N431 Care Plan 2

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Lakeview College of Nursing

N431: Adult Health II

Professor Smalley

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Demographics (3 points)

Date of Admission 06/30/2023	**Client Initials** D.S.	**Age** 58	**Gender** M
Race/Ethnicity White	**Occupation** Disability	**Marital Status** Divorced	**Allergies** Lisinopril, penicillins, and sulfa antibiotics
Code Status Full	**Height** 188 cm	**Weight** 142.9 kg	

Medical History (5 Points)

Past Medical History: The patient has a history of BPH, hypertension, arthritis, CKD (stage 3), CHF, depression, DM, hypothyroidism, and a non-STEMI myocardial infarction.

Past Surgical History: Cardiac cath (5/10/2022), colonoscopy (10/14/21), and melanoma removal from right temple

Family History: Father: lung cancer and prostate cancer; Mother: DM

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Former Smoker, quit in 2008; drinks alcohol rarely.

Assistive Devices: Straight catheter use as home and a cane.

Living Situation: Lives at home with self

Education Level: College educated

Admission Assessment

Chief Complaint (2 points): Urinary retention

History of Present Illness – OLD CARTS (10 points): The patient began having symptoms of leaky urination that lead to his diagnosis of UTI two weeks prior to today's admission. Over the last week, the patient states that he has had difficulty inserting his straight catheters at home, stating "Over the last 7 days, I've only been able to successfully Cath myself five times." The patient says that he has a mild dull pain in his central lower abdomen. The pain started after not

being able to catheterize himself on the morning of admission. Nothing makes the pain better or worse. The patient rates his discomfort a 2 out of 10.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): BPH with obstructive lower urinary tract symptoms.

Secondary Diagnosis (if applicable): Urinary tract infection

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

The pathophysiology of benign prostate hyperplasia (BPH) involves both static and dynamic components. Static obstruction occurs due to prostate enlargement, leading to compression of the urethra and bladder outlet obstruction. Dynamic are the tensions in prostate smooth muscle, which can contribute to bladder-urethra obstruction (Ng & Baradhi, 2022). This patient has a history of BPH and is likely experiencing these tensions in the smooth muscle, preventing him from urinating and straight catheterizing himself. Histologically, BPH is characterized by hyperplasia, with increased cell numbers observed in the periurethral and transition zones of the prostate (Ng & Baradhi, 2022). In other words, the prostate just begins to take up more space, leaving less room for the urethra to pass urine through.

Some signs and symptoms of the disease process mainly include urinary difficulty or retention. Sometimes patients will have pain in the area, but this is not common. BPH can also cause some men to have painful ejaculation or erectile dysfunction if severe enough (Ng & Baradhi, 2022). This patient has been experiencing the urinary retention. His urine is unable to physically pass through his urethra because the prostate is constricting the passage.

Patients with BPH will likely have an elevated prostate-specific antigen (PSA). This shows that there are more prostate cells than a normal male. A flow study will often be

conducted to measure the effectiveness of a patient's urinary flow. BPH will cause decreased flow and pauses in flow. Some other diagnostic tests include A digital rectal exam by a physician, an ultrasound, a CT scan, or an MRI. All these diagnostic tests and tools can be used to determine if a patient has BPH (Capriotti, 2020). Medical history can also be another piece of the puzzle when diagnosing these patients. For example, this patient's father also had prostate cancer which increases the risk of BPH and cancer for this patient.

Medications such as Flomax and Cialis can be given to the patient to help with urinary flow and erectile dysfunction secondary to the BPH. Surgical interventions may be considered in extreme cases (Ng & Baradhi, 2022). Currently, this patient does not take any of these medications.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Ng, M., & Baradhi, K. (2022, August 8). *Benign prostatic hyperplasia*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK558920/

