

N311 Care Plan 3

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N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 9/28/2023	Client Initials BK	Age 67	Gender F
Race/Ethnicity Caucasian	Occupation No employment history on file	Marital Status Widowed	Allergies Glipizide – severity not specified
Code Status Full code	Height 5'6"	Weight 203lb	

Medical History (5 Points)

Past Medical History: No dates provided

- A-fib
- Arthritis
- CHF
- COPD
- Coronary arteriosclerosis in native artery
- Chronic kidney disease, end-stage renal failure
- Diabetes mellitus type 2
- GERD
- Hematuria
- Hypertension
- Hyperlipidemia
- Hypothyroid
- Myocardial infarction
- Pneumonia
- Post-operative nausea and vomiting

Past Surgical History:

- Cesarean section, classic (no date provided)
- Breast lumpectomy, right, benign (no date provided)
- Cataract removal with implant (no date provided)
- Cholecystectomy (no date provided)
- Coronary angioplasty with stent placement (2013)
- Knee surgery (no date provided)
- Lap, inguinal hernia repair, initial (no date provided)
- Cardiac ablation x 2 (no date provided)
- Upper gastrointestinal endoscopy (4/27/2022)
- Vascular surgery, left (7/31/2023)

Family History: No family history on file

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

- Former cigarette smoker; quit in 1987, smoked for 15 years, 1 pack used for two days
- No history of alcohol or recreational drug use

Admission Assessment

Chief Complaint (2 points): Continuity of care originally admitted for septic shock and infected dialysis catheter

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

BK is a 67-year-old female with a significant past medical history of an infected dialysis catheter. Pt was transferred on 9/26/2023 for suspected subarachnoid hemorrhage to the ICU at Carle Foundation Hospital. The patient had increased confusion for two days, CT was done. The patient complained of a headache that does not go away and feels like “a lot of pressure” in the frontotemporal and upper neck location. Light and loud environmental noises make the headache

worse, adjusting the environment and resting helps. This is the first time the patient has dealt with the suspected hemorrhage and rates the severity of the pain as an 8/10.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Subarachnoid hemorrhage

Secondary Diagnosis (if applicable): N/A

Pathophysiology

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

Subarachnoid hemorrhage is when blood leaks into the subarachnoid space caused by trauma or occurs spontaneously (Hall, 2018). History or presence of certain diseases puts a client at risk for developing a subarachnoid hemorrhage. Vasculitis, aneurysm, cortical thrombosis, fibromuscular dysplasia, meningitis, encephalitis, and neoplasm are examples of conditions that increase the risk of developing a subarachnoid hemorrhage (Hall, 2018). After a client has experienced a subarachnoid hemorrhage, they are at risk for seizures, rebleeds, hydrocephalus, and vasospasm (Hall, 2018). A severe, thunderclap headache commonly associated with photophobia, nausea, vomiting, neck stiffness, and loss of consciousness are persistent symptoms of a subarachnoid hemorrhage (Chung, 2021). Emergent care is advised when a client develops an acute headache that feels like “the worst headache they have ever had in their entire life.” When a client presents to the emergency room with an acute headache, a stat CT scan is performed to catch or rule out a clot, hemorrhage, or aneurysm. Lumbar puncture is also a diagnostic test done if subarachnoid hemorrhage is suspected (Chung, 2021). After a confirmed diagnosis of a subarachnoid hemorrhage, immediate action is taken by healthcare providers to treat the bleeding. Digital subtraction angiography (DSA) is a non-invasive procedure to assist

surgeons in planning and treatment (Chung, 2021). Each surgeon has their own preferences and abilities, some prefer to clip the aneurysm or suction the bleed, while others prefer to use a coiling method (Chung, 2021). Emphasis is placed on emergent surgery or treatment to either prevent bleeding or restrict the spread of bleeding. Subarachnoid hemorrhages have become more familiar in healthcare and treatment is successful if it is caught and treated in a timely manner.

Pathophysiology References (2) (APA):

Hall, A., & O'Kane, R. (2018). The extracranial consequences of subarachnoid hemorrhage. *World Neurosurgery*, 109, 381-392.

Chung, D. Y., Abdalkader, M., & Nguyen, T. N. (2021). Aneurysmal subarachnoid hemorrhage. *Neurologic Clinics*, 39(2), 419-442.

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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	3.92-5.13	2.59	2.78	There are certain diseases that cause the body to produce less red blood cells. Client has chronic kidney disease which is a disease that can cause the body to produce fewer RBCs (Mayo, 2022).
Hgb	11.6-15	7.7	7.9	There are certain diseases that cause the body to produce less red blood cells. Client has chronic kidney disease which is a disease that can cause the body to produce fewer RBCs, affecting the amount of hemoglobin (Mayo, 2022).
Hct	35.5-44.9	23.7	24.3	Client may not have enough vitamins or minerals, too few of

