

N311 Care Plan 2

Kaleb Kelly

Lakeview College Of Nursing

N311: Foundations of Professional Practice

Professor Hartke

10/03/23

Demographics

Date of Admission 06/30/23	Client Initials M.S.	Age 54	Gender M
Race/Ethnicity Caucasian	Occupation Disabled	Marital Status Single	Allergies Amoxicillin Baby Oil (Lanolin Mineral Oil) Lacri-Lube *All unknown severities
Code Status Full Code	Height 68in	Weight 167.2 lbs	

Medical History

Past Medical History: Motor vehicle collision (MVC), Broken left clavicle, Left wrist fracture, Damaged trachea due to MVC, Bipolar 1 Disorder, Intellectually disabled, Depression, Suicidal ideations w/attempts

Past Surgical History: Feeding tube due to MVC (2016) *Removed by end of year, Repair of left clavicle (2016)

Family History: Paternal grandparents – deceased, no medical history. Father - died at 33 years old of heart attack; history of stroke, hypertension, diabetes, rheumatic fever, and alcoholism. Maternal side – Grandparents deceased, no medical history of grandfather, grandmother, hypertension, schizophrenia, alcoholic. Mother – hypertension, depression, “hears voices” (possible but undiagnosed schizophrenia), alcoholism. Brother – substance abuse. Twin sisters – no medical history

Social History: Patient reports drinking 3-4 days a week since age 34, up until admission into facility. As stated by the patient, “I typically black out every time I drink”. Patient reports marijuana use once a week for the past 20 years as well. No history of tobacco use.

Admission Assessment

Chief Complaint: Left Clavicle Pain

History of Present Illness: OLD CARTS: On 06/30/2023, the patient with initials M.S. was admitted into a long-term care facility. Patient's main area of concern is having no relief of pain in his left clavicle, stemming from post-operative surgery after being involved in an MVC in 2016. Patient reports pain to be sharp and centralized only in his left clavicle, not radiating to any surrounding areas. Patient stated, "The pain is horrible when I try and put on clothes, and when playing games that involve throwing something". Patient reports only way to relieve pain is to lay back in bed and rest, taking Tylenol as needed. Surgical repairment was performed to help support and strengthen the left clavicle. Patient states even post-surgery the pain is still moderate to severe depending on if aggravated or not. Following surgical repairment, patient has only been treated with Tylenol as needed in relief of his pain.

Primary Diagnosis

Primary Diagnosis on Admission: Sepsis – unspecified organism

Secondary Diagnosis: Type 1 diabetes mellitus, Malnutrition, Major depressive disorder, Hypertension, GERD, Hyperlipidemia, Chronic kidney disease, Anemia, Anxiety, Bipolar disorder, Lack of expected normal physiological development in childhood, Hypothyroidism, Chronic migraines

Pathophysiology

Pathophysiology of the Disease:

Sepsis is a dangerous disease in which a person's immune system is compromised and not able to appropriately recognize and fight off an infection. In the United States alone, as of 2020 there was nearly 750,000 people diagnosed with sepsis, with a mortality rate of 30%

(Capriotti, 2020). High risk factors for acquiring sepsis includes anyone over the age of 65, those with immunodeficiencies, uncontrolled diabetes, COPD, kidney failure, untreated wounds, improper sanitation of feeding tubs or indwelling catheters, and those who suffer with failure to thrive.

Sepsis can result from any uncontrolled or severe viral, bacterial, or fungal infections within the body. “The pathogen triggers an initial exaggerated inflammatory-immune response that leads to activation or suppression of multiple endothelial, hormonal, bioenergetic, metabolic, immune, and other pathways” (Arina & Singer, 2021). This means that the inflammatory response of the body travels throughout the vascular system, rather than remaining centralized to the original area of infection. Like all attacks on the immune system, the body activates both innate and adaptive responses to respond and fend off foreign invaders. During this immune response, neutrophils are among the first to race to the site of inflammation. In the bodies state of panic, overproduction of cytokines may occur, leading to a breakdown of cell walls that can allow for the infection to keep spreading to surrounding organs and tissues. When infection reaches vital organs of the body, causing organ failure, the body can be forced into what is known as septic shock. “The presence of septic shock indicates infection of great severity, which is the result of a highly virulent microbe” (Capriotti, 2020, p. 1153). Initial stages of shock can be treated with emergency medical treatment; however, in the irreversible stages of shock as stated, “Widespread cellular hypoxia occurs and the organs begin to fail” (Capriotti, 2020).

Signs and symptoms of sepsis may include all or any of the following: altered mental status, labored breathing, fever, fatigue, hypo/hypertension, and brady/tachycardia. In a more severe state of sepsis or septic shock, a person may have extreme weakness, become completely lethargic, cyanotic, have low urine output, electrocardiographic alterations, and significantly low

blood pressure. If symptoms are ignored and medical treatment not sought out, there is a major increase in risk of death.

Treatment for sepsis begins with running a variety of tests to first indicate the disease. These tests include a chest x-ray, CT scan, MRI, blood cultures, lactic acid, and routine blood work. Once sepsis or septic shock is diagnosed, common methods of treatment are IV fluids, antibiotics, and vasopressors. As stated, “It requires the use of broad-spectrum of antibiotics, support of cardiac output, use of vasoconstrictors, respiratory support, and sometimes surgery to treat the source of infection” (Capriotti, 2020, p. 1163-1164).

Pathophysiology References (2):

Arina, P., & Singer, M. (2021). Pathophysiology of sepsis. *Current Opinion in Anesthesiology*, 34(2), 77-84.

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Vital Signs

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
12:15	81	158/80	20	98.7 F	100%

Pain Assessment

Time	Scale	Location	Severity	Characteristics	Interventions
09:30	7/10	Left Clavicle Pain	Moderate	Sharp, Centralized, aggravated when putting on clothes, relieved with resting	Tylenol (prn)

Intake and Output

Intake (ml)	Output (ml)
N/A	N/A

***Patient does not have intake/output recording in plan of care**

Nursing Diagnosis

Must be NANDA approved Nursing Diagnosis

Nursing Diagnosis	Rationale	Interventions (x2)	Outcome Goal (1 per dx)	Evaluation
<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” • Listed in order by priority - highest to lowest priority pertinent to this client 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 			<ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan

<p>Risk for delayed surgical recovery related to malnutrition and chronic left clavicle pain as evidenced by uncontrolled glucose levels and lack of proper nutrition</p>	<p>This nursing diagnosis was chosen because the patient failed to maintain stable blood glucose levels and a healthy diet. This in time will impede the body's natural ability to heal itself, in the patients case his left clavicle from surgical repairment following the MVC.</p>	<ul style="list-style-type: none"> - Assess the patient's nutritional status by evaluating intake, output, integumentary status - Assess pain level and monitor blood glucose before and after every meal to ensure insulin is given when needed 	<p>Patient will exhibit improved nutritional status, blood glucose will remain stable, and left clavicle will properly heal to the best extent</p>	<p>Patient responded positively to the nurse's actions. Patient is motivated to maintain a healthy diet and self-care to minimize levels of pain</p>
---	--	--	--	--

<p>Risk for disturbed personal identity, hopelessness, and self-mutilation related to anxiety, bipolar disorder, major depressive disorder as evidenced by failure to thrive and suicidal ideations w/attempts</p>	<p>This nursing diagnosis was chosen because of the patient's statements saying he didn't think he'd ever feel good enough to be discharged from the facility, that he still has thoughts of suicide, and of his perceived lack of motivation to improve is outlook on life</p>	<ul style="list-style-type: none"> - Administer psychotropic medications as ordered to help reduce anxiety, irrational thinking/behavior, and possibility of aggression - Encourage patient to explore hobbies or activities of interest, to decrease time in room and buildup of negative thoughts 	<p>Patient will seek out help when they feel overwhelmed, seek positive interactions, participate in activities that bring joy, and maintain a good self-esteem to diminish thoughts of self-harm</p>	<p>Patient responded appropriately by asking for help when unable to cope with feelings, began participating in more group activities, and would notify staff when having any thoughts of hurting self</p>
--	---	---	---	--

Other References

Phelps, L.L. (2023). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.

Concept Map

