

N431 Care Plan #2

Dakota Clayton

Lakeview College of Nursing

N431: Adult Health II

Professor Christina Smalley

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Demographics (3 points)

Date of Admission 7/8/2023	Client Initials A.H.	Age 63	Gender Female
Race/Ethnicity Caucasian	Occupation N/A	Marital Status Married	Allergies Doxycycline – Hives Gabapentin – Anaphylaxis
Code Status Full Code	Height 166.4 cm	Weight 94.8 Kg	

Medical History (5 Points)**Past Medical History:**

- Atrial fibrillation
- Heart failure
- Hypertension
- Parkinsonism
- Chronic neck pain

Past Surgical History:

- Breast lumpectomy (2017)
- Cholecystectomy (2012)

Family History:

- Myocardial infarction (Father)
- Parkinsonism (Mother)
- Cancer (Maternal grandmother)

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

- Cigarettes: 1 pack/day for 40 years

- Patient denies current use of alcohol and other drugs but states she did use intravenous drugs in the past. Patient did not specify what type or quantity of drugs she formerly used.

Assistive Devices: None

Living Situation: Patient is homeless and lives in a van with her husband.

Education Level: High school diploma

Admission Assessment

Chief Complaint (2 points): Increasing fatigue and pain

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

Patient presented to the emergency department (ED) with complaints of increasing fatigue, faintness, and pain over the last few days. Upon presentation, patient had an ascending rash on both lower extremities and stated that it had been getting worse over the past few days along with her fatigue. Patient stated she had felt sick and fatigued starting 5 days ago and stated, “it has been getting worse and worse.” Patient stated fatigue was constant, with nothing making it better and activity making it worse. Patient had not sought treatment for this illness or rash before. After assessment in the ED, patient was admitted to the ICU for cellulitis, urinary tract infection, and suspected septicemia.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Cellulitis

Secondary Diagnosis (if applicable): Urinary tract infection

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

According to Hinkle et al. (2022), cellulitis is an infection of the skin and subcutaneous tissues that causes generalized swelling of the extremities. Cellulitis is one of the most common

skin infections in the United States, and over 14 million cases of the disease occur annually (Brown & Hood-Watson, 2022). Cellulitis is a bacterial infection and is most commonly caused by a strain of *Streptococcus* or *Staphylococcus aureus* that entered the body through a break in the skin (Hinkle et al., 2022). Brown and Hood-Watson explain that cellulitis generally has a good prognosis, and many patients experience an improvement in their symptoms within 48 hours of antibiotic initiation. Untreated cellulitis can lead to many complications, including but not limited to sepsis, bacteremia, endocarditis, and osteomyelitis (Brown & Hood-Watson, 2022).

According to Hinkle et al. (2022), cellulitis presents with classic signs and symptoms including swelling, localized redness, warmth, and pain in the affected areas. Signs and symptoms of a worsening case of cellulitis include fever, chills, and sweating (Hinkle et al., 2022). Hinkle et al. (2022) explain that the redness in the extremities associated with cellulitis may not be continuous and that the extremities may have unaffected areas. As the condition progresses, the affected skin may develop an “orange peel” or pitting appearance, which is another common sign of cellulitis (Hinkle et al., 2022).

Expected clinical findings of cellulitis depends on the severity of the condition. According to Herchline et al. (2022), mild cases of cellulitis will often present with the classic signs and symptoms of the skin infection and unremarkable vital signs. Herchline et al. (2022) explain that labs are not needed for mild cases with no signs of possible systemic infection. According to Brown and Hood-Watson (2022), more severe cases of cellulitis will present with signs of systemic infection, including fever, tachycardia and tachypnea. Additionally, Brown and Hood-Watson (2022) explain that severe cases of cellulitis will show changes in white blood cell (WBC) counts, including the potential for both leukocytosis and leukopenia.

In mild cases of cellulitis, physical examination findings are enough to diagnose an individual with the condition. According to Brown and Hood-Watson (2022), two of the four classic signs of cellulitis (warmth, redness, swelling, and pain) are needed to make a diagnosis. According to Herchline et al. (2022), in severe cases of cellulitis other diagnostic testing may be used, including blood cultures and skin biopsies.

A physical exam identifying swelling, redness, and pain in the client's lower extremities contributed to the diagnosis of cellulitis. Additionally, the patient had a full workup of labs completed, including but not limited to a complete blood count with differential and complete metabolic panel. At the time of admission, the client's WBC count was $21.2 \times 10^3/\mu\text{L}$, indicating a severe case of cellulitis. The patient also had urine and blood cultures drawn, with the urine cultures returning positive results and the blood cultures negative results.