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	4.5 – 5.5	**N/A**	**N/A**	**N/A**
Hgb	13.0 – 18.0	**N/A**	**N/A**	**N/A**
Hct	45.0 – 52.0	**N/A**	**N/A**	**N/A**
Platelets	150 – 450	**N/A**	**N/A**	**N/A**
WBC	4.0 – 10.0	**N/A**	**N/A**	**N/A**
Neutrophils	40 – 80	**N/A**	**N/A**	**N/A**
Lymphocytes	20 – 40	**N/A**	**N/A**	**N/A**
Monocytes	**2-10**	**N/A**	**N/A**	**N/A**
Eosinophils	**1-7**	**N/A**	**N/A**	**N/A**
Bands	**0-10**	**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**	**N/A**	**N/A**
K+	**3.5-5.2**	**N/A**	**N/A**	**N/A**
Cl-	**98-107**	**N/A**	**N/A**	**N/A**
CO2	**22-29**	**N/A**	**N/A**	**N/A**
Glucose	**74-109**	**N/A**	**N/A**	**N/A**
BUN	**5-20**	**N/A**	**N/A**	**N/A**
Creatinine	**0.5-1.5**	**N/A**	**N/A**	**N/A**

Albumin	**3.5-4.5**	**N/A**	**N/A**	**N/A**
Calcium	**8.7-10**	**N/A**	**N/A**	**N/A**
Mag	**1.5-2.5**	**N/A**	**N/A**	**N/A**
Phosphate	**2.5-4.5**	**N/A**	**N/A**	**N/A**
Bilirubin	**0.3-1.0**	**N/A**	**N/A**	**N/A**
Alk Phos	**34-104**	**N/A**	**N/A**	**N/A**
AST	**13-39**	**N/A**	**N/A**	**N/A**
ALT	**7-52**	**N/A**	**N/A**	**N/A**
Amylase	**40-140**	**N/A**	**N/A**	**N/A**
Lipase	**0-160**	**N/A**	**N/A**	**N/A**
Lactic Acid	**0.5-2.0**	**N/A**	**N/A**	**N/A**
Troponin	**0.00**	**N/A**	**N/A**	**N/A**
CK-MB	**<4% total CK**	**N/A**	**N/A**	**N/A**
Total CK	**30-145 (females) 55-170 (males**	**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	**<1**	**1.0**	**N/A**	**N/A**
PT	**10-14**	**13**	**N/A**	**N/A**
PTT	**30-40**	**29**	**N/A**	**N/A**

D-Dimer	**<500**	**N/A**	**N/A**	**N/A**
BNP	**<100**	**N/A**	**N/A**	**N/A**
HDL	**>60**	**N/A**	**N/A**	**N/A**
LDL	**<100**	**N/A**	**N/A**	**N/A**
Cholesterol	**<150**	**N/A**	**N/A**	**N/A**
Triglycerides	**<150**	**N/A**	**N/A**	**N/A**
Hgb A1c	**<5.7%**	**N/A**	**N/A**	**N/A**
TSH	**0.4-4.0**	**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	**Clear and slightly yellow**	**Clear yellow**	**N/A**	**N/A**
pH	**5.0-9.0**	**6.5**	**N/A**	**N/A**
Specific Gravity	**1.001-1.030**	**1.005**	**N/A**	**N/A**
Glucose	**Negative**	**Negative**	**N/A**	**N/A**
Protein	**Negative or trace**	**1+**	**N/A**	When there is a problem with the kidneys, in this case UTI, then protein can leak into the urine (Capriotti, 2020).
Ketones	**Negative**	**Negative**	**N/A**	**N/A**
WBC	**0-5**	**21-50**	N/A	This is due to the patient's current UTI. The urine will contain WBCs because the infection is in the urinary system (Capriotti, 2020).
RBC	**0-5**	**6-10**	**N/A**	This elevated red blood cell count in the patient's urine is likely due to the trauma related to repeated straight catheterization attempts (Capriotti, 2020).

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	**85-105**	**N/A**	**N/A**	**N/A**
PaCO2	**35-45**	**N/A**	**N/A**	**N/A**
HCO3	**22-26**	**N/A**	**N/A**	**N/A**
SaO2	**95-100**	**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**	**N/A**	**N/A**	**N/A**
Sputum Culture	**Negative**	**N/A**	**N/A**	**N/A**
Stool Culture	**Negative**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Cleveland Clinic. (2022). *CK-MB test*. MyClevelandClinic. Retrieved June 4, 2023, from https://my.clevelandclinic.org/health/diagnostics/24519-ck-mb-test

Kurec, A. (2022). *Creatine kinase (CK) blood test*. Testing. Retrieved June 4, 2023, from https://www.testing.com/tests/creatine-kinase-ck/

