N441 Care Plan

Lakeview College of Nursing

Camryn Studer

Demographics (3 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
10/09/2023	N. G.	70	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired	Widowed	Bactrim (rash)
Code Status	**Height**	**Weight**	
Full code	185.1 cm	63.4 kg	

Medical History (5 Points)

Past Medical History: Peripheral vascular disease, peripheral neuropathy, type 2 diabetes, benign essential hypertension, hyperlipidemia, non-healing surgical wound, below the knee amputation.

Past Surgical History: Spinal tap (05/15/2007), fasciotomy of the lower extremity (03/19/2019), bypass graft femoral popliteal artery (06/26/2019), left foot amputation (08/05/2019), left below the knee amputation (09/04/2019), endarterectomy femoral artery (10/09/2023).

Family History: Moderate age-related hearing loss (Father)

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Tobacco use (10 or more cigarettes per day), Beer (1-2 times per week), denies use of drugs.

Assistive Devices: Wheelchair

Living Situation: From home alone (single family house).

Education Level: High school

Admission Assessment

Chief Complaint (2 points): Non-healing surgical wound, ischemic pain

History of Present Illness – OLD CARTS (10 points): Patient has a history of peripheral vascular disease and has undergone left lower extremity revascularization which was

unsuccessful. The patient had a left foot amputation and ended up having a non-healing wound resulting in a full above the knee amputation. Recently the stump has broken down and has a non-healing wound with exposed bone. A CT angiography showed significant blockage in the left femoral and profunda femoral arteries. Patient scheduled for a left femoral artery endarterectomy on 10/09/2023. Patient was admitted to the critical care until post op due to facility protocol.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Peripheral vascular disease

Secondary Diagnosis (if applicable): N/A

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

Peripheral vascular disease (PVD), is a condition characterized by the narrowing or blockage of blood vessels that supply the legs, arms, and other peripheral areas of the body (Capriotti, 2019). This narrowing is typically caused by atherosclerosis which is a buildup of plaque within the arteries. On a cellular level, PVD involves several key factors such as inflammation, plaque formation, ischemia, and thrombosis. Early detection and risk modification are essential to improve outcomes in patients with PVD.

Peripheral vascular disease is associated with multiple risk factors including smoking, diabetes, prior coronary artery disease, and a sedentary lifestyle (Capriotti, 2019). If PVD is not managed, it can lead to serious complications, such as tissue damage, non-healing ulcers, and gangrene. In severe cases, it can result in limb amputation. Signs and symptoms of PVD include intermittent pain, cold extremities, numbness, tinglings, weakness, cyanotic skin, and non-healing wounds (Capriotti, 2019).

Diagnostic tests for PVD involve a combination of clinical evaluation, non-invasive tests, and sometimes invasive procedures. A physical exam will test for absent pulses, skin changes, and pain. An ankle-brachial index measures the blood pressure in the ankles to the arms which can indicate reduced blood flow. A doppler ultrasound, computed tomography angiography, and a magnetic resonance angiography are also common diagnostic tests (Hinkle & Cheever, 2018). Treatment for PVD include lifestyle modifications, medications to manage risk factors, antiplatelet agents, and in severe cases, surgical interventions. Angioplasty, stent placement, or bypass surgeries may restore blood flow to the affected areas (Hinkle & Cheever, 2018).

Pathophysiology References (2) (APA):

Capriotti, T. (2019). *Davis advantage for pathophysiology (*2nd ed.). FA Davis.

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th 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	F: 4.5-5 M: 4.5-6	N/A	4.14	A slight decrease in red blood cells is common after surgery due to blood loss (Van and Bladh, 2018).
Hgb	F: 12-15 M: 14-16	N/A	13.1	N/A
Hct	F: 42-52 M: 35-47	N/A	37.5	N/A
Platelets	150,000-400,000	N/A	222	N/A
WBC	4,500-11,000	N/A	11	N/A
Neutrophils	45-75%	N/A	N/A	N/A

