N431 Care Plan #1

Kelsy Marsh

Lakeview College of Nursing

N431: Adult Health II

Tasha Unrein

09/21/2023

Demographics (3 points)

Date of Admission 09/13/2023	Client Initials J.M.	Age 34 yrs.	Gender Male
Race/Ethnicity White	Occupation Plastipak	Marital Status Single	Allergies Sulfa (Sulfonamide Antibiotics)
Code Status Attempt CPR/Full Treatment	Height 5’ 11”	Weight 211 lbs.	

Medical History (5 Points)

Past Medical History: Ulcerative colitis (07/20/2022)

Past Surgical History: Hernia repair (2022), Colonoscopy (2022), Sigmoidoscopy (2023)

Family History: N/A

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

Tobacco: never, Alcohol: 1 can of beer/month, Drugs: never.

Assistive Devices: N/A

Living Situation: The patient lives alone in a small apartment.

Education Level: N/A

Admission Assessment

Chief Complaint (2 points): Ulcerative colitis with rectal bleeding

History of Present Illness – OLD CARTS (10 points): The patient presents to the emergency room a few days ago, as a 34 yr. old male with frequent diarrhea, abdominal cramping, rectal pain and bleeding, fatigue, and urgent bowel movements. The patient drove himself to the emergency room. The patient reports persistent diarrhea throughout the night. The patient stated that he takes all of his prescribed medication as it states the instructions on the labels of the bottles. The patient reports feeling a throbbing pain in his abdomen right before bedtime. The

client was diagnosed with ulcerative colitis in the year of 2022, and he has regular follow-up appointments with his gastroenterologist. The patient rates his pain a 7 on a scale of 1-10. The patient has a past medical history of ulcerative colitis and rectal bleeding. The patient mentioned that the prescribed medications that he has taken in the past are not working for his pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Ulcerative colitis flare-up

Secondary Diagnosis (if applicable): N/A

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

"Ulcerative colitis is an inflammatory bowel disease (IBD) that causes inflammation and ulcers (sores) in your digestive tract. Ulcerative colitis affects the innermost lining of your large intestine, also called the colon, and rectum. In most people, symptoms usually develop over time, rather than suddenly. The cause of Ulcerative colitis is unknown, but it is suspected to be an autoimmune triggering the body to inflame the colon in repose to a environmental source: a diet high in fat, milk allergy, stress, illness viral/bacteria, overuse of NSAID usage, and genetic factors" (Capriotti, 2020). Some of the most common symptoms that are associated with Ulcerative colitis include diarrhea with blood or pus, abdominal pain with cramping, weight loss, and fatigue. This patient experienced similar symptoms, such as worsening abdominal pain, bloody bowel movements, generalized fatigue, and weight loss. It is vital for a patient experiencing Ulcerative colitis to stay hydrated, and pay close attention to the vitamins and nutrients that they are feeding their body. "Clients diagnosed with inflammatory bowel diseases (IBD) may have difficulty absorbing nutrients, including water, from the food they consume. This can lead to dehydration over time, as the body may not be able to absorb enough water to

meet its requirements" (Capriotti, 2020). Due to the chronic diarrhea that a patient may be experiencing, fluid loss can become a major problem for the human body. It is important to assess the patient's vital signs, because that can also indicate the patient's response to fluid loss. The main vital signs that are to be looked at for fluid loss would be blood pressure, pulse, and temperature. If the patient is demonstrating signs of hypotension, fever, and tachycardia, they may be at risk for fluid loss within the body. Alongside a Complete blood count (CBC) to check for inflammation and infection, the staff also looked at a few other blood tests. Another blood test result that was vital for the staff was the Albumin levels. This particular patients Albumin levels were decreased, and that can identify that there is poor nutritional status within the patient. Some other laboratory tests that is important to monitor with patients who have Ulcerative colitis include platelet and leukocyte count. This patient had a sigmoidoscopy with a biopsy done to essentially visualize and look for abnormalities within the colon, and the lining of the gastrointestinal (GI) tract. "These procedures allow for direct visualization of the intestines and can aid in diagnosing and monitoring the extent and severity of IBD. Biopsies can also be taken during these procedures for further analysis" (Capriotti, 2020). There are two different types of routes to take for the treatment of Ulcerative colitis. The two treatment types include medication or surgery to correct the problem. Currently, this patient is taking the route of medication administration to try and correct the flare up that he has been experiencing. There are several anti-inflammatory medications that are usually tried for the first steps of trying to help people with this condition. "Both Azulfidine, which is a 5-aminosalicylates, and Corticosteroids are used to help these patients" (Pagana, 2021). Other medications that are prescribed to patients that have Ulcerative colitis include anti-diarrheal medications, pain relievers, and iron supplements. If a patient would choose to go through the surgical route, that surgery would involve removing

the entire colon and rectum. With removing both the colon and rectum, would essentially eliminate having the condition of Ulcerative colitis. It is always important to prepare the patient that there is always a risk of the medications not working, and having to have surgery.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). Psychobiology of Behavioral Disorders. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives Second Edition* (page 180). F.A. Davis.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

