N321 Care Plan

Lakeview College of Nursing

Presley King

Professor Henry

10/6/2023

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
10-1-2023	CB	86	female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Retired School Teacher	Single	Penicillin, propoxyphene
Code Status	**Height**	**Weight**	
Full	5' 4" (162 cm)	84 lbs (38 kg)	

Medical History (5 Points)

Past Medical History: hypertension, HCC, CHF, Gait Instability, physical deconditioning

Past Surgical History: tonsillectomy, cardiac catheterization

Family History: Cancer (sister), heart disease (father), hypertension (mother/sister)

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

Patient does not smoke, drink alcohol, or do drugs

Assistive Devices: Walker

Living Situation: The patient lives in her house alone

Education Level: Graduated college and majored in education

Admission Assessment

Chief Complaint (2 points): Generalized weakness

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

An 86-year-old female came into the emergency department reporting weakness that began on

October 1, 2023. The patient stated that she had shortness of breath for one day. The patient felt

like she could not take a full breath. Getting out of bed and her chair made it worse. There were

no relieving factors that helped the patient. The patient got put on oxygen to help relieve her

shortness of breath. The severity was high.

<div align="center">

Primary Diagnosis

</div>

Primary Diagnosis on Admission (2 points): Cachexia

Secondary Diagnosis (if applicable): Failure to Thrive

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

Cachexia is portrayed as a persistent increase in basal metabolic rate that is not balanced

by increased protein and caloric intake (Berardi et al., 2021). It includes changes in how your

body uses carbohydrates, fats, and proteins. Cachexia is due to changed metabolic

adaptation to increased muscle protein decrease. Cancer will cause the release of

certain chemicals into the bloodstream that will cause inflammation (Berardi et al., 2021). The

chemicals released are cytokines. Cytokines can contribute to the loss of muscle mass and fat.

These chemicals and other molecules cause muscle catabolic events (Berardi et al., 2021).

Traveling cytokines induce muscle wasting by triggering specific signaling pathways in muscle

fibers (Berardi et al., 2021). This can make your metabolism faster and burn calories faster than

the dietary intake. Biomarkers of cachexia are neoepitopes resulting from the degradation of

functional proteins in the muscle tissue (Berardi et al., 2021). A decrease in body mass results

when proteins are broken down faster than they are generated, leading to a loss of muscle mass.

Since the body is burning calories more quickly, it will cause massive weight loss even if the

dietary intake is normal (Hinkle et al., 2021). Deterioration in the nutritional status of the patient

is joint. Poor dietary intake can deplete fat tissue and liver glucose and alter the skeletal muscle's steadiness to an active supplier of amino acids and energy (Berardi et al., 2021).

There are many signs and symptoms of cachexia. Some of those include decreased muscle mass, loss of appetite, severe weight loss, fatigue, weakness, and low red blood cells (Hinkle et al., 2021). The weight loss includes 5% of their body weight in the last 12 months (Berardi et al., 2021). The patient weighs 84 pounds and lost 10 pounds in one prior month. She had very little muscle mass and had trouble doing simple ADLs such as walking. She had no appetite and only ate half a slice of pizza all day. She has poor urine output due to her lack of adequate fluid intake.

There is no specific treatment for cachexia as the goal is to improve quality of life, as you cannot reverse cachexia. The treatments include diet changes, medications that will reduce inflammation, medications that will reduce nausea, and medicines that will help the patient gain an appetite (Hinkle et al., 2021). However, increasing calorie–protein intake does not reverse this irregular metabolic state. Treatment with the beta-blocker carvedilol has demonstrated a meaningful reverse in cachexia for patients with cardiac cachexia (Berardi et al., 2021). The patient was ordered a high-calorie diet to gain energy and calories. Zofran was prescribed when the patient felt nauseous to help relieve vomiting. Tylenol was prescribed for pain in the patient to help relieve pain and to improve quality of life.

