N431 Care Plan

Lakeview College of Nursing

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3/7/2023

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
3/2/2023	HG	77 y/o	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian/Non-Hispanic	Retired	Widowed	NKA
Code Status	**Height**	**Weight**	
DNR	5’3”	45.5Kg (100.1 lbs)	

Medical History (5 Points)

Past Medical History: Accidental fall, Stage 4-severe chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), elevated troponin levels, hyperlipidemia, extended spectrum beta-lactamase-producing bacteria, hypertension (HTN), atrial fibrillation (AFib) hypothyroidism, chronic hypodermic respiratory failure, and chronic diastolic failure

Past Surgical History: Athroplasty hip total anterior (1/22/2023)

Family History: No known family history in the patient’s chart. Patient could not recalled known family history.

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

Former smoker: Tobacco only- 1-pack per day, 40 years, stopped 30 days prior to admission; Denied the use of smokeless tobacco, vaping, or chewing tobacco

Alcohol: The patient denied usage

Drugs: The patient denied usage

Assistive Devices: Gait Belt. Home oxygen 3 liters, Nasal Cannula

Living Situation: Nursing Home

Education Level: 11th grade

Admission Assessment

Chief Complaint (2 points): Confusion related to UTI symptoms

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

A 77-year-old Caucasian female was brought into the hospital by nursing home staff because of increasing confusion. The patient has a history of chronic obstructive pulmonary disease, congestive heart failure, chronic respiratory failure, chronic diastolic failure, and stage 4 chronic kidney disease. The patient also has a history of hypertension, hyperlipidemia, hypothyroidism, depression, and recent hip surgery. The nursing home staff thought that she had a UTI, so they started treating her with Macrobid (no dosage or frequency noted) while at home until they could get her to a doctor. The patient was confused, so she could not recall associating factors or anything that made the confusion better or worse. When the patient finally arrived at the hospital, the nurse noted that the patient experienced expiratory wheezes, a prolonged expiratory phase, and was afebrile. She had labs drawn by the nursing staff, her BNP was 921, and her troponin was within normal limits. She also had a chest x-ray completed at the ED, showing pulmonary vascular congestion and bilateral small pleural effusions. Her H&H was 8.2, lactic acid was 0.9, BUN was 34, creatinine was 1.74, and UA showed 1+ leukocytes. While the patient was in the ED, she received nebulized bronchodilators, and her oxygen saturation was in the upper 90s. However, she was very wheezy. She was also given 40mg of Lasix, started on Solumedrol, and admitted to the Medical-Surgical unit.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Urinary Tract Infection

Secondary Diagnosis (if applicable): COPD and CHF exacerbation

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

A urinary tract infection is one of the most common infections in women. A urinary tract infection is a bacterial disease affecting any portion of the urinary tract, including the urethra, bladder, ureters, or kidneys (Mayo Clinic Staff, 2022). Infection of the bladder results from a bacterium called E. coli that originates from the bowel, travels through the rectum and enters the urethra. These pathogenic bacteria ascend from the perineum and the rectum, predisposing patients to urinary tract infections (Bono et al., 2022). There are four leading causes for urinary tract infections which include structural abnormalities (ex: renal calculi, infected cysts, renal/bladder abscesses, certain forms of pyelonephritis, spinal cord injury, and catheters), metabolic/hormonal abnormalities (ex: diabetes and pregnancy), inadequate host responses (ex: renal transplant recipients and patients with AIDS), and unusual pathogens such as yeast (Brusch, 2021).

Several signs and symptoms are associated with urinary tract infections, including confusion (in older adults), a strong urge to urinate that does not resolve or go away on its own, a burning sensation when urinating, urinary frequency, and small amounts of urine. Other signs and symptoms include cloudy urine, hematuria (blood in the urine), strong-smelling urine, and pelvic pain in women (Mayo Clinic Staff, 2022). If the kidneys are affected, the patient experiences back or side pain, high fever, shaking and chills, nausea, and vomiting (Mayo Clinic Staff, 2022). If the patient's bladder is affected, she will experience pelvic pressure, lower belly discomfort, frequent and painful urination, and blood in the urine. If the urethra is affected, the patient will experience burning with urination and discharge (Mayo Clinic Staff, 2022). Strong indicators of UTI are fever, tachycardia, and hypotension with poor functional status (Mayo Clinic Staff, 2022). Patient HG only experienced confusion, which led the nursing staff to

believe she was experiencing the infection because her confusion was abnormal and increased by the day.

