhibitor (statin). Therapeutic class: Antilipemic	Pharmacological class: antidiarrheal. Therapeutic class: N/A	Pharmacologic class: selective serotonin and norepinephrine reuptake inhibitor Therapeutic class: antidepressant, neuropathic and musculoskeletal pain reliever	Pharmacological class: Aminoketone Therapeutic class: Antidepressant, smoking cessation adjunct	Pharmacological class: NSAID Therapeutic class: Analgesic, anti-inflammatory.
Mechanism of Action	“Inhibits cholesterol synthesis in liver by blocking the enzyme needed to convert hydroxymethyl glutaryl-CoA (HMG-CoA) to mevalonate, a cholesterol precursor. when cholesterol synthesis is blocked, the liver also increases	This medication binds to the opiate receptor in the gut wall and inhibits the release of acetacetylcholine and prostaglandins, reducing propulsive peristalsis and increasing intestinal	“This medication inhibits dopamine, neuronal serotonin, and norepinephrine reuptake to push potentiate Nora androgenic and serotonergic activity in the CNS. These activities may elevate mood and inhibit	This medication inhibits dopamine, norepinephrine, and serotonin uptake by neurons, which can significantly relieve evidence of depression (Jones, 2020).	“Blocks the activity of cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate inflammatory response and cause local pain, swelling, and vasodilation (Jones, 2020).

	breakdown of LDL cholesterol" (Jones, 2020).	transit time (Jones, 2020).	pain signals stemming from peripheral nerves adversely affected by chronologically elevated serum glucose level (Jones, 2020).		
Reason Client Taking	The patient is taking this medication because of her history of high cholesterol.	The patient is taking this medication for diarrhea.	The patient is taking this medication for chronic pain.	The patient is taking this medication for depression.	The patient is taking this medication to relieve mild to moderate pain.
Contraindications (2)	This medication is contraindicated in patients with active hepatic disease or unexplained or persistent elevated liver enzymes This medication is contraindicated in patients with active hepatic disease or unexplained or persistent elevated liver enzymes. this medication is also contraindicated in patients with hypersensitivity to the medication or	This medication is contraindicated in patients with abdominal pain without diarrhea (MedlinePlus, 2021). Hypersensitivity to loperamide and it's components (Jones, 2020).	"This medication is contraindicated in chronic liver disease including cirrhosis, hypersensitivity to duloxetine or its components severe renal impairment, use of linezolid or intravenous methylene blue, use of Mao inhibitors within five days of stopping duloxetine or within 14	"This medication is contraindicated in patients who have a hypersensitivity to the medication and its components" (Jones, 2020). This medication is contraindicated in patients who have conditions that increase the risk of seizures and taking another form of the	This medication is contraindicated in patients who have active GI bleeding or ulcers (Jones, 2020). This medication is also contraindicated in patients who have a history of asthma attacks, rhinitis, urticaria from aspirin us or nsaids (Jones, 2020).

	its components (Jones, 2020). this medication is also contraindicated in patients with hypersensitivity to the medication or its components (Jones, 2020).		days of stopping MAOI inhibitors" (Jones, 2020).	medication concurrently (Jones, 2020).	
Side Effects/Adverse Reactions (2)	Anxiety, asthma, confusion, cognitive impairment, dysuria, nocturia, cough, dyspnea come on blurred vision, abnormal thyroid function, and elevated glycosylated hemoglobin levels.	Blistering, chest pain, discomfort, constipation, and vomiting (MedlinePlus, 2021).	Weight loss, constipation, rash, weakness, muscle cramps, abnormal heartbeat, shortness of breath, large weight gain in a short period, swelling of the arms hands feet ankles, and lower legs, and fast heartbeat (Jones 2020).	Aggression, agitation, anxiety, confusion, decreased concentration of memory, delirium, delusions, chest pain, auto static hypertension, palpitations, abdominal pain, anorexia, constipation, and anemia (Jones, 2020).	Confusion, depression, dizziness, fatal inter-cranial bleeding, chest pain, epistaxis, taste disorders, abdominal pain, pancreatitis, back pain, and aplastic anemia (Jones 2020).
Nursing Considerations (2)	Use medication cautiously in patients with hepatic or renal impairment and in elderly patients (Jones, 2020). Monitor the patient's bilirubin levels and serum	Discontinue medication if there is no improvement after 48 hours (MedlinePlus, 2021). Monitor fluid and	"Use the duloxetine cautiously in patients with delayed gastric emptying because drug enteric coating resist dissolution until it reaches an	Use cautiously in patients with renal impairment because the drug is excreted by the kidneys (Jones, 2020). Assess the	"Use this medication cautiously in patients with hypertension and monitor blood pressure closely because drug can cause a worsened hypertension