Cachexia is diagnosed by narrowing down other health issues. Diagnostics are completed, ruling out other potential problems (Hinkle et al., 2021). Blood work will be running along with other imaging tests. These include MRI, X-rays, ultrasounds, and a CT scan. My patient had a blood panel completed. The lab that pointed to poor nutrition was her creatine, which showed the dehydration that her body had been fighting. She had a CT head/brain W/O

Contrast and an XR Chest Single View Portable. They were completed to rule out a stroke or a

possible infection. She later got diagnosed with cachexia after they ruled out other health issues.

Pathophysiology References (2) (APA):

Beradi, E., Madaro, L., Lozanoska, O., Adamo, S., Thorrez., L., Bouche, M., & Coletti, D.

    (2021) Pound of flesh: What Cachexia is and what is it not. *diagnostics 11*(116).

      https://doi.org/10.3390/

Hinkle, J., Cheever, K., & Overbaugh, K. (2021). *Textbook of medical-surgical nursing.* (15th

    ed). Wolters Kluwer

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	3.8-5.3 10(6)mcL	4.58 10(6)mcL	9.30 10(6)mcL	
Hgb	12.0-15.8 g/dL	13.8 g/dL	12.3 g/dL	
Hct	36.0-47.0%	41.7%	37.9%	
Platelets	140-440 10(3)mcL	287 10(3)mcL	265 10(3)mcL	
WBC	4-12 10(3)mcL	9.60 10(3)mcL	9.30 10(3)mcL	
Neutrophils	47-73%	81.9%	78.7%	The patient has increase in neutrophils due to a possible UTI (Martin, 2023).
Lymphocytes	18-42%	10.8%	14.5%	The patient has increased lymphocytes due to possible UTI (Martin, 2023).

Monocytes	4-12%	6.3%	6.2%	
Eosinophils	0.0-1.0%	0.1%	0.3%	
Bands	0.0-10.0%	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	139 mmol/L	N/A
K+	3.5-5.1 mmol/L	3.1 mmol/L	4.4 mmol/L	The patient has hypokalemia due to deficient diet intake (Martin, 2023).
Cl-	98-107 mmol/L	105 mmol/L	107 mmol/L	N/A
CO2	22-30 mmol/L	26 mmol/L	18 mmol/L	Patient has low C02 from a a possible kidney disorder (Martin, 2023).
Glucose	70-99 mg/dL	88 mg/dL	110 mg/dL	Glucose levels increase due to possible acute stress response from being nervous being in the hospital (Martin, 2023).
BUN	10-20 mg/dL	75 mg/dL	70 mg/dL	Patient has increased BUN levels due to dehydration, poor dietary intake, or renal failure related to failure to thrive (Martin, 2023).
Creatinine	0.6-1 mg/dL	3.11 mg/dL	2.76 mg/dL	The patient has an increase in creatinine from dehydration (Martin, 2023).
Albumin	3.5-5 g/dL	3.8 g/dL		N/A
Calcium	8.7-10.5 mg/dL	9.3 mg/dL	8.7 mg/dL	N/A
Mag	1.6-2.6 mg/dL	2.6 mg/dL	N/A	N/A
Phosphate	2.8-4.5 mg/dL	N/A	N/A	N/A
Bilirubin	0.3-1.0 mg/dL	0.6 mg/dL	N/A	N/A
Alk Phos	34-104 u/L	110 u/L	N/A	N/A

