

### Medications

0.9% Normal Saline @ 1000 ml/hr – Crystalloid fluid, Isotonic; Given to assist with balancing electrolytes (client had two abnormal electrolyte values); Assess lung/heart sounds & vitals (*IBM Micro Medex, n.d.*)

Diphenhydramine (benadryl) IV injection 50 mg – Antihistamine; Given to minimize allergic reactions to other medications; Assess lung sounds and monitor for airway changes (*IBM Micro Medex, n.d.*)

Prochloroperazine Edisylate (compazine) injection 10 mg – Anti-emetic and Antipsychotic; Given to control nausea and vomiting; Assess blood pressure and changes to GI system (*IBM Micro Medex, n.d.*)

Metoclopramide (reglan) injection 10 mg – Prokinetic agent; assists with gastrointestinal movement & N/V; Assess blood pressure and changes to the GI system

### Demographic Data

**Date of Admission:** 06/09/2023

**Admission Diagnosis/Chief Complaint:** Pelvic Pain / Abdominal Pain

**Age:** 24

**Gender:** Female

**Race/Ethnicity:** Caucasian, Non Hispanic or Latino

**Allergies:** No Known Allergies

**Code Status:** Full Code

**Height in cm:** 175.3 cm

**Weight in kg:** 59.4 kg

**Psychosocial Developmental Stage:** Intimacy vs. Isolation (Erikson)

**Cognitive Developmental Stage:** Formal Operational Stage

### Pathophysiology

Disease process: Pelvic pain occurs around the lower abdomen and can indicate issues with the gastrointestinal, genitourinary, or reproductive systems. The types of pain that can occur vary for the individual, as descriptions and severity of the pain are described by the individual having the pain (Mayo Clinic Staff, 2021).

S/S of disease: Pain in the pelvic region can be sharp, dull, aching, or stabbing. The pain can be chronic or acute, and the severity of the pain depends on the individual (Mayo Clinic Staff, 2021).

Method of Diagnosis: Pelvic pain is a general diagnosis and is typically diagnosed until further diagnostic testing can be done to determine the cause of the pain. In terms of the client, a cervical swab was done to determine the cause of the infection. Then, an ultrasound was ordered to observe where the infection was located and the extent of the infection.

Treatment of disease: Treatment of pelvic pain starts with general pharmacological measures (pain medication) until a more specific diagnosis can be determined. Once a more definitive diagnosis is made, specific treatments can be given to treat the issue causing the

**Lab Values/Diagnostics**

Chloride **111**† (98-107 mmol/L) – high chloride levels can indicate kidney dysfunction or dehydration, which is likely why the provider ordered 0.9% NS to be run at 1000 mL/hr (Pagana et al., 2020, p. 236).

Calcium **8.4** ↓ (8.7-10.5 mg/dL) – low calcium levels can also indicate kidney dysfunction and malabsorption, typically seen in constantly increased levels of alcohol ingestion (Pagana et al., 2020, p. 192).

WBC **16.00** † (4.00-12.00 µL) – Elevated WBC levels show signs of infection, inflammation, and stress (Pagana et al., 2020, p. 976). The client has had PID and indicates signs of inflammation of the pelvic region.

MPV **8.6** ↓ (9.0-12.0 fL) – A low mean platelet value demonstrates a lack of platelet production and can be linked to infection or chronic alcohol use (Pagana et al., 2020, p. 710).

Neutrophils **75.6**† (40.0-68.0 µL) – Elevated neutrophil levels illustrate the body fighting a current infection, which the client is likely to have (Pagana et al., 2020, p. 974).

Lymphocytes **16.4**↓ (19.0-49.0 µL) – Low lymphocyte levels express the likelihood of sepsis due to an infection not being treated in a timely manner (Pagana et al., 2020, p. 977).

**Admission History**

The client arrived at the Emergency Department in the early morning of June 9th complaining of abdominal pain in the right lower quadrant. The pain started overnight and had been continuous for a few hours. The pain is constant and radiates to the back. Movement aggravates the pain and rest relieves the pain. The client did not take any medication to try to treat the pain. The client rates their pain a 10/10 on the numerical scale.

**Medical History**

**Previous Medical History:** Pelvic Inflammatory Disease (2019), Tubo-ovarian abscess (10/18/2021)

**Prior Hospitalizations:**  
 PID (2019)  
 TOA (2021)

**Previous Surgical History:** None on file

**Social History:** Cocaine use and alcohol use. The client did not specify how much or how often.

**Active Orders**

Chlamydia and GC DNA Probe in progress

Ultrasound pelvis limited with transvag and color doppler lmt-NON OB – cyst torsion

Maintain Peripheral IV

**Physical Exam/Assessment**

**General:** The client is alert and oriented to person, place, time, and situation. The client is well groomed and in no acute distress.

**Integument:** The skin is usual for ethnicity, palish-white in color. No rashes, bruises, or wounds. Warm and dry to palpation. Capillary refill less than three seconds in the fingers and toes. The client has several tattoos on their arms and legs.

**HEENT:** The head and neck are symmetrical, the trachea is midline. Bilateral eyes clear without lesions or discharge. Bilateral ears have no visible lumps, lesions, or deformities. Septum is midline. Dentition is normal.

**Cardiovascular:** Heart sounds are clear to auscultation, with S1 and S2 noted. Heart was of normal rate and rhythm. No edema noted.

**Respiratory:** Respirations were of normal rate and rhythm, symmetrical and non-labored. Lung sounds are clear anterior and posterior bilaterally. No wheezes, crackles, or rhonchi noted.

**Genitourinary:** The client voids spontaneously without difficulty. No pain with urination.

**Gastrointestinal:** Bowel sounds were normoactive in all four quadrants. **The client reported abdominal tenderness and right lower quadrant pain.**

**Musculoskeletal:** The client is up at lib. The client had equal and normal strength in the hands and feet, 5/5.

**Neurological:** The client is alert and oriented to person, place, time, and situation. The client moves all extremities well. Speech is easy and clear.

**Most recent VS (include date/time and highlight if abnormal):**

0923: Temp - 97.4 temporal, Pulse - 81, Respirations - 18, Blood pressure - **156,83**, Oxygen Saturation - 100% on room air

**Pain and pain scale used:**

0923: The client rated their pain on a numerical scale at **10 and described the pain as constant in the right lower quadrant of the abdomen.**

<b>Nursing Diagnosis 1</b>	<b>Nursing Diagnosis 2</b>	<b>Nursing Diagnosis 3</b>
Acute pain related to pelvic pain as evidenced by the client's description and numerical pain rating of 10/10 (Phelps, 2020).	Risk for infection related to previous infections as evidenced by a history of pelvic inflammatory disease and tubo-ovarian abscess (Phelps, 2020).	Risk-prone health behavior related to the negative perception of recommended healthcare strategy as evidenced by previous infections and current S/S of pelvic inflammation and pain (Phelps, 2020).
<b>Rationale</b>	<b>Rationale</b>	<b>Rationale</b>
The client is seeking care for uncontrolled pain and has a history of infections in the pelvic/cervical area.	The client has experienced previous infections, which increases their chances of getting another similar infection.	The client has previous diagnoses of kidney PID and TOA. Their current complaint indicates previous health issues, which shows the client has not listened to previously recommended strategies.
<b>Interventions</b>	<b>Interventions</b>	<b>Interventions</b>
<p><b>Intervention 1:</b> Positioning to comfort the client; keep HOB elevated to relax the abdominal muscles (Phelps, 2020).</p> <p><b>Intervention 2:</b> Administration of pain medication to ease the pain (Phelps, 2020).</p>	<p><b>Intervention 1:</b> The client will identify risk factors that predispose them to infections of the pelvic/cervical region (Phelps, 2020).</p> <p><b>Intervention 2:</b> The nurse will monitor labs associated with infection, such as CBC &amp; urine C&amp;S, to identify if the client has an infection (Phelps, 2020).</p>	<p><b>Intervention 1:</b> The nurse will discuss health problems and implications with the client (Phelps, 2020).</p> <p><b>Intervention 2:</b> The nurse will discuss adaptive behaviors to prevent and minimize risks with the client (Phelps, 2020).</p>
<b>Evaluation of Interventions</b>	<b>Evaluation of Interventions</b>	<b>Evaluation of Interventions</b>
The client will report a decrease in the severity of the pain following the interventions listed above.	The client will understand their risk factors for getting an infection. The nurse will educate the client on ways to minimize the client's risk for infection, and the client will make the recommended changes.	The client will identify problems and implications of their behavior that have led to their current health status. The client will then identify adaptive behaviors that will prevent and minimize risks in the future.

**References (3) (APA):**

IBM Micromedex. (n.d.). IBM Watson Health Products. Retrieved January 22, 2023, from <https://www.micromedexsolutions.com/home/dispatch/>

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Phelps, L. L. (2020). *Sparks & Taylor's Nursing Diagnosis Reference Manual*. Wolters Kluwer.

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