

Medications

Aripiprazole/Abilify (10mg) Once a day

Pharm Class

Atypical
antipsychotics

Therapeutic Class

Antipsyc
hotics

Nursing Assessment

May
cause neuroleptic malignant
syndrome, seizures and
tardive dyskinesia. Monitor
pt and take safety
precautions. (Nurse's Drug
Handbook, 2023)

Bupirone/BuSpar (5mg) 3x a day

Demographic Data

Date of Admission: 9/9/23

**Admission Diagnosis/Chief Complaint:
Generalized Weakness**

Age: 49 y/o

Gender: Female

Race/Ethnicity: Caucasian/ White

Allergies: Excedrin- Tension Headache

Code Status: Full Code

Height in cm: 157.5 cm

Weight in kg: 49.4 kg

Psychosocial Developmental Stage:

Generativity vs. Stagnation

**Cognitive Developmental Stage: Formal
operational stage**

Braden Score: 21

Morse Fall Score: 88

**Infection Control Precautions: Standard
Precautions**

Pathophysiology

Disease process: Urinary tract infections (UTI) is an infection to the urinary system. The urinary system includes the kidneys, ureters, bladder and urethra. Most UTI infections involve the lower urinary tract. (Flores-Mireles, Walker, Caparon, Hultgren, S. J. 2015, May) Compared to males, women are more likely to get a UTI. An infection that just affects the bladder can be uncomfortable and unpleasant. However, if a UTI affects the kidneys, it may cause major health issues. The UTI begin when pathogens that reside in the gut contaminate the urethra area and is able to colonize, where it is able to migrate to the bladder. The patient (Host) inflammatory response to clear bacteria.

S/S of disease: Possible s/s of UTI's are a strong urge to urinate that doesn't go away, possible burning feeling when urinating, or even not being able to void fully. Other symptoms include urine looking cloudy, strong smelling urine, blood in the urine. Specifically for women there might be pelvic pain or possible vaginal discharge.(Flores-Mireles, Walker, Caparon, Hultgren, S. J. 2015, May) Pt came into the Hospital with altered mental status, and unable to urination. They were dehydrated after look at labs and she couldn't void.

Lab Values/Diagnostics

Bun 33 (7-25 mg/dL)

Due to dehydration or UTI. (Kee, 2018)

Albumin 3.1 (3.5-5.7 g/dL)

Due to dehydration and high protein in the diet. (Kee, 2018)

WBC 3.80 (4,000-10,500/mm3)

Due to possible infection. (Kee, 2018)

HGB 9.3 (12-18 g/dL)

Not enough iron or

Admission History

Patient is a 49-year-old female presenting to OSF on 9/9 after experiencing generalized weakness, tinnitus, and headache since 9/6. The patient states the onset of generalized weakness continued since wednesday. The patient says the location of the weakness started when she tried to stand up. The duration of the headache/ weakness has been constant for 3 days. The characteristics are coughing, ringing of the ears, migraine, and feeling weak when standing up. The some aggravating factors include standing up and the headaches. The relieving factors include

Medical History

Previous Medical History: Migraine, Upper of Gastric Fundus, and Vertigo

Prior Hospitalizations: 6/28/23 Dehydration, 7/29/23 Sepsis, 9/9/23 Altered Mental Status

Previous Surgical History: Cholecystectomy, hysterectomy, Small Intestine Surgery, Appendectomy, Upper Gastrointestinal Endoscopy(9/21), EGD Colonoscopy(10/21) Inner Gastrointestinal

Active Orders

Diet General

CBC: UTI and infection to see if its Gram negative or positive and what antibiotic is best.

CMP: Fluid and electrolyte imbalance as patient was dehydrated upon admit

Sepsis Alert: Due to previous admit

Physical Exam/Assessment

General: Pt is A&Ox4, well-groomed, and has no acute distress.

Integument: Skin color is white and appropriate for the patient's ethnicity. Skin is warm and dry upon palpation. No rashes, lesions, or bruising. Normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Skin turgor and normal mobility. Capillary refill in less than 3 seconds: fingers and toes bilaterally

HEENT: Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge. PERRLA bilaterally, EOMs intact bilaterally. Ears are bilaterally clear and whisper test is good. Nose is patent, the septum is midline. The posterior pharynx and tonsils are moist and pink without exudate. Tonsils are +2, the uvula is midline; the soft palate rises and falls symmetrically. Hard palate is intact. Dentition is appropriate for age, and the oral mucosa overall is moist and pink without lesions noted.

Cardiovascular: Cardiac S1 and S2 without murmurs, gallops, or rubs detect the PMI pulse at the 5th intercostal space at MCL normal rate and rhythm.

Respiratory: Respiratory rate and pattern are normal; respirations are symmetrical and non-labored; the lung sounds are clear throughout the anterior and posterior regions bilaterally, no wheezes, crackles, or rhonchi are noted.

Genitourinary: Urine is yellow straw like, no foul smell

Gastrointestinal: Abdomen is soft and nontender, no organomegaly or masses are noted upon palpation of all four quadrants. Bowel sounds are normoactive in all four quadrants.

Musculoskeletal: Musculoskeletally, all extremities have a full range of motion. Hand grips and pedal pushes and pulls demonstrate normal and equal strength. balanced and smooth gait.

Neurological: Neurological pt is A&O to person, place, and time. PERRLA. cranial nerves intact. negative for rhombergs.

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

B/P:

9/10

91/55

9/11

88/55

Pulse:

9/10

94

9/11

75

RR:

9/10

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Acute confusion related to altered mental status, as evidenced by positive UTI	Fluid volume deficits are related to dehydration, as evidenced by lab values.	Activity intolerance related to generalized weakness, as evidenced by hypotension
<p align="center">Rationale</p> Pt presented to the hospital due to positive finding of UTI on U/A	<p align="center">Rationale</p> Chloride 116↑, Bun 26↑, WBC 3.80 ↑, HGB 9.3 ↓, HCT 29.0 ↓	<p align="center">Rationale</p> Vitals B/P 91/56, pulse 98.9
<p align="center">Interventions</p> Intervention 1: Antibiotics - fight UTIs (Vancomycin) Intervention 2: Fluids - Possible dehydration	<p align="center">Interventions</p> Intervention 1: Administered IV Fluids Intervention 2: Assess I/O's	<p align="center">Interventions</p> Intervention 1: Monitor Vital signs Intervention 2: Providing assistance when getting up from bed
<p align="center">Evaluation of Interventions</p> The patient tolerated medications well; there were no adverse reactions. Continue to monitor labs for increased WBC	<p align="center">Evaluation of Interventions</p> Assessment of Vitals and I/O's	<p align="center">Evaluation of Interventions</p> Pt was active in ROM and tried to do as much as physically possible

References (3) (APA):

Flores-Mireles, A. L., Walker, J. N., Caparon, M., & Hultgren, S. J. (2015, May). *Urinary tract infections: Epidemiology, mechanisms of infection and treatment options*. *Nature reviews. Microbiology*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4457377/>

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Kee, J. L. (2018). *Laboratory and diagnostic tests with nursing implications*. Pearson.