N431 Care Plan # 1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 03/18/2023	Client Initials DJ	Age 45	Gender Male
Race/Ethnicity African American	Occupation Paramedic	Marital Status Single	Allergies Penicillin
Code Status FULL	Height 177.8 cm	Weight 81.8 Kg	

Medical History (5 Points)

Past Medical History: IBS and GERD.

Past Surgical History: N/A.

Family History: Mother – IBS, Father – GERD, Hypertension, Sister – obesity, Diabetes Mellitus Type 2.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): 1 pack/day smoker for 20 years, states he drinks "A few beers on the weekends".

Assistive Devices: N/A.

Living Situation: Patient lives at home with significant other.

Education Level: High school diploma, Formal Paramedic Training 1995.

Admission Assessment

Chief Complaint (2 points): Abdominal pain for 2 days with nausea/vomiting.

History of Present Illness – OLD CARTS (10 points): The patient is a 45-year-old male who presented to the Emergency Department after two days of chronic abdominal pain. The patient complains of nausea and vomiting. The patient denies any aggravating factors. The patient did not take medications at home to relieve pain before coming to the ED. The ED nurse administered famotidine, lidocaine, and ondansetron. The patient says it has reduced

the symptoms, and he feels a little better. The patient was admitted to the medical-surgical unit for further evaluation.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Small Bowel Obstructions.

Secondary Diagnosis (if applicable): N/A

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

Obstruction of the small intestine, a digestive system component, is called small bowel obstruction. Many conditions, including adhesions, hernias, and inflammatory bowel diseases, can result in small intestinal obstruction. All ages of people are susceptible to small bowel blockage. Due to intestinal obstruction, liquids, gas, and intestinal contents build-up, SBO occurs. Fluid retention and abdominal distension both increase gastric output and decrease fluid absorption. Venous and arteriolar capillary pressure decreases as intestinal distention increases because of increased pressure inside the lumen. Dehydration and decreased circulatory fluid volume result from fluid, electrolyte, and protein third-spacing entering the intestinal lumen (Pagana et al., 2018). Continued intestinal distension and edema can compromise circulation to the afflicted intestinal segment, resulting in ischemia, necrosis, and eventually intestinal wall rupture or perforation with peritonitis (Capriotti & Frizzell, 2020). An SBO is an obstruction that results in bowel dilation close to the obstruction. Abdominal distention, intestinal mucosa irritation, and fluid and electrolyte loss are the main effects of an obstruction. Abdominal cramps and pain, abdominal distention, bloating, vomiting, nausea, dehydration, malaise, lack of appetite, extreme constipation, tenderness, rigidity upon examination, absent bowel sounds, and hypoactive bowel sounds are the most common sign and symptoms of SBO (Capriotti & Frizzell, 2020). This patient came to ED with nausea, vomiting, and absent bowel sounds. A patient's SBO will depend on whether a complete or a partial bowel obstruction has occurred. Abdominal pain is the primary complaint. Gas or bowel movements are possible for those with a partial obstruction, but abdominal pain and distention are consistently present. The clinician should focus on questions regarding the characteristic of stool; the quality of pain, which may be colicky and cramping; and the ability to pass gas (Pagana et al., 2018). With complete obstruction, a

rectal examination will find no feces in the rectum unless the obstruction is caused by fecal impaction. In that case, diarrhea may occur if the intestinal contents pass around the obstruction. If the obstruction enlarges, the abdominal pain can become more continuous. Sweating, anxiety, and restlessness also occur. To diagnose SBO, the medical team will get a medical history, physical examination, and CBC. Radiological studies such as abdominal X-rays and CT or MRI scans are most commonly used to diagnose SBO (Capriotti & Frizzell, 2020). This patient already had CBC, CT, and XRAY done when he was admitted. The abdominal x-ray can reveal a distended colon, with loops of dilated bowel readily apparent. Free air is typically visualized under the diaphragm if a perforation has occurred. The CT scan with contrast dye helps confirm a mechanical obstruction and its extent. A colonoscopy can help if other tests are inconclusive. Diagnostic laboratory results include elevated WBC count and electrolyte imbalance.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* F.A. Davis Company.

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2018). *Mosby's Diagnostic and Laboratory Test Reference* (14th ed.). Mosby.

Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	**4 – 6**	**N/A**	**N/A**	**N/A**
Hgb	**12 – 16**	**N/A**	**13.1**	**N/A**
Hct	**35 – 37**	**N/A**	**42.1**	**PT has high Hct due to bleeding (Pagana et al., 2018).**
Platelets	**150,000 –**	**N/A**	**N/A**	**N/A**

	400,000			
WBC	**4,500 – 11,000**	**N/A**	**12.5**	**PT has high WBC due to the SBO. (Pagana et al., 2018).**
Neutrophils	**45 – 75**	**N/A**	**N/A**	**N/A**
Lymphocytes	**20 – 40**	**N/A**	**N/A**	**N/A**
Monocytes	**4 – 6**	**N/A**	**N/A**	**N/A**
Eosinophils	**Less than 7%**	**N/A**	**N/A**	**N/A**
Bands	**50 – 65%**	**N/A**	**N/A**	**N/A**

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**135 – 145**	**N/A**	**130**	**PT has low sodium due to vomiting (Pagana et al., 2018).**
K+	**3.5 – 5**	**N/A**	**4.2**	**N/A**
Cl-	**98 – 107**	**N/A**	**N/A**	**N/A**
CO2	**21 – 31**	**N/A**	**N/A**	**N/A**
Glucose	**70 – 100**	**N/A**	**97**	**N/A**
BUN	**8 – 25**	**N/A**	**9**	**N/A**
Creatinine	**0.6 – 1.3**	**N/A**	**1.01**	**N/A**
Albumin	**3.5 – 5.2**	**N/A**	**N/A**	**N/A**
Calcium	**8.6 – 10.2**	**N/A**	**N/A**	**N/A**
Mag	**1.6 – 2.6**	**N/A**	**N/A**	**N/A**
Phosphate	**2.5 – 4.5**	**N/A**	**N/A**	**N/A**
Bilirubin	**0.1 – 1.4**	**N/A**	**0.4**	**N/A**

Alk Phos	**34 – 104**	**N/A**	**N/A**	**N/A**
AST	**10 – 30**	**N/A**	**15**	**N/A**
ALT	**10 – 40**	**N/A**	**52**	**PT has high ALT due to SBO (Pagana et al., 2018).**
Amylase	**40 – 140 U/L**	**N/A**	**N/A**	**N/A**
Lipase	**11 – 82 U/L**	**N/A**	**N/A**	**N/A**
Lactic Acid	**0.5 – 2.0 mmoL/L**	**0.7**	**N/A**	**N/A**
Troponin	**0.00 – 0.03**	**N/A**	**N/A**	**N/A**
CK-MB	**5 – 25 mmol/L**	**N/A**	**N/A**	**N/A**
Total CK	**55 – 170 U/L**	**N/A**	**N/A**	**N/A**

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**2 – 3**	**N/A**	**N/A**	**N/A**
PT	**9.5 – 11.3**	**N/A**	**N/A**	**N/A**
PTT	**30 – 40 sec**	**N/A**	**N/A**	**N/A**
D-Dimer	**≤ 250**	**N/A**	**N/A**	**N/A**
BNP	**< 100**	**N/A**	**N/A**	**N/A**
HDL	**> 40**	**N/A**	**N/A**	**N/A**
LDL	**< 130**	**N/A**	**N/A**	**N/A**
Cholesterol	**< 200**	**N/A**	**N/A**	**N/A**
Triglycerides	**< 150**	**N/A**	**N/A**	**N/A**
Hgb A1c	**< 7**	**N/A**	**N/A**	**N/A**

TSH	**0.5 – 5**	**N/A**	**N/A**	**N/A**

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**Negative**	**N/A**	**N/A**	**N/A**
pH	**Negative**	**N/A**	**N/A**	**N/A**
Specific Gravity	**Negative**	**N/A**	**N/A**	**N/A**
Glucose	**Negative**	**N/A**	**N/A**	**N/A**
Protein	**Negative**	**N/A**	**N/A**	**N/A**
Ketones	**Negative**	**N/A**	**N/A**	**N/A**
WBC	**Negative**	**N/A**	**N/A**	**N/A**
RBC	**Negative**	**N/A**	**N/A**	**N/A**
Leukoesterase	**Negative**	**N/A**	**N/A**	**N/A**

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	**7.35 – 7.45**	**N/A**	**N/A**	**N/A**
PaO2	**35 – 45 mmHg**	**N/A**	**N/A**	**N/A**
PaCO2	**41 – 51 mmHg**	**N/A**	**N/A**	**N/A**
HCO3	**22 – 26**	**N/A**	**N/A**	**N/A**
SaO2	**95 – 99%**	**N/A**	**N/A**	**N/A**

