

Care Plan # 2

Mason Coon, BSN Student

N321 Adult Health I

Lakeview College of Nursing

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**Demographics (3 points)**

<b>Date of Admission</b> 2/28/23	<b>Client Initials</b> D. R.	<b>Age</b> 66	<b>Gender</b> Male
<b>Race/Ethnicity</b> White/Caucasian	<b>Occupation</b> On Disability; Former truck driver and factory worker	<b>Marital Status</b> Legally Separated	<b>Allergies</b> Albiglutide Procaine
<b>Code Status</b> Full Code	<b>Height</b> 5' 10" (177.8 cm)	<b>Weight</b> 253 lbs (114.9 kgs)	

**Medical History (5 Points)**

**Past Medical History:** Atrial Fibrillation, Hypertension, Common insulin-dependent Diabetes, Gastroesophageal reflux disease (GERD), Hyperlipidemia, Arthritis, Age-related cataract of the left eye, Neuropathy, Systolic Congestive Heart Failure

**Past Surgical History:** Placement of a suprapubic catheter, Cholecystectomy, Tonsillectomy, Cataract removal with implant (left and right eyes)

**Family History:** Diabetes Mellitus in the mother and sister; Heart Disease in the father, mother, and sister; Heart Surgery in the father

**Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):**  
The client denies alcohol and drug use. The client admits to roughly 35 years of smoking, going through one to two packs daily. The client stated that they quit smoking seven years ago.

**Assistive Devices:** The client uses glasses, a walker, and a motorized scooter at home.

**Living Situation:** The client lives at home alone and has a care helper named Donnie that visits for two and a half hours daily.

**Education Level:** The client stated they attended high school but did not graduate.

**Admission Assessment**

**Chief Complaint (2 points):** Scrotal swelling

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

The client presented to the Emergency Department (ED) on 02/28/2023 complaining of scrotal swelling. The pain started the day before and became consistent until arrival at the ED. The client said that the pain was stabby and rated their pain at 9/10 on the numerical scale. Aggravating factors included moving around and sitting in uncomfortable positions. The client said there were no relieving factors. They did not try their own treatment since they are currently on pain pills.

**Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Acute cystitis without hematuria

**Secondary Diagnosis (if applicable):** N/A

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

Acute cystitis is defined as a bladder infection. It is typically caused by *E. coli*, a bacteria. *E. coli* is found in the intestines, and typically gets to the bladder through improper cleaning of the skin around the genital area after a bowel movement. Although other bacteria can cause acute cystitis, *E. coli* is responsible for 90% of all cases of acute cystitis. Signs and symptoms of acute cystitis include feeling the urge to urinate frequently, a burning sensation during urination, a smell with urination, a cloudy concentration to the urine, urinary incontinence, pain in the penis, cramping in the lower back and/or lower abdomen, fatigue, a mild fever, and mental changes or confusion. Acute cystitis is diagnosed through a urinalysis and urine culture, as well as imaging tests, such as an ultrasound, CT scan, or cystoscopy (Cleveland Clinic, 2022). The urinalysis and urine culture directly evaluate the urine of the client. The urinalysis identifies the red blood cell count, white blood cell count, and level of bacteria in the urine. With acute cystitis, these three components are typically elevated. The urine culture assists with identifying the bacteria

responsible for the infection. An ultrasound may be done to examine the components of the urinary tract. A CT scan may be ordered by the provider to produce images of the bladder and urinary tract to identify abnormalities. Also, a cystoscopy can be done to look into the bladder through the urethra. Treatment for acute cystitis involves using antibiotics to kill the bacteria causing the infection (Mayo Clinic Staff, 2022). It is important to educate the client to take all their scheduled antibiotics to prevent the bacteria from becoming antibiotic resistant. Risk factors for developing acute cystitis include urinary catheters, diabetes, and fecal incontinence (Cleveland Clinic, 2022). The client presented with scrotal swelling. After lab tests were done, the urinalysis showed extremely elevated levels of red blood cells and white blood cells in the urine. The urine culture was inconclusive. The client was given Ceftriaxone 1 g daily to treat the infection.

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

Cleveland Clinic. (2022, November 3). *Acute Cystitis: Causes, Symptoms & Treatment*.

Cleveland Clinic. Retrieved March 6, 2023, from

<https://my.clevelandclinic.org/health/diseases/24450-acute-cystitis>

Mayo Clinic Staff. (2022, August 16). *Cystitis - Diagnosis and treatment*. Mayo Clinic.