Risk factors for urinary tract infection include catheter use, recent urinary procedures, a suppressed immune system, blockages in the urinary tract, and urinary tract problems. Other risk factors include menopause and the female anatomy because women have a shorter urethra than men, and theirs is less distance for bacteria to travel to reach the bladder (Mayo Clinic Staff, 2022). Patient HG is a high-risk candidate for urinary tract infection because she is a woman with a short urethra. She is elderly, so her kidneys filter slower than younger adults' kidneys. She has weaker bladder and pelvic floor muscles that cause urinary retention or incontinence, allowing bacteria to settle in the urinary tract.

There are many ways to diagnose urinary tract infections, including clean-catch urinalysis testing or nitrate dipstick test (this is because bacteria in the urine will turn the nitrates into nitrites). If a patient has a urinary tract infection, their leukocyte esterase levels will elevate, indicating the presence of white blood cells (WBC) in the urine. Additionally, hematuria, or blood in the urine, may indicate infection because bacterial infections of the traditional cells lining the bladder can cause bleeding. "This distinguishes vaginitis and urethritis because vaginitis does not cause blood in the urine. In labs, nitrites or leukocyte esterase will automatically trigger a microscopic evaluation of the urine for bacteria, WBCs, and RBCs" (Bono et al., 2022). Patient HG had a urinalysis test completed, and it grew streptococcus species and showed 1+ leukocytes.

Trimethoprim/sulfamethoxazole, cephalosporin, nitrofurantoin, and fluoroquinolone are treatments for urinary tract infections (Mayo Clinic Staff, 2022). Management involves good personal hygiene (not douching) and prophylactic antibiotics or antiseptics such as methenamine.

Cranberries help manage urinary tract infections because they contain a substance that prevents bacteria from sticking to the wall of the bladder (Mayo Clinic Staff, 2022). Prevention may include drinking plenty of water and cranberry juice, wiping from front to back, avoiding irritating feminine products, and emptying the bladder soon after having sex. Patient HG received Macrobid at the nursing home as a prophylactic treatment for a suspected UTI. However, the patient did not receive antibiotics immediately upon arrival at the hospital. The provider ordered a urinalysis to see what bacteria grew in her sample. After waiting a few days, the patient's labs showed streptococcus species and E. coli. The patient did not begin treatment for UTI during the clinical experience, and the provider did not place orders for antibiotics during the clinical experience.

When the patient arrived at the hospital, she was also experiencing COPD and CHF exacerbation. The nurse heard crackles in her lungs. She had an oxygen saturation of 85%, an elevated blood pressure of 160/100, and a BNP level of 921 which shows her CHF exacerbation. She also had elevated BUN and creatinine levels and PaO2-98.7, PaCO2-49.8, and SaO2-98.5.

Pathophysiology References (2) (APA):

Bono, M., Leslie, S., Reygaert, W. (2022, November 28). *Urinary Tract Infection*. StatPearls. https://www.ncbi.nlm.nih.gov/books/NBK470195/#article-30855.s16

Brusch, J. (2021, November 8). *Pathophysiology of complicated urinary tract infection (UTI).* Medscape. https://emedicine.medscape.com/article/2039975-overview

Mayo Clinic Staff. (2022, September 14). *Urinary tract infection (UTI)*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/symptoms-causes/syc-20353447

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 (Sarah Bush Lincoln, 2023)*	*Admission Value*	*Today's Value*	*Reason for Abnormal Value*
RBC	3.8-5.41	2.79	2.77	
Hgb	11.3-15.2	8.9	8.8	The patient has AFib causing her to have anemia, lowering this lab (Lerma, 2022)
Hct	33.2-45.3	27.2	26.9	The patient has AFib causing her to have anemia, lowering this lab (Lerma, 2022)
Platelets	149-393	395	419	The patient just had a recent hip surgery elevating her platelet count (Lerma, 2022)
WBC	4.0-11.7	8.2	9.4	
Neutrophils	45.3-79.0	95.3	N/A	This lab shows there is a bacterial infection present and the patient has a UTI caused by E.coli bacteria (Sampson, 2023).
Lymphocytes	11.8-45.9	3.1	N/A	This lab shows there is a bacterial infection present and the patient has a UTI caused by E.coli bacteria (Sampson, 2023).
Monocytes	4.4-12.0	1.2	N/A	This lab shows there is a bacterial infection present and the patient has a UTI caused by E.coli bacteria (Sampson, 2023).
Eosinophils	0.0-6.3	0.1	N/A	
Bands	0-5	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**