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	**4.10-5.70 10(6)/mcL**	4.78/mcL	3.72/mcL	Low RBC count indicates that there is a VitaminB6, B12, or folate deficiency. Low RBC count can also signify malnutrition or anemia.
Hgb	**12.0-15.8 g/dL**	13.0 g/dL	9.7 g/dL	Low Hgb can indicate that there is bleeding within the digestive or gastrointestinal tract, such as from ulcers or hemorrhoids.
Hct	**36.0-47.0%**	39.1 %	30.2%	Low Hct can indicate anemia and bleeding.
Platelets	**140-440 10(3)/mcL**	661/mcL	483/mcL	Iron-deficiency anemia and hemolytic anemia can cause thrombocytosis.
WBC	**4.0-12.0 10(3)/mcL**	17.24/mcL	11.60/mcL	Elevated WBC can indicate that there is an infection in the body. With inflammatory or allergic reactions, there will also be a high count of WBC's.

Neutrophils	**47.0-73.0%**	75.7%	74.5%	High neutrophils means that the human body is under stress. Neutrophils can also increase from infection, inflammation, stress, and exercise.
Lymphocytes	**18.0-42.0%**	35.5%	30.2%	The lymphocytes were within normal limits.
Monocytes	**4.0-12.0%**	16.2%	16.2%	Elevated monocyte levels can be a potential sign that an infectious disease is present.
Eosinophils	**0.0-5.0%**	0.09%	0.20%	The eosinophil's were within normal limits.
Bands	**0.0-10.0%**	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-	**136-145 mmol/L**	140 mmol/L	132 mmol/L	Lowered sodium levels can be caused from having too much water in the blood.
K+	**3.5-5.1 mmol/L**	3.6 mmol/L	3.9 mmol/L	Potassium was within normal limits.
Cl-	**98-107 mmol/L**	102 mmol/L	98 mmol/L	Chloride was within normal limits.
CO2	**22-30 mmol/L**	29.0 mmol/L	26.0 mmol/L	Carbon Dioxide was within normal limits.
Glucose	**70-99 mg/dL**	85 mg/dL	221 mg/dL	The glucose was "elevated, possibly due to stress hyperglycemia, mediated partly by the release of cortisol and norepinephrine" (Capriotti, 2022).
BUN	**7-25 mg/dL**	13 mg/dL	7 mg/dL	BUN was within normal limits.
Creatinine	**0.50-1.20 mg/dL**	1.17 mg/dL	0.81 mg/dL	Creatinine was within normal limits.
Albumin	**3.5-5.0 g/dL**	3.1 g/dL	2.1 g/dL	Low Albumin levels can be caused from malnutrition and malabsorption within the body.
Calcium	**8.7-10.5 mg/dL**	9.7 mg/dL	7.8 mg/dL	Low calcium can be caused from Vitamin D inadequacy.

Mag	**1.6-2.6 mg/dL**	N/A	N/A	N/A
Phosphate	**2.8-4.5 mg/dL**	N/A	N/A	N/A
Bilirubin	**0.2-1.2 mg/dL**	0.4 mg/dL	0.4 mg/dL	The bilirubin was within normal limits.
Alk Phos	**40-150 U/L**	111 U/L	63 U/L	The Alk Phos was within normal limits.
AST	**5-34 U/L**	12 U/L	9 U/L	The AST was within normal limits.
ALT	**0-55 U/L**	34 U/L	11 U/L	The ALT was within normal limits.
Amylase	**40-140 U/L**	N/A	N/A	N/A
Lipase	**8-78 U/L**	N/A	N/A	N/A
Lactic Acid	**4.5-19.8 mg/dL**	N/A	N/A	N/A
Troponin	**0-0.04 ng/mL**	N/A	N/A	N/A
CK-MB	**3-5%**	N/A	N/A	N/A
Total CK	**22-198 U/L**	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	**0.8-1.1**	N/A	N/A	N/A
PT	**10.1-13.1 seconds**	N/A	N/A	N/A
PTT	**25-36 seconds**	N/A	N/A	N/A
D-Dimer	**0.0-0.50**	N/A	N/A	N/A
BNP	**0-100 pg/mL**	N/A	N/A	N/A
HDL	**60 mg/dL**	N/A	N/A	N/A

