N321 Care Plan # 2

Lakeview College of Nursing

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Professor Henry

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Demographics (3 points)

Date of Admission 03/01/2023	**Client Initials** AW	**Age** 60	**Gender** Male
Race/Ethnicity White/ Caucasian	**Occupation** Works at a warehouse	**Marital Status** Married	**Allergies** Codeine
Code Status Full code	**Height** 6'2	**Weight** 196 lbs	

Medical History (5 Points)

Past Medical History: Bipolar 1 disorder, depression, and esophageal cancer

Past Surgical History: Cholecystectomy (1998), upper gastrointestinal endoscopy (01/2023), central venous catheter Left (02/15/2023), and gastrostomy tube placement.

Family History: His family includes cancer in his brother and no knowns problems in his mother. Diabetes, thyroid disease, and parkinsonism in his father.

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): He reports that he quit smoking about 6 weeks ago. His smoking includes cigarette and cigars. He has a 45 pack year smoking history. He has never used smokeless tobacco. He reports that he does not currently use alcohol or drugs.

Assistive Devices: Pt does not use any assistive devices.

Living Situation: Pt lives at home with his wife.

Education Level: High school diploma

Admission Assessment

Chief Complaint (2 points): Abdominal pain (status post G tube placement)

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

The patient is a 60-year-old male who was brought to the hospital for abdominal pain. He has just recently had a G tube placement put in 02/28/2023. Patient states that he has been in pain

since his surgery (02/28/2023). His pain was consistent and only in his abdomen. He rated his pain level as a 10/10. He stated that nothing made it worse or better. He came to the emergency room for treatment.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumoperitoneum

Secondary Diagnosis (if applicable): N/A

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

Pneumoperitoneum is the medical term for when air is present in the peritoneal cavity. Two subgroups can be categorized into surgical pneumoperitoneum and nonsurgical pneumoperitoneum. A ruptured gastrointestinal tract in the abdomen is one of the most frequent and urgent causes of surgical pneumoperitoneum; this group requires quick identification and treatment. Non Surgical pneumoperitoneum is less common and is what my patient has. Nonsurgical pneumoperitoneum is typically described as free air that can be seen on an X-ray of the chest or abdomen or a CT scan in the peritoneal cavity. My patient had a CT done the day he was admitted, leading to a pneumoperitoneum diagnosis. An erect chest X-ray will reveal that the gas will rise to the top of the peritoneal cavity, which is seen beneath the diaphragm (Jones, 2022). An abdomen X-ray can be challenging to detect free gas but will show gas on both sides of the bowel wall. You can see that the gas tends to sit anteriorly and tends to form small triangles between bowel loops. A CT is an ideal choice of the three when diagnosing pneumoperitoneum because it is helpful to determine the cause. There are a few labs that you should look at when diagnosing pneumoperitoneum. A complete blood count, basic metabolic panel, liver function tests, lipase, amylase, and inflammatory markers. My patients hgb and hct

came back low but could possibly be due to his recent surgery. His bilirubin count came back elevated on admission which could result from pneumoperitoneum.

There are a few common causes of pneumoperitoneum. The most common cause of surgical pneumoperitoneum is a perforation of the gastrointestinal tract. Nonsurgical pneumoperitoneum causes include peptic ulcer disease, ischemic bowel, bowel obstruction, appendicitis, diverticulitis, necrotizing enterocolitis, severe coughing, bronchopleural fistula, and pneumothorax. Signs and symptoms of pneumoperitoneum may vary according to the site of perforation. Abdominal pain, vomiting, abdominal distension, constipation, fever, diarrhea, tachycardia, hypotension, urine output, and tachypnea are frequent signs and symptoms of pneumoperitoneum. My patient was brought to the hospital with severe abdominal pain, rating his pain as a ten out of ten.

Treatment for pneumoperitoneum depends on the underlying cause of the disease. The surgical pneumoperitoneum is more severe and will need surgery. Pneumoperitoneum that is not surgically treated can be managed in a number of methods, including laparoscopy or nonoperative treatment (“What Is Pneumoperitoneum?”, 2023). Nonoperative treatment includes antibiotics, adequate rest, lifestyle, and food habit modifications. My patient was taking the antibiotic levofloxacin and will be told to finish the whole bottle of antibiotics.