	(Sarah Bush Lincoln, 2023)			
Na-	136-145	142	144	
K+	3.5-5.1	4.0	3.9	
Cl-	98-107	109	107	The patient has stage 4 chronic kidney disease (Sarah Bush Lincoln staff, 2023)
CO2	21-31	23	29	
Glucose	74-109	108	84	
BUN	7-25	34	83	The patient has stage 4 chronic kidney disease (Per SBL staff, 2023)
Creatinine	0.60-1.20	1.74	2.63	The patient is taking lasix for CHF exacerbation and it hurt her kidneys because she has stage 4 CKD (Sarah Bush Lincoln staff, 2023)
Albumin	3.5-5.0	3.7	N/A	
Calcium	8.7-10.7	8.8	8.3	
Mag	1.6-2.7	2.3	N/A	
Phosphate	2.8-4.5	N/A	N/A	
Bilirubin	0.2-1.3	0.3	N/A	
Alk Phos	30-125	162	N/A	The patient has stage 4 chronic kidney disease (Sarah Bush Lincoln staff, 2023)
AST	3-44	27	N/A	
ALT	0-40	26	N/A	
Amylase	25-100	N/A	N/A	
Lipase	10-52	N/A	N/A	

Lactic Acid	<2	0.9	N/A	
Troponin	0.0-0.4	0.010	N/A	
CK-MB	10-205	5.43	N/A	The patient has stage 4 chronic kidney disease (Sarah Bush Lincoln staff, 2023)
Total CK	30-145	57	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** (Sarah Bush Lincoln, 2022)	**Value on Admission**	**Today's Value**	**Reason for Abnormal**
INR	0.9-1.2	N/A	N/A	
PT	9.5-13.2	N/A	N/A	
PTT	14.9-19.8	N/A	N/A	
D-Dimer	0.0-0.6	N/A	N/A	
BNP	<450	921	N/A	The patient had a CHF exacerbation (Mayo Clinic Staff, 2022)
HDL	>59	N/A	N/A	
LDL	<130	N/A	N/A	
Cholesterol	<200	N/A	N/A	
Triglycerides	30-149	N/A	N/A	
Hgb A1c	4-6	N/A	N/A	
TSH	0.35-4.94	11.92	N/A	The patient has hypothyroidism, causing elevated TSH levels (Sarah Bush Lincoln staff, 2023)

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

Lab Test	**Normal Range** (Sarah Bush Lincoln)	**Value on Admission**	**Today's Value**	**Reason for Abnormal**
Color & Clarity	Yellow (light/pale to dark/deep amber) Clarity-clear or cloudy	Light yellow, clear	N/A	
pH	4.5-8.0	6.5	N/A	
Specific Gravity	1.005-1.025	1.013	N/A	
Glucose	<130	Normal (did not contain a value in the patient's chart)	N/A	
Protein	<150	1+	N/A	
Ketones	None	Negative	N/A	
WBC	<2-5	4	N/A	The patient has growing bacterial infection-E. coli and streptococcus species (Sarah Bush Lincoln staff, 2023)
RBC	<2	4	N/A	The patient has growing bacterial infection-E. coli (Sarah Bush Lincoln staff, 2023)
Leukoesterase	None	1+	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 (Sarah Bush Lincoln, 2022)	Value on Admission	Today's Value	Explanation of Findings
pH	7.31-7.41	7.3	N/A	
PaO2	40-50	98.7	N/A	The patient has COPD and an exacerbation of COPD (Sarah Bush Lincoln staff, 2023)
PaCO2	41.9-45.3	49.8	N/A	The patient has COPD and an exacerbation of COPD (Sarah Bush Lincoln staff, 2023)
HCO3	12.9-22.3	22.5	N/A	The patient has COPD and an exacerbation of COPD (Sarah Bush Lincoln staff, 2023)
SaO2	60-75	98.5	N/A	

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

Test	Normal Range (Sarah Bush Lincoln, 2022)	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	No Growth	Grown Streptococcus species and E. coli	The patient has growing bacterial infection-E. coli (Sarah Bush Lincoln staff, 2023)
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

Lerma, E. (2022, June 21). *Urinalysis*. Medscape. https://emedicine.medscape.com/article/2074001-overview#a1

Sampson, S. (2023, February 10). *Understanding neutrophils: Function, counts, and more.* Healthline. https://www.healthline.com/health/neutrophils#:~:text=Having%20a%20high%20percentage%20of,infection%2C%20most%20likely%20bacterial

Sara Bush Lincoln Staff. (2023, March 6). Sarah Bush Lincoln.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT-Brain/Neck w/ contrast