	creatinine levels periodically for abnormal elevations (Jones, 2020).	electrolyte balance (MedlinePlus, 2021).	area where pH exceeds 5.5" (Jones, 2020). "Know that medication should not be given to patients with severe renal impairment or end stage renal disease that requires hemodialysis because blood drug levels increased significantly in these patients. Also know that the duloxetine should be avoided in patients with hepatic insufficiency or who use alcohol excessively because drug is metabolized by the liver" (Jones, 2020).	patient's blood pressure before starting medication therapy and monitor periodically through therapy for hypertension (Jones, 2020).	" (Jones, 2020). Assess the patients skin routinely for rash or other signs of hypersensitivity reaction because drug may cause serious skin reactions without warning (Jones, 2020).
Key Nursing Assessment(s) /Lab(s) Prior to Administration	Monitor liver enzymes before medication therapy starts and as indicated during therapy	Assess bowel sounds and fluid and electrolyte levels before	Obtain patient's baseline blood pressure before duloxetine	"Assess the patient's blood pressure before medication therapy	Monitor liver enzymes, serum uric acid concentrations before medication

	(Jones, 2020). Monitor renal labs before administering medication (Jones, 2020).	administering medication (MedlinePlus, 2021).	therapy starts (Jones, 2020). Assess hepatic enzymes before administering medication (MedlinePlus, 2021).	begins and monitor periodically through therapy because medication may cause hypertension" (Jones, 2020). Monitor liver and renal function test in patients with a history of liver or renal impairment before administering medication (Jones, 2020).	therapy starts (Jones, 2020). Monitor PT/INR, blood glucose, and hematocrit before administering medication (Jones, 2020).
Client Teaching Needs (2)	Educate patient to notify provider about muscle pain, tenderness, weakness, and other evidence of myopathy (Jones, 2020). Educate patient to take drug at bedtime, with regard to meals (Jones, 2020).	Educate patient to take medication with a full glass of water (MedlinePlus, 2021). Educate patients to drink plenty of water to keep from getting dehydrated (MedlinePl	"Instruct patient to rise from a laying or sitting position slowly to minimize drug effects on lowering blood pressure, which may possibly lead to failures or cause patient to faint" (Jones, 2020). Advise	Educate patient to take medication with food (Jones, 2020). Advise patient to report immediately if signs of rash itching, hives, chest pain, chest shortness of breath, all	Advise patient not to chew, crush, or dissolve tablet but to swallow it whole (Jones, 2020). Urge patient to notify provider about dizziness, edema, impaired hearing, ringing or

		us, 2021).	patient that the drug may increase risk of bleeding tell the patient to notify provider if mild bleeding occurs oh seek immediate medical attention if severe. Tell the patient to consult provider before taking aspirin or nsaids (Jones, 2020).	swelling, especially of the face, is noted (Jones, 2020).	buzzing in ears, or unexplained weight gain (Jones, 2020).

Hospital Medications (5 required)

Brand/Generic	Enoxaparin/ Lovenox	Gabapentin/ Neurontin	Acetaminophen /Tylenol	Omeprazole/ Prilosec	Ondansetron hydrochloride/ Zofran ODT
Dose	40mg	100 mg	325 mg	20 mg	4 mg
Frequency	Daily	Twice a day	every four hours	Once-daily	every eight hours
Route	subcutaneous	oral	oral	oral	oral
Classification	Pharmacological class;	Anticonvulsant	Antipyretic, nonopioid analgesic.	Antiulcer	Antiemetic. (Jones 2020)

	Lower molecular weight heparin. Therapeutic class; anticoagulant.		(Jones 2020)		
Mechanism of Action	Enoxaparin is a coagulation inhibitor. It rapidly binds with antithrombin 3 and inactivates clotting factors (Jones, 2020).	"Gabapentin is structurally like gamma-aminobutyric acid (GABA), the main inhibitory neurotransmitter in the brain. Although gabapentin's exact mechanism of action is unknown, Gaba inhibits the rapid firing of neurons associated with seizures. it also may prevent exaggerated responses to painful stimuli and pain-related responses to a normally innocuous stimulus to account for its	"Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on the temperature-regulating center in the hypothalamus by inhibiting the synthesis of prostaglandin E2" (Jones, 2020).	"Omeprazole interferes with gastric acid secretion by inhibiting the hydrogen potassium adenosine triphosphatase enzyme system, or protein pump, in gastric parietal cells. Normally, the protein pump uses energy from the hydrolysis of adenosine triphosphate to drive hydrogen and chloride out of the parietal cells and into the stomach lumen in exchange for potassium, which leaves the stomach lumen and enters parietal cells; after this exchange, hydrogen and chlorine combined in	"Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine. This action reduces nausea and vomiting by preventing serotonin release in the small intestine (probable cause of chemotherapy and radiation-induced nausea and vomiting) and blocking signals to the CNS. Ondansetron May also