Lymphocytes	20-40%	N/A	N/A	N/A
Monocytes	1-10%	N/A	N/A	N/A
Eosinophils	<7%	N/A	N/A	N/A
Bands	<1%	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-	135-145	N/A	136	N/A
K+	3.5-5.0	N/A	3.6	N/A
Cl-	97-107	N/A	103	N/A
CO2	20-30	N/A	26	N/A
Glucose	70-110	N/A	114	An elevation in glucose after surgery is related to the hypermetabolic stress response which increases glucose production (Van and Bladh, 2018).
BUN	10-20	N/A	6	A low BUN level may indicate low kidney function (Van and Bladh, 2018).
Creatinine	0.7-1.4	N/A	0.71	N/A
Albumin	3.5-5	N/A	N/A	N/A
Calcium	8.6-10.2	N/A	N/A	N/A
Mag	1.3-2.1	N/A	N/A	N/A
Phosphate	2.5-4.5	N/A	N/A	N/A
Bilirubin	0.3-1	N/A	N/A	N/A
Alk Phos	30-120	N/A	N/A	N/A

AST	0-35	N/A	N/A	N/A
ALT	4-36	N/A	N/A	N/A
Amylase	30-220	N/A	N/A	N/A
Lipase	0-160	N/A	N/A	N/A
Lactic Acid	0.5-1	N/A	N/A	N/A
Troponin	0-0.04	N/A	N/A	N/A
CK-MB	5-25	N/A	N/A	N/A
Total CK	22-198	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	11-12.5	N/A	N/A	N/A
PTT	30-40	N/A	N/A	N/A
D-Dimer	<0.4	N/A	N/A	N/A
BNP	<100	N/A	N/A	N/A
HDL	>60	N/A	N/A	N/A
LDL	<130	N/A	N/A	N/A
Cholesterol	<200	N/A	N/A	N/A
Triglycerides	<150	N/A	N/A	N/A
Hgb A1c	4-5.9%	N/A	N/A	N/A
TSH	0.4-4.0	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	Yellow and Clear	N/A	Yellow/ clear	N/A
pH	5.0-8.0	N/A	7.0	N/A
Specific Gravity	1.005-1.035	N/A	1.006	N/A
Glucose	Negative	N/A	Negative	N/A
Protein	Negative	N/A	Negative	N/A
Ketones	Negative	N/A	Negative	N/A
WBC	<5	N/A	1	N/A
RBC	0-3	N/A	1	N/A
Leukoesterase	Negative	N/A	Negative	N/A

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	80-100 mmHg	N/A	N/A	N/A
PaCO2	35-45 mmHg	N/A	N/A	N/A
HCO3	22-26 mEq/L	N/A	N/A	N/A
SaO2	95-100%	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	Negative	N/A	Negative	N/A
Blood Culture	Negative	N/A	Negative	N/A
Sputum Culture	Negative	N/A	Negative	N/A
Stool Culture	Negative	N/A	Negative	N/A

Lab Correlations Reference (1) (APA):

Van, A. M., & Bladh, M. L. (2018). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications* (8th ed.). F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): The patient had an x-ray of the femur and an EKG.

Diagnostic Test Correlation (5 points): A common diagnostic imaging exam for peripheral vascular disease is an x-ray of the extremity. This analysis provides data on the blood vessels and bones to evaluate the extent of the artery blockage (Van & Bladh, 2018). The patients x-ray of the femur shoves an above the knee amputation with after tissue thinning distally, an intact hip joint without a fracture, and significant atherosclerotic plaque. To help in the identification of cardiac dysrhythmias, blockages, damage, or hypertrophy, an EKG is performed to assess the electrical impulses produced by the heart (Van & Bladh, 2018). The patient's EKG showed normal sinus rhythm at a rate of 72 beats per minute.

Diagnostic Test Reference (1) (APA):

Van, A. M., & Bladh, M. L. (2018). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications* (8th ed.). F.A. Davis Company.