LDL	**0-150 mg/dL**	N/A	N/A	N/A
Cholesterol	**0-200 mg/dL**	N/A	N/A	N/A
Triglycerides	**0-150 mg/dL**	N/A	N/A	N/A
Hgb A1c	**0-5.7%**	N/A	N/A	N/A
TSH	**0.5-5.0 mIU/L**	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, yellow**	N/A	Light yellow/ clear	**The color and clarity was within normal limits.**
pH	**5.0-9.0**	N/A	6.0	The pH was within normal limits.
Specific Gravity	**1.003-1.030**	N/A	1.030	The specific gravity was within normal limits.
Glucose	**Negative**	N/A	Negative	The glucose was within normal limits.
Protein	**Negative**	N/A	Negative	The protein was within normal limits.
Ketones	**Negative**	N/A	Negative	The ketones were within normal limits.
WBC	**0-25/UL**	N/A	11	The WBC was within normal limits.
RBC	**0-25/UL**	N/A	11	The RBC was within normal limits.
Leukoesterase	**Negative**	N/A	Negative	The leukoesterase was within normal limits.

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	**75-100 mm Hg**	N/A	N/A	N/A
PaCO2	**38-42 mm Hg**	N/A	N/A	N/A
HCO3	**22-28 mEq/L**	N/A	N/A	N/A
SaO2	**94-100%**	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	N/A	N/A	N/A	N/A
Blood Culture	N/A	N/A	N/A	N/A
Sputum Culture	N/A	N/A	N/A	N/A
Stool Culture	N/A	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). Psychobiology of Behavioral Disorders. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives Second Edition* (page 180). F.A. Davis.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- **Sigmoid Flex with Sedation**

- **Findings: severe inflammation characterized by adherent blood, altered vascularity, erosions, erythema, friability, mucus, ulcerations, found in a continuous/circumfrential pattern from anus to sigmoid colon. There were punched out ulcers in the sigmoid colon, concerning for possible Cytomegalovirus (CMV) colitis. Biopsies were taken with a cold forceps for histology and immunohistochemistry (IHC).**

Diagnostic Test Correlation (5 points):

- **Flexible Sigmoidoscopy**
  - **Confirms rectal involvement in most cases by showing increased mucosal friability, decreased mucosal detail, and thick inflammatory exudate, edema, and erosions. A colonoscopy can be used to determine the extent of the disease of Ulcerative colitis, and to evaluate the areas of stricture and pseudopolyps. The biopsy performed during the colonoscopy helps to confirm the diagnosis of the disease.**

Diagnostic Test Reference (1) (APA):

Capriotti, T. (2020). Psychobiology of Behavioral Disorders. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives Second Edition* (page 180). F.A. Davis.

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

Home Medications (5 required)

Brand/ Generic	Acetaminophen/ paracetamol,	Calcium carbonate/ TUMS	Bentyl/ dicyclomine	Prednisone/ Rayos

	Tylenol		hydrochloride	
Dose	500 mg tablet	1000 mg (chewable tablet)	10 mg capsule	10 mg tablet
Frequency	Q4H (PRN)	Q8H PRN	TID (PRN)	4 tabs everyday for 14 days, then 3 tabs every 7 days, then 2 tabs every 7 days, and then 1 tab every day for 7 days.
Route	Oral	Oral	Oral	Oral
Classification	Analgesics (pain relievers), antipyretics (fever reducers)	Antacid, antihypermagnesemic, antihyperphosphatemic, antihypocalcemic, calcium replacement, cardiotonic	Anticholinergics/ antispasmodics	Glucocorticoid, immunosuppressant
Mechanism of Action	"Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system" (Jones & Bartlett Learning, 2021).	"Increases levels of intracellular and extracellular calcium, which is needed to maintain homeostasis, especially in the nervous and musculoskeletal system" (Jones & Bartlett Learning, 2021).	"Relives smooth muscle spasm of the GI tract. This action is achieved via a dual mechanism" (Jones & Bartlett Learning, 2021).	"Inhibits neutrophil and monocyte accumulation at inflammation site and suppressing their phagocyte and bactericidal activity" (Jones & Bartlett Learning, 2021).
Reason Client Taking	To relieve mild to moderate pain.	To provide antacid effects.	To reduce symptoms of stomach and intestinal cramping.	To treat acute and chronic inflammatory and immunosuppressive disorder.
Contraindications (2)	1. Severe hepatic	1. Cardiac resuscitati	1. Obstructive	1. Osteoporosis