		effectiveness in relieving postherpetic neuralgia and restless legs syndrome symptoms." (Jones, 2020).		the stomach to form hydrochloric acid. Omeprazole irreversibly blocks the exchange of intracellular hydrogen and extracellular potassium. By preventing hydrogen from entering the stomach lumen, omeprazole keeps additional hydrochloric from forming" (Jones 2020).	bind to other serotonin receptors and two mu-opioid receptors" (Jones 2020).
Reason Client Taking	The patient is taking this medication to prevent clotting.	The patient is taking this medication to reduce the risk for seizure.	The patient is taking this medication for pain.	The patient is taking this medication for gastroesophageal reflux.	The patient is taking this for nausea and vomiting.
Contraindications (2)	This medication is contraindicated in patients who eat pork products and those with active major bleeding or who have a history of immune-mediated heparin-induced thrombocyto	hypersensitivity to gabapentin or its components. (Jones, 2020).	hypersensitivity to acetaminophen or its members, severe hepatic impairment, severe active liver disease. (Jones, 2020)	hypersensitivity to omeprazole, substituted benzimidazoles or their components, and concurrent therapy with rilpivirine-containing products (Jones 2020).	Congenital long QT syndrome and hypersensitivity to ondansetron or its components. (Jones 2020)

	penia (Jones, 2020).				
Side Effects/Adverse Reactions (2)	Confusion and spinal hematoma.	Agitation, anxiety, amnesia, depression, angina, hypertension, abnormal vision, jaundice, nausea, and anemia. (Jones, 2020).	Agitation, hypertension, stridor, abdominal pain, hypoglycemic coma, and peripheral edema (Jones, 2020).	hypoglycemia, agitation, regurgitation, constipation, back pain, bone fracture, bronchospasms, and abdominal pain (Jones 2020).	bronchospasms, abdominal pain, prolonged QT interval, wonder, and tachycardia. (Jones 2020)
Nursing Considerations (2)	This medication should be used cautiously in patients with diabetic retinopathy, hepatic or renal impairment, GI hemorrhaging, ulceration, and uncontrolled hypertension (Jones, 2020).	Administer with food or without food. Giving with food will reduce gastrointestinal upset (Jones, 2020). Report observation of depression, suicidal thoughts, all unusual behavior (Jones, 2020).	"Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment" (Jones, 2020). "Know that before and during long term therapy including parenteral therapy, liver function test	Give omeprazole before meals but preferably in the morning for once daily dosing. If needed also give an anti-acid, as prescribed (Jones, 2020). Monitor patients' urine output because omeprazole may cause acute intestinal nephritis. notify provider if urine output decreases or there is blood in patients' urine (Jones, 2020).	consider that if hypokalemia or hypo magnesium is present, these electrolyte imbalances should be corrected before medication administered because of increased risk for QT interval prolongation, which could predispose the patient to develop torsade de pointes (Jones, 2020). Monitor the patient

			results, including AST, ALT, bilirubin, and creatinine levels, as ordered must be monitored because I see the metaphor may cause hepatotoxicity. Ensure that daily dose of acetaminophen from all sources does not exceed maximum daily limits" (Jones, 2020).		closely for signs and symptoms of hypersensitivity to medication because hypersensitivity reactions, including anaphylaxis and bronchospasm could occur (Jones, 2020).
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Before administering enoxaparin assess for signs and symptoms of bleeding or hemorrhaging (Jones, 2020). Review patients complete blood cell and platelet	Instruct patient to swallow extended-release tablets without breaking, crushing, dissolving, or chewing (Jones, 2020). Ensure blood pressure is	Assess for any allergies to acetaminophen or its component (Jones, 2020). Assess for pain by having the patient rate on a scale of 1 to 10, and describe	Assess for any allergies to omeprazole and its components (Jones, 2020). Monitor for other CNS side effects such as drowsiness, fatigue, weakness, headache, and report severe or prolonged	Assess for any allergies to ondansetron and its components (Jones, 2020). Assess for nausea, vomiting, abdominal distention call mom and bowel sounds