Pathophysiology References (2) (APA):

Jones, Jeremy. “Pneumoperitoneum (Summary) | Radiology Reference Article | Radiopaedia.org.” *Radiopaedia*, 2022, radiopaedia.org/articles/pneumoperitoneum-summary.

“What Is Pneumoperitoneum?” *Www.icliniq.com*, 22 Feb. 2023,

www.icliniq.com/articles/gastro-health/pneumoperitoneum. Accessed 8 Mar. 2023.

Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80- 5.90	4.21	3.92	RBC were within normal limits.
Hgb	12.0- 15.8	12.8	11.9	Hgb levels were decreased due to his recent surgery (Jones & Bartlett Learning, 2022).
Hct	36.0- 47.0	37.3	35.4	Hct levels were decreased due to his recent surgery (Jones & Bartlett Learning, 2022).
Platelets	140- 440	347	394	Platelets were within normal limits.
WBC	4.00- 12.00	13.20	7.60	WBC count could possibly be elevated on admission due to possible infection during surgery (Jones & Bartlett Learning, 2022).
Neutrophils	47.0- 73.0	81.4	66.4	Neutrophils count could possibly be elevated on admission due to possible infection during surgery (Jones & Bartlett Learning, 2022).
Lymphocytes	18.0- 42.0	10.2	19.4	Lymphocytes count could possibly be elevated on admission due to possible infection during surgery (Jones & Bartlett Learning, 2022).
Monocytes	4.0- 12.0	7.8	10.0	Monocytes were within normal limits.
Eosinophils	0.0- 5.0	0.2	3.6	Eosinophils were within normal limits.
Bands	0-4	N/A	N/A	BANDs was not obtained.

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	135- 145	134	134	The pts sodium levels were low due to the pt not eating because of the dysphagia. (Jones & Bartlett

				Learning, 2022).
K+	3.5- 5.1	4.1	3.7	Potassium was within normal limits.
Cl-	98- 107	100	100	Chloride was within normal limits.
CO2	21- 31	21	23	CO2 was within normal limits.
Glucose	70- 99	**119**	**99**	The patient's glucose levels were high upon admission due to nutrition imbalance. (Jones & Bartlett Learning, 2022).
BUN	6- 25	11	6	BUN was within normal limits.
Creatinine	0.50- 1.20	0.71	0.75	Creatinine was within normal limits.
Albumin	3.5- 5.7	7.0	3.2	High and low albumin levels could indicate malnutrition and my pt was not eating due to difficulty swallowing (Jones & Bartlett Learning, 2022).
Calcium	8.8- 10.2	9.8	9.3	Calcium was within normal limits.
Mag	1.6- 2.6	N/A	N/A	Mag was not obtained.
Phosphate	34- 104	N/A	N/A	Phosphate was not obtained.
Bilirubin	0.2- 0.8	1.3	0.8	Stress from surgery can cause high albumin levels (Jones & Bartlett Learning, 2022).
Alk Phos	34- 104	69	66	Alk phos was within normal limits.
AST	10- 30	17	20	AST was within normal limits.
ALT	10- 40	20	20	Alt was within normal limits.
Amylase	60- 120	N/A	N/A	Amylase was not obtained.
Lipase	0- 160	10.2	N/A	Lipase was within normal limits.
Lactic Acid	0.5- 2.2	1.4	N/A	Lactic acid was within normal limits.

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	2- 3	N/A	N/A	INR was not obtained.
PT	9.5- 11.3	N/A	N/A	PT was not obtained.
PTT	30- 40	N/A	N/A	PTT was not obtained.
D-Dimer	>250	N/A	N/A	D-dimer was not obtained.
BNP	100- 400	N/A	N/A	BNP was not obtained.
HDL	>60	N/A	N/A	HDL was not obtained.
LDL	< 130	N/A	N/A	LDL was not obtained.
Cholesterol	< 200	N/A	N/A	Cholesterol was not obtained.
Triglycerides	40- 180	N/A	N/A	Triglycerides was not obtained.
Hgb A1c	< 7	N/A	N/A	High A1c was not obtained.
TSH	0.5- 5.0	N/A	N/A	TSH was not obtained.