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**Negative**	**N/A**	**N/A**	**N/A**
Blood Culture	**Negative**	**Negative**	**Negative**	**N/A**
Sputum Culture	**Negative**	**Negative**	**Negative**	**N/A**
Stool Culture	**Negative**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2018). ***Mosby's Diagnostic and Laboratory Test Reference*** **(14th ed.). Mosby.**

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

1. **KUB – 03/20/2023 – IMPRESSION – a small bowel obstruction can be identified in the lower left quadrant of the abdomen. Gas can be seen throughout the abdomen. No sign of perforation or free air within the abdominal cavity.**
2. **EKG – 03/20/2023 – NSR.**
3. **KUB s/p NG – 03/20/2023 – The tip of the NG/OG is coiled within the stomach. All other findings are unchanged from previous films and interpretations.**

Diagnostic Test Correlation (5 points): EKG was performed to visualize the electrical signal of the heart. KUB was performed to see the abdominal organ and the structures to see what is causing the abdominal pain. KUB s/p NG was performed to confirm the placement of NG.

Diagnostic Test Reference (1) (APA):

Capriotti, T., & Frizzell, J.P. (2020). ***Pathophysiology: Introductory concepts and clinical***

perspectives. **F.A. Davis Company.**

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

Home Medications (5 required)

Brand/ Generic	Famotidine/ Pepcid AC	Loperamide/ Diamode	Calcium Carbonate	**D5NS/ Sodium Chloride**	**D10W/ dextrose monohydrate**
Dose	20 mg	4 mg	750 mg	**100 mL**	**250 mL**
Frequency	daily	q6h PRN	q4h PRN	**Every hour.**	**PRN**
Route	PO	PO	PO	**IV**	**IV**
Classification	**T**herapeutic class: **H,-histamine receptor antag-onist Pharmacological class: Antiulcer agent**	**T**herapeutic class: Antidiarrheal Agents. **Pharmacological class:** Antidiarrheal Agents.	**T**herapeutic class: **Antacid, calcium supplement Pharmacological class: Calcium product**	**T**herapeutic class: **Electrolyte Supplement Pharmacological class: Parenteral; Electrolytes**	**T**herapeutic class: **Hypertonic solution Pharmacological class: TPN**

Mechanism of Action	**Inhibits histamine at H,-receptor site in gastric parietal cells, which inhibits gastric acid secretion while pepsin remains at a stable level.**	Acts on the mu-opioid receptor expressed on the circular and longitudinal intestinal muscle. Receptor binding leads to the recruitment of G-protein receptor kinases and the activation of downstream molecular cascades that inhibit enteric nerve activity. By inhibiting the excitability of enteric neurons, loperamide suppresses neurotransmitter	**Neutralizes gastric acidity.**	**The solutions contain no bacteriostat, antimicrobial agent or added buffer and each is intended only as a single-dose injection. When smaller doses are required the unused portion should be discarded. The solutions are parenteral fluid, nutrient and electrolyte replenishers.**	**Glucose is also known as dextrose. Glucose is a monosaccharide, also known as a simple sugar. As a carbohydrate, glucose supplies energy to cells, organs, and tissues. Some tissues can also use fat or protein as an energy source but others, such as the brain and red blood cells, only use glucose. Dextrose in intravenous fluids undergoes oxidation to carbon dioxide and water, and quickly provides fluid and calories. Oral glucose**

		release, pre-synaptic and post-synaptic inhibition of transmission of excitatory and inhibitory motor pathways, and secretomotor pathways			**also works quickly (usually within 15 minutes) by raising blood glucose concentrations to alleviate symptoms of hypoglycemia.**
Reason Client Taking	PT is taking this med to treat GERD.	PT is taking this med to treat diarrhea.	PT is taking this med to treat heartburn.	**PT is receiving this**	**Hypoglycemia <70**
Contraindications (2)	**Hypersensitivity to h2-receptor, other histamine.**	**Liver problems, Prolonged QT interval on EKG.**	**Hypersensitivity, hypercalcemia**	**Kidney disorder & edema.**	**Hyperglycemia & Kidney disorder.**
Side Effects/Adverse Reactions (2)	**Renal disease & insomnia.**	**Irregular heartbeat & decrease urine.**	**Nausea & vomiting**	**Confusion & high BP.**	**Slow HR & SOB.**
Nursing Considerations (2)	**Instruct the patient to carefully chew the tablet. Advice the patient not to take famotidine with other acid-reducing**	**Monitor electrolyte imbalance. Monitor for diarrhea.**	**Assess for hypercalcemia: headache, nausea, vomiting, confusion; hypocalcemia: paresthesia, twitching, colic, dysrhythmias, Chvostek's/ Trousseau's**	**Assess IV to prevent infection. Monitor electrolyte imbalance.**	**Monitor fluid imbalance. Monitor blood sugar.**

	products.		**sign.** **Assess those taking digoxin for toxicity** **Assess those taking for abdominal pain, heartburn, indigestion before, after administration**		
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Monitor I&0 ratio, BUN, creatinine, CBC with differential monthly.**	**Monitor liver function.**	**Monitor Ca+ (serum, urine)**	**Monitoring Electrolyte imbalance.**	**Monitoring blood glucose.**
Client Teaching Needs (2)	**Advice PT to avoid NSAID, alcohol, & spice. Encourage PT to stop smoking.**	**Record number of stool.** **Do not take alcohol.**	**Advise patient to increase fluids to 2 L unless contraindicated, to add bulk to diet for constipation.**	**Advice patient to keep IV site clean. Encourage patient to let nurse to signs and symptoms of electrolyte imbalance.**	**Teach patient symptoms of hypoglycemia. Teach patient to monitor blood glucose.**

Hospital Medications (5 required)

Brand/ Generic	Ondansetron/ Zofran	Pantoprazole/ Protonix	Morphine/ MS Contin	Promethazine for refractory to Ondansetron	Acetaminophen Injection/ Ofirmev

Dose	4mg	40 mg	2 mg	12.5 mg	1,000 mg
Frequency	q6h PRN	Daily PRN	q4h PRN	q8h PRN	q8h PRN
Route	IVP	IV	IVP	IVP	IV
Classification	**Func. class.: Antiemetic Chem. class.: 5-HT receptor antagonist.**	**Func. class.: Proton pump inhibitor Chem. class.: Benzimidazole**	**Func. class.: Opioid analgesic Chem. class.: Alkaloid**	**Func. class.: Antihistamine, H,-receptor antagonist; antiemetic; sedative/hypnotic Chem. class.: Phenothiazine derivative**	**Func. class.. Nonopioid analgesic Chem. class.: Nonsalicylate, paraaminophenol derivative**
Mechanism of Action	**Prevents nausea, vomiting by blocking serotonin (5-HT) peripherally, centrally, and in the small intestine.**	**Suppresses gastric secretion by inhibiting hydrogen/potassium AlPase enzyme system in gastric parietal cell; characterized as gastric acid pump inhibitor, since it blocks final step of acid production.**	**Depresses pain impulse transmission at the spinal cord level by interacting with opioid receptors.**	**Acts on blood vessels, GL, respiratory system by competing with histamine for It. receptor site; decreases allergic response by blocking histamine.**	**May block pain impulses peripherally that occur in response to inhibition of prostaglandin synthesis; does not possess antinflammatory properties; antipyretic action results from inhibition of prostaglandins in the CNS (hypothalamic heat-regulating center)**

Reason Client Taking	Pt is taking this med to treat nausea.	PT is taking this med to treat indigestion.	PT is taking this med to treat pain.	PT is taking this med to treat nausea.	PT is taking this med to treat fever > 38.0 C.
Contraindications (2)	**Kidney disorder, hypersensitive to anaphylaxis.**	**Renal function, bleeding**	**Addiction &Hemorrhage**	**Hypotension & Electrolyte imbalance.**	**Hypersensitivity to this product or phenacetin.**
Side Effects/Adverse Reactions (2)	**Diarrhea & abdominal pain.**	**Weight gain/loss & Hyponatremia.**	**Respiratory depression & constipation.**	**Hyper/ hypotension & Photosensitivity.**	**Renal failure, Gl bleeding.**
Nursing Considerations (2)	**Assess for absence of nausea, vomiting during chemotherapy. Assess for hypersensitivity reaction: rash, bronchospasm.**	**Assess GI system: bowel sounds q8hr, abdomen for pain, swelling, anorexia. Monitor hepatic enzymes: AST, ALT, alkaline phosphatase during treatment.**	**Monitor CNS changes: dizziness, drowsiness, am, bumetanide, calcium chloride, hallucinations, euphoria, LOC, pupil reactions. Monitor allergic reactions: rash, urticaria**	**Assess respiratory status: rate, rhythm, increase in bronchial secretions, wheezing, chest tightness; provide fluids to 2 I/day to decrease secretion thickness. Monitor I&0 ratio: be alert for urinary retention.**	**Monitor blood studies: CBC, PT if patient is on long-term therapy Check I&0 ratio; decreasing output may indicate renal failure.**
Key Nursing Assessment(s)/ Lab(s) Prior to	**Monitor LFT's.**	**Electrolyte imbalances: hyponatremia;**	**Monitor for increased amylase.**	**Monitor vitals for fluctuations.**	**Monitor liver function studies:**

Administration		**hypomagnesemia in those using this product.**			**AST, ALT, bilirubin, creatinine before therapy is anticipated may cause hepatic toxicity.**
Client Teaching Needs (2)	**Instruct patient to report diarrhea, constipation, rash, changes in respirations, or discomfort at insertion site. Teach patient reason for medication and expected results.**	**Advise patient to avoid hazardous activities: dizziness may occur. Advise patient to avoid alcohol, salicylates, ibuprofen; may cause GI irritation.**	**Advise patient to report any symptoms of CNS changes, allergic reactions. Cautions PT to avoid CNS depressants for at least 24 hours after taking this med.**	**Advise patient to avoid alcohol, other depressants; serious CNS depression may occur. Teach patient all aspects of product use; to notify prescriber if confusion, sedation, hypotension, jaundice, fever occur.**	**Advise patient not to use with alcohol, OTC products, or herbals without prescriber approval. Teach patient to recognize signs of chronic overdose: bleeding, bruising, malaise, fever, sore throat.**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2021 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert and oriented** **Oriented to person, place, and time** **Not in apparent distress** **Clean and neat**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Tan, normal for race** **Dry** **Warm** **Normal** **No skin turgor** **N/A** **N/A** **Braden score: 25**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and neck symmetrical** **A pink, moist ear with no apparent lesions** **Sclera was white, cornea was clear, conjunctiva was pink, with no drainage noted.** **Midline septum, no drainage or bleeding apparent.** **Patient wear dentures** .
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:**	S1 and S2 heart sounds are present with no murmurs, rubs, or gallops **Normal rhythm** **Radial pulses 2+** **Normal, 3-5 seconds** **No edema**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Clear and equal bilaterally**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:**	Regular **NPO** **177.8 cm** **180 kg** **Hypoactive in all; however, absent in RLQ** **Soft but, tender to palpitation in all quadrants**

Last BM: **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☒ N ☒** **Size: 65 cm at the nare** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	**N/A** **No pain or mass noted** **No rash noted** **No distention noted** **No incisions noted** **No scars noted** **No drains present** **No wounds noted** **Bile-green colored return.**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Yellow** **Clear** **Normal output** **Not performed**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**No obvious deficits noted** **ROM actively in upper/lower extremities bilaterally** **Strength: 5/5- normal, active motion against full resistance in both upper/lower extremities bilaterally** **N/A** **Fall risk: 0** **All extremities have equal strength** **PT is independent. No, assistance require.**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:**	**This patient has fair judgement and limited insight to disease process. Thought process is normal.** **Perceptive to touch, heat/cold, and pain.** **Patient is alert and oriented to person, place, time, and situation.** **Good, clear with speech attachment to trach**

LOC:	**No obvious deficits** **Alert**
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):**	**Television and hanging out with his significant other** **No deficits noted** **Generativity vs Stagnation** **Patient has no religion preference** **Patient has family support**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0720	**76**	**133/76**	**16**	**37.5**	**98 (Room Air)**
1055	**63**	**124/63**	**18**	**36.9**	**97 (Room Air)**

Vital Sign Trends: The patient vital signs fluctuated due to the patient receiving BP medication. The patient vital signs are in the expected range.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric	PT has generalized abdominal pain.	**8/10**	**N/A**	Morphine administered.
1100	Numeric	PT has generalized abdominal pain.	**4/10**	**N/A**	Morphine administered.