Retrieved March 6, 2023, from

<https://www.mayoclinic.org/diseases-conditions/cystitis /diagnosis-treatment/drc-20371311>

### 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 (2/28)	Today's Value (3/06)	Reason for Abnormal Value
RBC	4.40 - 5.80	5.02 $\mu$ L	N/A	N/A

	μL			
<b>Hgb</b>	13.0 - 16.5 g/dL	11.0 g/dL	N/A	Decreased hemoglobin can be caused by medications, such as antibiotics and aspirin. Kidney disease can also play a factor (Pagana et al., 2020, p. 491). The client is taking an antibiotic and aspirin, and also has diabetes, which is likely affecting their kidneys.
<b>Hct</b>	38.0 - 50.0 L/L	36.7 L/L	N/A	Low hematocrit levels correspond to low hydration levels and renal disease (Pagana et al., 2020, p. 489). The client could have been dehydrated upon admission. They do have diabetes, which could affect kidney function.
<b>Platelets</b>	140 - 440 μL	242 μL	N/A	N/A
<b>WBC</b>	4.00 - 12.00 μL	7.10 μL	N/A	N/A
<b>Neutrophils</b>	40.0 - 68.0 μL	66.6 μL	N/A	N/A
<b>Lymphocytes</b>	19.0 - 49.0 μL	18.9 μL	N/A	Low levels of lymphocytes can be linked to the medication a client is taking (Pagana et al., 2020, p. 977). The lymphocyte count for this client is slightly lowered, so it is hard to say the direct cause.
<b>Monocytes</b>	3.0 - 13.0 μL	11.7 μL	N/A	N/A
<b>Eosinophils</b>	0.0 - 8.0 μL	1.8 μL	N/A	N/A
<b>Bands</b>	0.0 - 3.0%	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 (2/28)	Today's Value (3/06)	Reason For Abnormal
Na-	136 - 145 mEq/L	141 mEq/L	131 mEq/L	Low sodium levels are associated with the use of diuretics, having diarrhea, ascites, or peripheral edema (Pagana et al., 2020, p. 825). The client was being given diuretics for peripheral edema. They are experiencing ascites and have been

				diagnosed with C. diff, which causes loose stools and can be leading to sodium loss.
<b>K+</b>	3.5 - 5.1 mEq/L	2.5 mEq/L	4.4 mEq/L	Several medications contribute to low potassium levels, such as diuretics, insulin, and salicylates. Ascites can also lead to low levels (Pagana et al., 2020, p. 723). The patient is taking each medication listed above and has ascites from renal failure.
<b>Cl-</b>	98 - 107 mEq/L	104 mEq/L	98 mEq/L	N/A
<b>CO2</b>	22 - 30 mEq/L	25 mEq/L	25 mEq/L	N/A
<b>Glucose</b>	70 - 99 mg/dL	69 mg/dL	241 mg/dL	Abnormal glucose levels are associated with diabetes mellitus (Pagana et al., 2020, p. 464). The client has diabetes mellitus.
<b>BUN</b>	8 - 26 mg/dL	15 mg/dL	28 mg/dL	An elevated BUN level is associated with taking furosemide and having congestive heart failure (Pagana et al., 2020, p. 158). The client has been receiving furosemide and has congestive heart failure.
<b>Creatinine</b>	0.70 - 1.30 mg/dL	1.72 mg/dL	2.12 mg/dL	Creatinine levels above average correlate with congestive heart failure and excessive kidney damage (Pagana et al., 2020, p. 308). The client has congestive heart failure and diabetes could contribute to kidney damage.
<b>Albumin</b>	3.5 - 5.0 g/dL	2.5 g/dL	N/A	Low albumin levels can be linked to acute infections, which the client has with acute cystitis (Pagana et al., 2020, p. 743).
<b>Calcium</b>	8.7 - 10.5 mg/dL	7.8 mg/dL	8.1 mg/dL	Hypocalcemia can be linked to hypoalbuminemia and renal failure (Pagana et al., 2020, p. 192). The client's albumin levels are low and many of their other labs indicate renal impairment/failure.
<b>Mag</b>	1.7 - 2.2 mEq/L	1.7 mEq/L	N/A	N/A

<b>Phosphate</b>	2.5 - 4.5 mg/dL	N/A	N/A	N/A
<b>Bilirubin</b>	0.2 - 1.2 mg/dL	0.6 mg/dL	N/A	N/A
<b>Alk Phos</b>	40 - 159 U/L	103 U/L	N/A	N/A
<b>AST</b>	5 - 34 U/L	11 U/L	N/A	N/A
<b>ALT</b>	0 - 55 U/L	7 U/L	N/A	N/A
<b>Amylase</b>	53 - 123 U/L	N/A	N/A	N/A
<b>Lipase</b>	0 - 160 U/L	N/A	N/A	N/A
<b>Lactic Acid</b>	0.5 - 2.2 mg/dL	1.9 mg/dL	N/A	N/A