AST	8-33 u/L	==37== u/L	N/A	Patient has increase of AST due to possible progressive muscular dystrophy (Martin, 2023).
ALT	4-36 u/L	25 u/L	N/A	N/A
Amylase	29-103 u/L	N/A	N/A	N/A
Lipase	8-78 u/L	N/A	N/A	N/A
Lactic Acid	0.7-2.0 mmol/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	08-1.1	==2.6==	N/A	
PT	10.1-13.1 sec	==30.8 sec==	N/A	The patient has increased PT due to possible Vitamin K+ deficiency (Martin, 2023).
PTT	25-36 sec	36 Sec	N/A	N/A
D-Dimer	0.0-0.5	N/A	N/A	N/A
BNP	>100pg/ml	N/A	N/A	N/A
HDL	>40mg/dL	N/A	N/A	N/A
LDL	<130 mg/dL	N/A	N/A	N/A
Cholesterol	<200 mg d/L	N/A	N/A	N/A
Triglycerides	<150 mg d/L	N/A	N/A	N/A
Hgb A1c	4.0-6.0%	N/A	N/A	N/A
TSH	0.300-5.000 ml U/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	Value on	Today's	Reason for Abnormal

	Range	Admission	Value	
Color & Clarity	Yellow	N/A	N/A	N/A
pH	4.5-8	N/A	N/A	N/A
Specific Gravity	1.005-1.025	N/A	N/A	N/A
Glucose	$\leq$ 130 mg/d	N/A	N/A	N/A
Protein	$\leq$ 150 mg/d	N/A	N/A	N/A
Ketones	None	N/A	N/A	N/A
WBC	$\leq$ 2-5 WBCs/hpf	N/A	N/A	N/A
RBC	$\leq$ 150 RBCs/hpf	N/A	N/A	N/A
Leukoesterase	Negative	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	10,000 to 1,000,000 colonies/ml	N/A	N/A	N/A
Blood Culture	10-20 mL	N/A	N/A	N/A
Sputum Culture	>25 leukocytes <10 epithelial cells	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Martin, P. (2023). *Complete normal lab values reference guide cheat sheet*. Nurselabs.

https://nurseslabs.com/normal-lab-values-nclex-nursing/#h-total-calcium-ca-ionized-

calcium

Diagnostic Imaging

All Other Diagnostic Tests (5 points): <u>CT head/brain W/O Contrast</u>- Found multiple areas of prior infarction seen in right cerebellum bilateral thalami, periventricular deep white matter, and right parietal lobe. These have increased since 2018. No acute intracranial hemorrhage, mass, mass effect, or hydrocephalus is identified. Moderate generalized cerebral and cerebellar atrophy with findings consistent with chronic ischemic degenerative changes in the deep white matter of both hemispheres. Incidentally noted is a prominent soft tissue density seen deep in the tissue.

<u>XR Chest Single View Portable-</u> Borderline cardiomegaly with moderate pulmonary vascular congestion with pleural effusion in the right lower lung zone. Underlying infiltration or atelectasis cannot be ruled out. Findings are worse compared to August 31, 2023. Marked tortuosity and ectasia of the thoracic aorta. Calcified granular right lower lobe.

Diagnostic Test Correlation (5 points): The patient came in with memory loss and an altered mental status. A CT head/brain W/O contrast was completed to rule out a stroke or other abnormal findings. The patient had an XR Chest Single View Portable to help rule out other diseases and ensure her lungs were clear with no infection since the patient was having trouble breathing and was failing to thrive.

Diagnostic Test Reference (1) (APA):

Hinkle, J., Cheever, K., & Overbaugh, K. (2021). *Textbook of medical-surgical nursing.* (15th ed). Wolters Kluwe

Current Medications (10 points, 1 point per completed med)