Diagnostic Imaging

All Other Diagnostic Tests with correlations (10 points): N/A

Diagnostic Test Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). 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	Lipitor/ Atorvastatin	Lorazepam	Cozaar/ Losartan	Ecotrin/Aspirin
Dose	40 mg	0.5 mg	25mg tablet	81mg tablet
Frequency	HS	TID, PRN for anxiety	BID	BID
Route	PO	PO	PO	PO, chewable
Classification	"HMG-CoA reductase inhibitors" (Vallerand & Sanoski, 2023).	Therapeutic: anesthetic and antianxiety Pharmacologic: benzodiazepines (Vallerand & Sanoski, 2023).	Pharmacologic Class: "Angiotensin II receptor blocker (ARB)" Therapeutic Class: "Antihypertensive" (Jones, 2022).	Pharmacologic Class: "Salicylate" Therapeutic Class: "Antiplatelet" (Jones, 2022).
Mechanism of Action	"HMG-CoA reductase inhibitors (atorvastatin) inhibit an enzyme involved in cholesterol synthesis. The	"Depresses the CNS, probably by potentiating GABA, an inhibitory neurotransmitter. (Vallerand & Sanoski, 2023).	"Blocks binding of angiotensin II receptor sites in many tissues, including adrenal glands and vascular smooth muscle.	"Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins, important mediators in the inflammatory

	PCSK9 inhibitors (alirocumab, evolocumab) facilitate clearing of LDL from the blood. Bile acid sequestrants (cholestyramine, colestipol, colesevelam) bind cholesterol in the GI tract. Ezetimibe inhibits the absorption of cholesterol in the small intestine. Fenofibrate, gemfi- brozil, and niacin act by other mechanisms" (Vallerand & Sanoski, 2023).		Angiotensin II is a potent vasoconstrictor that also stimulates the adrenal cortex to secrete aldosterone" (Jones, 2022).	response, cause local vasodilation with swelling and pain. With blocking of cyclooxygenase and inhibition of prostaglandins, inflammatory symptoms subside" (Jones, 2022).
Reason Client Taking	Pt. takes this medication for hyperlipidemia.	This patient takes this medication to help manage his anxiety.	The patient has hypertension	To reduce the risk of another MI, stroke, and to reduce inflammation and pain.
Contraindications (2)	"Hypersensitivity and acute hepatic failure" (Vallerand & Sanoski, 2023).	"Comatose patients and those with pre-existing CNS depression" (Vallerand & Sanoski, 2023).	"Concurrent aliskiren therapy and hypersensitivity to losartan" (Jones, 2022).	"Active bleeding and coagulation disorders" (Jones, 2022).
Side Effects/ Adverse Reactions (2)	"Nausea and headaches" (Vallerand & Sanoski, 2023).	"Dizziness and drowsiness" (Vallerand & Sanoski, 2023).	"Headache and malaise" (Jones, 2022).	"GI bleeding and CNS depression" (Jones, 2022).
Nursing Considerations (2)	"Obtain diet history in regard	"Monitor mental status and level	Blood pressure must be monitored	Be aware that aspirin can cause

	to fat and alcohol consumption, and liver function tests should be assessed" (Vallerand & Sanoski, 2023).	of anxiety" (Vallerand & Sanoski, 2023).	while taking this medication.	stomach ulcers and can thin the blood.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Review lipid panel if the labs were taken recently and assess vital signs.	Assess level of consciousness and anxiety level before giving the medication.	Assess a blood pressure and a heart rate before administering this medication.	Assess for signs of stomach ulcers and bleeding risks.
Client Teaching Needs (2)	Teach the client that there should still be lifestyle modifications that could be implemented in addition to taking the statin medication.	Teach the client to use non pharmaceutical relaxation techniques, when possible, to alleviate anxiety.	Teach the client to monitor their own blood pressures at home when taking this medication.	Teach the client to recognize bloody stool.

Hospital Medications (5 required)

Brand/Generic	Tylenol/ acetaminophen	Norvasc/Amlodipine		
Dose	650 mg	10 mg		
Frequency	Q6 PRN for pain	Daily		
Route	PO	PO		
Classification	Therapeutic: antipyretics and non-opioid analgesics (Vallerand & Sanoski, 2023).	"Therapeutic: antihypertensive Pharmacologic: calcium channel blockers"		
Mechanism of Action	"Inhibits synthesis of prostaglandins that may serve as mediators of pain and fever,	"Inhibits the transport of calcium into myocardial and vascular smooth muscle cells, resulting in inhibition		

	primarily in the CNS. Has no significant anti-inflammatory properties or GI toxicity" (Vallerand & Sanoski, 2023).	of excitation-contraction coupling and subsequent contraction." (Vallerand & Sanoski, 2023).		
Reason Client Taking	This patient takes this medication for pain relief as needed.	Pt. takes this medication for hypertension.		
Contraindications (2)	"Alcohol use and aspartame" (Vallerand & Sanoski, 2023).	"Systolic blood pressure below 90 mmHg and severe hepatic impairment" (Vallerand & Sanoski, 2023).		
Side Effects/ Adverse Reactions (2)	"Hypotension and insomnia" (Vallerand & Sanoski, 2023).	"Dizziness and peripheral edema" (Vallerand & Sanoski, 2023).		
Nursing Considerations (2)	"Assess alcohol usage and assess pain level before and after administration" (Vallerand & Sanoski, 2023).	"Monitor blood pressure and monitor daily weight" (Vallerand & Sanoski, 2023).		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Review the patient's chart for a history of alcoholism or hepatic deficiencies.	Assess blood pressure before giving this medication		
Client Teaching Needs (2)	Teach the client that she can take no more than 4,000 mg per day.	Teach the patient to take this medication at the same time every day.		

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2022 nurse's drug handbook* (21st ed.). Jones & Bartlett Learning.

Vallerand, A. H., & Sanoski, C. A. (2023). *Davis's drug guide for Nurses* (17th ed.). F.A. Davis.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alertness and Orientation:** Patient was alert and oriented x4 (name/DOB, location, situation, and current date). **Distress:** Patient was in no acute distress. Patient reported no concerns. **Overall appearance**: Patient wore a clean hospital gown and maintained hygiene.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **18** **Drains present: Y☐ N ☐** **Type:**	**Skin color:** Pink and white normal to ethnicity, evenly toned **Character:** Smooth, dry, and overall intact **Temperature:** Warm **Turgor:** Elastic; No tenting present, skin on clavicle returns to form upon release **Rashes:** None **Bruises:** None **Wounds:** None **Braden Score:** 18 Mild risk
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head/Neck:** Symmetrical; Trachea midline with no deviations; Thyroid nonpalpable with no nodules; Bilateral carotid pulses 2+ with a regular rate/rhythm; Assessed the following lymph nodes: Preauricular, posterior auricular, tonsillar, submandibular, submental, anterior cervical, posterior cervical, occipital, supraclavicular; All lymph nodes nonpalpable and nontender bilaterally **Ears:** No wounds, lumps, or lesions; unable to assess canal for cerumen per patient request **Eyes**: Bilateral PERRLA, bilateral EOMs intact; Eyelids pink and moist, free of lumps or lesions; Sclerae white and shiny with no excessive vascularity; Bilateral lashes and eyebrows thick, even; Conjunctivae pink and moist; No evidence

	of drainage or inflammation; 14/14 visual acuity with Rosenbaum chart. **Nose**: Septum midline; Turbinates pink and moist; No polyps; Frontal sinuses bilaterally nonpalpable and nontender; Maxillary sinuses bilaterally nonpalpable and nontender. **Throat/Teeth:** Good dentition with dentures. Oral and pharyngeal mucosae pink and moist with no lesions; Hard palate intact, soft palate intact and rises evenly, uvula midline; Tonsils pink and moist, +1 with no exudate
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:**	**Heart sounds:** S1 and S2 auscultated at APETM (Aortic, Pulmonic, Erb's Point, Tricuspid, Mitral) locations; No murmurs, gallops, or rubs **Cardiac rhythm:** Normal rate/rhythm with auscultation at each location; Normal sinus rhythm on cardiac monitor **Peripheral pulses:** Bilateral 2+ brachial, radial, ulnar, posterior tibial, and dorsalis pedis pulses; Regular rate/rhythm **Capillary refill:** less than 3 seconds fingers and toes, bilaterally **Lymphatics:** Epitrochlear nodes nonpalpable and nontender bilaterally **Edema**: pitting edema present to lower extremities at 2+related to history of CHF
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Location and Character: diminished lung sounds present upon auscultation of anterior and posterior lungs, bilaterally related to CHF and obesity. Regular rate (20 respirations/minute), equal rise and fall of left and right chest.
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 ☒**	Diet at home: Regular diet **Current Diet:** Regular diet **Height:188 cm** **Weight: 142.9 kg** **Bowel Sounds:** Normoactive bowel sounds in all four quadrants. **Last BM:** 06/29/2023 @ approx. 0800 **Palpation:** No lumps or signs of organomegaly. Lower abdomen is tender upon palpation. Upper quadrants on nontender. **Distention:** None **Incisions:** None **Scars:** None **Drains:** None **Wounds:** None

Nasogastric: Y ☐ N ☒ **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type: coude** **Size: 22 fr**	**Color:** Yellow **Character:** Clear **Quantity:** 200 mL **Inspection of genitals:** Genitals are clean and intact. The patient was cleaned before catheter insertion and sterile procedure was maintained.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 35** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☒ **Needs support to stand and walk** ☐	Neurovascular status: pink nail beds with 2 seconds capillary refill, sensation intact in all bilateral distal extremities, 2+ pulses [brachial, radial, ulnar, posterior tibialis, dorsalis pedis] **ROM:** Active ROM **Supportive devices:** walker and a wheelchair **Strength:** 5/5 in UE and LE **Fall Score: 35 (low risk)**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Orientation: A&Ox4 (name/DOB, location, situation, and current date) **Mental Status:** Unimpaired **Speech:** Clear, soft **Sensory:** Intact **LOC:** 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):**	Coping method(s): "I enjoy watching TV to relax" **Developmental level:** Appropriate for age **Religion:** Nondenominational **Personal/Family Data:** Widowed, but her daughters have come to visit her. She lives in a nursing home with other residents for community.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0900	**82**	**142/89**	**20**	**36.6**	**99%**
1100	**88**	**143/69**	**20**	**36.8**	**99%**

Vital Sign Trends: Hypertension, consistent with his health history of hypertension and other heart and respiratory diseases. Otherwise, stable

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0925	**Numeric**	**Lower central abdomen**	**5**	**Pressure, dull ache**	Catheter insertion to relieve urinary retention
1330	**Numeric**	**N/A**	**0**	**N/A**	I gave the patient water to stay hydrated.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: N/A **Location of IV: N/A** **Date on IV: N/A** **Patency of IV: N/A** **Signs of erythema, drainage, etc.: none** **IV dressing assessment: N/A**	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
400 mL water	**750 mL foley catheter**

Nursing Care

Summary of Care (2 points)

Overview of care: This student nurse performed a urinary foley catheter insertion and provided confort measures for the patient throughout the admisison.

Procedures/testing done: N/A

Complaints/Issues: N/A, the patient was happy to have a working catheter.

Vital signs (stable/unstable): Vital signs are stable currently.

Tolerating diet, activity, etc.: The patient is currently tolerating her regular diet.

Physician notifications: N/A

Future plans for client: Discharge home

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): N/A

Equipment needs (if applicable): The patient has all her assistive equipment at the nursing home.

Follow up plan: The patent should follow-up with her primary care provider and urology to discuss a long-term plan.

Education needs: remind the patient to continue to use sterile technique as much as possible when self-catheterizing to reduce the risk of infections.

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. Impaired urinary elimination related to anatomic obstruction (BPH) and urinary tract infection as evidenced by inability for the patient to self-catheterize to relieve urinary retention.	This diagnosis was chosen because the patient is at high risk for complications related to urinary retention. He is not able to use the straight catheter at home because he cannot get past his prostate.	1. Insert foley catheter with a coude to insert past the patient's prostate (Phelps, 2020). 2. Monitor the patient's ins and outs regularly to ensure the patient has sufficient output (Phelps, 2020).	1. The patient will be able to perform foley catheter self-care and maintain urine elimination for 2 weeks until he sees his urologist (Phelps, 2020).	The patient agreed, stating that he needs to see his urologist to figure out what he is supposed to do now. He mentioned that he wants to be able to use the coude straight catheters at home, and he is unsure why he cannot have them.
2 Acute pains related to physical and biological injury as evidenced by pain with urinary retention.	Over the past week, the patient has only been able to straight catheterize himself 5	**1.** Insert urinary foley catheter to relieve urinary retention (Phelps, 2020).	1. The patient will be pain free until he sees his urologist (Phelps, 2020).	The patient understands the risk of urinary retention and how it does and could cause a lot of pain. He agrees that going to see his

(Phelps, 2020).	times. He has been attempting to catheterize himself, but with his BPH and UTI, he has not been able to do this effectively. This has led to acute moments of pain due to his inability to void.	2.administer analgesic medications to help reduce pain related to trauma form frequent catheter insertion and infection (Phelps, 2020).		urologist for a follow-up will ultimately help in reducing his acute pain associated with urinary retention.
3. Obesity related to average daily activity is less than recommended for gender and age as evidenced by BMI and self-reported inactivity (Phelps, 2020).	Obesity takes a toll on the entire body, limiting the body's ability to manage nearly all tasks. The patient is very overweight for his height and age. Reducing his weight could positively improve his comorbidities as well.	1. Encourage the client to go for 20–30 minute walks at home each day (Phelps, 2020). 2.Encourage the patient to take and record daily weights to track weight loss progress (Phelps, 2020).	1. The patient will maintain a routine of walking each day for 2 weeks (Phelps, 2020).	The patient agreed that going for walks and being more active could help improve his conditions. He said he has been trying but recording his weight and walks each day might help keep him on track.
4. Anxiety related to stressors as evidenced by his current conditions and recent divorce (Phelps, 2020).	The patient is stressed and showing signs of anxiety while he was in the ER. He mentioned that he recently went through a divorce, and he now does	1 Educate the patient on how to perform stress management activities such as guided imagery and meditation. (Phelps, 2020). 2. Encourage	1.The patient will have reduced anxiety for two weeks (Phelps, 2020).	The patient is tired of feeling anxious all the time and is willing to try new techniques to improve it.

	not have anyone that can help him daily.	the client to perform anxiety reducing activities at least every2-4 hours (Phelps, 2020).		

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 came to the emergency room complaining of lower abdominal pain and inability to self-catheterize with his straight catheters at home. The patient states he has only been able to self-cath 5 times in the last 7 days. The patient reports 5/10 pain and inability to relieve himself.

Nursing Diagnosis/Outcomes

1. Impaired urinary elimination related to anatomic obstruction (BPH) and urinary tract infection as evidenced by inability for the patient to self-catheterize to relieve urinary retention.
    a. The patient agreed, stating that he needs to see his urologist to figure out what he is supposed to do now
2. Acute pains related to physical and biological injury as evidenced by pain with urinary retention. (Phelps, 2020).
    a. The patient understands the risk of urinary retention and how it does and could cause a lot of pain
3. Obesity related to average daily activity is less than recommended for gender and age as evidenced by BMI and self-reported inactivity (Phelps, 2020).
    a. The patient agreed that going for walks and being more active could help improve his conditions.
4. Anxiety related to stressors as evidenced by his current conditions and recent divorce (Phelps, 2020).
    a. The patient is tired of feeling anxious all the time and is willing to try new techniques to improve it.

Objective Data

The patient has a recent diagnosis of UTI that could be contributing to his difficulty in self-catheterization. The patient is A&O x4 and in no acute distress. The patient shows signs of pain with lower abdominal palpation. His Braden score is 18 and his fall risk is 35. The patient appeared to find after a 22 fr coude foley catheter was inserted. 700 mL output after catheter insertion.

Client Information

This patient is a 58-year-old male who is a full code. He is 188 cm tall and weighs 142.9 kg. He is allergic to lisinopril, penicillin, and sulfa antibiotics. The patient has a history of BPH, hypertension, arthritis, CKD (stage 3), CHF, depression, DM, hypothyroidism, and a non-STEMI myocardial infarction. He is a former smoker, lives at home alone on disability, and is college educated.

Nursing Interventions

1. Insert foley catheter with a coude to insert past the patient's prostate (Phelps, 2020).
2. Monitor the patient's ins and outs regularly to ensure the patient has sufficient output (Phelps, 2020).
3. Insert urinary foley catheter to relieve urinary retention (Phelps, 2020).
4. administer analgesic medications to help reduce pain related to trauma form frequent catheter insertion and infection (Phelps, 2020).
5. Encourage the client to go for 20–30 minute walks at home each day (Phelps, 2020).
6. Encourage the patient to take and record daily weights to track weight loss progress (Phelps, 2020).
7. Educate the patient on how to perform stress management activities such as guided imagery and meditation. (Phelps, 2020).
8. Encourage the client to perform anxiety reducing activities at least every2-4 hours (Phelps, 2020).