N311 Care Plan 1

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 09-16-2023	**Client Initials** E.S.	**Age** 60 years old	**Gender** Female
Race/Ethnicity White/Scandinavian	**Occupation** Disability	**Marital Status** Married	**Allergies** Listed below
Code Status Full Code	**Height** 5’4”	**Weight** 142 lbs	

Medical History (5 Points)

Past Medical History:

Allergies:

1. Ketorolac, high severity, reaction of hives and rash, Ibuprofen to help
2. Nalbuphine, high severity, reaction of hives and itching, Hydromorphon to help
3. Metoclopramide, medium severity, hallucinations occur
4. Aripiprazole, dizziness occurs
5. Beta-Adrenergic blockers, patient has history of cocaine abuse
6. Butorphanol, hallucinations occur, Hydromorphone to help
7. Chlorpromanzinetlel, anxiety occurs
8. Depakote (Valproic Acid)
9. Eggs and eggs-dervied products
10. Haldol, “my head got stuck to my shoulder, and I couldn’t release it” stated by the patient of what occurred
11. Hydrocodone, muscle spams, shaking and blips lips occurred
12. Hyoscyamine, GI cramps occurred
13. Melatonin, hallucinations occurred

14. Phenytoin, for their seizures
15. Sumatriptan, “it affected my heart” stated by the client
16. Cyclobenzaprine, low severity, anxiety occurred, muscles “tensed up” stated by the client
17. Fentanyl, low severity, “very sleepy and couldn’t wake up, shallow breathing” stated by the client
18. Promethazine, “freaked out and pulled out my IV” stated by the client
19. Prochlorperazine, low severity, anxiety occurred
20. Tramadol, low severity, itching occurred
21. Prozac, vomiting occurred, allergic to the generic version stated by the client in the comment section

Cardio: Paroxysmal arterial fibrillation; Hypertensive urgency, malignant; Hyperlipidemia; Essential Hypertension, benign; Palpitations

Endocrine: Pancreatitis, recurrent; Hypothyroidism; History of prediabetes

Skin: Disturbance of skin sensation; Left facial numbness; Skin ulcer of hands

Nervous: Parkinson’s; Pseudosezuire; Chronic pain syndrome; History of Traumatic Brain Injury; Hemiparesis; Syncope; Ischemic Stroke

Respiratory: Mild intermittent asthma without complication; cough; pneumonia

Musculoskeletal: Spondylosis of cervical spine; Primary Osteoarthritis of both knees; Dorsalgia; Lumbar degenerative disc disease; Left shoulder pain; Facial Droop; Arthralgia

Immune: Splenic infarction

Hemo: Thrombosis

GIU: Urinary tract infection

GI: Hepatitis C; Constipation; Vomiting; Acute Colitis

Metabolic: Hypokalemia; Fatigue

Risks and Care Concerns: Substance abuse (HCC), uncomplicated opioid use, tobacco use, routine health maintenance, Osteopenia determined by X-Ray, Insomnia, elevated liver enzymes, drug-seeking behavior, cocaine abuse (HCC), body mass index 25.0-25.9, elevated troponin, fall risk

Mental/ Behavior Health: Psychiatric disorder, anxiety state, anxiety disorder, major depressive disorder, recurrent episode, mild (HCC)

Other: Hemiplegic migraine, injury of the right hand, chest pain, thoracic aortic ectasia (HCC), Opiate dependence, continuous (HCC), Abdominal pain, muscle spasm of the left lower extremity, Mass of leg bilaterally, localized swelling on right hand, history of electroencephalogram, hormone replacement therapy, history of chronic pancreatitis, history of hysterectomy, chronic prescription benzodiazepine use, abdominal pain, fall at home, headache, cellulitis.

Past Surgical History:

Seven Endometriosis surgeries, Incision and Drainage on Right hand, Incision and Drainage of Left hand, Appendectomy, Cholecystectomy, all 4 wisdom teeth removed at 21, Tonsillectomy, and complete Hysterectomy.

Family History:

Drug/Alcohol Father

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

Smokes occasionally. No tobacco, drug, and alcohol abuse stated.

Admission Assessment

Chief Complaint (2 points):

"Presents to the emergency department with swelling and redness of the left hand and distal forearm. She reports she had an IV placed at the hospital 10 days ago. Symptoms became worse on Wednesday. She saw her Primary Care Doctor yesterday and was started on Keflex."

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

Onset: She stated it started from an IV or Blood draw. Location: On her left hand and "started to grow up her elbow", as stated by the client. Duration: "A week", stated by the client. Characteristic: "Swelling and sharp." She couldn't move her wrist or thumb. "It became to blister and itchy. Small, white blisters began to form that started to spread. Became really red and hurt really bad." stated by the client. Associated/Aggravating factors: It began to hurt worse as she tried to move her hand and arm. She was not able to pick things up. Relieving factors: Warm blankets and some medication only for a short period of time. Treatments: "She took 4mg of Dilaudid at home orally as well as ibuprofen with little to no relief." Severity: 8/10 severity "pretty severe"

Primary Diagnosis

Primary Diagnosis on Admission (3 points):

Cellulitis of the Left hand

Secondary Diagnosis (if applicable): N/A

Pathophysiology

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

Cellulitis

Cellulitis is a superficial bacterial infection of the skin involving the dermis and subcutaneous layer. As stated by the Mayo Clinic "Left untreated, the infection can spread to the lymph nodes and bloodstream and rapidly become life-threatening. It isn't usually spread from person to person". It can occur on the trunks of the body but mostly legs. There is a breakdown of the skin such as an insect bite, scratch or surgical incision that allows bacteria to enter. "..cytokine and neutrophil are recruited to the affected area after the bacteria have penetrated the skin leading to an epidermal response" (Brown & Hood Watson, 2023). The bacteria, most commonly *Group A Streptococci,* multiplies and spreads deeper into the skin causing damage to surrounding tissues. The bacteria can release "pyrogenic exotoxins (A,B,D, and F) and streptococcal superantigen" (Brown & Hood Watson, 2023) which can lead to sepsis.

Symptoms

It presents of a rash that is warm, tender and painful to touch. Edema will occur. It is has flat and diffuse borders. Skin dimpling, blisters, fever, and chills can occur. Necrotizing fasciitis can occur and it is very rapid.

Diagnosis

It is normally easily identifiable by just looking at it. You might need to undergo a blood test to rule out other conditions. Your caretaker can perform a culture or gram stain if the wound is open or if there is purulent discharge present.

Causes

Cellulitis is caused by a bacteria. The bacteria can be *group A beta-hemolytic Streptococcus* and *Staphylococcus aureus*. It can enter broken, dry, surgical sites, puncture

wounds, or dermatitis. As stated by the Mayo Clinic “The incidence of a more serious *staphylococcus* infection called *methicillin-resistant Staphylococcus aureus (MRSA)* is increasing.”

Risk factors

Risk factors include lymph blockage, recurrent cellulitis, HIV & ADIS, excess weight, chemotherapy, and immunosuppressant individuals.

Complications

If left untreated cellulitis may lead to osteomyelitis, toxic shock syndrome, sepsis, and endocarditis. “Necrotizing fasciitis is an example of a deep layer infection” (Mayo Clinic, 2022) which is an immediate emergency.

Treatment

Treatment includes oral antibiotics such as Keflex, Ceftin, and Duricef for more mild cases which should resolve itself within 5-10 days. For more severe moderate cases, an impatient hospital stay is required while receiving IV antibiotics and may also need debridement.

Prevention

It is important to “wash the wound daily with soap and water” as stated by Mayo Clinic. Your health care provider may prescribe you with a cream or ointment and cover with a bandage. You should “watch for signs of infection” (Mayo Clinic, 2022). You need to properly take care of skin breakage and take care of them while they are still on the surface.

Pathophysiology References (2) (APA):

Cellulitis. (2022, May 06). *Mayo Clinic*. Retrieved September 22, 2023. **https://www.mayoclinic.org/diseases-conditions/cellulitis/symptoms-causes/syc-20370762**

Brown, B.D, & Hood Watson, K.L.(2023). Cellulitis. *National Library of Medicine.* Retrieved September 22, 2023, from https://www.ncbi.nlm.nih.gov/books/NBK549770/

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
9:10 am	44bpm	171/95	16	97.2 F Temporal	96%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
9:30 am	8	Left Hand	"pretty severe"	Sharp, throbbing	Dilaudid at 10 am, Q4H

Medications:

Albuterol nebulizer

Aspirin 81 mg

carbidopan-levodopa 25-100 mg

clonazepam tablet 1 mg

dexamethasone injection 8 mg

digoxin tablet 250 mcg

HYDROmorphone injection 2 mg

Levothyroxine tablet 100 mcg

Metoprolol succinate tablet 100 mg

Nicotine 14 mg/24 hours 1 patch

Ondansetron tablet 4 mg

Ondansetron injection 4 mg

Pantoprazole tablet 40 mg

Potassium chloride packet 40 mEq

Prochlorperazine tablet 10 mg

Sodium hypochlorite normal saline irrigation

tiZANidine tablet 8 mg

topiramate tablet 50 mg

Vancomycin IV anti

Vortioxetine TABS 10 mg