10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/ Generic	potassium chloride (Klorcon) 1089	furosemide (Lasix) 604,	acetaminophen (Tylenol) 9-12	guaifenesin (Mucinex)	pineal hormone (Melatonin)
Dose	10 mEq	20mg	650mg	600mg	3mg
Frequency	Daily	Daily	PRN	2x a day	Nightly
Route	Oral	Oral	Oral	Oral	Oral
Classification	**Pharmacologic** Electrolyte cation (*NDH*, 2023) **Therapeutic** Electrolyte replacement (*NDH*, 2023)	**Pharmacologic** Loop Diuretic (*NDH*, 2023) **Therapeutic** Antihypertensive, diuretic (*NDH*, 2023)	**Pharmacologic** Nonsalicylate (*NDH*, 2023) **Therapeutic** Antipyretic (*NDH*, 2023)	**Pharmacologic** Propanediol derivatives (*NDH*, 2023) **Therapeutic** Expectorants(*NDH*, 2023)	**Pharmacologic** Herbal (*Melatonin, 2023*). **Therapeutic** Sedative/ hyponotics (*Melatonin, 2023*).
Mechanism of Action	Acts as the major cation in intracellular fluid, activating many enzymatic reactions essential for physiologic processes (*NDH*, 2023)	Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation (*NDH*, 2023)	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system (*NDH*,	Enhances the output of respiratory tract fluids by reducing the adhesiveness and surface tension of the fluids(*NDH*, 2023)	regulation of the secretion of growth hormone and gonadotropic hormones (*Melatonin, 2023*).

			2023)		
Reason Client Taking	To treat hypokalemia	Manage hypertension	For pain	Mucus	To help fall asleep
Contraindications (2)	1.Acute dehydration 2. Renal Impairment (*NDH*, 2023)	1.Anuria 2.hypersenseitivity to furosemide (*NDH*, 2023)	1. severe hepatic impairment 2. severe active liver disease (*NDH*, 2023)	1.Breathing problems (*NDH*, 2023) 2.Cough with large amounts of mucus (*NDH*, 2023)	1.Hypersensitivity (*Melatonin, 2023).* 2.Pregnancy and lactation (*Melatonin, 2023).*
Side Effects/Adverse Reactions (2)	1.Confusion 2. Chills (*NDH*, 2023)	1.lethary 2.hyperglycemia (*NDH*, 2023)	1. fatigue 2. constipation (*NDH*, 2023)	1.Diarherra (*NDH*, 2023) 2.SKing rash (*NDH*, 2023)	1.nausea (*Melatonin, 2023).* 2.hypotension (*Melatonin, 2023).*
Nursing Considerations (2)	1.Monitor patient for abdominal pain or distention 2. Monitor serum potassium level before and during administration (*NDH*, 2023)	1. Obtain patient's weight before and during furosemide therapy 2. monitor blood pressure (*NDH*, 2023)	1. use cautiously in patients with hepatic impairment 2. calculate totally daily intake of acetaminophen (*NDH*, 2023)	1. not rerecommended for patients who pregnant (*NDH*, 2023) 2.look for reactions in drug (*NDH*, 2023)	1.Assess sleep patterns before and periodically throughout therapy (*Melatonin, 2023).* 2. Caution patient to avoid concurrent use of alcohol or other CNS depressants (*Melatonin, 2023).*

Hospital Medications (5 required)

Brand/ Generic	Calcium Carbonate (Tums) 191	Clopidogrel (Plavix) 305	Apixaban (Eliquis) 85	Metroprolol Succinate (Toprol) 878	Nictone (Nicoderm) 964
Dose	1,000mg	75mg	2.5mg	12.5mg	1 patch
Frequency	Every 8 hrs. PRN	Daily	2x a day	Daily	PRN
Route	Oral	Oral	Oral	Oral	transdermal
Classification	**Pharmacologic** Calcium Salts (*NDH*, 2023) **Therapeutic** Antacid (*NDH*, 2023)	**Pharmacologic** P2Y12 Platelet inhibitor (*NDH*, 2023) **Therapeutic** Platelet aggregation inhibitor (*NDH*, 2023)	**Pharmacologic** Factor Xa Inhibitor (*NDH*, 2023) **Therapeutic** Anticoagulant (*NDH*, 2023)	**Pharmacologic** Beta-adrenergic blocker (*NDH*, 2023) **Therapeutic** Antianginal (*NDH*, 2023)	**Pharmacologic** Nicotinic agonist (*NDH*, 2023) **Therapeutic** Smoking cessation adjunct (*NDH*, 2023)
Mechanism of Action	Increase levels of intracellular and extracellular calcium (*NDH*, 2023)	Binds to ADP receptors on the surface of activated platelets (*NDH*, 2023)	Inhibits free and clot-bound factor Xa and prothrombinase activity (*NDH*, 2023)	Inhibits stimulation of beta1 receptor sites resulting in decrease cardiac excitability (*NDH*, 2023)	Binds selectively to nicotinic-cholinergic receptors at autoimmune ganglia, in the adrenal medulla, at neurotransmitter junction, and the brain (*NDH*, 2023)
Reason Client Taking	To provide antacid effects (*NDH*, 2023)	Taking for medical history for CHF (*NDH*, 2023)	To reduce the risk of stroke (*NDH*, 2023)	To manage hypertension (*NDH*, 2023)	To adjunct to smoking cessation for relief of nicotine