Test completed for the patient's altered mental status/ memory loss/confusion

Findings:

Brain-normal; no hemorrhage, no mass and unremarkable white matter according to the physician

Cerebral ventricles: No ventriculomegaly

Paranasal sinuses: partial opacification of the right maxillary sinus

Mastoid air cells: visualized mastoid air cells were well aerated

Bones/joints: no acute fracture

Soft tissues: unremarkable according to the physician

Vasculature: Dense bilateral carotid siphon calcifications

Chest X-Ray-

Findings: Mild fluid overload on heart and lungs; pulmonary vascular congestion, small bilateral effusions

EKG-

Findings: Atrial Fibrillation with mild rapid ventricular response

Diagnostic Test Correlation (5 points):

A patient with confusion will have a CT of the brain to visualize structural abnormalities and to visualize the cause of the confusion. It could be a bleed in the brain or a blood clot, blocking oxygen to the tissues of the brain. The patient was having confusion sot the patient had a head CT to check for possible causes, although her head CT was within normal findings according to her physician.

A patient who experiences CHF and COPD exacerbations will have a chest X-Ray to visualize the heart and lungs to see fluid on the heart or lungs and to look for enlargements. The patient experienced fluid in her lungs and around her heart.

A patient with CHF exacerbation and A Fib will have an EKG to test for the electrical activity of the heart. This patient's EKG did confirm her A Fib diagnosis and CHF exacerbation with the rapid ventricular response.

Diagnostic Test Reference (1) (APA):

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. (2022). Brunner & Suddarth's textbook of medical-surgical nursing (15th ed.). 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	Metoprolol/ Lopressor (Jones &	Citalopram/ Celexa (Jones &	Atorvastatin/ Lipitor (Jones &	Levothyroxine/ Synthroid (Jones & Bartlett, 2021)	Albuterol Sulfate inhaler/

	Bartlett, 2021)	Bartlett, 2021)	Bartlett, 2021)		ProAir Digihaler (Jones & Bartlett, 2021)
Dose	50 mg-2 tabs	4omg-1tab	10mg-1 tab	125mcg- 1 tab	8g
Frequency	BID	Daily	Daily	Daily	Q4H, PRN
Route	PO	PO	PO	PO	PO
Classification	P: Beta-adrenergic blocker T: Antihypertensive (Jones & Bartlett, 2021)	P: Selective Serotonin Inhibitor T: Antidepressant (Jones & Bartlett, 2021)	P: HMG-CoA reductase inhibitor T: Antihyperlipidemic (Jones & Bartlett, 2021)	P: Synthetic (T4) T: Thyroid Hormone Replacement (Jones & Bartlett, 2021)	P: Adrenergic T: Bronchodilator (Jones & Bartlett, 2021)
Mechanism of Action	"Inhibits stimulation of beta-receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand" (Jones & Bartlett, 2021, p. 726).	"Blocks serotonin reuptake by adrenergic nerves, which normally release this neurotransmitter from their storage sites when activated by nerve impulse" (Jones & Bartlett, 2021, p. 233).	"Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown" (Jones & Bartlett, 2021, p. 96)	"Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis" (Jones & Bartlett, 2021, p. 646)	"Albuterol attaches to beta 2 receptors on bronchial cell membrane, which stimulates the intracellular enzyme adenylate cyclase to convert ATP to cAMP. Relaxing bronchial smooth-muscle cells and inhibit

					histamine release" (Jones & Bartlett, 2021, p. 27).
Reason Client Taking	To control CHF	To treat depression	To control cholesterol levels	To treat the patient's hypothyroidism	To control the patient's COPD exacerbation
Contraindications (2)	Hypersensitivity to Metoprolol and Heart rate less than 45 beats per minute (Jones & Bartlett, 2021)	Hypersensitivity to Citalopram or its contents and pimozide therapy (Jones & Bartlett, 2021)	Active hepatic disease and hypersensitivity to atorvastatin (Jones & Bartlett, 2021)	Hypersensitivity to levothyroxine and uncorrected adrenal insufficiency (Jones & Bartlett, 2021)	Hypersensitivity to albuterol and hypersensitivity to albuterol contents (Jones & Bartlett, 2021)
Side Effects/Adverse Reactions (2)	Arrhythmias and Bronchospasm (Jones & Bartlett, 2021, p. 726)	Seizures and Myocardial infarction (Jones & Bartlett, 2021)	Hepatic failure and Thrombocytopenia (Jones & Bartlett, 2021)	Cardiac arrest and Myxedema coma (Jones & Bartlett, 2021)	Bronchospasm and Angioedema (Jones & Bartlett, 2021)
Nursing Considerations (2)	"Use cautiously in patients with angina or hypertension who have CHF because beta blockers can further depress myocardial contractility, worsening heart failure" (Jones & Bartlett, 2021, p. 727).	"Be aware that citalopram should not be given to patients with congenital prolonged QT syndrome, bradycardia, hypokalemia, hypomagnesemia, recent acute MI, or uncompensa	"Expect atorvastatin to be used in patients without obvious coronary artery disease (CAD) but with multiple risk factors (such as age 55 or older, family history of earl CAD, history of	**"**Be aware that levothyroxine therapy is not to be used for treatment of obesity or for weight loss" (Jones & Bartlett, 2021, p. 647). "Monitor PT of patient taking anticoagulants; she may require a dosage adjustment"	"Use cautiously in patients with cardiac disorders" (Jones & Bartlett, 2021) "Monitor serum potassium levels because albuterol can cause