	impairment 2. Severe active liver disease	on with risk of existing digitalis toxicity or presence of ventricular fibrillation (I.V.), concurrent use of calcium supplements, and hypercalcemia 2. Renal calculi	disease of the gastrointestinal tract. 2. Reflux esophagitis	2. Joint infection
Side Effects/Adverse Reactions (2)	1. Hypotension 2. Pulmonary edema	1. Hypertension 2. Hypercalcemia	1. Dizziness 2. Drowsiness	1. Heart failure 2. Seizures
Nursing Considerations (2)	**1.** "Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypervolemia,	1. "Check intravenous site regularly for infiltration because calcium causes necrosis. If infiltration occurs, stop infusion and tell prescriber immediately" (Jones & Bartlett Learning,	1. "Assess the patient for tachycardia before giving dicyclomine; heart rate may increase" (Jones & Bartlett Learning, 2021). 2. Watch for symptoms of hypersensitivity,	1. "Assess patient for adverse reactions, especially signs and symptoms of such reactions as heart failure and hypertension. Also monitor fluid intake and output and daily weight" (Jones & Bartlett

	or severe renal impairment" (Jones & Bartlett Learning, 2021). **2.** "Calculate total daily intake of acetaminophen including other products that may contain acetaminophen so maximum daily dosage is not exceeded" (Jones & Bartlett Learning, 2021).	2021). 2. "Be aware that patients with kidney failure on dialysis may develop hypercalcemia when treated with calcium" (Jones & Bartlett Learning, 2021).	such as agitation and pruitis. They usually resolve within 48 hours of stopping the drug (Jones & Bartlett Learning, 2021).	Learning, 2021). 2. Be aware that prolonged use of prednisone may cause hypothalamic-pituitary-adrenal suppression" (Jones & Bartlett Learning, 2021).
Key Nursing Assessment (s)/Lab(s) Prior to	Chronic high-dose acetaminophen may increase the risk of	Electrolyte balances should be checked, alongside the allergy to any	Monitor patient blood pressure, ECG, urine output for changes that may	Report increased swelling in the feet and ankles or a sudden increase in body weight

Administration	bleeding with warfarin (INR should not exceed 4).	antacids.	indicate a need to adjust the dose.	due to fluid retention.
Client Teaching Needs (2)	1. "Tell patient that the tablets may be crushed or swallowed whole but that extended-release forms should not be broken, chewed, crushed, or split" (Jones & Bartlett Learning, 2021). 2. "Teach patient to recognize signs of hepatotoxicity, such as bleeding, easy bruising, and	1. "Urge the patient to chew chewable tablets thoroughly before swallowing and to drink a glass of water afterward" (Jones & Bartlett Learning, 2021). **2.** "Urge patient to ask the prescriber before taking OTC drugs because of risk of interactions" (Jones & Bartlett Learning, 2021).	1. "Instruct the patient to store dicyclomine in a tightly sealed container at room temperature, protected from moisture and direct light" (Jones & Bartlett Learning, 2021). 2. "Instruct the patient to take drug	**1.** "Instruct the patient to take prednisone with food to decrease GI distress and to take once-daily dose in the morning" (Jones & Bartlett Learning, 2021). **2.** "Advise patients to comply with follow-up visits to assess drug effectiveness and detect adverse reactions" (Jones & Bartlett Learning, 2021).

	malaise, which commonly occurs with chronic overdose" (Jones & Bartlett Learning, 2021).		30-60 minutes before eating" (Jones & Bartlett Learning, 2021).	

***The patient only had 4 home medications that he was taking, so the 5th column was deleted.**

Hospital Medications (5 required)

Brand/ Generic	**Famotidine/ Pepcid injection**	**Ganciclovir/ Cytovene in 0.9% NaCl 100 mL IVPB**	**Methyprednisolone Sodium SUCC (Solu-Medrol) suspension injection**	**Fentanyl PF/Abstral injection**
Dose	20 mg	500 mg	40 mg	50 mcg
Frequency	Daily	Q12H	Daily	TID
Route	IV push	IVPB	IV push	IV push
Classification	Histamine- 2 blocker, Antiulcer agent	Nucleoside analogue, Antiviral	Glucocorticoid, corticosteroid	Opioid, Opioid analgesic, Controlled substance schedule: II
Mechanism of Action	"Reduces HCl from binding with H2 receptors on the surface	"Initially, drug is phosphorylated and then slowly	"Binds to intracellular glucocorticoid receptors and suppresses	"Binds to opioid receptor sites in the CNS, altering perception of an emotional

	of parietal cells" Jones & Bartlett Learning. (2021). *2022 Nurse's Drug Handbook*. Jones & Bartlett Learning.	metabolized intracellular into virus-infected cells" (Jones & Bartlett Learning, 2021).	inflammatory and immune responses by inhibiting accumulation of monocytes and neutrophils at inflammation sites" (Jones & Bartlett Learning, 2021).	response to pain by inhibiting ascending pain pathways" (Jones & Bartlett Learning, 2021).
Reason Client Taking	To treat gastroesophageal reflux disease (GERD) and prevent reoccurrence of duodenal ulcer	To treat cytomegalovirus retinitis in immunocompromised patients	To treat immune and inflammatory disorders.	To relieve severe chronic pain.
Contraindications (2)	1. Anaphylaxis 2. Other H2 receptor antagonists	**1.** Anaphylaxis 2. Valganciclovir allergy	1. Diabetes 2. Tuberculosis	1. Gastrointestinal obstruction 2. Anaphylaxis
Side Effects/Adverse Reactions (2)	1. Arrhythmias **2.** Seizures	1. Encephalopathy **2.** Hypotension	1. Increased intracranial pressure with papilledema 2. Seizures	1. Seizures **2.** Asystole
Nursing Considerations (2)	1. "Know that adult patients who have a suboptimal response or an early symptom	1. "Be aware that ganciclovir is not recommended if the	1. "Administer methylprednisolone with extreme caution in patients with a	1. "Expect the blood fentanyl level to be prolonged if patient chews or swallows than

	atic relapse after completing famotidine therapy, should be evaluated for gastric malignancy" Jones & Bartlett Learning. (2021). *2022 Nurse's Drug Handbook*. Jones & Bartlett Learning. 2. "Be aware that Pepcid AC chewable tablets contain aspartame, which can be dangerous for patients who have phenylketonuria" (Jones & Bartlett Learning, 2021).	absolute neutrophil count is less than 500 cells, hemoglobin is less than 8 g/dl, or the platelet count is less than 25,000 cells" (Jones & Bartlett Learning, 2021). 2. Obtain a serum Creatinine or Creatinine clearance prior to starting ganciclovir therapy, as ordered, to establish a baselin	recent MI because corticosteroid use may increase risk of left ventricular free wall rupture" (Jones & Bartlett Learning, 2021). 2. "Arrange for low-sodium diet with added potassium, as prescribed" (Jones & Bartlett Learning, 2021).	transmucosal form because drug is absorbed slowly from GI tract" (Jones & Bartlett Learning, 2021). 2. "Be aware that 100 mcg of fentanyl is equivalent in potency to 10 mg of morphine" (Jones & Bartlett Learning, 2021).

		e for renal function" (Jones & Bartlett Learning, 2021).		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor for abdominal pain, occult blood, regular CBC monitoring, and patient education regarding fluid and fiber intake.	Patients should receive a complete assessment, predosing laboratory work and a complete drug and allergy history.	Assess blood pressure, blood glucose, electrolytes, weight, and bone density.	Assess the patient 's respiration, and look for any signs of apnea or respiratory depression.
Client Teaching Needs (2)	**1.** "Caution patient not to take famotidine with other acid-reducing products" Jones & Bartlett Learning. (2021). *2022 Nurse's Drug Handbook*. Jones & Bartlett	1. "Stress importance of maintaining adequate hydration throughout ganciclovir therapy, because of potential adverse effect of drug on the kidneys"	**1.** "Instruct patient to take drug with food or milk" (Jones & Bartlett Learning, 2021). **2.** Instruct patient not to obtain vaccinations unless approved by prescriber" (Jones & Bartlett Learning, 2021).	1. "Warn patient not to take more drug than prescribed and not to take it longer than absolutely needed because excessive or prolonged use can lead to abuse/addiction" (Jones & Bartlett Learning, 2021). 2. "Instruct patient to

	Learning. 2. "Advise patient to notify prescriber if she develops pain, has trouble swallowing, or if she or he has bloody vomit or black stools" (Jones & Bartlett Learning, 2021).	(Jones & Bartlett Learning, 2021). 2. "Inform patient that drug may cause temporary or permanent infertility and to discuss this with prescriber if concerned" (Jones & Bartlett Learning, 2021).		avoid alcohol and other CNS depressants including benzodiazepines during fentanyl therapy" (Jones & Bartlett Learning, 2021).

***The patient only had 4 hospital medications that he was taking, so the 5th column was deleted.**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2022 Nurse's Drug Handbook*. Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient is alert and oriented to person, place, time and situation. The patient is well groomed and compliant. The patient appears to be his stated age. The patient is able to answer questions and able to follow commands. The patient is alert, cooperative and is in no distress. The patient's overall appearance is appropriate.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	The patient's skin color is white. The character of the patient's skin is warm and dry. The temperature of the patient's skin is slightly warm. The patient's temporal temperature was 98.3 F. The skin turgor was less than 2 seconds. The patient has no rashes, bruises, wounds or lesions. The Braden score was 21. The patient does not have any drains present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patient's head and neck were symmetrical. The patient's eyes were clear bilaterally. Patient's ears were symmetrical with no deformities. Patient's nose was symmetrical with his face. The patient's teeth were taken care of. The patient did not have dentures. .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:**	.Patient's rate and rhythm were both within normal limits. S1 and S2 were normal. No murmur, click, rub or gallop was heard. Patient's capillary refill time was less than 4 seconds. Peripheral pulse was not obtained. No neck vein

Capillary refill: **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	distension was present. No edema was visible. The patient did not have any chest pain, palpitations, or pedal edema.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	The patient's breath sounds were clear with bilateral air entry. The patient has no wheezes, rales, or rhonchi. The patient did not have any labored breathing. Patient was not using accessory muscles to breathe. No pleural friction rub.
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 ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	The patient's diet at home is semi-restricted. The patient's current diet is clear liquid diet. The patient's weight is 211 lbs. The patient's height is 5' 11". Bowel sounds were active within all four quadrants. Last BM was around 0830 on 09/18/2023. The patient used the bathroom independently. The patient presents with extreme abdominal pain throughout the night. The patient's abdomen was soft, flat, and tender. Under inspection of the patient, there was no distension, incision, scars, drains, or wounds present on the patient. The patient did not have an ostomy. The patient did not have a nasogastric or feeding/PEG tube placed. The patient had some nausea, diarrhea, and blood within the stool.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	The patient's urine is yellow with clear clarity. The patient is not experiencing any frequency, urgency, dysuria or hematuria. The patient has no pain with urination. The patient is not on dialysis. The patients genital region was not examined or visualized. The patient doesn't have a catheter placed.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:**	The patient has no deficits. Patient has full range of motion. The patient does not use any supportive devices. The fall score is 30. The patient moves around very well. The patient is

ADL Assistance: Y☐ N ☐ **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	not a fall risk. The patient is very independent of his actions and movements. The patient does not need assistance with equipment. The patient does not need support to stand or walk.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient moves all extremities well. PERRLA is intact. Strength is equal in both arms and legs. Reflexes are full and symmetrical for both sides. Speech is within normal limits. Patient is oriented to person, place, time and situation. The patient is awake and alert. The patient is not lethargic. The patient's memory is intact. The patient's gait is steady independently. The patient has LOC intact.
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):**	The patient is coping through the help of talking with friends, girlfriend and family members. The patient has visitors and is persistently calling people to talk to. The patient is very eager to talk to people. The patient's biggest support system is his girlfriend, friends and family. The patient's developmental is within normal limits. The patient's religion was not obtained.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
9:07 am	78 bpm	129/75	18	99.2 F Temporal	95% Room Air
11:30 am	75 bpm	120/68	18	98.3 F Temporal	93% Room Air

Vital Sign Trends:

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

9:07 am	**Number**	**Abdomen**	**7/10**	**Bilateral abdominal, constant, aching. Non-verbal= guarding and grimacing**	**Pain medications given (Fentanyl) and relaxation techniques were promoted**
11:30 am	**Number**	**Abdomen**	**5/10**	**Bilateral abdominal, constant, aching. Non-verbal= guarding and grimacing**	**Relaxation techniques were promoted**

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:**	0.9% Normal Saline was running through an 18 gauge IV located in the antecubital fossa. This area is on the inner fold of the arm. The date on the IV was 09/18/2023. The patency of the IV was open, and not blocked. There were no signs of erythema or drainage. The IV dressing assessment was clean, dry and intact.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
-ganciclovir 100mL **-D5 0.9% NaCl 107.9 mL**	**50 mL** **30mL**

Nursing Care

Summary of Care (2 points)

Overview of care: Immediately arriving to my designated room, I immediately looked in my patients chart for any allergies or triggers. Next, I promptly entered into my patient's room to

introduce myself and let him know that I would be there to assist him in anyway possible. During my time with my client, I assessed his vitals, made sure to keep him comfortable, and accompanied my nurse when he gave him his medications.

Procedures/testing done: N/A

Complaints/Issues: The patient did not have any complaints, that weren't already being addressed.

Vital signs (stable/unstable): The vital signs ran stable.

Tolerating diet, activity, etc.: I personally didn't see my patient eat anything, but he did drink a lot of fluids. My patient didn't want to eat anything, for the fear of vomiting, and medications were given IV for the nausea.

Physician notifications: To my knowledge, there were not any physician notifications that were discussed between my nurse and I.

Future plans for client: I think that my patient will be discharged within the next day or two. The physician had said that they thought about spacing out his steroid, so that the patient has less pain during the nighttime.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Continue to have regular follow-up visits with the gastroenterologist.

Education needs: Do not take NSAID medications, including aspirin and ibuprofen. Eat a variety of healthy foods to keep your colon healthy. Using forms of non-pharmaceutical pain control. Talking to dietary about nutrition control.

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

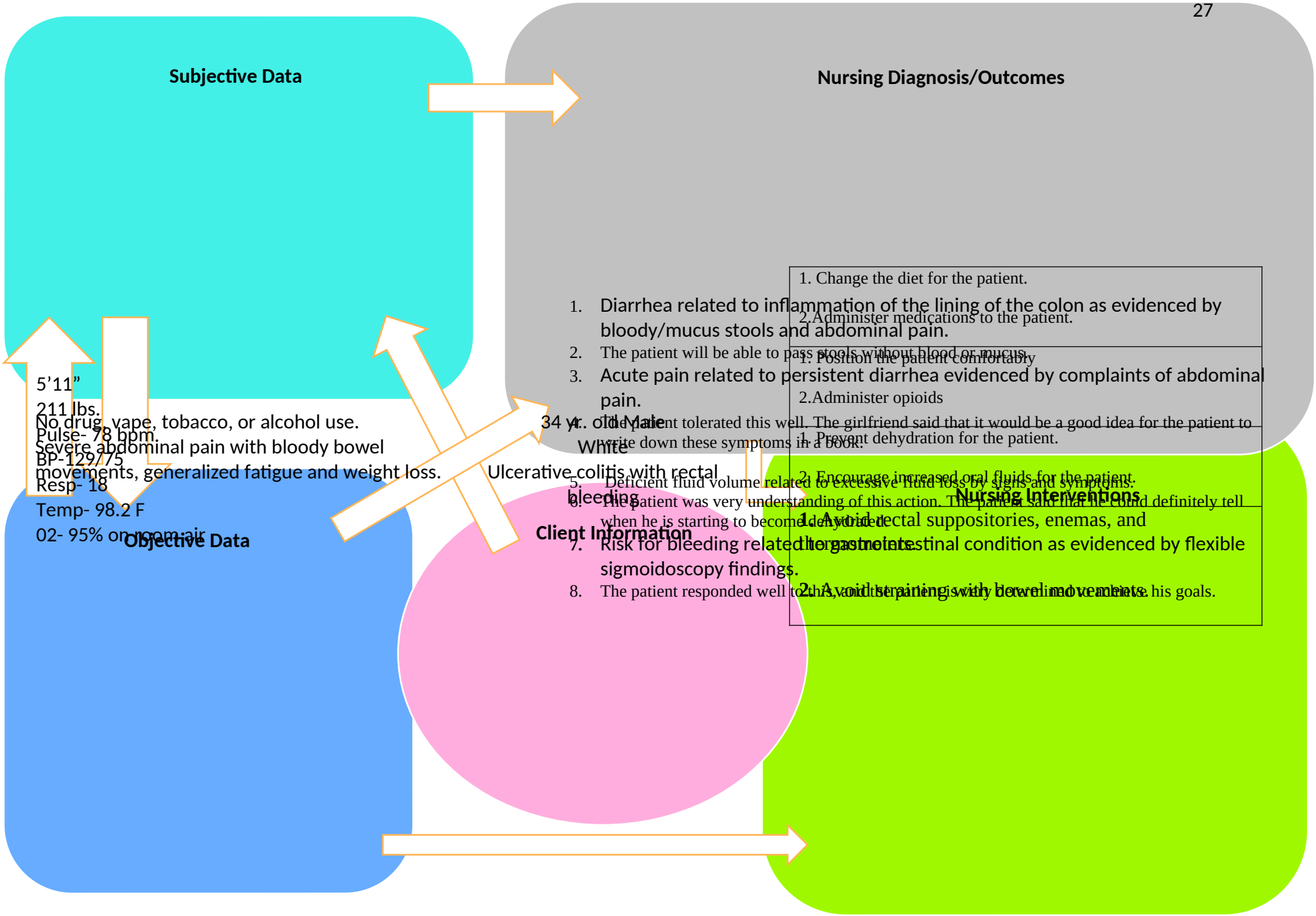
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 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. Diarrhea related to inflammation of the lining of the colon as evidenced by bloody/mucus stools and abdominal pain.	Observe and record stool frequency, characteristics, amount, and precipitating factors. This helps differentiate individual diseases and assesses the severity of episodes.	1. Change the diet for the patient. 2.Administer medications to the patient.	1. The patient will be able to pass stools without blood or mucus.	The patient was use to this, as he had to do it before when his medications weren't working as well. The patient is extremely eager to get better and go back home.
2. Acute pain related to persistent diarrhea evidenced by complaints of abdominal pain.	Assess reports of abdominal cramping or pain, noting location, duration and intensity (0-10 scale). Investigate and report changes in characteristics.	1. Position the patient comfortably 2.Administer opioids	1. The patient reports relief from abdominal cramping.	The patient tolerated this well. The girlfriend said that it would be a good idea for the patient to write down these symptoms in a book.
3. Deficient	Monitor I&O.	1. Prevent	1. The patient	The patient was

	fluid volume related to excessive fluid loss by signs and symptoms.	Note the number, character, and amount of stools; estimate insensible fluid losses (diaphoresis). Measure urine specific gravity; observe for oliguria.	dehydration for the patient. 2. Encourage increased oral fluids for the patient.	will be able to verbalize dehydration signs and symptoms.	very understanding of this action. The patient said that he could definitely tell when he is starting to become dehydrated.
4.	Risk for bleeding related to gastrointestinal condition as evidenced by flexible sigmoidoscopy findings.	Assess the patient's medical history for risk factors or current conditions that could put the patient at risk for bleeding.	**1.** Avoid rectal suppositories, enemas, and thermometers. **2.** Avoid straining with bowel movements.	**1.** Patient doesn't experience bleeding as evidenced by hemoglobin and hematocrit levels within desired range.	The patient responded well to this, and the patient is very determined to achieve his goals.

Other References (APA):

Capriotti, T. (2020). Psychobiology of Behavioral Disorders. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives Second Edition* (page 180). F.A. Davis.

Concept Map (20 Points):


Subjective Data
Nursing Diagnosis/Outcomes
1. Change the diet for the patient.
2.Administer medications to the patient.
1. Position the patient comfortably
2.Administer opioids
1. Prevent dehydration for the patient.
2. Encourage increased oral fluids for the patient.
Nursing Interventions
1. Avoid rectal suppositories, enemas, and
2. Avoid straining with bowel movements.
1. Diarrhea related to inflammation of the lining of the colon as evidenced by bloody/mucus stools and abdominal pain.
2. The patient will be able to pass stools without blood or mucus.
3. Acute pain related to persistent diarrhea evidenced by complaints of abdominal pain.
4. The patient tolerated this well. The girlfriend said that it would be a good idea for the patient to write down these symptoms in a book.
5. Deficient fluid volume related to excessive fluid loss by signs and symptoms.
6. The patient was very understanding of this action. The patient said that he could definitely tell when he is starting to become dehydrated.
7. Risk for bleeding related to gastrointestinal condition as evidenced by flexible sigmoidoscopy findings.
8. The patient responded well to this and stated that he will be able to achieve his goals.
5'11"
211 lbs.
Pulse- 78 bpm
BP-129/75
Resp- 18
Temp- 98.2 F
02- 95% on room air
Objective Data
No drug, vape, tobacco, or alcohol use.
Severe abdominal pain with bloody bowel movements, generalized fatigue and weight loss.
34 yr. old Male
White
Ulcerative colitis with rectal bleeding
Client Information