					(*NDH*, 2023)
Contraindications (2)	1.Cardiac resuscitation 2.Concurrent use of calcium supplements (*NDH*, 2023)	1.Anticoagulant therapy 2.bleeding diathesis (*NDH*, 2023)	1. Active pathological bleeding 2.severe hypersensive to apixaban (*NDH*, 2023)	1. cardiogenic shock 2. hypersensitive to other (*NDH*, 2023) beta-blockers	1. hypersensitive to nicotine 2. hypersensitive to soy (*NDH*, 2023)
Side Effects/Adverse Reactions (2)	1.hypotension 2.nausea/ vomiting (*NDH*, 2023)	1. depression 2.bradycardia (*NDH*, 2023)	1. hypotension 2. epistaxis (*NDH*, 2023)	1. increased risk of bradycardia 2. decrease heartrate (*NDH*, 2023)	1. headache 2. hypertension (*NDH*, 2023)
Nursing Considerations (2)	1.Monitor serum calcium levels in all patients 2. monitor patient for aluminum toxicity (*NDH*, 2023)	1. monitor blood pressure 2. Expect hypertension to return (*NDH*, 2023)	1. Know that apixaban should not be given to patients with severe hepatic dysfunction 2. Expect apixaban to be discontinued 48 hours before an invasive procedure (*NDH*, 2023)	1. Use cautiously in patients with angina 2. Monitor patient for evidence of worsening heart failure during dosage increases (*NDH*, 2023)	1. Remove patch before patient has MRI 2. Use with caution with patients that have hyperthyroidism (*NDH*, 2023)

Medications Reference (1) (APA)

Melatonin. (2023). F.A Davis.

https://www.drugguide.com/ddo/view/Davis-Drug-Guide/109916/all/melatonin#3

Nurse's drug handbook. (2023). Jones & Barlett Learning

Assessment

Physical Exam (18 points) – <mark>**HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS**</mark>

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient is alert and orientated X4. Responde to verbal stimuli. She was well-groomed and in no acute distress.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Skin was dry<mark>, pale, and cold to the touch</mark>. She had an absence of ecchymosis—<mark>poor skin turgor. Turgor was tenting</mark>. No rashes, bruises, petechiae, or wounds were noted. Braden scored <mark>19</mark>. No drains are present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The neck and head were symmetrical, with the trachea midline without deviation. No noted nodules and the thyroid is nonpalpable. Carotid palpable +2 bilaterally. PERRLA and EOMs intact bilaterally. Sclarea was white and clear with the cornea clear with no sign of drainage. The mouth is dry, teeth are missing, but no sign of infection. Tonsils were missing from surgery. Uvula is midline. Soft palette rises and falls symmetrically. Hard palate intact. Sinuses are non-tender upon palpation. Septum was midline, turbinate's moist and pink. No drainage or injury was present on the outer ear bilaterally.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	S1 and S2 were noted. No murmur or galops that were noted. Peripheral pulses were 2+ bilaterally. <mark>Capillary refill was >3 seconds</mark>. The neck vein non distended. No edema was found. PMI was palpable.