According to Hinkle et al. (2022), mild cases of cellulitis are commonly treated with oral antibiotics, and more severe cases of the condition are treated with intravenous (IV) antibiotics. In addition to pharmacological treatment, it is vital to assess the patient's skin and identify the source of the cellulitis infection (Hinkle et al., 2022). This patient's treatment consisted of IV antibiotics and frequent skin assessments to determine the effectiveness of antibiotic therapy.

Pathophysiology References (2) (APA):

Brown, B. D., & Hood-Watson, K. L. (2022). *Cellulitis*. StatPearls.

<https://www.ncbi.nlm.nih.gov/books/NBK549770/>

Herchline, T. E., Swaminathan, S., & Chandrasekar, P. H. (2022). *Cellulitis workup*. Medscape.

Retrieved July 17, 2023, from <https://emedicine.medscape.com/article/214222-workup>

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

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 (x10 ⁶ /μL)	4.40-5.80	3.92	3.86	*Current value is not abnormal
Hgb (g/dL)	13.0-16.5	12.0	12.1	*Current value is not abnormal
Hct (%)	38.0-50.0	37.4	36.1	*Current value is not abnormal
Platelets (x10 ³ /μL)	140-440	156	183	*Current value is not abnormal
WBC (x10 ³ /μL)	4.0-12.0	21.2	12.1	According to Brown and Hood-Watson (2022), increased WBC count is an indication of a severe cellulitis infection. The WBC count decreasing to near current levels indicates that treatment has been effective.
Neutrophils (%)	40-68	89.7	70.8	According to Van Leeuwen and Bladh (2021), neutrophils are increased with infectious diseases, including cellulitis and urinary tract infection.
Lymphocytes (%)	19-49	4.3	18.4	According to Van Leeuwen and Bladh (2021), lymphocytes are decreased during infectious processes, including cellulitis and urinary tract infection.
Monocytes (%)	3-13	6.0	10.0	*Current value is not abnormal
Eosinophils (%)	0-8	0	1.5	*Current value is not abnormal
Bands (%)	0-1	0	0.7	*Current value is not abnormal

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 ⁺ (mmol/L)	136-145	138	139	*Current value is not abnormal
K ⁺ (mmol/L)	3.5-5.1	3.5	3.7	*Current value is not abnormal
Cl ⁻ (mmol/L)	98-107	102	98	*Current value is not abnormal

CO2 (mmol/L)	22-30	26	30	*Current value is not abnormal
Glucose (mg/dL)	70-99	99	98	*Current value is not abnormal
BUN (mg/dL)	9-21	24	9.9	According to Van Leeuwen and Bladh (2021), the patient's history of heart failure can cause an increase in BUN levels due to decreased renal blood flow and decreased renal excretion.
Creatinine (mg/dL)	0.7-1.3	1.63	1.0	According to Van Leeuwen and Bladh (2021), the patient's history of heart failure can cause an increase in creatinine levels due to decreased renal blood flow.
Albumin (g/dL)	3.5-5.0	3.5	3.6	*Current value is not abnormal
Calcium (mg/dL)	8.7-10.5	8.9	N/A	*Current value is not abnormal
Mag (mg/dL)	1.6-2.6	1.8	1.8	*Current value is not abnormal
Phosphate (mg/dL)	2.5-4.5	N/A	N/A	*Current value is not abnormal
Bilirubin (mg/dL)	0.2-1.2	0.8	N/A	*Current value is not abnormal
Alk Phos (units/L)	40-150	79	N/A	*Current value is not abnormal
AST (units/L)	5-34	12	N/A	*Current value is not abnormal
ALT (units/L)	0-55	12	N/A	*Current value is not abnormal
Amylase (units/L)	40-140	25	N/A	*Current value is not abnormal
Lipase (units/L)	8-78	8.2	N/A	*Current value is not abnormal
Lactic Acid (units/L)	0.5-2.0	2.3	2.0	According to Van Leeuwen and Bladh (2021), lactic acid is increased when there is inadequate oxygen delivery to the body's tissues. Van Leeuwen and Bladh (2021) explain that heart failure is a cause increased lactic acid due to decreased perfusion. The patient's

				history of heart failure is the cause of her increased lactic acid levels.
Troponin (ng/mL)	> 0.04	0.04	N/A	*Current value is not abnormal
CK-MB (%)	0-4	N/A	N/A	*Current value is not abnormal
Total CK (units/L)	50-204	N/A	N/A	*Current value is not abnormal