	count (Jones, 2020).	within normal range.	characteristics, duration, and frequency before administering (Jones, 2020). medication hearing	effects before administering omeprazole (Jones, 2020).	prior to administering medication (Jones, 2020).
Client Teaching Needs (2)	avoid activities that may increase your risk for bleeding or injury. Use extra care to prevent bleeding while shaving or brushing your teeth (Jones, 2020). This medication will reduce or prevent blood clots from forming (Jones, 2020).	Do not suddenly stop gabapentin due to the increased risk of seizure (Jones, 2020). Teach the patient to avoid driving and activities that require concentration until the effects have been evaluated (Jones, 2020).	Instruct the patient not to take more than 4000 milligrams of acetaminophen per 24 hours (Jones, 2020). Teach patient to recognize signs of hepatotoxicity, such as bleeding, easy bruising, and Malaise, which commonly occurs with chronic overdose. H (Jones, 2020).	Advise patient to notify provider immediately about abdominal pain or diarrhea. Also tell patient to stop taking omeprazole and notify provider if a rash or joint pain occurs (Jones, 2020). Educate patient to avoid alcohol, aspirin products, ibuprofen, and foods that may increase gastric secretions during therapy period tell patient to notify all provider about omeprazole use (Jones, 2020).	Educate the patient to place disintegrating tablet on the tongue immediately and allow it to dissolve on his tongue before swallowing (Jones, 2020). “Advise patient to immediately report signs and symptoms of hypersensitivity, such as rash” (Jones, 2020).

Medications Reference (1) (APA):

Jones, D.W. (2020). Nurse's Drug Handbook. (A. Bartlett, Ed.) (19th ed.). Jones & Bartlett Learning.

MedlinePlus. (Updated 2021, November 8). MedlinePlus. U.S. National Library of Medicine. http://medlineplus.gov/

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient was alert and oriented X4 with no sign of distress. The patient is alert and oriented to person, place and time. The patient was well-groomed. The patient's hygiene is appropriate for current situation.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	The patient's skin is dry. The patient skin temperature was warm with elastic skin turgor. No rashes or bruises were present during the patient assessment. The patient's braden score is 12. The patient's skin was appropriate for ethnicity.
HEENT:	The patient's head is normal cephalic, and the

Head/Neck: **Ears:** **Eyes:** **Nose:** **Teeth:**	neck is symmetrical with the trachea at the midline. All pulses are +3. There are no scarring, depressions, or masses. The patient's hair has a normal texture and is evenly distributed. The patient's eyes are symmetrical, with no sign of exudates or hemorrhage. The eyes are perrla, and extraocular movements are intact. The eyes have no sign of nystagmus. The ears are symmetrical with no sign of discharge and no tenderness. That tympanic membrane is normal in appearance, and hearing is intact. The nasal mucosa is pink and moist. The nasal septum is midline, and the nares are patent bilaterally. The patient's oral mucosa is pink and moist.. .
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:**	The patient presented with s1 and s2 heart sounds. Peripheral pulses were +3. Sinus rhythm. Patient capillary refill was less than 2 and the patient had no neck vein distention. The patient was a fall risk, and the fall score was 55. Pitting edema +2 of the legs.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds are clear bilateral. Respirations regular. Regular breathing pattern. Breath sound are slightly diminished with slight wheezing. Respirations 20 per min. No muscle accessory use.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒**	 Regular home diet. Clear liquid diet. 167.64cm 104.004kg Active bowel sounds in all four quadrants. This morning. No palpations patient had surgery. No distention of the abdomen Vertical incision on the abdomen No scars present. No drains present. No wounds present. No Ostomy.

Nasogastric: Y ☐ N ☒ **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	No Nasogastric tube in place. Feeding tube removed, patient is now NPO.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** **Size:**	 Dark yellow Clear 200ml Patient stated no pain with urination. No dialysis in place N/A N/A
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	 Nail beds normal, no sign of clubbing. Active and passive range of motion. The patient acts as if pain in lower legs when the legs are moved but states she feels no pain. Patient is a Hoyer lift and utilizes grab to reach items. The patient has 5+ strength in both upper and lower extremities. The patient requires full assistance activities of daily living. The patient fall score is 55. Patient does not have full range of motion in both lower extremities. Patient requires assistance bending lower extremities. Patient has active and passive range of motion in all extremities. Patient is a Hoyer lift does not stand or walk and needs assistance with certain equipment.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient is oriented to person, place, situation, and time. The patient's pupils are equal, reactive to light, and accommodates. The patient has 5+ strength in both lower and upper extremities. The patient is able to follow commands and the patient's memory is intact. and speech was soft and clear. The patient is awake and answering questions appropriately. Alert and oriented times 4. Sensory is intact.