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Clear/ yellow	N/A	N/A	Color and clarity were not obtained.
pH	4.6- 8.0	N/A	N/A	pH was not obtained.
Specific Gravity	1.005- 1.030	N/A	N/A	Specific gravity was not obtained.
Glucose	Negative	N/A	N/A	Glucose was not obtained.
Protein	Negative	N/A	N/A	Protein was not obtained.
Ketones	Negative	N/A	N/A	Ketones was not obtained.

WBC	Negative	N/A	N/A	WBC was not obtained.
RBC	Negative	N/A	N/A	RBC was not obtained.
Leukoesterase	Negative	N/A	N/A	Leukoesterase was not obtained.

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 <10,000 Positive >10,000	N/A	N/A	Urine culture was not obtained.
Blood Culture	Negative	Negative	N/A	Blood culture was within normal limits.
Sputum Culture	Normal URT	N/A	N/A	Sputum culture was not obtained.
Stool Culture	Normal Intestinal Flora	N/A	N/A	Stool culture was not obtained.

Lab Correlations Reference (1) (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT abdomen pelvis with contrast

-2 metastatic nodules noted in the right lower lobe.

-bilateral mild pleural effusion noted.

-Large amount of free air/ pneumoperitoneum noted under the right diaphragm. Free air/ pneumoperitoneum also noted in the lower abdomen.

-Subcutaneously emphysema noted at the entry point of G tube.

-Right renal cyst noted measuring 1.5 cm.

Diagnostic Test Correlation (5 points):

A CT was done to tell if there was air or gas in the peritoneal cavity which led to the diagnosis of pneumoperitoneum.

Diagnostic Test Reference (1) (APA):

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

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

Home Medications (5 required)

Brand/Generic	Hydrocodone-acetaminophen (Norco)	Paroxetine (Paxil)	Folic acid (Folate)	Cholecalciferol (Vitamin D)	Valproate (Depakene)
Dose	325 mg	10mg/ 5ml	400 mg	125 mcg	250mg/ 5ml
Frequency	Every 8 hours. PRN	Daily	Daily	Daily	TID
Route	Orally	G tube	Orally	Orally	Orally
Classification	Pharmacologic: Opioids Therapeutic class: Opioid analgesics controlled substances	Pharmacologic: SSRIs Therapeutic: Antidepressant	Vitamins B vitamin	Vitamins D vitamin	Pharmacologic: Carboxylic acid derivative Therapeutic: anticonvulsa

	schedule II				nt
Mechanism of Action	Binds to and activates opioid receptors at sites in the periaqueductal and Periventricular grey matter to produce pain relief (Jones & Bartlett Learning, 2022).	Paroxetine selectively inhibits the reuptake of serotonin (Jones & Bartlett Learning, 2022).	Folic acid is essential for the production of certain coenzymes in many metabolic systems such as purine and pyrimidine synthesis (Jones & Bartlett Learning, 2022).	The active metabolite, 1,25-dihydroxyvitamin D (calcitriol), stimulates calcium and phosphate absorption from the small intestine, promotes secretion of calcium from bone to blood (Jones & Bartlett Learning, 2022).	VPA increases GABA levels probably by increasing succinic semialdehyde, a good endogenous inhibitor of GABA-T (Jones & Bartlett Learning, 2022).
Reason Client Taking	Moderate to severe pain	Depression	To prevent low blood levels of folate	Vitamin D, help absorb calcium	Bipolar mania
Contraindications (2)	Allergy Acute or severe asthma	Use with or within 14 days of MAOIs; concurrent use with thioridazine or pimozide.	Undiagnosed megaloblastic anemia; pernicious, aplastic or normocytic anemias.	Kidney stones, decreased kidney function	Hepatic impairment, severe seizures
Side Effects/Adverse Reactions (2)	Nausea Vomiting	Blurred vision, changes in weight	GI disturbance, bronchospasms	Chest pain, shortness of breath	Tremor, muscle weakness
Nursing Considerations (2)	Monitor liver labs, watch for decreased respirations (Jones & Bartlett Learning, 2022).	Watch for increased depression and manage renal function tests (Jones & Bartlett Learning,	Schilling test, monitor Hgb and hct levels (Jones & Bartlett Learning, 2022).	The pt will need frequent blood tests, best to take after a meal (Jones & Bartlett Learning, 2022).	Monitor serum ammonia levels and take with a meal (Jones & Bartlett Learning, 2022).

		2022).			

Hospital Medications (5 required)

Brand/ Generic	Famotidine (Pepcid)	Levofloxacin (Levaquin)	Guaifenesin-dextromethorphan (Robitussin DM)	Fluconazole (Diflucan)	Albuterol (Proventil, Ventolin)
Dose	20 mg	750 mg	5 ml	200 mg	2.5mg/ 3ml
Frequency	BID	Daily	Every 8 hours. PRN	Daily	Every 6 hours, PRN
Route	G tube	Orally	Orally	G tube	Nebulizer
Classification	Pharmacologic: H2 antagonists Therapeutic: Antiulcer agent	Pharmacologic: Fluroquinolone Therapeutic: Antibiotic	Expectorants	Pharmacologic: Azole antifungals Therapeutic: Antifungal	Pharmacologic: Adrenergic Therapeutic: bronchodilators

Mechanism of Action	Famotidine is a competitive inhibitor of histamine-2 (H2) receptors. The primary clinically important pharmacologic activity of famotidine is inhibition of gastric secretion (Jones & Bartlett Learning, 2022).	Levofloxacin promotes the breakage of DNA strands by inhibiting DNA-gyrase in susceptible organisms, which inhibits the relaxation of supercoiled DNA (Jones & Bartlett Learning, 2022).	Expectorants like guaifenesin function by increasing mucus secretion (Jones & Bartlett Learning, 2022).	fluconazole inhibits the synthesis of ergosterol to increase cellular permeability (Jones & Bartlett Learning, 2022).	Albuterol takes action on beta-2 adrenergic receptors by relaxing the bronchial smooth muscle. (Jones & Bartlett Learning, 2022).
Reason Client Taking	Indigestion	Antibiotic to treat bacterial infection	Relieve cough	Treat fungal infection	Wheezing
Contraindications (2)	if the patient has difficulty and pain swallowing food, vomiting with blood, or black or bloody stools, the over-the-counter form of famotidine should not be utilized. Patients allergic to other acid	The concurrent administration of levofloxacin with drugs that prolong the QT interval is contraindicated and electrolyte abnormalities	Diabetes and significant uncontrolled high blood pressure	The oral suspension of fluconazole powder contains sucrose; therefore, caution is essential for patients with hereditary fructose, glucose/galactose malabsorption, and sucrase-isomaltose deficiency	Albuterol tablets are contraindicated in patients with a history of hypersensitivity to Albuterol, or any of its components.

	reducers, have renal impairment, or are currently on other acid reducers should not take Pepcid.				
Side Effects/Adverse Reactions (2)	Headache, diarrhea	Tendon problems, serious mood or behavior changes	Hives and wheezing	Dizziness and possible seizures	Upset stomach and headache
Nursing Considerations (2)	Assess if the patient has a history of allergy to H2 antagonists, evaluate if the pt has impaired renal function (Jones & Bartlett Learning, 2022).	Monitor blood pressure, monitor for signs and symptoms of tendonitis (Jones & Bartlett Learning, 2022).	Store at room temperature, pt should increase fluids (Jones & Bartlett Learning, 2022).	Monitor liver functions tests and monitor INR (Jones & Bartlett Learning, 2022).	Monitor blood pressure and monitors pts respiratory rate and oxygen saturations (Jones & Bartlett Learning, 2022).

Medications Reference (1) (APA):

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

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:**	Patient is alert and oriented x4. Pt is well groomed and in no acute distress.

Overall appearance:	
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 19** **Drains present: Y☐ N ☒** **Type:**	Normal quantity, distribution, and texture of hair Skin color is olive/ pale. Nails without clubbing or cyanosis Skin is warm. Skin is dry. Good skin turgor No rashes, bruises, or wounds
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical. Carotid pulses are 2+ bilaterally. Hearing appeared normal. PERRLA intact, EOMS intact Turbinate's appeared moist. Poor dentition and oral mucosa appeared dry .
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:**	Heart sounds clear without murmurs, gallops, or rubs Normal rhythm Pulses were 2+ throughout Capillary refill was less than three seconds fingers and toes bilaterally. No edema No neck vein distention
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Normal rate and pattern of respirations Lung sounds clear anteriorly and posteriorly with no wheezes or crackles. No accessory muscle use
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** 6'2 **Weight:** 196 lbs **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:**	Bowels sounds normoactive in all 4 quadrants. Was unable to access palpation of abdomen due to the new G tube. Pt is on a pureed diet/ G tube diet. Patients last bowel movement was 03/05/2023. No ostomy No nasogastric tube Patient has a G tube Patient has an incision on his abdomen from laparoscopic surgery for G tube.

Wounds: **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☒ N ☐** **Type: G tube**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine color yellow and clear. No pain with urination. Patient does not have a catheter.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 93** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	All extremities have full ROM. Hand grips and pulls demonstrate normal and equal strength. Patient does not need any assistance with ADLs.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Pt is alert and oriented to person, place, time, and situation. PERRLA intact bilaterally. Pt demonstrates normal strength throughout. Speech is clear
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and**	Patients coping methods include his wife. His wife stayed and visited him as much as she could. Patient did not discuss his religion.

available family support):	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	98	116/71	18	97.4	91%
1500	98	130/86	19	97.8	94%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1100	Numeric scale	N/A	0	N/A	N/A
1500	Numeric scale	N/A	0	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20G **Location of IV:** Right antecubital **Date on IV:** 03/01/2023 **Patency of IV:** Transparent infusing **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Clean, dry, and intact	Dextrose 5% and 0.45% NaCl infusion 50 ml/hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
900 ml per G tube feeding	420 ml

Nursing Care

Summary of Care (2 points)

Overview of care: I started clinical at 1200 and came into the room to introduce myself to my patient. My nurse and I gave him medications at 1400. I completed my vitals as well as my head-to-toe assessment around 1530. I thanked my patient for allowing me to take care of him and asked if he needed anything before I left the floor.

Procedures/testing done: The patient did not receive any treatment or leave the floor during my clinical.

Complaints/Issues: The patient did not report any complaints or issues to me.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: The pt went to the bathroom on his own with no problems. He is tolerating his pureed diet/ G tube diet well.

Physician notifications: I did not need to notify the physician for anything during my clinical.

Future plans for client: The future plans for this client are to continue taking his prescribed medications and maintain on a pureed/ G tube diet.

Discharge Planning (2 points)

Discharge location: The patient will go back home with his wife.

Home health needs (if applicable): I do not think the patient will need any home health needs with his G tube. I think he has a good understanding of his G tube and the diet necessary for it.

Equipment needs (if applicable): Patient will need feeding pump and feeding bags for his G tube.

Follow up plan: Patient should follow up with dietitian regarding his G tube.

Education needs: Educate patient on parenteral nutrition and signs of infection.

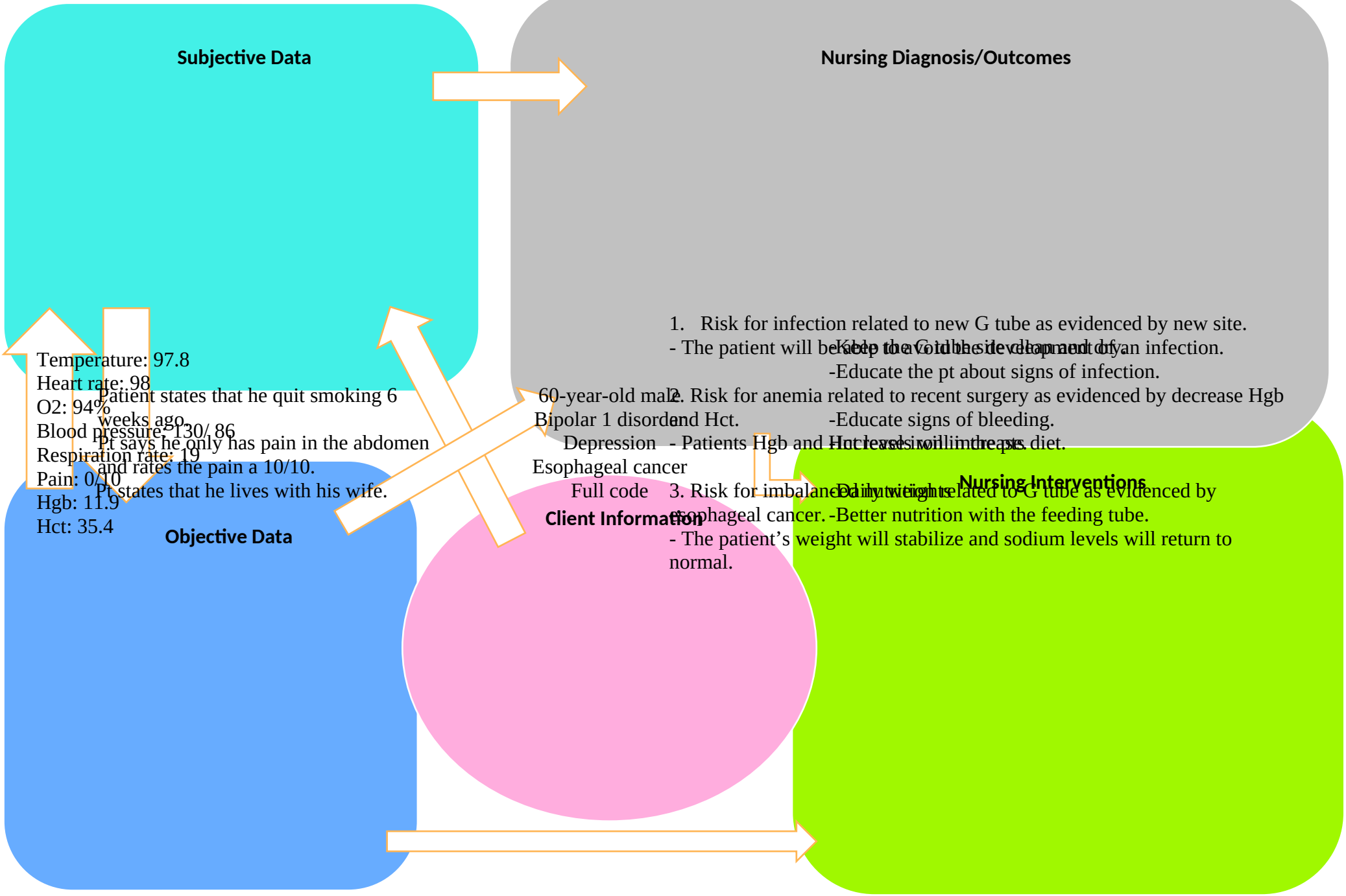
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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. Risk for infection related to new G tube as evidenced by new site.	Pt had elevated WBC on admission.	1.Keep the G tube site clean and dry. 2.Educate the pt about signs of infection.	1. The patient will be able to avoid the development of an infection.	The patient did not develop an infection from his G tube placement.
2. Risk for anemia related to recent surgery as evidenced by decrease Hgb and Hct.	Patients Hgb and Hct were decreased.	1. Educate signs of bleeding. 2.Increase iron in the pts diet.	1. Patients Hgb and Hct levels will increase.	Patient will not be anemic and understand the importance of increasing iron in their body.

3. Risk for imbalanced nutrition related to G tube as evidenced by esophageal cancer.	Patients' sodium is decreased and has lost 70 lbs since June of 2022.	1.Daily weights 2 Better nutrition with the feeding tube.	1. The patient's weight will stabilize, and sodium levels will return to normal.	The patient verbalized a need for better nutrition.

Other References (APA):

Concept Map (20 Points):


Subjective Data
Patient states that he quit smoking 6 weeks ago.
Pt says he only has pain in the abdomen and rates the pain a 10/10.
Pt states that he lives with his wife.
Objective Data
Temperature: 97.8
Heart rate: 98
O2: 94%
Blood pressure: 130/ 86
Respiration rate: 19
Pain: 0/10
Hgb: 11.9
Hct: 35.4
Client Information
60-year-old male
Bipolar 1 disorder
Depression
Esophageal cancer
Full code
Nursing Diagnosis/Outcomes
1. Risk for infection related to new G tube as evidenced by new site.
- The patient will be free of the development of an infection.
2. Risk for anemia related to recent surgery as evidenced by decrease Hgb and Hct.
- Patients Hgb and Hct levels will increase.
3. Risk for imbalanced nutrition related to G tube as evidenced by esophageal cancer.
- The patient's weight will stabilize and sodium levels will return to normal.
Nursing Interventions
-Keep the G tube site clean and dry.
-Educate the pt about signs of infection.
-Educate signs of bleeding.
-Increase vitamin rich diet.
-Daily weights
-Better nutrition with the feeding tube.