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	0.86-1.14	N/A	N/A	*Current value is not abnormal
PT	11.9-15.0	N/A	N/A	*Current value is not abnormal
PTT	22.6-35.3	N/A	N/A	*Current value is not abnormal
D-Dimer	0-500	N/A	N/A	*Current value is not abnormal
BNP (pg/mL)	0-100	2699	N/A	Van Leeuwen and Bladh (2021) explain that BNP is one of the most useful tests to diagnose heart failure. The patient's elevated BNP level is consistent with her history of heart failure.
HDL (mg/dL)	> = 60	N/A	N/A	*Current value is not abnormal
LDL (mg/dL)	0-100	N/A	N/A	*Current value is not abnormal
Cholesterol (mg/dL)	< 150	N/A	N/A	*Current value is not abnormal
Triglycerides (mg/dL)	< 150	N/A	N/A	*Current value is not abnormal
Hgb A1c	< 5.7%	N/A	N/A	*Current value is not abnormal
TSH (mU/L)	0.4-4.0	N/A	N/A	*Current value is not abnormal

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	Yellow & clear	Yellow & cloudy	N/A	According to Capriotti and Frizzell (2020), cloudy appearance is a common sign and symptom of a lower urinary tract infection (UTI). Upon admission, the client was diagnosed with a UTI and the cloudiness is consistent with the diagnosis.
pH	5.0-9.0	6.0	N/A	*Current value is not abnormal
Specific Gravity	1.003-1.030	1.014	N/A	*Current value is not abnormal
Glucose	Negative	Negative	N/A	*Current value is not abnormal
Protein	Negative	Negative	N/A	*Current value is not abnormal
Ketones	Negative	Negative	N/A	*Current value is not abnormal
WBC	Negative	Negative	N/A	*Current value is not abnormal
RBC	Negative	Negative	N/A	*Current value is not abnormal
Leukoesterase	Negative	1+	N/A	According to Capriotti and Frizzell (2020), present leukoesterase in the urine is an indication of a UTI and is consistent with this patient's diagnosis.

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	*Current value is not abnormal
PaO ₂ (mmHg)	80-100	N/A	N/A	*Current value is not abnormal
PaCO ₂ (mmHg)	35-45	N/A	N/A	*Current value is not abnormal

HCO₃ (mmol/L)	22-26	N/A	N/A	*Current value is not abnormal
SaO₂ (%)	95-100	N/A	N/A	*Current value is not abnormal

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	Positive	Negative	According to Capriotti and Frizzell (2020), a positive urine culture indicates that bacteria is present in the urine and is consistent with a diagnosis of UTI. The client's current negative urine culture indicates that treatment was effective.
Blood Culture	Negative	Negative	Negative	*Current value is not abnormal
Sputum Culture	Negative	N/A	N/A	*Current value is not abnormal
Stool Culture	Negative	N/A	N/A	*Current value is not abnormal

Lab Correlations Reference (1) (APA):

Brown, B. D., & Hood-Watson, K. L. (2022). *Cellulitis*. StatPearls.

<https://www.ncbi.nlm.nih.gov/books/NBK549770/>

Capriotti, T. & Frizzell, J. P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed.). F.A. Davis Company.

OSF Sacred Heart Medical Center (2023). *Normal lab values*. OSF Sacred Heart Medical Center.

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implication* (9th ed.). F. A. Davis Company

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- Computed Tomography (CT) – abdomen & pelvis
 - Impression: No gallbladder; no other remarkable findings

Diagnostic Test Correlation (5 points):

- According to Van Leeuwen and Bladh (2021), CT scans are used to visualize internal structures and assist in assessment for abnormalities. This patient had a CT scan completed at admission to evaluate whether her infection symptoms were due to an underlying, internal cause. The findings of no gallbladder are consistent with the patient's history, as she underwent a cholecystectomy in 2012. There were no other impressions from the CT, indicating that the patient's symptoms were not due to an underlying anatomical cause.