RESPIRATORY: **Accessory muscle use:** Y☐ N☐ **Breath Sounds: Location, character**	Patient had clear lung sounds with no crackles, wheezes, or ronchi . Normal rate and rhythm She was using her accessory muscles and her breathing was labored.

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:
	Diet at home was normal. On no special diet. Her current weight is 38 kg. Her height is 136 cm. Auscultation bowl sounds were active. Noted in all 4 quadrants. Her last BM was this morning. She was non tendered, non-distended, and no organomegaly was noted. She has no scar, incisions, drains, or wounds upon inspection. No Ostomy or nasogastric. No feeding or Peg tube.

GENITOURINARY:
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐ N ☐
Dialysis: Y ☐ N ☐
Inspection of genitals:
Catheter: Y ☐ N ☐
  Type:
  Size:
	Urine was clear and yellow. She peed two times that day. Slight pain while urinating. No dialysis. No catheter.

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance:** Y☐ N ☐ **Fall Risk:** Y ☐ N☐ **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐	She had limited ROM and refused move her legs well. Clubbing of her fingers. Nail beds were white. Pedal and pushes were strength 3 bilaterally. She had a walker as an assistive device. Fall score was 14. Fall Risk. Needed assistance moving around the room.

Needs assistance with equipment ☐ **Needs support to stand and walk** ☐	
NEUROLOGICAL: **MAEW: Y** ☐ **N**☐ **PERLA: Y** ☐ **N**☐ **Strength Equal: Y** ☐ **N** ☐ if no - **Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	She was alert and orientated and aware of her surroundings. A&O X4. PERLA, MAEW intact. Strength was equal bilaterally in arms. Weak legs bilaterally. Homan's sign was negative. Mental status was that of an adult. Speech was clear. Fully alert.
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):**	Development level was that as of an adult. Has capability to make fully informed decisions. Reading as a coping method. Patient as catholic and it does not mean much. She has no husbands or kids. Her support system is her neighbor.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1213	78	92/75	18	97.9	99
1500	105	142/92	12	97.5	82

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1213	0	0	0	0	0
1500	0	0	0	0	0

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	20 G IV in left wrist. IV was placed on 10-1-2023. IV was patent. No drainage, erythema, swelling or signs of infection. IV was dry and intact. 0.9% normal saline was being administered.
Location of IV:	
Date on IV:	
Patency of IV:	
Signs of erythema, drainage, etc.:	
IV dressing assessment:	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1000 ml Saline	2x Occurrence
100 ml of water	
50% of Dinner Ate	
0% of lunch ate	

Nursing Care

Summary of Care (2 points)

Overview of care: I completed a head-to-toe assessment. I offered to give a bed bath, but the patient refused. I provided peri care one time. I brought her water and helped her order her dinner. I later assisted her with eating dinner.

Procedures/testing done: No testing was done that day. The day prior a CT head/brain W/O Contrast and XR Chest Single View Portable was completed.

Complaints/Issues: Patient stated that she had no complaints or issues when I was there. She came in of CC of generalized weakness.

Vital signs (stable/unstable): Vital signs were unstable with her oxygen and BP

Tolerating diet, activity, etc.: She ate half of her dinner. That was the first time in two days that she ate and drank some water**.**

Physician notifications: patient continued to approve in pain level and got more energy back. The patient was still very dehydrated.

Future plans for client: The patient was planning on getting discharged back home in a two days' time. There was no PT or OT scheduled for the patient.

Discharge Planning (2 points)

Discharge location: Home. Refused to go to nursing home

Home health needs (if applicable): N/A

Equipment needs (if applicable): Her walker, which the patient already had

Follow-up plan: She will continue to do her ROM exercise. She will try to drink more water and to eat more.

Education needs: The patient needs to know the importance of eating healthy and drinking water.