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission (2/28)</b>	<b>Today's Value (3/06)</b>	<b>Reason for Abnormal</b>
<b>INR</b>	0.8 - 1.1 sec	N/A	N/A	N/A
<b>PT</b>	11.0 - 13.5 sec	N/A	N/A	N/A
<b>PTT</b>	30 - 40 sec	N/A	N/A	N/A
<b>D-Dimer</b>	< 500 ng/mL	N/A	N/A	N/A
<b>BNP</b>	0 - 100 pg/mL	N/A	N/A	N/A
<b>HDL</b>	> 60 mg/dL	N/A	N/A	N/A
<b>LDL</b>	< 100 mg/dL	N/A	N/A	N/A
<b>Cholesterol</b>	< 200 mg/dL	N/A	N/A	N/A
<b>Triglycerides</b>	40 - 150 mg/dL	N/A	N/A	N/A
<b>Hgb A1c</b>	4.0 - 6.0 mmol/mol	N/A	N/A	N/A
<b>TSH</b>	0.5 - 5.0 $\mu$ U/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 (2/28)	Today's Value (3/06)	Reason for Abnormal
<b>Color &amp; Clarity</b>	Clear yellow	Dark Yellow	N/A	The dark color of the urine could be linked to dehydration or the bladder infection the client is experiencing (Pagana et al., 2020, p. 933).
<b>pH</b>	5.0 - 9.0	6.0	N/A	N/A
<b>Specific Gravity</b>	1.001 - 1.035	1.023	N/A	N/A
<b>Glucose</b>	< 0.05	Negative	N/A	N/A
<b>Protein</b>	Negative	4+	N/A	Protein in the urine is indicative of renal disease (Pagana et al., 2020, p. 936). The client has several labs that indicate renal disease, along with diabetes.
<b>Ketones</b>	Negative	Trace	N/A	Ketones within the urine typically indicate poorly controlled diabetes (Pagana et al., 2020, p. 938). The client shows other signs of poorly controlled diabetes, including several lesions on the lower legs.
<b>WBC</b>	0 - 4	21-50	N/A	The presence of WBCs in the urine indicates a UTI involving the bladder, kidney, or both (Pagana et al., 2020, p. 940). The client was diagnosed with acute cystitis.
<b>RBC</b>	0 - 3	6-10	N/A	Elevated RBC levels are linked to kidney trauma and prostatitis (Pagana et al., 2020, p. 947). The client has several labs that indicate kidney trauma and had a CT scan showing the prostate is moderately enlarged.
<b>Leukoesterase</b>	Negative	2+	N/A	Leukocyte esterase in the urine indicates a UTI (Pagana et al., 2020, p. 938). The client has a

				bladder infection, possibly causing the leukoesterase to test positive.
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**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 (2/28)	Today's Value (3/06)	Explanation of Findings
<b>Urine Culture</b>	10,000 - 100,000 bacteria/mL of urine	Contaminated collection	N/A	The urine culture was deemed contaminated by the lab. The urine culture was likely abnormal since the client has acute cystitis.
<b>Blood Culture</b>	Negative	Negative	N/A	N/A
<b>Sputum Culture</b>	Negative	N/A	N/A	N/A
<b>Stool Culture</b>	Negative	N/A	<span style="background-color: yellow;">3/04 positive C. diff</span>	The client tested positive for C. diff on March 4th.

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

Pagana, K. D., Pagana, T. N., & Pagana, T. J. (2020). *Mosby's® Diagnostic and Laboratory Test Reference*. Elsevier - Health Sciences Division.

**Diagnostic Imaging**

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

3/01/23: X-ray Chest 2 views – the lungs showed atelectatic changes and infiltrations noted in the left base; right lung is clear

US Testicular – No torsion, both homogeneous echo pattern, no hydrocele, Both epididymis are edematous, skin of scrotum is thickened, bilaterally, enlarged lymph nodes in both inguinal areas. The right inguinal lymph node measures 2.9 cm x 3.6 cm. The left inguinal lymph node measures 3 cm x 3.4 cm.

3/04/23: CT Abdomen Pelvis without Contrast – Mild bilateral pleural effusion noted, mild ascites in abdomen and pelvis, fat stranding noted in abdomen right of midline (inflammatory infectious process), Left inguinal hernia noted, Prostate is enlarged moderately

3/06/23: XR Chest 2 views – Cardiomegaly, Moderate CHF, small volume pleural effusions in lung bases with associated atelectatic changes

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

The X-ray taken on 3/1 examined the chest cavity, mainly focusing on the lungs. The client requires assistive devices to ambulate, and the X-ray was likely done due to the lack of ambulation of the client. The ultrasound on 3/1 examined the testicles of the client. The client's chief complaint was scrotal swelling, so the test was done to examine the area and assist in determining a cause for the swelling. Ultrasounds emit sound waves to structures within the body, which are bounced back to the machine, and an electronic picture is created (Pagana et al., 2020, p. xxii). The CT scan done on 3/4 examined the abdomen of the client. The client has visible ascites of the abdomen and was also diagnosed with acute cystitis. The CT scan was likely done to examine structures within the abdomen due to the ascites of the abdomen. CT scans are noninvasive, highly-accurate X-rays that are used to diagnose pathologic conditions (Pagana et al., 2020, p. 273). The X-ray taken on 3/6 was the same as the one done on 3/1. The provider likely wanted to see if any lung changes had occurred. X-rays are used to provide clear pictures of body structures (Pagana et al., 2020, p. xvi).