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

Home Medications (5 required)

Brand/Generic	B: Trulicity G: Dulaglutide	B: Urozide G: Hydrochlorothiazide	B: Lisinopril G: Zestril	B: Metformin G: Glucophage	B: Metoprolol G: Lopresor
Dose	0.75 mg	1 tab (25 mg)	1 tab (20 mg)	1 tab (1,000 mg)	1 tab (50 mg)
Frequency	Q week	Once daily	Once daily	BID	BID
Route	Subcutaneous	PO	PO	PO	PO
Classification	Therapeutic: Antidiabetics Pharmacological: Glucagon like peptide 1 glp 1 receptor agonists	Therapeutic: Antihypertensives, diuretics Pharmacological: Thiazide diuertics	Therapeutic:: Antihypertensives Pharmacological: Ace inhibitors	Therapeutic: Antidiabetics Pharmacological: Biguanides	Therapeutic: Antianginals, Antihypertensives Pharmacological: Beta blockers
Mechanism of Action	Acts as an acylated	Increases excretion of	Angiotensin-converting	Decreases hepatic	Blocks stimulatio

	human Glucagon-Like Peptide-1 (GLP-1) receptor agonist; leading to insulin release when glucose is elevated (Vallerand & Sanoski, 2021).	sodium and water by inhibiting sodium reabsorption in the distal tubule (Vallerand & Sanoski, 2021).	enzyme (ACE) inhibitors block the conversion of angiotensin 1 to the vasoconstrictor angiotensin 2 (Vallerand & Sanoski, 2021).	glucose production and intestinal glucose absorption, increases sensitivity to insulin (Vallerand & Sanoski, 2021).	n of beta1-adrenergic receptors to decrease blood pressure and heart rate (Vallerand & Sanoski, 2021).
Reason Client Taking	Type 2 diabetes	Hypertension	Hypertension	Type 2 diabetes	Hypertension
Contraindications (2)	Type 1 diabetes. History of pancreatitis.	Hypersensitivity. Anuria.	Hypersensitivity. Renal impairment.	Metabolic acidosis. Hepatic impairment.	Uncompensated heart failure. Pulmonary edema.
Side Effects/Adverse Reactions (2)	Thyroid c-cell tumors. Pancreatitis.	Skin cancer. Pancreatitis.	Hypotension. Angioedema.	Lactic acidosis. Nausea.	Bradycardia. Pulmonary edema.
Nursing Considerations (2)	Monitor for signs of pancreatitis, if it is suspected, discontinue the medication. Monitor for signs of hypoglycemia.	Monitor for signs of pancreatitis, if it is suspected, discontinue the medication. Monitor frequency of prescription	Ensure the patient changes position slowly to avoid occurance of orthostatic hypotension. Monitor frequency	Monitor for signs of hypoglycemia. Monitor for signs of lactic acidosis and ketoacidosis.	Monitor intake and output, and daily weights. Monitor frequency of prescription refills to determine complianc

		refills to determine compliance.	of prescription refills to determine compliance.		e.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor serum A1C periodically throughout treatment. Monitor for elevated serum calcitonin levels and lipase and amylase.	Monitor blood pressure, intake, output, and daily weights during therapy. May increase serum and urine glucose, serum bilirubin, calcium, creatine, and uric acid. May decrease magnesium and sodium.	Monitor BUN, creatinine, and electrolyte levels periodically throughout treatment. Monitor blood pressure and pulse frequently during initial dose and periodically throughout therapy.	Monitor serum glucose periodically throughout therapy. Assess renal function before initiating therapy and at least annually during therapy.	May cause an increase in BUN, lipoprotein, potassium, triglyceride, and uric acid levels. Monitor blood pressure, ECG, and pulse throughout therapy.
Client Teaching needs (2)	Instruct the patient on use of pen and to take the medication as described. Take a missed dose within 72 hours until next scheduled dose.	Instruct the patient to take the medication at the same time everyday. Instruct the patient on how to monitor blood pressure weekly.	Caution patients to avoid salt substitutes. Instruct the patient to take the medication as directed at the same time everyday.	Withhold medication during times of stress, infection, or illness if receiving insulin therapy. Take with meals to minimize GI effects.	Do not abruptly stop taking the medication, must be weaned off with physician guidance. Teach patient how to check pulse and blood

					pressure daily.