<div align="center">

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

</div>

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation

1. Inadequate nutrition related to decrease in oral intake as evidence by poor intake of fluids and foods.	The patient has no appetite and eats very little.	1.Determine food preference and provide them within the limitations of patient's prescribed diet (Phelps, 2023) 2.Monitor fluid intake and output (Phelps, 2023)	1. Patient outcome is she will show no further evidence of weight loss (Phelps, 2023).	The patient had a successful outcome. We decided that pizza sounded good, and she ate half of her dinner. Intake and output were recorded
2. Risk of dehydration related to decease in oral intake as evidence by patient's poor urine output	The patient did not eat or drink the first 24 hours that she was admitted to the hospital.	1. Assess skin turgor and oral mucus membranes every 8 hours (Phelps, 2023) 2.Monitor and record vital signs every 2 hours or as often as necessary (Phelps, 2023)	1. Patients vital signs will remain stable (Phelps, 2023).	The patient's outcome goal was unsuccessful because her blood pressure was high.
3. Risk for frail elderly syndrome related to muscle weakness as evidence by her not being able to walk and poor muscle mass	The patient is deteriorating in physical, psychological, and functional state.	1.Provide physical and occupational therapy as needed (Phelps, 2023). 2.Provide supplemental nutritional drinks (Phelps, 2023).	1. Patient will have improved social function (Phelps, 2023)	The outcome was not successful as the patient has had no visitors since had admission date.

Other References (APA):

Phelps, L. (2021). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer

Concept Map (20 Points)

Subjective Data

The patient states that she has no pain, but has shortness of breath. She has weakness throughout her body and had no energy.

Nursing Diagnosis/Outcomes

Inadequate nutrition related to decrease in oral intake as evidence by poor intake of fluids and foods.
Outcome: Patient outcome is she will show no further evidence of weight loss (Phelps, 2023).

Risk of dehydration related to decease in oral intake as evidence by patient's poor urine output.
Outcome: Patients vital signs will remain stable (Phelps, 2023).

