N441 Care Plan

Lakeview College of Nursing

Marianna Craighead

Demographics (3 points)

Date of Admission 3/18/23	**Client Initials** FG	**Age** 69	**Gender** Male
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Divorced	**Allergies** KNA
Code Status Full	**Height** 5’9”	**Weight** 142 lbs	

Medical History (5 Points)

Past Medical History: Non-hodgkin’s Lymphoma, CHF, Brain metastasis

Past Surgical History: Spinal Fusion, Central venous catheter placement

Family History: Mother and father both had cancer, daughter had cerebral palsy

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

Denies the use of tobacco, alcohol, and elicited drug use

Assistive Devices: Walker

Living Situation: Lives at home with sister

Education Level: High School Diploma

Admission Assessment

Chief Complaint (2 points): Chills and Generalized weakness

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

Mr. F.G a 69 year-old male presented to the emergency department with chills and generalized weakness. The patient stated that the chills and generalized weakness was sudden and occurred this morning. The patient stated that the weakness got worse throughout the day. The patient denies any dyspnea, cough and chest pain. The patient also states that he has not run a fever.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia

Secondary Diagnosis (if applicable): Septic Shock

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

Pneumonia is an infection that affects one or both lungs to fill up with fluid or pus. Pneumonia can be caused by bacteria, viruses aspiration, or fungi. Pneumonia is caused by atypical pathogens that are not detectable with a gram stain and cannot be cultured using standard methods (Miyashita, 2022).

Symptoms of pneumonia include difficulty breathing, increased heart, fever, chills, loss of appetite, and fatigue (Miyashita, 2022). Mr. F.G. reported to the ED on 3/18/23 with chills and generalized weakness. He denied having any fever before arriving at the hospital. The patient at the time of the assessment the patient had diminished lung sounds and fatigue.

Diagnostic test often used to diagnose pneumonia is a chest x-ray (Miyathita, 2022). Mr. F.G had pleural effusion throughout the left lower lobe of the lung. Other labs performed are CBC, ABGs and O2 STAT (Miyathita, 2022). Mr. F.G. neutrophils and lymphocytes were abnormal and on the high side of the count. Mr. F.G also had lactic acid drawn even though it was within the normal range it was on high side withing the normal range. Mr. F.G O2 STAT was normal at 95% on 4L of oxygen/min. Mr. F.G. ABG's was abnormal and he was in respiratory alkalosis.

There are many ways to treat pneumonia. A physician may prescribe medications such as, antibiotics, antiviral, antifungal, cold and flu medication (US Department of Health, 2023). Mr. F.G. is on two types of antibiotics. Those antibiotics are vancomycin 1g/250mL/hr and Piperacillin- tazobactam 4.5g/100mL at 25mL/hr. The patient may have oxygen therapy to increase the amount of oxygen in a patient's blood via nasal cannula, Bipap/Cpap, or ventilated (US Department of Health, 2023). Mr. F.G was on 4L/min of oxygen continuously.

Pathophysiology References (2) (APA):

Miyashita, N. (2022). Atypical pneumonia: Pathophysiology, diagnosis, and treatment. *Respiratory investigation*, *60*(1), 56-67.

U.S. Department of Health and Human Services. (n.d.). *Treatment*. National Heart Lung and Blood Institute. Retrieved March 23, 2023, from ://www.nhlbi.nih.gov/health/pneumonia/treatment

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	2.9	2.45	This lab is abnormal due to the cancer. The cancer affects the body's ability to generate healthy cells (Hinkle & Cheever, 2022).
Hgb	13-16	9.3	8.2	This lab is abnormal due to the cancer. The cancer affects the body's ability to generate healthy cells (Hinkle & Cheever, 2022).
Hct	38-50	27.6	24.6	This lab is abnormal due to the cancer. The cancer affects the body's ability to generate healthy cells (Hinkle & Cheever, 2022).
Platelets	140-440	29	16	This lab is abnormal due to the cancer. The cancer affects the body's ability to generate healthy cells (Hinkle & Cheever, 2022).
WBC	4-12	6.40	4.9	This lab value was normal
Neutrophils	40-68%	88%	94.6%	This lab is abnormal due to the cancer. The cancer affects the body's ability to generate healthy cells (Hinkle & Cheever, 2022).
Lymphocytes	19-49%	1%	3.4%	This lab is abnormal due to the cancer. The cancer affects the body's ability to generate healthy cells (Hinkle &

				Cheever, 2022).
Monocytes	3-13%	3%	3.2%	This lab value was normal
Eosinophils	0-8%	0.3%	0%	This lab value was normal
Bands	0-10%	10%	NA	This lab value was normal

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	135	135	This lab value was normal
K+	3.5-5.1	3.7	4.2	This lab value was normal
Cl-	98-107	104	102	This lab value was normal
CO2	22-30	26	24	This lab value was normal
Glucose	77-99	131	141	This lab is abnormally related to infection. The body is shutting down causing decrease level in break down of Glucose (Hinkle & Cheever, 2022)
BUN	8-26	21	22	This lab value was normal
Creatinine	0.7-1.3	0.8	0.72	This lab value was normal
Albumin	3.5-5	2.1	1.9	This lab is abnormal due to clients status. The client does not consume the proper amount of nutrition due to cancer (Hinkle & Cheever, 2022).
Calcium	8.7-10.5	8	7.9	This lab is abnormal due to infection. The client was going into septic shock (Hinkle & Cheever, 2022).
Mag	1.6-2.6	1.9	NA	This lab value was normal
Phosphate	2.2-4.5	NA	NA	This lab was not drawn
Bilirubin	0.2-1.2	1.0	0.6	This lab value was normal

Alk Phos	40-150	85	108	This lab value was normal
AST	0-34	24	36	This lab value was normal
ALT	0-55	24	36	This lab value was normal
Amylase	25-125	NA	NA	This lab was not drawn
Lipase	<140	NA	NA	This lab was not drawn
Lactic Acid	0.7-2.0	2.4	2.9	This lab is abnormal related to the infection that the client has (Hinkle & Cheever, 2022)
Troponin	0-0.04	0.069	NA	This lab is abnormal related to CHF diagnosis that the patient has (Hinkle & Cheever, 2022).
CK-MB	5-25	NA	NA	This lab was not drawn
Total CK	22-198	NA	NA	This lab was not drawn

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	0.8-1.1	1.1	1.0	This lab value is normal
PT	10-13.1	13	15.2	This lab value is abnormal related to the client's cancer diagnosis (Hinkle & Cheever, 2022).
PTT	25-36	NA	NA	This lab was not drawn
D-Dimer	0-662	NA	NA	This lab was not drawn
BNP	<100	NA	NA	This lab was not drawn
HDL	>40	NA	14	This lab value is abnormal due to the clients poor nutrition status (Hinkle & Cheever, 2022).
LDL	<150	NA	55	This lab value is normal
Cholesterol	<200	NA	95	This lab Value is normal

Triglycerides	<150	NA	129	This lab value is normal
Hgb A1c	>5.7	NA	NA	This lab was not drawn
TSH	0.35-4.954	NA	NA	This lab was not drawn

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	colorless, yellow	Clear and pale yellow	NA	This lab value was normal
pH	5-9	7.5	NA	This lab value was normal
Specific Gravity	1-1.03	1.026	NA	This lab value was normal
Glucose	Negative	Negative	NA	This lab value was normal
Protein	Negative	Negative	NA	This lab value was normal
Ketones	Negative	Negative	NA	This lab value was normal
WBC	Negative	Negative	NA	This lab value was normal
RBC	Negative	Negative	NA	This lab value was normal
Leukoesterase	Negative	Negative	NA	This lab value was normal

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	7.45	NA	This lab value was normal
PaO2	80-105	91	NA	This lab value was normal
PaCO2	35-45	33	NA	This lab value is abnormal related to the clients pleural effusion (Hinkle & Cheever, 2022).
HCO3	22-26	19.6	NA	This lab value is abnormal related to the clients pleural effusion

				(Hinkle & Cheever, 2022).
SaO2	95-100	NA	NA	This lab was not drawn

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	NA	NA	This lab was not drawn
Blood Culture	Negative	No growth within 2 days	NA	This lab is normal
Sputum Culture	Negative	NA	NA	This lab was not drawn
Stool Culture	Negative	NA	NA	This lab was not drawn

Lab Correlations Reference (1) (APA):

Hinkle, J.L., & Cheever, K. H. (2022) *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed). Wolters Kluwer Health Lippincott Williams & Wilkins.

OSF Database (2023)

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Diagnostic Test Correlation (5 points): Chest x-ray: A chest radiograph, or chest x-ray, is a projection radiograph of the chest used to diagnose conditions affecting the lungs. A chest radiograph produces images of the heart, lungs, blood vessels, airway and bones of your chest (Hinkle & Cheever, 2022). Chest x-ray showed pleural effusion throughout the left lower lobe of the lung.

CT scan of the head: A cat scan scan combines a series of X-ray images taken from different angles around your body and uses computer processing to create cross-sectional images (slices) of the bones, blood vessels and soft tissues inside your body (Hinkle & Cheever, 2022). CT scan of the head revealed low-density lesion in the right posterior parietal region and cyst in the left maxillary sinus

Diagnostic Test Reference (1) (APA):

Hinkle, J.L., & Cheever, K. H. (2022) *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed). Wolters Kluwer Health Lippincott Williams & Wilkins.

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

Home Medications (5 required)

Brand/Generic	Ondansetron Zofran	oxycodone-acetaminophen Oxycontin	acetylsalicylic acid Aspirin	Panzopratole Protonix	NA
Dose	4mg	5-325 mg	81 mg	40 mg	NA
Frequency	PRN q 6 hrs	PRN q 4 hrs	Daily	Daily	NA
Route	PO	PO	PO	PO	NA
Classification	antiemetic	Opioid	NSAID	PPI	NA
Mechanism of Action	Serotonin 5-HT3 receptor antagonist	analgesic	Antiplatelet	Acid reducer	NA
Reason Client Taking	Nausea and Vomiting	Pain management	CHF	GI Upsets	NA
Contraindications (2)	CHF Low	Liver disease Respiratory	Low platelet level	Liver disease Allergic to	NA

	magnesium	distress	Peptic ulcer disease	protonix	
Side Effects/Adverse Reactions (2)	Headache weakness	Constipation Drowsiness	Abnormal bruising Bleeding	Flushed skin Increase hunger	NA
Nursing Considerations (2)	Monitor for dizziness Monitor for GI upset	Last BM when Level of sedation	Don't Crush Platelet level	Hyperglycemia assess fecal occult	NA
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Assess Nausea and vomiting Monitor magnesium and calcium levels	Respiratory status GI status with last BM	Assess the skin for abnormal bruising Review CBC	Liver enzymes	NA
Client Teaching needs (2)	Report dizziness to PCP Take 30 min before chemo/radiation	Take medication as directed Report constipation to PCP	Do not chew the medication Report bleeding	Take 30 minutes before meals Don't chew or crush the medications	NA

This patient only had 4 at home meds per the H&P located in patient's chart

Hospital Medications (5 required)

Brand/Generic	Dextrose 5%	Dexamethasone Decadron	Vancomycin Vancocin	Piperacillin-tazobactam Zosyn	NA
Dose.	75mL/hr	4 mg	1,000 mg/ 250mL/hr	4.5g/100mL 25ml/hr	NA
Frequency	Continuous	q 8 hrs	q 12 hrs	q 8 hrs	NA
Route	IV	IVPB	IV	IVPB	NA
Classification	Crystalloid	Corticosteroid	Antibiotic	Antibiotic	NA
Mechanism of Action	Isotonic	Anti-inflammatory	Inhibits cell wall synthesis	Inhibits cell wall synthesis	NA
Reason Client Taking	Fluid replacement	Inflammation of lungs	Infection	Infection	NA
Contraindications (2)	Don't administer with sodium	Active tuberculosis	Renal impairment Bacterial	Allergic to penicillin's	NA

	Don't administer with potassium	Herpes simplex infection	resistance	Allergic to cephalosporins	
Side Effects/Adverse Reactions (2)	Hyperglycemia N/v	Mood swings Weight gain	Feeling of fullness in ears Dizziness	Nausea Diarrhea	NA
Nursing Considerations (2)	Blood glucose IV Site	Monitor blood sugar Observe signs of infection	Monitor for Redman syndrome Monitor for allergic reaction	Monitor for rash Monitor for loose stools	NA
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Patency of IV	Monitor for signs of adverse reactions	Vancomycin trough before administering next dose	Monitor for signs of adverse reactions	NA
Client Teaching needs (2)	Report burning at the IV site Report Dizziness	Avoid being round people who are sick Avoid drinking alcohol	Take medication as ordered Report blood in stool to PCP	Take medication as ordered Report muscle twitching to PCP	NA

The patient only had 4 hospital medication per the EMAR.

Medications Reference (1) (APA):

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

OSF Database (2023)

Assessment

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

GENERAL: **Alertness:** Alert **Orientation:** Person, Place, Time and Situation **Distress:** No **Overall appearance:** Calm and cooperative	Mr. F.G is a 69-year-old male. The client is groomed and tired. Height 5'9", weight 142 lbs, T 97.8°F oral, P 100 2+ b/l, RR 20, BP 110/66 96% O2 on 4L/min of oxygen. The client appears to be in no acute distress.
INTEGUMENTARY: **Skin color:** Pale **Character:** Dry **Temperature:** Warm **Turgor:** Less than 3 seconds **Rashes:** NA **Bruises:** NA **Wounds:** .Coccyx 1.2cmx0.7cm **Braden Score:** 17 **Drains present: Y☐ N ☐** **Type:**	Skin is warm and dry upon palpation. Skin turgor is less than two seconds, normal mobility. Nails are without clubbing. There are no rashes/bruises upon inspection.The client's capillary refill is less than 3 seconds between fingers and toes bilaterally. There is a coccyx wound stage 3 1.2cmx0.7cm. Braden's score is 17.
HEENT: **Head/Neck:** Swollen lymph nodes along the cervical chain **Ears:** WDL **Eyes:** WDL **Nose:** WDL **Teeth:** Dentures upper and lower	The client's head and neck are symmetrical. Then trachea is midline and there are palpable lymph nodes along the cervical chain. The uvula is midline and tonsil size 2+. There is acuity to regular voices.There is no visible abnormality of ears or palpable deformities. The sclera is white bilaterally. The client's cornea is clear b/l. Their conjunctiva is pink b/l with no mucus. The client does not wear glasses. Their EOMs are intact b/l and PERRLA b/l. The client's septum is midline. The client has no teeth but has upper and lower dentures. .
CARDIOVASCULAR: **Heart sounds:** S1 and S2 present **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** Normal Sinus rhythm **Peripheral Pulses:** 2+ **Capillary refill:** Less than 3 seconds **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	Upon auscultation, there are clear S1 and S2 without murmurs. The client's PMI is palpable at the 5th intercostal space at the MCL. There is a normal rate and rhythm. The extremities are pink, warm, and dry. There is no edema, palpated in all extremities. The epitrochlear lymph nodes are palpable on the left side. The client's pulses are 2+ b/l. Their capillary refill is less than 3 seconds between fingers and toes b/l.

RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character** Diminished breath sound bilaterally **ET Tube:** NA **Size of tube:** **Placement (cm to lip):** **Respiration rate:** **FiO2:** **Total volume (TV):** **PEEP:** **VAP prevention measures:**	Upon auscultation,anterior and posterior the client's lungs are diminished b/l. There is no history of smoking or illicit drug use. The client is on 4L/min of oxygen. The clients O2 STAT is 96%.
GASTROINTESTINAL: **Diet at home:**Regular **Current Diet** Regular **Height:** 5'9" **Weight:** 142 lbs **Auscultation Bowel sounds:** Present in all 4 quadrants **Last BM:** 3/20/23 **Palpation: Pain, Mass etc.:** WDL **Inspection:** **Distention:** Flat **Incisions:** NA **Scars:** NA **Drains:** NA **Wounds:** NA **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	Upon inspection, the client's abdomen flat. There are active and normal bowel sounds and no tenderness after palpation of all four quadrants. The client's appetite has been minimal, and he denies nausea, pain, and vomiting. There is no pain with defecation. There is no distention, incisions, scars, drains, or wounds visible on the abdomen. There is no ostomy, NG tube, feeding/PEG tube in place for this client.
GENITOURINARY: **Color:** Pale yellow **Character:** Clear **Quantity of urine:** 250mL **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** WDL **Catheter: Y ☐ N ☐** **Type:** **Size:** **CAUTI prevention measures:**	The Client voids spontaneously without difficulty. At the time of assessment the client voided 250mL of pale yellow-clear urine. The client does not have any abnormalities of the genitals.
MUSCULOSKELETAL:	The client shows no signs of muscular atrophy in

Neurovascular status: Sensation intake **ROM:** Active **Supportive devices:** Walker **Strength: 2/5** **ADL Assistance:** **Y☐ N ☐** **Fall Risk:** **Y ☐ N☐** **Fall Score:** 82 **Activity/Mobility Status:** 1 assist **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	limbs. The client's arm muscle strength is rated at a 2/5 and their hip muscle strength is rated at a 2/5. The client needs assistance and a gait belt is necessary from a sitting to standing position. The client is a one assist with a walker. Client is at a fall risk with a score of 82.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** Person, Place, Time and Situation **Mental Status:** Appropriate **Speech:** Clear and Spontaneous **Sensory:** Intact **LOC:** Alert and orientated	The patient is alert and relaxed. Mr. F.G. is oriented x4; to person, place, time, and situation. The client presents with coherent speech, and their senses are intact. Upon assessment, PERRLA b/l. The client's strength is equal throughout. The client performed pedal pushes and hand grips with ease.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** TV and Phone **Developmental level:** Appropriate for age **Religion & what it means to pt.:** Believes in god and has faith **Personal/Family Data (Think about home environment, family structure, and available family support):** Family Support	The client is alert and oriented x4 (to person, place, time, and situation). Thought processes are coherent and memory is intact. The client's developmental level is appropriate for age. Sister and niece are supportive.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	100	110/66	18	97.8	95% on 4L of oxygen
.1230	91	110/80	20	98.6	96% on 4L of oxygen

Vital Sign Trends/Correlation:

The vitals Mr. F.G. are stable for his conditions . Oxygen remains above 92% but the client is on oxygen at 4L/min via nasal cannula.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	0-10	Denies Pain at this time	NA	NA	NA
1230	0-10	Denies Pain at this time	NA	NA	NA

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:**	NA
Other Lines (PICC, Port, central line, etc.)	
Type: Single Lumen Port **Size:** 7.5 Fr **Location:** Right chest **Date of insertion:** 3/18/23 **Patency:** Clean, dry, intact **Signs of erythema, drainage, etc.:** NA **Dressing assessment:** Transparent **Date on dressing:** 3/21/23 **CUROS caps in place:** **Y** ☐ **N** ☐ **CLABSI prevention measures:** Yes	Patient has a single Lumen port(7.5fr) located on the right chest. Date of insertion is 3/18/23. Dressing is clean, dry and intact and dated 3/21/23.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
IV fluids 200 mL PO fluids 180 mL	Urine 225 mL

Nursing Care

Summary of Care (2 points)

Overview of care: Patient took meds without difficulty in the morning. The patient ate 75% of breakfast and lunch

Procedures/testing done: Labs were drawn in the am

Complaints/Issues: The patient had no complaints at this time

Vital signs (stable/unstable): Vitals were stable

Tolerating diet, activity, etc.: Regular diet and is a 1 assist

Physician notifications: If the client condition worsens

Future plans for client: Return home

Discharge Planning (2 points)

Discharge location: Home to Bismark

Home health needs (if applicable): Wound care, pending PT/OT

Equipment needs (if applicable): Walker

Follow up plan: Follow up with PCP

Education needs:

Possible education on hospice consult

Was to prevent infection

Progression of cancer

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

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
● Include full nursing diagnosis	● Explain why the nursing diagnosis			● How did the client/family respond to the nurse's actions?

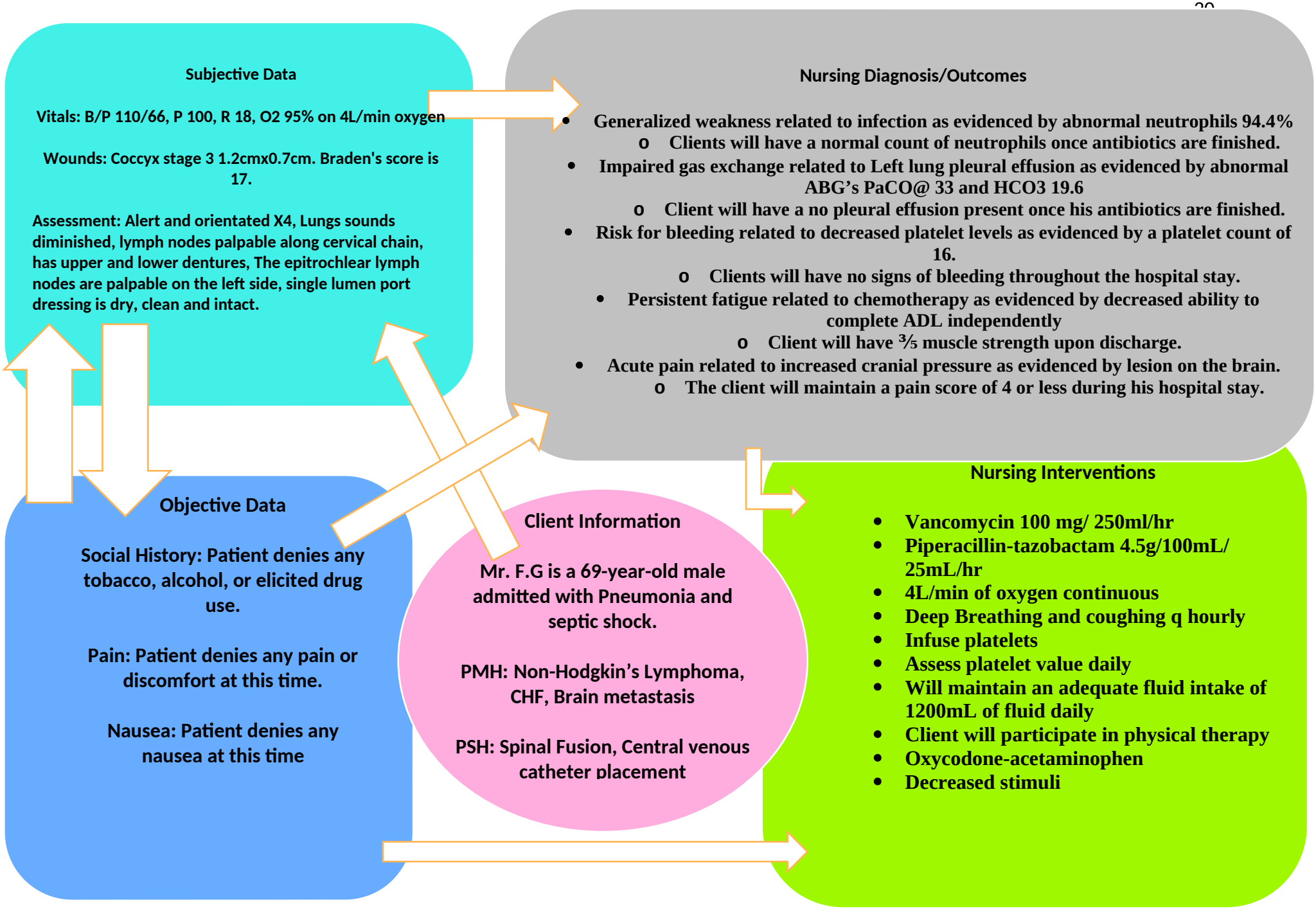
with "related to" and "as evidenced by" components ● Listed in order by priority – highest priority to lowest priority pertinent to this client	was chosen			● Client response, status of goals and outcomes, modifications to plan.
Generalized weakness related to infection as evidenced by abnormal neutrophils 94.4%	This diagnosis was chosen because of the diagnosis of infection.	Vancomycin 100 mg/ 250ml/hr Piperacillin-tazobactam 4.5g/100mL/ 25mL/hr	Clients will have a normal count of neutrophils once antibiotics are finished.	Client still has abnormal levels of neutrophils in his bloodstream. Client understood the importance of getting rid of his infection.
Impaired gas exchange related to Left lung pleural effusion as evidenced by abnormal ABG's PaCO@ 33 and HCO3 19.6	This diagnosis was chosen because of pneumonia	4L/min of oxygen continuous Deep Breathing and coughing q hourly	Client will have a no pleural effusion present once his antibiotics are finished.	The client's lungs are still diminished with sound throughout. The client understands the importance of being compliant with his interventions.
Risk for bleeding related to decreased platelet levels as evidenced by a platelet count of 16.	This diagnosis was chosen because the client has a low platelet count	Infuse platelets assess platelet value daily	Clients will have no signs of bleeding throughout the hospital stay.	The client has no current signs of bleeding. The client understands the importance of the bleeding precautions.
Persistent fatigue related to chemotherapy as evidenced by	This diagnosis was chosen because of	Will maintain an adequate fluid intake of 1200mL of	Client will have ⅗ muscle strength upon discharge.	The client has improved on his strength. Client still requires assistance

decreased ability to complete ADL independently	cancer diagnosis	fluid daily Client will participate in physical therapy		with his ADLS.
Acute pain related to increased cranial pressure as evidenced by lesion on the brain.	This diagnosis was chosen because of cancer diagnosis.	Oxycodone-acetaminophen Decreased stimuli	The client will maintain a pain score of 4 or less during his hospital stay.	The client has been able to maintain a pain score of 0 throughout his hospital stay.

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
Vitals: B/P 110/66, P 100, R 18, O2 95% on 4L/min oxygen
Wounds: Coccyx stage 3 1.2cmx0.7cm. Braden's score is 17.
Assessment: Alert and orientated X4, Lungs sounds diminished, lymph nodes palpable along cervical chain, has upper and lower dentures, The epitrochlear lymph nodes are palpable on the left side, single lumen port dressing is dry, clean and intact.
Nursing Diagnosis/Outcomes
Generalized weakness related to infection as evidenced by abnormal neutrophils 94.4%
Clients will have a normal count of neutrophils once antibiotics are finished.
Impaired gas exchange related to Left lung pleural effusion as evidenced by abnormal ABG's PaCO@ 33 and HCO3 19.6
Client will have a no pleural effusion present once his antibiotics are finished.
Risk for bleeding related to decreased platelet levels as evidenced by a platelet count of 16.
Clients will have no signs of bleeding throughout the hospital stay.
Persistent fatigue related to chemotherapy as evidenced by decreased ability to complete ADL independently
Client will have ⅗ muscle strength upon discharge.
Acute pain related to increased cranial pressure as evidenced by lesion on the brain.
The client will maintain a pain score of 4 or less during his hospital stay.
Objective Data
Social History: Patient denies any tobacco, alcohol, or elicited drug use.
Pain: Patient denies any pain or discomfort at this time.
Nausea: Patient denies any nausea at this time
Client Information
Mr. F.G is a 69-year-old male admitted with Pneumonia and septic shock.
PMH: Non-Hodgkin's Lymphoma, CHF, Brain metastasis
PSH: Spinal Fusion, Central venous catheter placement
Nursing Interventions
Vancomycin 100 mg/ 250ml/hr
Piperacillin-tazobactam 4.5g/100mL/ 25mL/hr
4L/min of oxygen continuous
Deep Breathing and coughing q hourly
Infuse platelets
Assess platelet value daily
Will maintain an adequate fluid intake of 1200mL of fluid daily
Client will participate in physical therapy
Oxycodone-acetaminophen
Decreased stimuli