	"Monitor patient for evidence of worsening heart failure during dosage increases" (Jones & Bartlett, 2021, p. 727).	ted heart failure" (Jones & Bartlett, 2021). "Assess elderly patients and those taking diuretics for signs suggesting syndrome of inappropriate secretion of antidiuretic hormone, including hyponatremia and increased serum and urine osmolarity" (Jones & Bartlett, 2021, p. 234).	HTN, or low HDL levels, or smoker)" (Jones & Bartlett, 2021, p. 97). "Expect liver function tests to be performed because atorvastatin is hepatotoxic" (Jones & Bartlett, 2021, p. 97)	(Jones & Bartlett, 2021, p. 647)	hypokalemia" (Jones & Bartlett, 2021, p. 28).
Key Nursing Assessment(s) /Lab(s) Prior to Administration	Heart rate and B/P (Jones & Bartlett, 2021)	QT interval on EKG and heart rate (Jones & Bartlett, 2021)	Liver panel and platelet count (Jones & Bartlett, 2021)	PT and respiratory rate (Jones & Bartlett, 2021)	Serum potassium levels and heart rate (Jones & Bartlett, 2021)
Client Teaching Needs (2)	"Instruct patient to take Metoprolol with food at the same time each day" (Jones & Bartlett, 2021).	"Inform patient that citalopram's full effects may take up to 4 weeks" (Jones & Bartlett, 2021, p.	"Take drug the same time each day to maintain its effects" (Jones & Bartlett, 2021, p. 97)	"Inform patient that levothyroxine replaces a hormone that is normally produced by the thyroid gland and will	**"**Teach the patient how to use the inhaler" (Jones & Bartlett, 2021, p. 28).

	"Advise patient to notify prescriber if pulse rate falls below 60 beats per minute or is significantly lower than usual" (Jones & Bartlett, 2021)	234) "Advise patients not to self-medicate for allergies, colds, or coughs without consulting prescriber because these preparations can increase the risk of adverse reactions" (Jones & Bartlett, 2021, p. 234)	"Advise patient to notify prescriber immediately if he develops unexplained muscle pain, tenderness, or weakness, especially if accompanied by fatigue or fever" (Jones & Bartlett, 2021, p. 97)	probably need to take this drug for life" (Jones & Bartlett, 2021, p. 647). "Tell patient to notify prescriber if hives or rash develops during drug use" (Jones & Bartlett, 2021, p. 647)	"Warn patient no to exceed prescribed dose" (Jones & Bartlett, 2021, p. 29).

Hospital Medications (5 required)

Brand/Generic	Aspirin/ Bayer (Jones & Bartlett, 2021)	Apixaban/ Eliquis (Jones & Bartlett, 2021)	Ferrous Sulfate/ Slow-Fe (Jones & Bartlett, 2021)	Prednisolonne/ Delta-Cortef (Jones & Bartlett, 2021)	Polyethylene Glycol 13350/ MiraLAX (Jones & Bartlett, 2021)
Dose	81 mg-1 tab	2.5mg-1 tab	325mg-1 tab	40mg-2 tabs	17g
Frequency	Daily	BID	Daily	Daily	Daily
Route	PO	PO	PO	PO	PO
Classification	P: Salicylate	P: Factor Xa	P: Hematinic	P:	P: Laxative

	T: antiplatelet (Jones & Bartlett, 2021)	inhibitor T: Anticoagulant (Jones & Bartlett, 2021)	T: Antianemic (Jones & Bartlett, 2021)	Glucocorticoid T: Immunosuppressant (Jones & Bartlett, 2021)	T: Laxative
Mechanism of Action	"Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis, which subside inflammatory symptoms" (Jones & Bartlett, 2021)	"Inhibits free and clot-bound factor Xa and prothrombinase activity" (Jones & Bartlett, 2021, p. 71)	"Acts to normalize RBC production by binding with hemoglobin or by being oxidized and stored as hemosiderin or aggregated ferritin in reticuloendothelial cells of the bone marrow, liver and spleen" (Jones & Bartlett, 2021, p. 457)	"Binds to intracellular glucocorticoid receptors and suppresses inflammatory and immune responses" (Jones & Bartlett, 2021, p. 892).	**"**PEG forms hydrogen bonds with water molecules. For this reason, it can prevent the reabsorption of water, which causes water retention in the stool and increases the osmotic pressure. As a result, the stool softens, and bowel movements occur more frequently" (Jones & Bartlett, 2021).
Reason Client Taking	To help prevent developing clots with A Fib diagnosis	To help prevent developing clots with A Fib diagnosis	Nutritional Supplement/ Iron-deficient Anemia	COPD exacerbation	Patient has constipation -Stool Softener
Contraindications (2)	Active bleeding and GI	Active pathological bleeding and	Hemolytic anemias and hemochromat	Hypersensitivity to prednisolone	Suspected bowel obstruction

	bleed or ulcers (Jones & Bartlett, 2021)	severe hypersensitivity to apixaban (Jones & Bartlett, 2021)	osis (Jones & Bartlett, 2021)	and idiopathic thrombocytopenic purpura (Jones & Bartlett, 2021)	and inflammatory bowel disease (Jones & Bartlett, 2021)
Side Effects/Adverse Reactions (2)	GI bleeding and leukopenia (Jones & Bartlett, 2021)	Hemorrhagic stroke and Hemoptysis (Jones & Bartlett, 2021)	Dizziness and Fever (Jones & Bartlett, 2021)	Seizures And adrenal insufficiency (Jones & Bartlett, 2021)	Stomach cramps and swollen abdomen (Jones & Bartlett, 2021)
Nursing Considerations (2)	"Don't crush timed-release or controlled-release aspirin tablets unless directed" (Jones & Bartlett, 2021, p. 88). "Ask about tinnitus" (Jones & Bartlett, 2021, p. 89)	"Know that apixaban should not be given to patients with severe hepatic dysfunction" (Jones & Bartlett, 2021). "Be aware that if apixaban is discontinued prematurely and adequate alternative anticoagulation is not present, the risk of thrombosis increases" (Jones & Bartlett, 2021, p. 72).	"Give iron tablets and capsules with a full glass of juice or water" (Jones & Bartlett, 2021, p. 458). "Protect liquid form from freezing" (Jones & Bartlett, 2021, p. 458)	"Avoid using prednisolone in patients with a history of active TB" (Jones & Bartlett, 2021, P. 893) "Prolonged use may cause hypothalamic-pituitary-adrenal suppression" (Jones & Bartlett, 2021p. 893)	Monitor patients for signs and symptoms of bowel obstruction (Jones & Bartlett, 2021) If patients are use this for long term use monitor them for neuropsychiatric events (Jones & Bartlett, 2021)
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Check for active bleeding anywhere,	Check for active bleeding and PT (Jones &	Blood pressure (may cause hypotension)	Serum potassium levels and sodium levels	Assess BUN and neurological status

	heart rate, Hct and Hgb levels (Jones & Bartlett, 2021)	Bartlett, 2021)	and iron levels (can overdose) (Jones & Bartlett, 2021)	(Jones & Bartlett, 2021)	(Jones & Bartlett, 2021)
Client Teaching Needs (2)	"Instruct patient to take with food" (Jones & Bartlett, 2021, p. 89). "Tell patient not to use Aspirin if it has a strong vinegar-like odor" (Jones & Bartlett, 2021, p. 89).	"Emphasize the importance of taking apixaban exactly as prescribed" (Jones & Bartlett, 2021, p. 72). "Advise patient to report any unusual bleeding" (Jones & Bartlett, 2021, p. 72)	"Instruct patient not to chew any solid form of iron except for chewable tablets" (Jones & Bartlett, 2021, p. 458). "Caution patients not to take antacids or calcium supplements within 1-hour before and 2 hours after taking iron supplement" (Jones & Bartlett, 2021, p. 458)	"Instruct the patient to take with food" (Jones & Bartlett, 2021, p. 894). "Urge patient to carry medical identification bracelet revealing prednisolone therapy" (Jones & Bartlett, 2021, p. 894)	If prolonged diarrhea occurs contact physician and monitor signs of liver dysfunction such as yellowing of the skin (Jones & Bartlett, 2021)

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient was alert and oriented x 3. She appeared with no acute distress. The patient knew where she was, and she knew her name and date of birth. However, she did not know why she was in the hospital. She did not appear with any acute distress. Her overall appearance was well-groomed and appropriate for her age. She appeared frail.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 19** **Drains present: Y☐ N X** **Type:**	The patient's skin color was appropriate for ethnicity. She appeared with bruises on her hands and coccyx (clean and intact dressing present). Her skin was dry and intact. She did not appear with any immediate bleeding, rashes. Her skin was warm to touch. Her skin turgor was three seconds with some tenting. Her skin appeared with a decrease in elasticity. The patient's skin did not have any yellowing or unusual redness no pallor, petechiae, or cyanosis.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head, neck, and face were symmetric. Patient was able to move her head from side-to side. Her neck appeared normal. Her trachea was midline without deviation. Her thyroid was nonpalpable. Her lymph nodes were non-palpable. Her carotid arteries were 2+ bilaterally. Her PERRLA was present. She did not appear with additional eye devices. Her corneas were clear, conjunctiva was white. Her pupils bilaterally were a 3mm. Normal hearing to voice. Normocephalic. No sinus tenderness. No JVD. No thyromegaly. Moist oral mucosa, no bruising, rashes, or lesions. No drainage from ears. Bilateral Auricles did not appear scratched or bruised. Dentition was good. Nose appeared midline. Turbinates were 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 X**	S1 and S2 noted. Normal rate and rhythm. No murmur. No acute cardiac symptoms. No edema. Nail bed s were normal for ethnicity. All peripheral pulses were 3+ bilaterally. Capillary refill was less than 3 seconds. According to EKG patient has A Fib. Patient has CHF.

Edema Y ☐ N X **Location of Edema:**	
RESPIRATORY: **Accessory muscle use: Y☐ N X** **Breath Sounds: Location, character**	The patient's respirations were nonlabored, no gasping, snoring, stridor, or pursed lips. The patient's respiratory pattern was regular. The patient present with expiratory wheezing and fine crackles in both lungs. She was short of breath at rest. Patient was on 3L of oxygen by nasal cannula. Respirations were 18.
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 X** **Nasogastric: Y ☐ N X** **Size:** **Feeding tubes/PEG tube Y ☐ N X** **Type:**	Bowel sounds were hypoactive in all four quadrants. The patient's diet at home and in the hospital was regular. The patient passed gas and had one small bowel movement during the clinical shift on 3/6/2022. The patient is 5'3" and 100.1 lbs. The patient's abdomen was not distended and did not present with incisions, scars, drains, or wounds.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N X** **Dialysis: Y ☐ N X** **Inspection of genitals:** **Catheter: Y ☐ NX** **Type:** **Size:**	The patient's urine was clear and yellow. It did not present with a foul smell. No present blood in the urine. The patient urinated 300 ml of urine during the clinical day. Genitals appeared normal.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** Gait belt **Strength:** Moderate **ADL Assistance: YX N ☐**	Patient requires assistance for all tasks. She is ability to with one person assisting her. She has moderate strength in all extremities. She has a history of falling. She is oriented to her own ability. She has moderate pedal pushes and pulls. She has moderate hand grips. Her nailbed was

Fall Risk: Y X N☐ **Fall Score:** 60 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	appropriate for ethnicity and warm to touch. ROMs active. Her strength is 4.
NEUROLOGICAL: **MAEW:** Y X N☐ **PERLA:** Y X N☐ **Strength Equal:** Y X N ☐ **if no -** **Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient was A & O x 3. She could not recall the situation. But she was alert to person, place, and time. Impaired cognition. Assessed her ability to remember where she lived, and the patient did recall. Assessed the patient's ability remember highest level of education and she recalled. to recall Speech was clear and strong. LOC normal. Sensory normal. Balance challenges.
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 does not have any coping methods. Her southern Baptist religion is very important to her. Her sons are active in her care and visit her often. Her developmental level is appropriate for her age.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	55	128/70	20	36.1 C (96.9F)	100%
0930	58	105/60	18	36.9 C (98.4F)	93%

Vital Sign Trends: The patient's pulse was slightly low and her blood pressure decreased. Her respirations were still within normal range. Her temperature slightly increased and was still within normal range. Her oxygen decreased, which could be positional because at the time she was moving around.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0812	0-10	Down left leg	6/10	Sharp, radiating pain the comes and goes	Pillow adjusted for support and comfort
1100	0-10	Down left leg	3/10	Sharp, radiating pain the comes and goes	Patient was given pain medication by the nurse which reduced her pain level to a 3/10

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	No fluid running. The patient had two IVs one in the left had size 20g and the right forearm size 22g. 3/2/2023 both were inserted. The patency of both was checked with saline syringes and they were patent. No signs of redness, swelling, or drainage. IV dressings were clean, dry, and intact.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
180	-300

Nursing Care

Summary of Care (2 points)

Overview of care:

Procedures/testing done:

Complaints/Issues:

Vital signs (stable/unstable):

Tolerating diet, activity, etc.:

Physician notifications:

Future plans for client:

Discharge Planning (2 points)

Discharge location: Nursing Home

Home health needs (if applicable): No known home health needs

Equipment needs (if applicable): No known equipment needs

Follow up plan: Follow up with primary care doctor within two weeks of discharge to assess exacerbation status

Education needs: Exacerbation of COPD and CHF teaching

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. Confusion related to urinary tract infection as evidence by grown E. coli and streptococcus	The primary goal is to cure the infection so that the patient's mental status can restore and the	**1.** Provide antibiotics per doctor's order **2.** Modify patient's fluid intake, but to ensure she is	**1.** The patient will begin to show cognitive improvements with 7 days of taking prescribed	The nursing student could not identify patience response to treatments because the clinical day ended before then.

species in urine culture	infection does not cause permanent brain damage.	flushing her system with water and limiting sugary drinks.	antibiotics	
2. Impaired gas exchange related to COPD exacerbation as evidence by elevated PaO2 and Pa CO2 levels	This nursing diagnosis is important to improve the patient's oxygen level, breathing, and gas exchange.	**1.** Provided the patient with 3L of oxygen **2.** Elevated the head of the bed	**1.** The patient will decrease symptoms of exacerbation with 2 days of discharge and will improve oxygen status to room air.	The nursing student could not identify patience response to treatments because the clinical day ended before then.
3. Impaired cardiac tissue perfusion related to CHF exacerbation as evidence by EKG showing A Fib and rapid ventricular response	This nursing diagnosis is important because the patient is at risk for developing blood clots	**1.** Provided Eliquis for the prevention of clot formation **2**. The patient was provided was rotated every two hours	**1.** The patient will have a decrease in RVR within 5 days of treatment	The nursing student could not identify patience response to treatments because the clinical day ended before then.
4. Knowledge deficit related to altered mental status as evidence by patient unable to identify why she was in the hospital	The patient was confused due to her urinary tract infection and did not know why she was in the hospital, it is important to explain to her why she is in the hospital so that she understands and may adhere to treatments.	**1.** Th patient was informed of why she is in the hospital **2.** The patient' mental status is continually monitored	**1.** The patient's mental status will improve within 3 days of hospital stay and she will understand why she is at the hospital.	The nursing student could not identify patience response to treatments because the clinical day ended before then.

Other References (APA):

Concept Map (20 Points):

"I have pain that shoots down my leg"
"I'm in the hospital for my right hip surgery"
"My pain is a 6/10"
"I hurt all the time"
"I live in the nursing home"
"My sons come and visit me"

Confusion related to urinary tract infection as evidence by grown E. coli and streptococcus species in urine culture
O: The patient will begin to show cognitive improvements with 7 days of taking prescribed antibiotics
Impaired gas exchange related to COPD exacerbation as evidence by elevated PaO2 and Pa CO2 levels
O: The patient will decrease symptoms of exacerbation with 2 days of discharge and will improve oxygen status to room air.
diac tissue perfusion related to CHF exacerbation as evidence by X-Ray showing fluid on heart
. The patient will have a decrease in RVR within 5 days of treatment
Knowledge deficit related to altered mental status as evidence by patient unable to identify why she was in the hospital
O: The patient's mental status will improve within 3 days of hospital stay and she will understand why she is at the hospital.

ray- ws fluid overload and RVR

HG
77 y/o Caucasian Female
Admitted for confusion related to UTI
COPD and CHF exacerbation
DNR

1. P vide antibiotics per doctor's order
2. tient's fluid intake, but to ensure she is flushing her system with water and limiting sugary
ient with 3L of oxygen
e bed
prevention of clot formation
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2. The patient' mental status is continually monitored