Risk for frail elderly syndrome related to muscle weakness as evidence by her not being able to walk and poor muscle mass.
Outcome: Patient will have improved social function (Phelps, 2023)
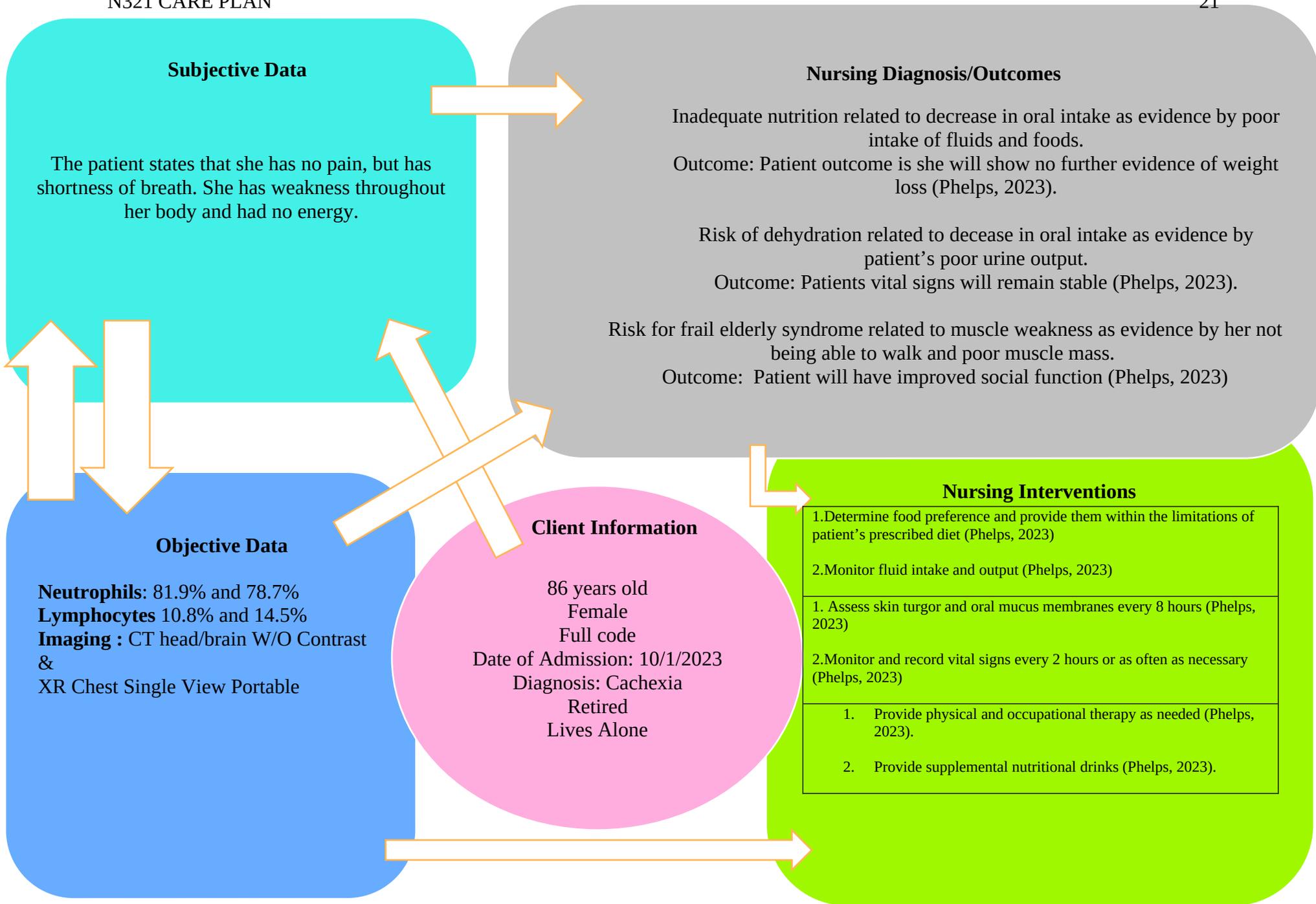
Objective Data

Neutrophils: 81.9% and 78.7%
Lymphocytes 10.8% and 14.5%
Imaging : CT head/brain W/O Contrast &
XR Chest Single View Portable

Client Information

86 years old
Female
Full code
Date of Admission: 10/1/2023
Diagnosis: Cachexia
Retired
Lives Alone

Nursing Interventions

1.Determine food preference and provide them within the limitations of patient's prescribed diet (Phelps, 2023)

2.Monitor fluid intake and output (Phelps, 2023)

1. Assess skin turgor and oral mucus membranes every 8 hours (Phelps, 2023)

2.Monitor and record vital signs every 2 hours or as often as necessary (Phelps, 2023)

1. Provide physical and occupational therapy as needed (Phelps, 2023).

2. Provide supplemental nutritional drinks (Phelps, 2023).

References

Beradi, E., Madaro, L., Lozanoska, O., Adamo, S., Thorrez., L., Bouche, M., & Coletti, D.

(2021) Pound of flesh: What Cachexia is and what is it not. *diagnostics 11*(116).

https://doi.org/10.3390/

Hinkle, J., Cheever, K., & Overbaugh, K. (2021). *Textbook of medical-surgical nursing.* (15th

ed). Wolters Kluwer

Martin, P. (2023). *Complete normal lab values reference guide cheat sheet*. Nurselabs.

https://nurseslabs.com/normal-lab-values-nclex-nursing/#h-total-calcium-ca-ionized-

calcium

Melatonin. (2023). F.A Davis.

https://www.drugguide.com/ddo/view/Davis-Drug-Guide/109916/all/melatonin#3

Nurse's drug handbook. (2023). Jones & Barlett Learning

Phelps, L. (2021). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer