N311 Care Plan 2

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N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
09/08/2022	BR	55	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Factory Worker	Single	None
Code Status	**Height**	**Weight**	
Full Code	5’9.5”	211.4 lb.	

Medical History (5 Points)

Past Medical History: Diabetes, hypertension, alcoholic cirrhosis of the liver with ascites

Past Surgical History: Rotator cuff surgery 7/25/2023

Family History: No relevant family history identified**.**

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): smoked 20+ years – 1 pack a day. Quite 1.5 years ago; drank 6-7 beers every day for 7-8 years; tobacco- said no but had spit cup on bed side table and tobacco in the trash can.

Admission Assessment

Chief Complaint (2 points): Right foot weakness; “walking funny & pain”. Records state that chief of complain was rash in the groin area.

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

Once we were able to investigate pt. chart, we saw that the pt. was admitted for liver cirrhosis and that the pt. presented fungal infection of groin and perianal area. However, when we did our care plan questions with the pt., he stated that “I was admitted into the hospital for my foot pain and then I was admitted here because I have foot drop”. Because of this, we ended up gathering out OLDCART data on the chief of complaint which was his foot drop.

O- Pain was so bad that pt. realized he couldn’t walk on it anymore.

L- right foot

D- one month prior to admission

C- Sharp, constant pain

A- No associated symptoms, just kept stating “putting weight on it made the pain worse.”

R- Ice, rest/lying down; anti-inflammatory meds (Ibuprofen & Tylenol)

T- Ibuprofen & Tylenol; went to see family doctor first, who sent the pt. to the hospital, then admitted into the rehab center.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):

Alcoholic Cirrhosis of Live with Ascites

Secondary Diagnosis (if applicable):

Hypo-osmolality and hyponatremia, hypokalemia, nutritional anemia, foot drop (right foot), history of falling, unspecified protein caloric malnutrition, alcohol dependence (uncomplicated), spondylosis without myelopathy or radiculopathy; cervical region, hypertension, major depressive disorder, gastro-esophageal reflux disease without esophagitis, granulomatous disorder of the skin and subcutaneous tissue.

Pathophysiology

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

Alcohol Cirrhosis of the liver with Asities

Did you know that once a person is diagnosed with cirrhosis, they have an estimated ten-years left to live if not able to get a liver transplant (Sharma & John, 2022)? Toxicology reports states that "Chronic and excessive alcohol consumption is a global healthcare problem, which leads to clinical illness and pathological changes causing alcohol-associated liver disease (ALD)" (Subramaniyan et al., 2021). Surprisingly enough, women are more sustainable to develop cirrhosis rather than men. When a person is diagnosed with cirrhosis, they do not think about the "hormonal factors, immunological, social, nutritional, and host factors that all play a role in the pathological process" (Subramaniyan et al., 2021).

Pathophysiology

When we are talking about liver cirrhosis, we need to think about which cells play a role in it. "Hepatic stellate cells (HSCs), sinusoidal endothelial cells (SECs), and Kupffer cells (KCs) are all in the lining cells that are associated with cirrhosis (Sharma & John, 2022)". When inflammation starts developing, these cells are what causes that because cytokines are released. Once this process happens, then the HSC, SEC and KC cells turn "into myofibroblast, and start releasing collagen, which then turns into fibrosis" (Sharma & John, 2022). One of the biggest affects that cirrhosis has on the body is hypertension and hyperdynamic circulation (Sharma & John, 2022). Once the pt. has hit where their body is creating fibrosis, is then the point of when you start seeing "hypertension and hyperdynamic circulation" (Sharma & John, 2022). Inflammation and the cells that are fighting within the body end up eating away the lining of the stomach and the liver starts to fail.

Signs and Symptoms

Cirrhosis is a diagnosis that is very hard to diagnose. For a patient that has alcohol induced fatty liver does not have any alarming signs. One major thing that would be a "unsuspected finding is a tender hepatomegaly" (Subramaniyan et al., 2021). Other signs and symptoms that could possibly be present, but not always are: "right upper quadrant pain, nausea, and jaundice" (Subramaniyan et al., 2021). Cirrhosis is a diagnosis that later develops from alcohol-liver disease (ALD). A patient will start experiencing "weakness, fatigue, and weight loss" in the stage of having ALD (Subramaniyan et al., 2021). But, once the disease progresses into cirrhosis, a nurse can expect to assess "symptoms like jaundice, gastrointestinal bleeding, abdominal swelling, and confusion" (Subramaniyan et al., 2021).

Diagnostic Testing

The only current diagnosis of Cirrhosis that there are "is the history of alcohol consumption, physical examination, and laboratory findings" (Subramaniyan et al., 2021). Having a high bilirubin is a common sign, along with having increased serum alkaline phosphatase levels (Subramaniyan et al., 2021). Even though lab values can give us more evidence that the patient has cirrhosis, they cannot tell us how severe the liver damage is. The Toxicology reports state "The evaluation of hepatoxicity is measured by different parameters such as serum aminotransferases, inflammatory mediators such as cytokines, DNA fragmentation, and investigation of histopathology." (Subramaniyan et al., 2021).