Hospital Medications (5 required)

Brand/Generic	B: Cefotan G: Cefotetan	B: Kao-Tin G: Docusate	B: Lovenox G: Enoxaparin	B: NovoLOG G: Insulin aspart	B: Mitigo G: Morphine
Dose	2 g	1 capsule (100 mg)	40 mg	Sliding scale 141-199 (2 units) 200-249 (4 units) 250-299 (7 units) 300-349 (10 units) 350-400 (12 units) 400+ (contact Dr.)	4 mg
Frequency	Q 12 hours	BID	Daily	Correctional dose	PRN
Route	IV piggyback	PO	Subcutaneous	Subcutaneous	IV
Classification	Therapeutic: Anti-infectives Pharmacological: Second generation cephalosporins	Therapeutic: Laxatives Pharmacological: Stool softeners	Therapeutic: Anticoagulants Pharmacological: Antithrombotics, low molecular weight heparin	Therapeutic: Antidiabetics hormones Pharmacological: Pancreatics	Therapeutic: Opioid analgesics Pharmacological: Opioid agonists

Mechanism of Action	Binds to bacterial cell wall membrane, causing cell death (Vallerand & Sanoski, 2021).	Promotes incorporation of water into stool, resulting in softer fecal mass (Vallerand & Sanoski, 2021).	Potentiates the inhibitory effect of antithrombin on factor Xa and thrombin (Vallerand & Sanoski, 2021).	Control of hyperglycemia in patients with type 1 or type 2 diabetes (Vallerand & Sanoski, 2021).	Binds to opiate receptors in the CNS and alters the perception of and response to painful stimuli while producing generalized CNS depression (Vallerand & Sanoski, 2021).
Reason Client Taking	Post operative prophylaxis.	Prevention of constipation from use of pain medication.	Prevention of thrombus formation.	Type 2 diabetes	Pain control
Contraindications (2)	Hypersensitivity reactions to penicillins or cephalosporins. Renal impairment.	Hypersensitivity. Abdominal pain with nausea or vomiting.	Active bleeding. History of immune-mediated heparin-induced thrombocytopenia.	Hypoglycemia. Stress and infection.	Hypersensitivity. Seizure disorder.
Side Effects/Adverse Reactions (2)	Clostridium difficile-associated diarrhea (CDAD). Seizures.	Throat irritation. Mild cramps.	Edema. Ecchymoses.	Hypoglycemia. Hypokalemia.	Confusion. Respiratory depression.
Nursing Considerations (2)	Assess for infection at beginning	Do not give medication within 2	For overdose, protamine	Monitor for signs of hypoglycem	Ensure patient changes

	of and throughout therapy. obtain specimens for culture and sensitivity before starting therapy.	hours of another laxative. Advise patient not to use laxatives when abdominal pain, nausea, vomiting, or fever is present.	sulfate should be administered. If hematocrit decreases, assess patients for potential bleeding sites.	ia. Monitor body weight periodically.	position slowly due to the risk for orthostatic hypotension. Naloxone is the antidote for opioid overdose.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	May cause positive results for Coombs test. May cause an increase in AST, ALT, alkaline phosphatase, bilirubin, LDH, BUN, and creatine.	Assess for abdominal distention, presence of bowel sounds, amd usual pattern of bowel function. Assess color, consistency and amount of stool.	Monitor CBC, platelet count, and stools for occult blood periodically during therapy. May cause an increase in ALT and AST.	Monitor blood glucose ever 6 hours during therapy. Monitor A1C every 3-6 months to determine effectiveness.	May increase amylase and lipase. Assess risk for opioid addiction risk.
Client Teaching needs (2)	Advise patients to report signs of a superinfection. Instruct patients to notify health care professional if fever and diarrhea develop.	Advise patients that laxative should be used for short-term use only. Instruct the patient to increase fluid intake (6-8 glasses/day).	If excessive bleeding occurs, ice-cube massage of site before injection may lessen bruise. Advise patients to report signs of excessive bleeding.	Instruct patient on proper technique for administration. Emphasize the importance of compliance with nutritional	Teach the patient and family about signs of overdose. Caution the patient to avoid concurrent use with alcohol or other CNS depressant

				guidelines.	s.

Medications Reference (1) (APA):

Vallerand, A. H., & Sanoski, C. A. (2021). Davis's drug guide for Nurses. F.A. Davis Company

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is A&Ox4. Oriented to person, place, date, and time. Patient shows no signs of distress. Patient seen in hospital gown with an overall good appearance.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 16 **Drains present: Y☐ N X** **Type:**	Patients' skin is pink, dry, and warm with a temperature of 36.7 degrees. Skin turgor is elastic. There are no signs of rashes or bruises. Patient has gangrene on the right big toe, a non-healing wound on the patient's left stump, and an incisional wound on the left side of the groin from the femoral endarterectomy. Patient has a Braden score of 16 and no drains present.
HEENT: **Head/Neck:** **Ears:**	The patient's head is normocephalic, neck is supple, no signs of masses, no deviated trachea. Denies facial numbness or tingling. Ears are

Eyes: **Nose:** **Teeth:**	symmetrical, have a pearly gray tympanic membrane and show no signs of cerumen. Eyes are equal, round, reactive and accommodate to light. No deviated septum, nares are patent and shows no signs or polyps. Oral mucosa is pink and moist, patient has full upper and lower dentures. .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N X** **Edema Y ☐ N X** **Location of Edema:**	Heart sounds within normal sinus rhythm at a rate of 88 bpm. S1 and S2 note. Radial pulses 2+ bilaterally, left femoral pulse 3+, dorsalis pedis is absent on the remaining extremity. Capillary refill is longer than 3 seconds in all extremities bilaterally. Patient has no signs of neck vein distention or edema.
RESPIRATORY: **Accessory muscle use: Y☐ N X** **Breath Sounds: Location, character** **ET Tube:** **Size of tube:** **Placement (cm to lip):** **Respiration rate:** **FiO2:** **Total volume (TV):** **PEEP:** **VAP prevention measures:**	.The patient's breath sounds are clear and equal bilaterally in all lobes. Patient has no accessory muscle use. The patient was a normal respiratory rate of 13 with an oxygen saturation of 98% on room air.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:**	.Patient is on a regular diet at home and a soft heart healthy diet of 1800-2000 calories while at the hospital. The patient is 185.1 cm and 63.4 kg. Bowel sounds were active in all four quadrants. Patients last bowel movement was 10/08/2023. Abdomen is soft and nontender. There are no signs of distention, incisions, scars, drains, or wounds on abdomen. Patient has no ostomy, NG tubes, or feeding tubes.

Wounds: **Ostomy: Y ☐ N X** **Nasogastric: Y ☐ N X** **Size:** **Feeding tubes/PEG tube Y ☐ N X** **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N X** **Type:** Indwelling foley catheter **Size:** 14 French **CAUTI prevention measures:** Catheter care BID, catheter removal protocol	The patient's urine is clear and yellow with no foul odor. The patient voided 400 mL in 4 hours. The patient is not on dialysis. The patient has an indwelling catheter, 14 french, with catheter care BID, and catheter protocol removal is in place.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: YX N ☐** **Fall Risk: Y X N☐** **Fall Score:** 35 **Activity/Mobility Status:** 2 assist **Independent (up ad lib) ☐** **Needs assistance with equipment X** **Needs support to stand and walk X**	The patient shows active range of motion with strength equal bilaterally in upper and lower extremities. The patient needs assistance ambulating with the use of a wheelchair and slide board. Assistive devices are necessary with a fall score of 35.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is able to move all extremities well. Patient's pupils are equal, round, reactive and accommodating to light. Patient is oriented to date, place, time, and situation. Patient's speech is clear. Patient is A&Ox4.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:**	The patient has grandchildren and a brother in law in the area. The patient enjoys spending time with family and has completed high school. The patient is not religious and uses smoking as a

Personal/Family Data (Think about home environment, family structure, and available family support):	coping mechanism. The patient is from home alone.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	73 beats per minute	133/64 mmHG	14 breaths per minute	36.5 degrees celsius	97% on room air
1100	88 beats per minute	141/77 mmHG	13 breaths per minute	36.7 degrees celsius	98% on room air

Vital Sign Trends/Correlation: The patient's pulse, respirations, temperature, and oxygen saturation levels are within normal limits. The patient's blood pressure is slightly elevated and trending upward. The high blood pressure is most likely due to the patient's history of hypertension and complaint of ischemic pain. We can conclude that the medications such as lisinopril, metoprolol, and hydrochlorothiazide are doing their job by lowering the patients blood pressure. Hospitals have protocols on how low to lower a hypertensive patient's blood pressure due to the risk of rebound hypotension.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

0900	Numeric	Ischemic pain	6/10	Throbbing, aching	PRN Norco
1100	Numeric	Ischemic pain	7/10	Throbbing, aching	PRN Morphine

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: 20 G **Location of IV:** Left and Right forearms **Date on IV:** 10/09/23 **Patency of IV:** No complications, flushes easily. **Signs of erythema, drainage, etc.:** There are no signs of erythema or drainage. **IV dressing assessment:** Dry clean and intact.	Saline lock
Other Lines (PICC, Port, central line, etc.)	
Type: Arterial line **Size:** One size **Location:** Right radial **Date of insertion:** 10/09/23 **Patency:** Accurate, optimally damped, leveled, zeroed, calibrated. **Signs of erythema, drainage, etc.:** There are no signs of erythema or drainage. **Dressing assessment:** Dry, clean, and intact. **Date on dressing:** 10/09/23 **CUROS caps in place: Y X N ☐** **CLABSI prevention measures:** Use hand hygiene, properly clean skin before insertion, full-barrier precautions during insertion, removal protocol in place.	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
Water PO 840 mL	Urine 1,000 mL in 4 hours

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was admitted after a left femoral artery endarterectomy due to facility protocols for risk of bleeding. The patient is also getting care for two non-healing wounds and ischemic pain.

Procedures/testing done: An EKG and an x-ray of the left femur was performed on the patient.

Complaints/Issues: The patient complained of ischemic pain with a score of 6/10 with PRN Norco administered, and pain at a 7/10 with PRN morphine administered. The patient had no other complaints or issues during this clinical time.

Vital signs (stable/unstable): The patient's pulse, respiratory rate, temperature, and oxygen saturation were all within normal limits. The patient's blood pressure was slightly elevated which was mostly likely due to uncontrolled pain and history of hypertension.

Tolerating diet, activity, etc.: The patient is on a soft, heart healthy 1,800-2,000 calorie diet. The patient seems to be tolerating both diet and activity well.

Physician notifications: The physician did not have any new orders, continue care.

Future plans for client: The patient is discharging home alone with the possibility of home health. The primary nurse is working with case management to see what the patient needs help with at home.

Discharge Planning (2 points)

Discharge location: Home alone.

Home health needs (if applicable): The primary nurse is working with the case manager to get a better understanding of what the patient needs. During my clinical time the patient talked about needing help with cleaning, cooking, and bathing.

Equipment needs (if applicable): Wheelchair, slide board.

Follow up plan: The patient will hopefully get home health and will be following up with their PCP in a week.

Education needs: The patient will receive education on any new medications, their diagnosis, and how to care for wounds.

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

Nursing Diagnosis	**Rationale**	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation**
● Include full nursing diagnosis with "related to" and "as evidenced by" components	● Explain why the nursing diagnosis was chosen			● How did the client/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.

● Listed in order by priority – highest priority to lowest priority pertinent to this client				
1. Impaired tissue perfusion related to peripheral vascular disease as evidence by delayed capillary refill, pallor, absent pulses, etc.	The patient has signs of impaired tissue perfusion to the lower extremities.	**1.** Administration of medications to improve blood flow. **2.** Surgical intervention (femoral endarterectomy)	**1.** Increased tissue perfusion to the lower extremities.	The patient just got the surgical intervention the day before the care plan was done so there are not many signs that the intervention made any progress. The patient is still showing signs of impaired tissue perfusion by pain, pallor, pulses, and paresthesia. Medications given to control ischemic pain.
2. Increased risk for infection related to delayed wound healing as evidence by non healing surgical wounds.	The patient has impaired wound healing due to the lack of blood flow to the extremities. Multiple wounds have not healed after surgery causing more amputations to be done.	**1.** Prophylactic antibiotics and keeping surgical wounds clean, dry, and dressings intact. **2.** Monitor for signs of infection such as redness, swelling, increased pain, purulent drainage,	**1.** The patient will remain infection free and their wounds will heal.	The patient has not shown any signs of infection after surgery and will continue to be monitored as their wounds heal.

		elevated temperature, ect.		
3. Acute pain related to ischemic changes as evidence by patient pain rating of 7 out of 10 in lower extremities.	The patient complains of uncontrolled ischemic pain despite use of analgesics.	**1.** Administration of pain medication. **2**.Use of nonpharmacologic pain interventions such as heat application (with very close supervision due to paresthesia in lower extremities)	**1.** The patient's ischemic pain will be controlled.	The patient is still complaining of pain despite scheduled and PRN medications.
4. Ineffective adherence to treatment plan related to lack of support system as evidence by failure to make progress unless hospitalized.	The patient is an above the knee amputee and has trouble getting around. The patient also does not have a support system to help with basic needs.	**1.**Case management working on getting home health. **2.** Getting patient in contact with community resources.	**1.** The patient will receive the resources they need to go home and adhere to the treatment plan.	The case manager is working with local resources to ensure the patient will have the help they need upon discharge.
5. Knowledge deficit	The patient shows signs of not	**1.**Educate the patient on their condition	**1.** The patient will understand their diagnosis and	The patient is willing to be educated on their

	related to lack of education as evidence by difficulty understanding treatment and condition.	understanding the severity of their condition and importance of the treatment plan.	and treatment plan. **2.**Implementation of home health to help the patient adhere to a treatment plan.	treatment plan.	diagnosis and treatment plan. The patient is also wanting to get better and go home.

Other References (APA):

Swearingen, P. L. (2019). All-in-one care planning resource: Medical-surgical, pediatric, maternity & psychiatric nursing care plans (5 th ed.). Elsevier/Mosby.

Concept Map (20 Points):

Subjective Data

The patient was admitted to the CCU after a femoral endarterectomy due to impaired blood flow related to peripheral vascular disease.

Objective Data

The patient has absent an absent pulse right leg, decreased in popliteal, and normal in the femoral. The patients foot shows signs of decreased perfusion by gangrene on toe and white pallor. The patient has a non healing wound on the stump of their above the knee amputation.

Client Information

The patient is a 70 year old male admitted post op from a femoral endarterectomy. The patient is a smoker of 10 or more cigarretes per day, drinks beer 1-2 times per week, and denies use of drugs. The patient has an extensive PMH and PSH.

Nursing Diagnosis/Outcomes

Impaired tissue perfusion related to peripheral vascular disease as evidence by delayed capillary refill, pallor, absent pulses, etc.

Increased tissue perfusion to the lower extremities.

Increased risk for infection related to delayed wound healing as evidence by non healing surgical wounds.

The patient will remain infection free and their wounds will heal.

Acute pain related to ischemic changes as evidence by patient pain rating of 7 out of 10 in lower extremities.

The patient's ischemic pain will be controlled.

Ineffective adherence to treatment plan related to lack of support system as evidence by failure to make progress unless hospitalized.

The patient will receive the resources they need to go home and adhere to the treatment plan.

Knowledge deficit related to lack of education as evidence by difficulty understanding treatment and condition.

The patient will understand their diagnosis and treatment plan.

Nursing Interventions

1. Administration of medications to improve blood flow.
2. Surgical intervention (femoral endarterectomy)

1. Prophylactic antibiotics and keeping surgical wounds clean, dry, and dressings intact.
2. Monitor for signs of infection such as redness, swelling, increased pain, purulent drainage, elevated temperature, ect.

1. Administration of pain medication.
2. Use of nonpharmacologic pain interventions such as heat application (with very close supervision due to paresthesia in lower extremities).

1. Case management working on getting home health.
2. Getting patient in contact with community resources.

1. Educate the patient on their condition and treatment plan.
2. Implementation of home health to help the patient adhere to a treatment plan.