Diagnostic Test Reference (1) (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2021). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implication* (9th ed.). F. A. Davis Company

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

Home Medications (5 required)

Brand/Generic	Lopressor/ Metoprolol	Eliquis/ Apixaban	Fungoid/ Miconazole	Requip/ Ropinirole	Zofran/ Ondansetron
Dose	50 mg	5 mg	2%	1 mg	4 mg
Frequency	Daily	BID	BID	BID	Q6H PRN
Route	PO	PO	Daily	PO	PO
Classification (Thera. & Pharma.)	T: Anti-hypertensive P: Beta-blocker (Vallerand & Sanoski, 2023).	T: Anti-coagulant P: Factor Xa inhibitor (Vallerand & Sanoski, 2023).	T: Topical antifungal P: None (Vallerand & Sanoski, 2023).	T: Anti-parkinsonian agent P: Dopamine agonist (Vallerand & Sanoski, 2023).	T: Anti-emetic P: 5-HT-3 antagonist (Vallerand & Sanoski, 2023).
Mechanism of Action	Medication “blocks stimulation of beta-1 (myocardial)-adrenergic receptors” (Vallerand & Sanoski, 2023, p. 874).	Medication “acts as a selective, reversible site inhibitor of factor Xa, inhibiting both free and bound factor.” (Vallerand & Sanoski, 2023, p. 171).	Medication “affects the synthesis of the fungal cell wall, allowing for leakage of cellular contents” (Vallerand & Sanoski, 2023, p. 167).	Medication “stimulates dopamine receptors in the brain” (Vallerand & Sanoski, 2023, p. 1140).	Medication “blocks the effects of serotonin at 5-HT-3 receptor sites located in vagal nerve terminals and the chemoreceptor trigger zone in the CNS” (Vallerand & Sanoski, 2023, p. 970).
Reason Client Taking	Blood pressure management	Blood clot prevention	Skin irritation management	Parkinson’s symptom management	Nausea management
Contraindications (2)	1. Bradycardia 2. Pulmonary edema (Vallerand & Sanoski, 2023).	1. Hepatic impairment 2. Hemodynamic instability (Vallerand &	1. Nail infection 2. Scalp infection (Vallerand & Sanoski, 2023).	1. Psychotic disorder 2. Impulse control behaviors (Vallerand &	1. Hepatic impairment 2. Abdominal surgery (Vallerand & Sanoski, 2023).

		Sanoski, 2023).		Sanoski, 2023).	
Side Effects/Adverse Reactions (2)	1. Bradycardia 2. Bronchospasm (Vallerand & Sanoski, 2023).	1. Bleeding 2. Hypersensitivity 2.	1. Itching 2. Redness (Vallerand & Sanoski, 2023).	1. Orthostatic hypotension 2. Dizziness (Vallerand & Sanoski, 2023).	1. Torsades de Pointes 2. Serotonin syndrome (Vallerand & Sanoski, 2023).
Nursing Considerations (2)	1. Assess patient routinely for signs and symptoms of heart failure. 2. Inform provider immediately if worsening bradycardia occurs (Vallerand & Sanoski, 2023).	1. Medication's antidote is andexanet alfa – have antidote available during medication therapy. 2. Medication can be administered with or without food (Vallerand & Sanoski, 2023).	1. Avoid use of medication near patient's eyes. 2. Cover affected area of skin completely with medication (Vallerand & Sanoski, 2023).	1. Assess patient's level of sedation after medication administration. 2. Assess signs and symptoms of Parkinson's prior to medication initiation and frequently throughout therapy (Vallerand & Sanoski, 2023).	1. Monitor EKG activity in patients with heart failure. 2. Medication may cause increases to liver enzymes including ALT and AST without damage to the liver. (Vallerand & Sanoski, 2023).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	1. Assess patient's heart rate prior to administration – hold medication if rate is less than 50. 2. Assess blood pressure prior to administration and periodically during medication therapy (Vallerand & Sanoski, 2023).	1. Assess client for signs and symptoms of bleeding prior to medication administration. 2. Avoid concurrent use with other medications that increase the risk of bleeding (Vallerand & Sanoski, 2023).	1. Assess affected areas of skin and/or mucous membranes prior to administration and frequently throughout medication therapy. 2. Ensure affected area is cleaned before administering medication (Vallerand & Sanoski, 2023).	1. Assess client's BUN prior to administration – medication may cause in increase in BUN. 2. Assess patient's blood pressure prior to administration and after administration (Vallerand & Sanoski, 2023).	1. Assess patient's level of nausea and associated symptoms prior to and following administration. 2. Medication should ideally be used prophylactically before nausea occurs. (Vallerand & Sanoski, 2023).
Client Teaching Needs (2)	1. Educate client on the importance of medication	1. Educate client that during medication	1. Educate client to take full course of medication	1. Educate client that abruptly stopping	1. Educate client to immediately notify

	adherence and to not abruptly stop medication. 2. Educate the client on non-pharmaceutical methods to lower blood pressure (Vallerand & Sanoski, 2023).	therapy they may bruise easier than before. 2. Educate client on signs and symptoms of an adverse bleeding event (Vallerand & Sanoski, 2023).	therapy, even if symptoms improve. 2. Educate client that therapeutic effects of medication may take several days to be seen (Vallerand & Sanoski, 2023).	medication may lead to withdrawal symptoms. 2. Educate patient on changing positions slowly to decrease adverse events related to orthostatic hypotension (Vallerand & Sanoski, 2023).	healthcare provider if experiencing irregular heartbeat. 2. Educate client to take medication as directed and that prolonged large doses may harm the liver (Vallerand & Sanoski, 2023).
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Hospital Medications (5 required)

Brand/Generic	Nexterone/ Amiodarone	Ancef/ Cefazolin	Levophed/ Norepinephrine In 5% dextrose and water	Methadose/ Methadone	Milk of Magnesia/ Magnesium oxide
Dose	200 mg	1000 mg	8 mg/250 ml	100 mg	400 mg
Frequency	Daily	Q8H	Continuous (discontinued)	Daily	BID
Route	PO	IV	IV	PO	PO
Classification (Thera. & Pharma.)	T: Class 3 anti- arrhythmic P: None (Vallerand & Sanoski, 2023).	T: Anti- infective P: 1 st generation cephalosporin (Vallerand & Sanoski, 2023).	T: Vasopressor P: None (Vallerand & Sanoski, 2023).	T: Opioid analgesic P: Opioid agonist (Vallerand & Sanoski, 2023).	T: Mineral and electrolyte supplement P: Saline (Vallerand & Sanoski, 2023).
Mechanism of Action	Medication “prolongs action potential and refractory period; inhibits adrenergic stimulation; slows the sinus rate, increases PR and QT intervals, and	Medication “binds to the bacterial cell wall membrane, causing cell death” (Vallerand & Sanoski, 2023. p. 310).	Medication “stimulates alpha- adrenergic receptors located mainly in the blood vessels, causing constriction of both capacitance and	Medication “binds to opiate receptors in the CNS; alters the perception of and response to painful stimuli, while producing generalized CNS depression”	Medication acts as a magnesium supplement, which is an essential electrolyte for neuro- transmission and muscular excitability (Vallerand &

	decreases peripheral vascular resistance” (Vallerand & Sanoski, 2023, p. 138).		resistance vessels” (Vallerand & Sanoski, 2023, p. 947).	(Vallerand & Sanoski, 2023, p. 853).	Sanoski, 2023).
Reason Client Taking	Atrial fibrillation conversion	Infection treatment	Increase cardiac output	Withdrawal suppression	Indigestion management
Contraindications (2)	1. Bradycardia 2. 2 nd or 3 rd degree heart block (Vallerand & Sanoski, 2023).	1. Penicillin allergy 2. Decreased renal function (Vallerand & Sanoski, 2023).	1. Hypoxia 2. Hypercarbia (Vallerand & Sanoski, 2023).	1. Respiratory depression 2. Bronchial asthma (Vallerand & Sanoski, 2023).	1. Hyper-magnesemia 2. Renal insufficiency (Vallerand & Sanoski, 2023).
Side Effects/Adverse Reactions (2)	1. Heart failure 2. Pulmonary fibrosis (Vallerand & Sanoski, 2023).	1. Diarrhea 2. Nausea (Vallerand & Sanoski, 2023).	1. Anxiety 2. Dizziness (Vallerand & Sanoski, 2023).	1. Hypotension 2. Constipation (Vallerand & Sanoski, 2023).	1. Diarrhea 2. Flushing (Vallerand & Sanoski, 2023).
Nursing Considerations (2)	1. EKG activity, and heart rate and rhythm should be monitored continuously throughout therapy. 2. Medication may cause thyroid dysfunction – monitor for signs and symptoms of thyroid dysfunction throughout therapy (Vallerand & Sanoski, 2023).	1. Monitor patient’s bowel function and report signs and symptoms of C. diff to the provider. 2. Keep medications for anaphylaxis treatment and airway management nearby during medication use (Vallerand & Sanoski, 2023).	1. EKG activity should be monitored while using medication. 2. Potential of overdose with use – administer fluids and electrolytes in the event of overdose (Vallerand & Sanoski, 2023).	1. Avoid use with complimentary therapies including kava-kava, valerian, and chamomile. 2. Overdose is possible with medication – have naloxone ready to administer in the event of an overdose (Vallerand & Sanoski, 2023).	1. Medication should be administered after meals and at bedtime. 2. Medication should be taken with a half glass of water (Vallerand & Sanoski, 2023).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	1. Assess heart arrhythmia(s) prior to medication	1. Specimens for culture and sensitivity should be	1. Assess blood pressure prior to medication administration	1. Assess signs and symptoms of withdrawal prior to	1. Assess patient’s magnesium levels prior to

	<p>initiation. 2. Evaluate liver and thyroid function tests prior to medication initiation (Vallerand & Sanoski, 2023).</p>	<p>obtained prior to medication initiation. 2. Prior to starting medication, assess client's history of penicillin or cephalosporin use (Vallerand & Sanoski, 2023).</p>	<p>and monitor frequently throughout use. 2. Use a second RN to confirm medication order and dose prior to administration. (Vallerand & Sanoski, 2023).</p>	<p>medication administration. 2. Assess patient's respiratory status prior to medication administration (Vallerand & Sanoski, 2023).</p>	<p>medication initiation. 2. Assess characteristics of patient's indigestion prior to medication administration (Vallerand & Sanoski, 2023).</p>
Client Teaching Needs (2)	<p>1. Educate client to avoid drinking grapefruit juice when using the medication. 2. Educate patient on how to monitor their pulse and to monitor daily for abnormalities (Vallerand & Sanoski, 2023).</p>	<p>1. Educate client that the whole course of medication therapy will have to be completed. 2. Educate client to alert provider if experiencing diarrhea. (Vallerand & Sanoski, 2023).</p>	<p>1. Educate client that medication is being used due to large decreases in blood pressure. 2. Educate client to report headache, dizziness, or shortness of breath immediately (Vallerand & Sanoski, 2023).</p>	<p>1. Educate client and family on the signs and symptoms of overdose and how to administer intranasal naloxone. 2. Educate patient to change positions slowly to minimize the effects of orthostatic hypotension (Vallerand & Sanoski, 2023).</p>	<p>1. Educate patient to not take medication within 2 hours of other medications. 2. Educate patient on signs and symptoms of gastrointestinal bleeding (Vallerand & Sanoski, 2023).</p>

Medications Reference (1) (APA):

Vallerand, A. H., & Sanoski, C. A. (2023). *Davis's drug guide for nurses* (18th ed.). F.A. Davis

Company

Assessment

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

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>Alertness: Patient is alert. Orientation: Patient is oriented x4 - to person, time, place, and situation. Distress: Patient is in no acute distress and resting in a hospital bed. Overall appearance: Patient is clean and well-groomed and appears calm overall.</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Skin color: Skin color white, pink, and appropriate for ethnicity. Character: Overall skin intact. Redness and 1+ edema present in lower extremities with no open skin or wounds associated. Temperature: Skin warm. Turgor: Skin turgor returns to place in < 3 seconds. No tenting present. Rashes: Bilateral redness related to cellulitis infection present in bilateral lower extremities, with larger amount of redness in right lower extremity. Bruises: None Wounds: None Braden Score: <u>19</u> – patient at low risk for skin breakdown Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: None</p>

<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head/Neck: Head and neck symmetrical. Trachea midline without deviation. No lymphadenopathy noted or palpated in head or neck. Lymph nodes assessed: tonsillar, submandibular, submental, preauricular, posterior auricular, anterior cervical, posterior cervical, occipital, and supraclavicular. Carotid pulses 2+ bilaterally.</p> <p>Ears: Bilateral auricles symmetrical with no pain, lumps, lesions or drainage. Ear canals clear bilaterally.</p> <p>Eyes: PERRLA present and EOMs intact bilaterally. Sclera white bilaterally, Conjunctiva and eyelids pink and moist bilaterally with no lesions or drainage inspected. No noted drainage from eyes.</p> <p>Nose: Septum midline. Bilateral turbinates pink and moist with no visible bleeding or drainage.</p> <p>Teeth: Uvula midline. Tonsils present, pink and moist and 1+ bilaterally with no noted exudate. Overall dentition moderate with two missing teeth on upper right side of mouth. Overall oral mucosa pink and moist with no noted exudate or lesions.</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>Heart sounds: S1 and S2 heart sounds present with no noted or auscultated murmurs, gallops, or rubs.</p> <p>Cardiac rhythm (if applicable): Regular</p> <p>Peripheral Pulses: Bilateral radial and posterior tibial pulses 2+ and regular.</p> <p>Capillary refill: < 3 seconds bilaterally in fingers and toes.</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Location of Edema: 1+ in bilateral lower extremities</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Breath sounds clear posteriorly and anteriorly bilaterally, including right middle lobe. No adventitious breath sounds auscultated. Respirations non-labored and symmetrical. Expected respiratory rate and rhythm.</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet</p>	<p>Diet at home: Regular</p> <p>Current Diet: Regular</p> <p>Height: 166.4 cm</p>

<p>Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Weight: 94.8 Kg Auscultation Bowel sounds: Bowel sounds auscultated and active at 5-34 per minute in all four quadrants. Last BM: Today (7/14/23) Palpation: Pain, Mass etc.: Abdomen soft and nontender to palpation with no palpated masses. Inspection: Distention: None Incisions: None Scars: None Drains: None Wounds: None Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: N/A Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/A</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Size:</p>	<p>Color: Yellow Character: Clear Quantity of urine: Patient voided urine once Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Genitals not inspected Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/A Size: N/A</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Neurovascular status: Intact ROM: Full and active in all extremities Supportive devices: None Strength: 5/5 in upper and lower extremities bilaterally ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 39 (high risk) Activity/Mobility Status: Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no -</p>	<p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p>

Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	Orientation: Patient is A&O x4. Mental Status: Appropriate for age. Speech: Clear Sensory: Intact LOC: Patient is A&O x4.
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): Patient states her husband is her primary support partner and that she doesn't have any other family. Patient states she enjoys fishing as a hobby. Developmental level: Appropriate for age. Religion & what it means to pt.: Patient states she is Baptist and regularly attends church. Personal/Family Data (Think about home environment, family structure, and available family support): Patient is currently homeless and lives out of a van with her husband. Patient states that she is looking forward to leaving the hospital but wishes she had a more permanent place to live.

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

Time	Pulse	B/P (lying)	Resp Rate	Temp (oral)	Oxygen (Room air)
0930	77 bpm	121/82	18 rpm	36.7 C	97%
1130	80 bpm	123/78	18 rpm	36.8 C	98%

Vital Sign Trends: Vital signs stable throughout care.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0935	Numerical	N/A	0/10	N/A	N/A
1135	Numerical	N/A	0/10	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 g Location of IV: Right hand Date on IV: 7/12/23 Patency of IV: Flushes easily Signs of erythema, drainage, etc.: None IV dressing assessment: Clean, dry, and intact	IV saline locked.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Patient ate 100% of breakfast 360 ml water 240 ml coffee	Patient voided 1x during clinical hours.

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was alert and actively participated in her care. Care during clinical time included medication administration and preparing education materials for client regarding her upcoming discharge.

Procedures/testing done: No procedures or testing done.

Complaints/Issues: Patient had no complaints and stated she was looking forward to being out of the hospital.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Patient tolerated diet and activity well. Patient ate 100% of her breakfast and walked around her room ad lib.

Physician notifications: None

Future plans for client: Patient being discharged from hospital on new oral amiodarone medication to control her atrial fibrillation. Patient will need to follow-up with her primary care provider regarding the medication.

Discharge Planning (2 points)

Discharge location: Patient is homeless, and discharging to her van where she currently lives with her husband.

Home health needs (if applicable): Home health may be needed to evaluate the client's tolerance to oral amiodarone and to evaluate the therapeutic effects of the medication.

Equipment needs (if applicable): None

Follow up plan: Patient will follow-up with primary care physician regarding future visits to evaluate the effectiveness of new and current medications.

Education needs: Patient requires education on the intended effects of amiodarone and how to monitor for these therapeutic effects. Patient also needs educated on proper skin care due to cellulitis infection being the primary cause for hospitalization.

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
<p>1. Impaired skin integrity <u>related to cellulitis as evidenced by</u> redness and edema in lower extremities. (Phelps, 2020)</p>	<p>1. This nursing diagnosis was chosen due to the current impact cellulitis is having on the patient, and the condition being the primary reason for hospital admittance.</p>	<p>1. Assess patient's skin every 4 hours and report any acute changes to the provider (Phelps, 2020). 2. Assist patient in changing positions every 2 hours and allow for minimal pressure on bony prominences (Phelps, 2020).</p>	<p>1. Edema and redness in patient's lower extremities will gradually decrease over 72 hours.</p>	<p>The patient responded to these nursing interventions well. While the patient's cellulitis had improved greatly during her hospital stay, she was still aware of the risks that the condition posed to her health.</p>
<p>2. Risk for ineffective cerebral tissue perfusion <u>related to cardiac arrhythmia as evidenced by</u> history of and current atrial fibrillation. (Phelps, 2020)</p>	<p>2. This nursing diagnosis was chosen due to the nursing ABCs priority framework and the significant risks associated with atrial fibrillation.</p>	<p>1. Identify and assess patient risk factors associated with decreased cerebral perfusion (Phelps, 2020). 2. Educate patient on initial signs and symptoms of decreased cerebral perfusion and the importance of reporting</p>	<p>1. Patients current risk factors for decreased cerebral perfusion (hypertension & atrial fibrillation) will remain within defined limits for 5 consecutive days.</p>	<p>The patient was grateful that the nursing staff was taking a proactive approach to preventing adverse events related to the client's atrial fibrillation. Additionally, the client was open to the education provided.</p>

		these symptoms (Phelps, 2020).		
3. Risk for unstable blood pressure <u>related to</u> history of hypertension and medication regimen <u>as evidenced by</u> fluctuating blood pressure during hospitalization. (Phelps, 2020)	3. This nursing diagnosis was chosen due to the various factors that can potentially impact the client's blood pressure, and due to the blood pressure fluctuations early in her hospital stay.	1. Identify and treat episodes of high or low blood pressure promptly (Phelps, 2020). 2. Educate patient on modifiable risk factors for hypertension (Phelps, 2020).	1. Patient's blood pressure will remain within defined limits for 7 consecutive days.	The client was aware that her blood pressure experienced significant fluctuations in the first few days of her hospital stay, and she was open to interventions to maintain a healthy blood pressure.
4. Risk for situational low self-esteem <u>related to</u> current illness and homelessness <u>as evidenced by</u> patient stating, "I wish I had a permanent place to live." (Phelps, 2020)	4. This nursing diagnosis was chosen due to the personal impact that homelessness can have on the client. Even though the client was in good spirits, she did talk about her struggles with homelessness openly.	1. Encourage patient to discuss personal achievements and improvements in condition (Phelps, 2020). 2. Refer patient to other useful healthcare professionals, including social work and mental health (Phelps, 2020).	1. Patient will state 5 personal positive affirmations per day for the remainder of hospital stay.	The patient responded moderately to these nursing interventions. While the patient was thankful that the nursing staff wanted to increase her self-esteem, she did not want to discuss her living situation at length.

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

Nursing Diagnosis/Outcomes

- Patient states swelling present in bilateral lower extremities, fatigue, faintness, and pain in the lower extremities.
- Patient states nothing has helped relieve their fatigue.
- Patient states symptoms have been ongoing for 2 days before presenting to ED.
- BUN: 2077 pg/ml upon admission
- Patient states they are homeless.
- Blood cultures negative

- 63-year-old female client presented to the ED with complains of increasing fatigue, faintness, and pain in her lower extremities.
- Patient admitted for cellulitis.

Client Information

- Assess patient's skin every 4 hours and report any acute changes to the provider
- Assist patient in changing positions every 2 hours and allow for minimal pressure on bony prominences
- Edema and redness in patient's lower extremities will gradually decrease over 72 hours.
- Risk for ineffective cerebral tissue perfusion related to cardiac arrhythmia as evidenced by history of and current atrial fibrillation.
- Identify and assess patient risk factors associated with decreased cerebral perfusion
- Educate patient on initial signs and symptoms of decreased cerebral perfusion and the importance of reporting these symptoms
- Patients current risk factors for decreased cerebral perfusion (hypertension) will remain within defined limits
- Risk for unstable blood pressure related to history of hypertension and medication regimen as evidenced by fluctuating blood pressure during hospitalization.
- Identify and treat episodes of high or low blood pressure promptly
- Educate patient on modifiable risk factors for hypertension
- Patient's blood pressure will remain within defined limits for 7 consecutive days.
- Encourage patient to discuss personal achievements and improvements in condition
- Refer patient to other useful healthcare professionals, including social work and mental health

Nursing Interventions