Pathophysiology References

Sharma, B., & John, S. (2022, October 10). *Hepatic cirrhosis - statpearls - NCBI bookshelf*. Hepatic Cirrhosis. https://www.ncbi.nlm.nih.gov/books/NBK482419/

Subramaniyan, V., Chakravarthi, S., Jegasothy, R., Seng, W. Y., Fuloria , N. K., Fuloria, S., Hazarika, I., Das , A (2021, February 19). *Alcohol-Associated Liver Disease: A review on its pathophysiology, diagnosis and drug therapy*. Toxicology Reports. https://www.sciencedirect.com/science/article/pii/S2214750021000275

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1240	74	120/66	18	97.9 F	97% RA

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0925	7/10	Shoulder	Severe/Very Severe	Tingling sensation when pt. makes	ROM exercises; therapy; MWF lifts weights;

				certain movements	TTH does ROM

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
No intake monitored via pt. chart	No output monitored via. pt. chart

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components. • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired physical mobility, relating to pain and discomfort when walking on the right foot. As evidence by the pt.	**1.** I chose impaired physical mobility because his chief of complaint was the pain in his foot. He was not able to put weight on	**1.** Making sure the pt. is doing ROM 3x with all joints on the days that he does not have PT. **2.** Assessing	**1.** Pt. will be able to attend every PT session on MWF, while doing ROM at least 3x on T&Th, as tolerated.	Pt. responded positively about this goal. He wants to get better. He just wanted to make sure that if he starts getting sore/tired that we can do modified exercises. I said absolutely, we will do whatever

stating, "My right foot felt very week, and when I put weight on it, it felt like a sharp, constant pain."	it, so he was not able to do his ADLs affectively.	pt. every 2 hours to make sure pt. is changing positions frequently for skin integrity**.**		he feels like he can tolerate.
2. Self-care deficit relating to impaired physical mobility with the pain in his foot. As evidence by pt. coming into the hospital with foot pain but also has a rash in the groin and perineal area.	**1.** I chose self-care deficit because if he does not get stronger than he will continue to have rashes/infections appear and will make it harder to overcome his daily obstacles**.**	**1.** Get pt. out of bed in the morning to start getting in the habit on doing ADLs first thing before breakfast. **2.** Educate client and family about self-care techniques	**1.** To get out of bed by 0700 every morning to shower, wash hair and body to be ready by 0730 for breakfast**.**	Pt. was okay with plan. He is not much of a morning person so he feels like if he gets in the habit of getting up in the morning that he will be more successful during the day. His only concern was that he would be able to shower by himself. With being 55 he still would like to feel self-sufficient. I responded with saying yes, but we are always there if he feels like he needs assistance.

Other References (APA):

Concept Map (23 Points):

Subjective Data

- No family history that pt. knows of
- Smoked 20+ years, at least 1 pack per day
- Drank 6-7 beers a day for 6-7 years
- Said he did not do tobacco
- Quite drinking & smoking 1.5 yrs ago
- Pain in foot was sharp and felt week.
- Shoulder was in pain from surgery, fells tingling sensation when moving
- Pt states “putting weight on my foot hurts.”
- Pain is a 7/10
- Has physical therapy sessions MWF, TTh he does stretches

Nursing Diagnosis/Outcomes

1. Diagnosis: Impaired physical mobility, relating to pain and discomfort when walking on the right foot. As evidence by pt. stating, “my right foot felt very weak, and when I put weight on it the pain is a sharp, constant pain”.

Outcome: By working on the pt. mobility, he will be able to get stronger to hopefully help with his pain.

2. Diagnosis: Self- care deficit, relating to impaired physical mobility with right foot pain. As evidence by pt. coming into the hospital with foot pain, but also found that he has a rash in the groin and perianal area.

Outcome: Making sure the pt. is having adequate hygiene helps prevent any skin breakdown that could possibly make the healing process longer for the pt.

Objective Data

- History of diabetes, hypertension, alcoholic cirrhosis of the liver with ascites.
- Depression was apparent, he has no emotion on his face.
- Embarrassment was present, I had to ask detailed question about his history of smoking, drinking and tobacco to make him tell me how much he consumed in his past.
- admitted for cirrhosis of the liver
- vitals signs: BP 120/66, P 74, T 97.9 O2 97%, R 18
- Rotator cuff surgery 7/25/2023

Client Information

55-year-old male, Caucasian (white), diagnosed primarily with cirrhosis of the liver with asities, but also drop foot, diabetic, depression, hypertension, nutritional anemia, history of falling, unspecified protein caloric malnutrition, alcohol dependence (uncomplicated), spondylosis without myelopathy or radiculopathy

Nursing Interventions

1. Diagnosis: Impaired physical mobility
   - Intervention 1: Making sure pt. is doing ROM at least 3x a day with all joints, as tolerated.
   - Intervention 2: Assessing pt. every 2 hours to make sure pt. is moving and changing position frequently to maintain skin integrity.
2. Diagnosis: Self- care deficit
   - Intervention 1: Getting out of bed in the morning to start ADLs and be ready for the day by breakfast, with assistance if needed.
   - Intervention 2: Educate client and family about self-care techniques.