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

Pagana, K. D., Pagana, T. N., & Pagana, T. J. (2020). *Mosby's® Diagnostic and Laboratory Test Reference*. Elsevier - Health Sciences Division.

**Current Medications (10 points, 1 point per completed med)****\*10 different medications must be completed\*****Home Medications (5 required)**

<b>Brand/Generic</b>	<b>Norco</b> Hydrocodone-acetaminophen	<b>Tylenol</b> acetaminophen	<b>Disprin</b> aspirin	<b>Klonopin</b> clonazepam	<b>Zofran</b> ondansetron
<b>Dose</b>	10-325 mg tablet	325 mg tablet	81 mg tablet	0.5 mg tablet	4 mg tablet
<b>Frequency</b>	Three times daily PRN	Every six hours PRN	Nightly	Three times daily PRN	Every eight hours PRN
<b>Route</b>	Oral	Oral	Oral	Oral	Oral
<b>Classification</b>	Opioid; opioid/Acetaminophen combination (IBM Micro Medex, n.d.)	Analgesic Antipyretic (IBM Micro Medex, n.d.)	Analgesic, NSAID, Platelet Aggregation Inhibitor; Salicylate, Aspirin (IBM Micro Medex, n.d.)	Antianxiety; Anticonvulsant; Benzodiazepine, short or intermediate acting (IBM Micro Medex, n.d.)	Antiemetic, Serotonin Receptor Antagonist, 5-HT3 (IBM Micro Medex, n.d.)
<b>Mechanism of Action</b>	Related to opiate receptors in the CNS (IBM Micro Medex, n.d.)	Inhibition of central prostaglandin synthesis (IBM Micro Medex, n.d.)	Potent inhibitor of both prostaglandin synthesis and platelet aggregation (IBM Micro Medex, n.d.)	suppresses spike and wave discharges; enhance GABA activity (IBM Micro Medex, n.d.)	Blocks 5-HT3 receptors peripherally on vagal nerve terminals (IBM Micro Medex, n.d.)
<b>Reason Client Taking</b>	Severe pain (IBM Micro Medex, n.d.)	Mild to Severe pain (IBM Micro Medex, n.d.)	Mild to moderate pain (IBM Micro Medex, n.d.)	Anxiety (IBM Micro Medex, n.d.)	Nausea (IBM Micro Medex, n.d.)
<b>Contraindications (2)</b>	1. Acute/Severe bronchial asthma 2. Severe hepatic impairment (IBM Micro Medex, n.d.)	1. Acute/Severe hepatic disease 2. Severe renal impairment (IBM Micro Medex, n.d.)	1. Asthma 2. Hepatic insufficiency (IBM Micro Medex, n.d.)	1. Glaucoma 2. Significant liver disease (IBM Micro Medex, n.d.)	1. Previous heart issues 2. Client taking apomorphine (IBM Micro Medex, n.d.)
<b>Side Effects/Adverse Reactions (2)</b>	1. Hepatotoxicity 2. Respiratory depression (IBM Micro Medex, n.d.)	1. Liver Failure 2. Pneumonitis (IBM Micro Medex, n.d.)	1. Heart Failure 2. Bronchospasm (IBM Micro Medex, n.d.)	1. Respiratory Depression 2. Depression/Suicidal Ideation (IBM Micro Medex, n.d.)	1. Hypoxia 2. Abnormal EKG (IBM Micro Medex, n.d.)
<b>Nursing Considerations (2)</b>	1. Assess respiratory system/function 2. Frequently monitor RR & Vitals (Nursing.com, n.d.)	1. Use of alcohol by the client 2. Assess baseline liver and kidney function (Nursing.com, n.d.)	1. Assess respiratory system 2. Baseline liver function (labs) (Nursing.com, n.d.)	1. Baseline liver function (labs) 2. Evaluate respirations frequently (Nursing.com, n.d.)	1. Assess baseline EKG before administration 2. Monitor O <sub>2</sub> saturation (Nursing.com, n.d.)

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	<b>Tums</b> Calcium carbonate	<b>Lovenox</b> enoxaparin	<b>Lasix</b> furosemide	<b>Neurontin</b> gabapentin	<b>Circadin</b> melatonin
<b>Dose</b>	1,000 mg chewable tablet	40 mg injection	40 mg injection	300 mg capsule	6 mg tablet
<b>Frequency</b>	Every eight hours PRN	Daily	Daily	Twice a day	Nightly PRN
<b>Route</b>	Oral	Subcutaneous	Intravenous	Oral	Oral
<b>Classification</b>	Antacid, Calcium containing; Calcium supplement; Dental agent; Nutriceutical ( <i>IBM Micro Medex, n.d.</i> )	Anticoagulant; Low Molecular Weight Heparin ( <i>IBM Micro Medex, n.d.</i> )	Cardiovascular Agent; Diuretic, Loop ( <i>IBM Micro Medex, n.d.</i> )	Anticonvulsant; Gamma Aminobutyric Acid; Neuropathic Pain Agent ( <i>IBM Micro Medex, n.d.</i> )	Endocrine- Metabolic Agent; Nutriceutical; Pineal Gland Hormone ( <i>IBM Micro Medex, n.d.</i> )
<b>Mechanism of Action</b>	Neutralize stomach acid and inhibit pepsin ( <i>Nursing.com, n.d.</i> )	Anti-factor Xa and anti-thrombin activities that confer anti- thrombic properties ( <i>IBM Micro Medex, n.d.</i> )	Inhibits absorption of sodium and chloride in proximal and distal tubules and Loop of Henle ( <i>IBM Micro Medex, n.d.</i> )	Structurally related to the neurotransmitter GABA; unknown ( <i>IBM Micro Medex, n.d.</i> )	Binds to MT1, MT2, and MT3 receptors, which may contribute to sleep-promoting properties ( <i>IBM Micro Medex, n.d.</i> )
<b>Reason Client Taking</b>	Heartburn, Indigestion ( <i>IBM Micro Medex, n.d.</i> )	Precaution for limited ambulation ( <i>IBM Micro Medex, n.d.</i> )	To treat edema/ drain excess fluid ( <i>IBM Micro Medex, n.d.</i> )	Anxiety ( <i>IBM Micro Medex, n.d.</i> )	Other, sleep ( <i>IBM Micro Medex, n.d.</i> )
<b>Contraindicati ons (2)</b>	1. Hypercalcemia 2. Renal insufficiency ( <i>IBM Micro Medex, n.d.</i> )	1. History of bleeding disorders 2. Renal impairment ( <i>IBM Micro Medex, n.d.</i> )	1. Anuria 2. Hepatic cirrhosis, ascites ( <i>IBM Micro Medex, n.d.</i> )	1. Clients who have orthostatic hypotension 2. Respiratory impairment ( <i>IBM Micro Medex, n.d.</i> )	1. Clients with hepatic impairment 2. Clients with renal impairment ( <i>IBM Micro Medex, n.d.</i> )
<b>Side Effects /Adverse Reactions (2)</b>	1. Myocardial Infarction 2. Swollen abdomen ( <i>IBM Micro Medex, n.d.</i> )	1. Hemorrhage 2. Increased liver function test ( <i>IBM Micro Medex, n.d.</i> )	1. Edema 2. Loss of appetite ( <i>IBM Micro Medex, n.d.</i> )	1. Peripheral edema 2. Respiratory depression ( <i>IBM Micro Medex, n.d.</i> )	1. Angina Pectoris 2. Hypothermia ( <i>IBM Micro Medex, n.d.</i> )
<b>Nursing Considerations (2)</b>	1. Baseline electrolyte levels 2. Baseline kidney function ( <i>Nursing.com, n.d.</i> )	1. Assess kidney/liver function 2. Risk for bleeding ( <i>Nursing.com, n.d.</i> )	1. Assess liver function 2. Monitor urine output ( <i>Nursing.com, n.d.</i> )	1. Monitor for edema 2. Frequently assess respirations ( <i>Nursing.com, n.d.</i> )	1. Assess kidney function 2. Monitor for chest pain ( <i>Nursing.com, n.d.</i> )

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

*IBM Micromedex.* (n.d.). IBM Watson Health Products. Retrieved January 22, 2023, from