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):**	The patient's coping method is watching TV and talking to her roommate at the nursing home. The patient uses jokes to cope. The patient can read and write and can form full structured sentences. She also has the capability of making a fully informed decision. The patient is Christian, she believes that we should treat others as we treat ourselves. The patient leaves at a nursing home. The patient did not want to disclose any more personal information.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:10	93	118/76	20	36.3	95 on room air
10:45	94	136/76	20	36.7	97 on room air

Vital Sign Trends:

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:20	Numerical scale	N/A	N/A	N/A	N/A
10:45	Numerical scale	N/A	N/A	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	18-gauge saline locked
Location of IV:	Peripheral/Double central IV
Date on IV:	02/20/23
Patency of IV:	Patent
Signs of erythema, drainage, etc.:	No sign erythema, drainage present.
IV dressing assessment:	Dry and clean dressing.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
473.176 ml of chicken broth and 570ml of sprite.	Incontinent of urine times 1 Incontinent of stool times 1

Nursing Care

Summary of Care (2 points)

Overview of care: The student arrived at the patient's room around 730. The student introduced himself to the patient and remained outside waiting for the nurse. when the students nurse arrived, the student and nurse entered the patient's room and completed a full head to toe assessment of the patient. The student gave the patient a bed bath around the morning time. The patient was glad the student was there to give her a bed bath. the nurse asks the patient if she was having pain, but the patient stated she has zero pain. The student took the patients vital signs, and all vital signs were within normal range. Later, the day the student and instructor provided the patient with daily medications. The patient also asked for more blankets, so the student provided the patient with more blankets. Around 11:20 the student took the patients vital signs again, the patient's blood pressure was a slightly elevated. Patients' other vital signs were within normal range. Patient requested to be fed around this time and the student fed the patient the first bowl of chicken broth and provided the patient with a sprite.

Procedures/testing done: During the students' clinical hours, no procedures of testing was done.

Complaints/Issues: The patient did not complain of anything. when the nurse was assessing the patient's edema on the lower legs. The patient ground each time the nurse assessed each leg. When asked if she felt any pain, the patient denied any pain.

Vital signs (stable/unstable): When the students took the patient's first set of vital signs, all vital signs were within normal range. The second set of vital signs taken around 11:20 showed that the patient's blood pressure was slightly increased.

Tolerating diet, activity, etc.: The patient was placed on an NPO diet but as of this morning the NPO's order was pulled. The patient is now on a clear liquid diet. patient was provided with chicken broth and Sprite. The patient is tolerating this diet without any complications. The patient is bed rest, the student provided the patient with a bed bath. Patient is a Hoyer lift. The patient spends most of her time watching TV.

Physician notifications: Physician ordered that the patient be placed on a clear liquid diet. No other orders during the students' clinical hours.

Future plans for client: Future plans are to discharge the patient to a nursing home after the patient is assessed by the physician or provider.

Discharge Planning (2 points)

Discharge location: Nursing home in Mattoon

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Patient will be discharged to a nursing home. She will receive support with activities of daily living.

Education needs: Educate patient about chronic abdominal pain and signs and symptoms to watch for. Educate patient about avoiding a diet high in sodium and participating in passive and active range of motion to avoid further deterioration of range of motion. Educate patient on using the call line to ask for assistance in turning to avoid pressure ulcers. Educate patient about participating in self-care activities.

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced 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.
1. Excess fluid volume related to a compromise regulatory mechanism as evidenced by pedal edema (Phelps, L. 2020).	Patient has 2+ pitting edema in both lower legs.	1.Adminster diuretics as prescribed (Phelps, L. 2020). 2. Educate patient that large amounts of sodium will cause the body to retain water to dilute it which causes fluid overload. Encourage a low sodium diet (Phelps, L. 2020).	1. Pitting edema will decrease to +1 after one day. 2. Patient will restrict from high sodium diet.	The client was satisfied with intervention put in place to reduce edema. Patient does not eat a high sodium diet.
2. Risk for	Patient is	1. Position patient	1. The patient	Patient skin

impaired skin integrity related to pressure over bony prominence as evidenced by immobility.	bed rest and requires help changing positions.	for comfort and minimal pressure on Bony prominences. Change patient's position at least every two hours (Phelps, L. 2020). 2..Keep linen dry, clean, and free from wrinkles or charms change wet bed linens and incontinence pads immediately (Phelps, L. 2020).	will not exhibit skin breakdown (Phelps, L. 2020). 2. Patient skin remains dry and intact (Phelps, L. 2020).	remains intact. Patient appreciates linens provided that are dry, clean, and free from wrinkles or crumbs
3. Impaired bed mobility related to morbid obesity has evidenced by partial range of motion and lower extremities (Phelps, L. 2020).	Patient does not have full range of motion in lower extremities.	1. Perform range of motion exercises to affect the joints, unless contraindicated, at least once per shift. progress from passive to active range of motion as tolerated (Phelps, L. 2020). 3. Provide patient with emergency call system (all or call light) and respond to all calls immediately and in person. (Phelps, L. 2020).	1. Patient maintains range of motion or increases range of in the lower extremities slightly. 2. Patient is using the call light to request help with ADLs.	Patient sees some improvement in range of motion of the lower extremities improves. Patient understands the use of the call and use is the call when she needs assistance.
4. Frail elderly	The patient did not	6. 1. Provide patient with	8. 1. Patient will begin	Patient is socializing

syndrome related to impaired mobility as evidenced by decrease in energy (Phelps, L. 2020). 5.	want to participate in any activity and wanted to be left alone. The patient was oftentimes sleeping.	socialization opportunities and provide patient with supplemental nutritional drinks or food (Phelps, L. 2020). 7. 2. Provide patient with ample time to help complete activities of daily living (Phelps, L. 2020).	socializing more with others when opportunities are presented, and her energy will increase as she continues to drink nutritional drinks and eat nutritional food (Phelps, L. 2020). 9. 2.Patient will participate in helping with completing activities of daily living (Phelps, L. 2020).	more with others. Her energy has increased she is participating more in activities of daily living.

Other References (APA):

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

Concept Map (20 Points):

Subjective Data

The patient stated that her last bowel movement was this morning.
The patient stated that on a numerical pain scale her pain was zero.
The patient stated that she has not had food since she was admitted but is hungry and would like some food.

Objective Data

CT of the abdomen and pelvis with contrast 2/15/23. CT of the abdomen showed a fatty liver with infiltration.
BP: 136/76
Labs:
Dark yellow urine
Braden score: 12

Client Information

72-year-old Caucasian female with the history of small bowel obstruction, irritable bowel syndrome, chronic obstructive pulmonary disease, and morbid obesity. Patient was admitted for chronic abdominal pain. Alert and oriented times 4.

Nursing Diagnosis/Outcomes

1. Excess fluid volume related to a compromise regulatory mechanism as evidenced by pedal edema.

Outcome: Pitting edema will decrease to +1 after one day. Patient will restrict from high sodium diet.

2. Risk for impaired skin integrity related to pressure over bony prominence as evidenced by immobility.

Outcome: The patient will not exhibit skin breakdown (Phelps, L. 2020). Patient skin remains dry and intact (Phelps, L. 2020).

3. Impaired bed mobility related to morbid obesity has evidenced by partial range of motion and lower extremities (Phelps, L. 2020)

Outcome: Patient maintains range of motion or increases strength in lower extremities slightly. Patient is using the call light to request help with ADLs.

4. Frail elderly syndrome related to impaired mobility as evidenced by decrease in energy.

Outcome: Patient will begin socializing more with others when opportunities are presented, and her energy will increase as she continues to drink nutritional drinks and eat nutritional food. Patient will participate in helping with completing activities of daily living.

Nursing Interventions

1. Administer diuretics as prescribed. Educate patient that large amounts of sodium will cause the body to retain water to dilute it which causes fluid overload. Encourage a low sodium diet.

2. Position patient for comfort and minimal pressure on Bony prominences. Change patient's position at least every two hours (Phelps, L. 2020). Keep linen dry, clean, and free from wrinkles or charms change wet bed linens and incontinence pads immediately (Phelps, L. 2020).

3. Perform range of motion exercises to affect the joints, unless contraindicated, at least once per shift. progress from passive to active range of motion as tolerated (Phelps, L. 2020). Provide patient with emergency call system (all or call light) and respond to all calls immediately and in person. (Phelps, L. 2020).

4. Provide patient with socialization opportunities and provide patient with supplemental nutritional drinks or food. Provide patient with ample time to help complete activities of daily living.