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:**	Peripheral IV Location: Left Wrist (Inserted on admission) & Right wrist (Inserted on admission) Date/Time: 03/18/23; 1723 Size: 18 Gauge Dry, clean, and intact. No erythema, drainage, ect. No saline running at this moment.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
D5NS at 100 mL/hr x 4 hours = 400 mL	Urine total voided in 4 hours Stool x0 = 450 mL

Nursing Care

Summary of Care (2 points)

Overview of care: The patient came to the ED complaining of abdominal pain, nausea, and vomiting. The patient is awake. The patient is NPO. The patient will be admitting to the medical-surgical unit for farther evaluation.

Procedures/testing done: The patient had a chest x-ray, KUB, and KUB s/p NG.

Complaints/Issues: The patient did not verbalize any complaints.

Vital signs (stable/unstable): The patient vital signs were slightly high due to pain.

Tolerating diet, activity, etc.: The patient is NPO.

Physician notifications: No physician notifications at this time.

Future plans for client: Evaluate the patient's response to new medications or test results.

Discharge Planning (2 points)

Discharge location: The patient plans to return home with his significant other.

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A.

Follow up plan: Follow up with doctor to discuss her lab results.

Education needs: If the patient is prescribed new medications or education for abnormal test results and what that means for her health.

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 electrolyte imbalance related to vomiting as evidenced by low sodium.**	**The patient at risk for dehydration due to low sodium.**	**1.Assess patient's fluid status.** **2.Monitor patient for physical signs of electrolyte imbalance. Many cardiac, neurological, and musculoskeletal symptoms are indicative of specific electrolyte abnormalities.**	**Patient will maintain electrolyte levels within normal limits.**	**Patient verbalizes signs and symptoms that require immediate interventions by a health care provider.**

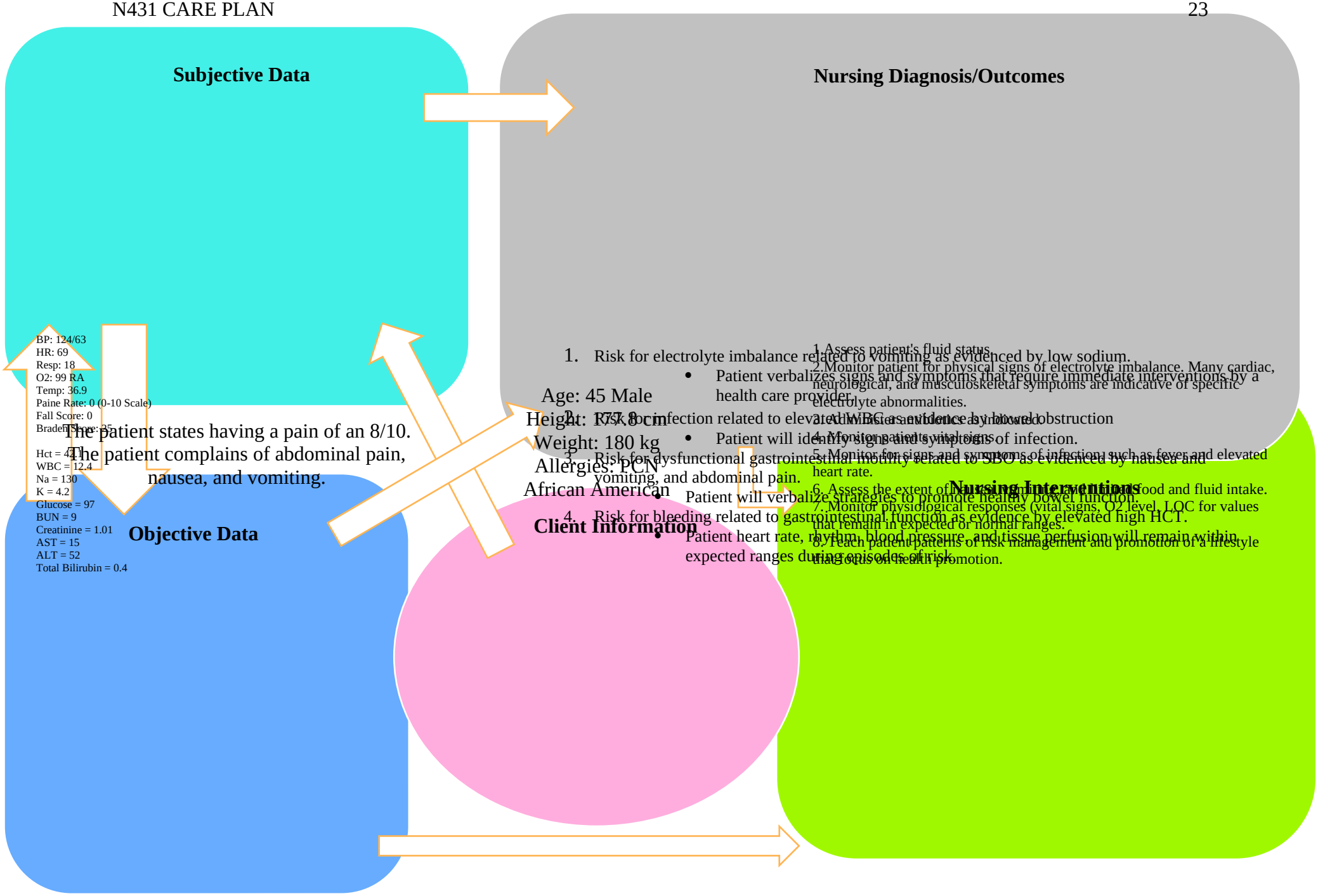
2. Risk for infection related to elevated WBC as evidence by bowel obstruction	**The patient at risk for infection because SBO put patient at risk for bowel perforation.**	**1. Administer antibiotics as indicated. 2. Monitor patients vital signs.**	**Patient's WBC count and differential will stay within normal range.**	**Patient will identify signs and symptoms of infection.**
1. Risk for dysfunctional gastrointestinal motility related to SBO as evidenced by nausea and vomiting, and abdominal pain.	The patient has been vomiting, nausea and pain 8/10.	1.Monitor for signs and symptoms of infection, such as fever and elevated heart rate. 2.Assess the extent of nausea, vomiting, and limited food and fluid intake.	Patient will verbalize strategies to promote healthy bowel function.	Patient makes dietary and fluid selections to maintain a healthy GI system.
4. Risk for bleeding related to gastrointestinal function as evidence by elevated high HCT.	**The patient's high HCT put patient at risk for bleeding.**	**1. Monitor physiological responses (vital signs, O2 level, LOC for values that remain in expected or normal ranges. 2. Teach patient patterns of risk management and promotion of a lifestyle that focus on health promotion.**	**Patient heart rate, rhythm, blood pressure, and tissue perfusion will remain within expected ranges during episodes of risk.**	**The patient demonstrates how to monitor vital signs.**

Other References (APA):

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

Wolters Kluwer

Concept Map (20 Points):


Subjective Data
The patient states having a pain of an 8/10.
The patient complains of abdominal pain, nausea, and vomiting.
Objective Data
BP: 124/63
HR: 69
Resp: 18
O2: 99 RA
Temp: 36.9
Paine Rate: 0 (0-10 Scale)
Fall Score: 0
Braden Score: 25
Hct = 42.1
WBC = 12.4
Na = 130
K = 4.2
Glucose = 97
BUN = 9
Creatinine = 1.01
AST = 15
ALT = 52
Total Bilirubin = 0.4
Client Information
Age: 45 Male
Height: 177.8 cm
Weight: 180 kg
Allergies: PCN
African American
Nursing Diagnosis/Outcomes
1. Risk for electrolyte imbalance related to vomiting as evidenced by low sodium.
Patient verbalizes signs and symptoms that require immediate interventions by a health care provider.
2. Risk for infection related to elevated WBC as evidence by bowel obstruction
Patient will identify signs and symptoms of infection.
3. Risk for dysfunctional gastrointestinal motility related to SBO as evidenced by nausea and vomiting, and abdominal pain.
Patient will verbalize strategies to promote healthy bowel function.
4. Risk for bleeding related to gastrointestinal function as evidence by elevated high HCT.
Patient heart rate, rhythm, blood pressure, and tissue perfusion will remain within expected ranges during episodes of risk.
Nursing Interventions
1.Assess patient's fluid status.
2.Monitor patient for physical signs of electrolyte imbalance. Many cardiac, neurological, and musculoskeletal symptoms are indicative of specific electrolyte abnormalities.
3. Administer antibiotics as ordered.
4. Monitor patients vital signs.
5. Monitor for signs and symptoms of infection, such as fever, and elevated heart rate.
6. Assess the extent of nausea and vomiting and its impact on food and fluid intake.
7. Monitor physiological responses (vital signs, O2 level, LOC for values that remain in expected or normal ranges.
8. Teach patient patterns of risk management and promotion of a lifestyle that focus on health promotion.