<https://www.micromedexsolutions.com/home/dispatch/>

*Nursing.com.* (n.d.). *Nursing.com.* The BEST Place to Learn Nursing . Retrieved March 7, 2023,

from <https://nursing.com/>

## Assessment

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

<b>GENERAL:</b> <b>Alertness:</b> noted <b>Orientation:</b> noted <b>Distress:</b> no <b>Overall appearance:</b> well-groomed	<p>The client is alert and oriented to person, place, time, and situation. The client is well-groomed and in no acute distress.</p>
<b>INTEGUMENTARY:</b> <b>Skin color:</b> palish-white <b>Character:</b> intact, some old lesions <b>Temperature:</b> warm to touch <b>Turgor:</b> expected <b>Rashes:</b> no <b>Bruises:</b> yes, discussed <b>Wounds:</b> yes, discussed <b>Braden Score:</b> 18 <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b>	<p>The skin is usual for ethnicity, palish-white in color. The skin turgor was as expected and no rashes were present. The skin is intact with old lesions on both lower legs. Bruises and older wounds were noted on the lower legs. Severe redness was noted from each calf down to the foot, likely from uncontrolled diabetes. A wound on the sacrum was noted, but it appeared to be healing.</p>
<b>HEENT:</b> <b>Head/Neck:</b> noted <b>Ears:</b> noted <b>Eyes:</b> noted <b>Nose:</b> noted <b>Teeth:</b> has dentures for top and bottom rows	<p>The head and neck are symmetrical, and the trachea is midline. PERRLA noted bilaterally. Bilateral ears have no visible lumps, lesions, or deformities. Septum is midline. The mouth is pink and moist. The client has dentures for their top and bottom rows of teeth.</p>
<b>CARDIOVASCULAR:</b> <b>Heart sounds:</b> noted <b>S1, S2, S3, S4, murmur etc.</b> <b>Cardiac rhythm (if applicable):</b> <b>Peripheral Pulses:</b> noted <b>Capillary refill:</b> less than 3 seconds <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Edema:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Location of Edema:</b> Both lower legs and the scrotum	<p>Heart sounds were clear to auscultation, with S1 and S2 noted. Bilateral brachial, radial, and ulnar pulses were 2+ throughout. Capillary refill was less than three seconds in the fingers and toes bilaterally. Pitting edema at +2 was noted in both lower legs, as well as edema in the scrotum.</p>
<b>RESPIRATORY:</b> <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Breath Sounds:</b> Location, character	<p>Respirations were of normal rate and rhythm, symmetrical and non-labored. Diminished lung sounds were noted posteriorly in the left lower lobe. All other lobe sounds were clear.</p>
<b>GASTROINTESTINAL:</b> <b>Diet at home:</b> diabetic <b>Current Diet:</b> diabetic <b>Height:</b> 5' 10" <b>Weight:</b> 253 lbs	<p>Bowel sounds were normoactive upon auscultation. The abdomen did not have any incisions, drains, or wounds. One scar was noted on the right side of the midline, likely where the cholecystectomy occurred. The abdomen is</p>

<p><b>Auscultation Bowel sounds:</b> noted  <b>Last BM:</b> 3/6/23  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b> noted              <b>Distention:</b> yes, ascites              <b>Incisions:</b> no              <b>Scars:</b> surgical scars              <b>Drains:</b> no              <b>Wounds:</b> no  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Size:</b>  <b>Feeding tubes/PEG tube:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p>rounded, obese, and distended, being evidence of ascites.</p>
<p><b>GENITOURINARY:</b>  <b>Color:</b> yellow  <b>Character:</b> clear  <b>Quantity of urine:</b> 800 mL, normal  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b> scrotal swelling  <b>Catheter:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Type:</b> Suprapubic  <b>Size:</b> 16 French</p>	<p>The client's urine was yellow in color and clear in character. An output of 800 mL was recorded during the six hours this student nurse was present. The client has a suprapubic catheter in place, 16 French in size. Scrotal swelling was noted during the inspection, which was the client's chief complaint. Catheter care was provided by this student nurse.</p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b> diabetic, hypertension, hyperlipidemia  <b>ROM:</b> active, with minimal assistance  <b>Supportive devices:</b> walker, motorized scooter  <b>Strength:</b> normal and equal  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b> 99, HIGH  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>The client's strength is normal and equal and they have an active range of motion with minimal assistance. The client is diabetic and has hypertension and hyperlipidemia. The client uses a walker and a motorized scooter. The client is a high fall risk with a score of 99. The client needs support to stand and walk and assistance with a walker.</p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>if no - Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b> noted  <b>Mental Status:</b> noted</p>	<p>The client is alert and oriented to person, place, time, and situation. PERRLA was noted bilaterally in the eyes. The client moves all extremities well. Strength is normal and equal in both the hands and feet.</p>

<p><b>Speech:</b> clear  <b>Sensory:</b> normal  <b>LOC:</b> alert</p>	
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b> sister, dog  <b>Developmental level:</b> Generativity vs. Stagnation  <b>Religion &amp; what it means to pt.:</b> Lutheran  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b> Sister, Home-helper Donnie</p>	<p>The client has a home-helper named Donnie that visits daily for two and a half hours. The client has an 11-year-old Chihuahua whom they are thankful to have. The client is Lutheran and used to attend Trinity Lutheran in Danville, but the client recently moved to Westville and does not attend anymore.</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1219	58	109/54	20	97.8 temporal	93%
1530	54	114/70	18	98.1 temporal	92% on 7L nasal cannula

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

Time	Scale	Location	Severity	Characteristics	Interventions
1219	was not assessed with vitals				
1530	Numerical	Back	9/10	Constant, Ache	Adjusted position in bed

**IV Assessment (2 Points)**

IV Assessment	Fluid Type/Rate or Saline Lock
<p><b>Size of IV:</b> 22 gauge  <b>Location of IV:</b> Right forearm  <b>Date on IV:</b> 3/6/23  <b>Patency of IV:</b> normal  <b>Signs of erythema, drainage, etc.:</b> none  <b>IV dressing assessment:</b> clean, dry, intact</p>	<p>Saline Lock</p>

### Intake and Output (2 points)

Intake (in mL)	Output (in mL)
<u>1310</u> : 100%, 600 mL	<u>1325</u> : 650 mL; suprapubic catheter
<u>1620</u> : 240 mL	<u>1650</u> : 150 mL; suprapubic catheter

### Nursing Care

#### Summary of Care (2 points)

**Overview of care:** This student nurse arrived on the unit and introduced themselves to the client. This student nurse removed the lunch tray from the client's room and charted the amount consumed. The suprapubic catheter drainage bag was emptied shortly after charting the lunch, with 650 mL being the output. Next, this student nurse administered eight units of insulin to the client under the supervision of the client's nurse. This student nurse assisted transport with getting the client on a bed to go to radiology for an X-ray. When the client returned to the unit, this student nurse assisted the client in getting back to bed. This student nurse attempted two IV catheters on the client, one in the left and one in the right forearm; both were unsuccessful. This student nurse then assisted the client with a waterless bath and performed catheter care. At 1639, this student nurse checked the client's blood sugar, reading 257. This student nurse assisted the client's nurse with placing a new drain and catheter bag on the suprapubic catheter. Lastly, this student nurse reported to the client's nurse about what this student nurse did throughout the day and thanked the nurse for allowing this student nurse to participate in the daily activities.

**Procedures/testing done:** The client had a Chest x-ray with two views performed around 1400.

**Complaints/Issues:** The client complained that their scrotal swelling was not addressed.

**Vital signs (stable/unstable):** The vital signs were stable for the client.

**Tolerating diet, activity, etc.:** The client tolerated their diet and activity.

**Physician notifications:** N/A

**Future plans for client:** Increase the ambulation daily for the client to gain back strength. Discharge to home.

**Discharge Planning (2 points)**

**Discharge location:** home; refused a nursing home (has a home helper, Donnie)

**Home health needs (if applicable):** Therapy, medication administration

**Equipment needs (if applicable):** walker, ramp for stairs/secure handrails

**Follow-up plan:** Meet with Nephrologist for nephrogenic ascites. Meet with Urologist for a consultation about acute cystitis and scrotal swelling.

**Education needs:** Catheter care - likely led to acute cystitis diagnosis; management of heart failure – diet, kidney failure; Diabetes management – previous ulcers, bruising, and swelling of both lower legs.

**Nursing Diagnosis (15 points)**

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

<b>Nursing Diagnosis</b>	<b>Rationale</b>	<b>Interventions (2 per dx)</b>	<b>Outcome Goal (1 per dx)</b>	<b>Evaluation</b>
● Include full nursing diagnosis with “related to”	● Explain why the nursing diagnosis was chosen			● How did the client/family respond to the nurse’s actions?

<p>and “as evidenced by” components</p> <ul style="list-style-type: none"> <li>Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>				<ul style="list-style-type: none"> <li>Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p>1. Acute Pain related to an infection of the bladder as evidenced by an abnormal urinalysis result (NurseLabs Staff, n.d.).</p>	<p>The client was diagnosed with acute cystitis from the abnormal urinalysis result.</p>	<p>1. Assess characteristics of the pain: location, quality, scale, and sources of relief. 2. Teach relaxation techniques: guided imagery, deep breathing, and meditation. (Ralph &amp; Taylor, 2010, p. 249)</p>	<p>The client will be able to thoroughly explain the characteristics of their pain when asked and practice techniques to ease their pain by 3/9/23 (Ralph &amp; Taylor, 2010, p. 388).</p>	<p>The client will understand all the factors that go into measuring pain and will assist the nurse with giving a thorough description to accurately treat the pain. After practicing relaxation techniques, the client will be able to minimize the pain they are experiencing.</p>
<p>2. Impaired renal tissue perfusion related to nephrogenic ascites as evidenced by elevated BUN and creatinine (NurseLabs Staff, n.d.).</p>	<p>The client has visible abdominal distention in the abdomen from impaired renal tissue perfusion.</p>	<p>1. Monitor the input and output of the client to determine the amount of fluid being excreted by the client. 2. Provide education to control modifiable risk factors, and educate on the signs and symptoms of renal dysfunction. (Ralph &amp; Taylor, 2010, p. 390)</p>	<p>The client will be able to identify modifiable risk-factors that they can change in their lifestyle, identify signs and symptoms of renal dysfunction, and accurately keep a daily input and output log to measure kidney function by 3/9/23 (Ralph &amp; Taylor, 2010, p. 390).</p>	<p>The client will view education as an important factor to improve overall health. The client will use the education provided to make lifestyle changes and monitor kidney function through input and output. and be able to identify signs and symptoms of kidney dysfunction.</p>
<p>3. Risk for infection related to pneumonia as evidenced by Chest X-rays showing atelectatic changes (NurseLabs Staff, n.d.).</p>	<p>The client has had limited ambulation since being in the hospital and is susceptible to pneumonia.</p>	<p>1. Offer/Remind the client of frequent oral hygiene to prevent the colonization of bacteria and reduce the risk of descending infection. 2. Have the client cough, deep breathe, and use an incentive spirometer to help remove secretions and promote lung health. (Ralph &amp; Taylor, 2010, p. 203)</p>	<p>The client will understand the importance of the interventions listed and will perform frequent oral hygiene as well as deep breathing, cough, and use the incentive spirometer by 3/9/23 (Ralph &amp; Taylor, 2010, p. 203).</p>	<p>The client will understand the reasons for the interventions provided and will continue to do the interventions to reduce the risk of infection in the lungs.</p>

**Other References (APA):**

NurseLabs Staff. (n.d.). *NurseLabs*. Nurseslabs - For All Your Nursing Needs. Retrieved March 7, 2023, from <https://nurseslabs.com/>

Ralph, S. S., & Taylor, C. M. (2010). *Sparks and Taylor's Nursing Diagnosis Pocket Guide*.

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**Concept Map (20 Points):**

### Objective Data

The client was diagnosed with acute cystitis. The medical history of the client includes Afib, Hypertension, Common insulin-dependent diabetes mellitus, Hyperlipidemia, Arthritis, Age-related cataract of the left eye, Neuropathy, and Systemic angiosclerotic heart disease. Several fall hazards were identified. Many of the abnormal lab values were from the client's analysis, which was used to diagnose the client with acute cystitis. The client's vitals at 1530 were: Temp – 98.1, HR – 54, BP – 114/70, RR – 18, and O2 – 92% on 7L via nasal cannula.

### Subjective Data

The client stated they began two days before arrival, moving or sitting in a supine position. Several fall hazards were identified. Many of the abnormal lab values were from the client's analysis, which was used to diagnose the client with acute cystitis.

### Client Information

The client is 66 years old, 5'10" tall and 233 pounds. The client is legally separated and does not have any children. The client is on disability, but previously worked as a truck driver and a factory worker.

### Nursing Diagnosis / Outcomes

**Diagnosis 1)** Acute Pain related to an infection of the bladder as evidenced by an abnormal urinalysis result (NurseLabs Staff, n.d.).

**Outcome 1)** The client will be able to thoroughly explain the characteristics of their pain when asked and practice techniques to ease their pain by 3/9/23 (Ralph & Taylor, 2010, p. 388).

**Diagnosis 2)** Impaired renal tissue perfusion related to nephrosclerosis as evidenced by elevated BUN and creatinine (NurseLabs Staff, n.d.).

**Outcome 2)** The client will be able to identify modifiable risk factors that they can change in their lifestyle, identify signs and symptoms of renal dysfunction, and accurately keep a daily input and output log to measure kidney function by 3/9/23 (Ralph & Taylor, 2010, p. 390).

**Diagnosis 3)** Risk for infection related to pneumonia as evidenced by Chest X-rays showing atelectatic changes (NurseLabs Staff, n.d.).

**Outcome 3)** The client will understand the importance of the interventions listed and will perform frequent oral hygiene as well as deep breathe, cough, and use the incentive spirometer by 3/9/23 (Ralph & Taylor, 2010, p. 203).

### Nursing Interventions

**Intervention 1a)** Assess characteristics of the pain: location, quality, cause, sources of relief.

**Intervention 1b)** Teach relaxation techniques: guided imagery, deep breathing, meditation, prayer & music.

**Intervention 2a)** Monitor the input and output of the client to determine the amount of fluid being excreted by the client.

**Intervention 2b)** Provide education on how to accurately keep a daily input and output log to measure kidney function by signs and symptoms of renal dysfunction.

**Intervention 3a)** Offer/Remind client of frequent oral hygiene to prevent colonization of bacteria and reduce the risk of nosocomial infection.

**Intervention 3b)** Have the client cough, deep breathe, and use an incentive spirometer to help remove secretions and promote lung health. (Ralph & Taylor, 2010, p. 203)

### References

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