				healthy RBCs which is anemia, or recent or long-term blood loss (Mayo, 2023)
Platelets	157-371	310	325	N/A
WBC	3.4-9.6	N/A	N/A	N/A
Neutrophils	2.5-7	79.7	80.5	Elevated neutrophil count indicates the client is experiencing inflammation, injury, infection, or a reaction to medication (Cleveland, 2022).
Lymphocytes	4.5-11	8.9	11.7	The slightly elevated lymphocyte count is most likely caused by infection since client's chief complaint was an infected dialysis catheter. Can be caused by infection, cancer, autoimmune disease, inflammation (Mayo, 2023).
Monocytes	3-13	7.4	5.6	N/A
Eosinophils	0.3-3.5	3.4	1.4	N/A
Bands	0-0.03	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	140	138	N/A
K+	3.6-5.2	4.5	4.1	N/A
Cl-	96-106	101	103	N/A
CO2	20-29	25	27	N/A
Glucose	70-99 Fasting	181	223	Increased blood glucose is typically caused by prediabetes, type 1 or type 2 diabetes. Clients diagnosed with diabetes are at risk for experiencing elevated blood glucose levels. The client has been diagnosed with type 2

				diabetes mellitus which explains the increased blood glucose level (Cleveland, 2023)
BUN	6-24	23	27	Elevated BUN levels indicate the kidneys are not functioning properly, this can be seen in clients with chronic kidney disease. Another reason the client may have elevated BUN levels is due to congestive heart failure (Mayo, 2023).
Creatinine	0.59-1.04	3.73	4.35	Elevated creatinine level is expected to see in clients with chronic kidney disease. Elevated creatinine is also affected by a complication of diabetes (Mayo, 2023).
Albumin	3.5-5.5	3.0	2.9	Infection, inflammation, or chronic kidney disease are relevant factors to the client that cause a decreased albumin level (Cleveland, 2022).
Calcium	8.5-10.2	9.1	8.6	N/A
Mag	1.7-2.2	2.0	1.9	N/A
Phosphate	2.8-4.5	4.9	4.2	Higher than normal phosphate levels are seen with diabetes, chronic kidney disease, and hypothyroidism. The client has been diagnosed with these three diseases, explaining the elevation of phosphate in the blood (UCSF, 2019).
Bilirubin	0.2-1.3	N/A	N/A	N/A
Alk Phos	44-147	156	130	Typically, high levels of ALP indicate damage to the liver or a type of bone disorder. Since the clients level was mildly elevated and then resumed to normal, diet and thyroid glands may have temporarily affected the ALP level (Cleveland, 2021).

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	Pale, light yellow	Turbid, yellow	Clear, yellow	N/A
pH	4.6-8	5.5	7.5	N/A
Specific Gravity	1.005-1.030	1.018	3+	Elevated urine specific gravity is caused by shock, glucose in urine, renal artery stenosis, or inappropriate ADH secretion. Since the client has chronic kidney disease, it is likely impaired ADH secretion or renal artery stenosis is occurring causing the increased urine specific gravity (UCSF, 2019)
Glucose	0-0.8	2+	Negative	N/A
Protein	0-0.15	4+	3+	N/A
Ketones	0-0.6	Negative	Negative	N/A
WBC	2-5	21-50	0-5	The most common cause of WBCs in urine is infection. Since the client initially had an increased level of WBCs but have since dropped since admission, the infected has gone away (WebMD, 2022).
RBC	0-4	3-5	Negative	Client has PMH of hematuria. The presence of 3-5 RBCs in the urine indicates kidney injury, bladder, kidney, or urinary tract infection. Client had an infected dialysis catheter which may have caused the elevation of RBCs in the urine. RBCs were not detected in today's lab values (UCSF, 2019).
Leukoesterase	0-15	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	10,000-100,000	Mixed growth of 3 or more organisms, probable collection contamination	60,000 CFU/ML <i>E. coli</i>	Urine culture detects the presence of bacteria in the urine. The results indicate the presence of <i>E. coli</i> , confirming that the client has a urinary tract infection (Cleveland, 2021).
Blood Culture	4.32-5.72	No growth within 5 days	No growth within 3 days	N/A
Sputum Culture	>25 < 10	N/A	N/A	N/A
Stool Culture	7.0-7.5	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Alkaline phosphatase (ALK). (2021). *Cleveland Clinic*.

<https://my.clevelandclinic.org/health/diagnostics/22029-alkaline-phosphatase-alk>

Body systems and organs. (2022). *Cleveland Clinic*. <https://my.clevelandclinic.org/health/body>

Low hemoglobin count. (2022). *Mayo Clinic*. [https://www.mayoclinic.org/symptoms/low-](https://www.mayoclinic.org/symptoms/low-hemoglobin/basics/causes/sym-20050760)

[hemoglobin/basics/causes/sym-20050760](https://www.mayoclinic.org/symptoms/low-hemoglobin/basics/causes/sym-20050760)

Medical tests. (2019). *University of California San Francisco (UCSF) Health*.

<https://www.ucsfhealth.org/medical-tests>

Tests and procedures. (2023). *Mayo Clinic*. <https://www.mayoclinic.org/tests-procedures>

Urine culture. (2021). *Cleveland Clinic*. <https://my.clevelandclinic.org/health/diagnostics/22126-urine-culture>

Watson, S. (2022). What cause leukocytes in urine? *WebMD*. <https://www.webmd.com/a-to-z-guides/leukocytes-urine>

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

- Chest x-ray single view (9/28/2023) hypoxia with worsening cough
- Chest x-ray single view portable (9/30/2023) hypoventilation study with compressive changes, bibasilar opacities may represent compressive atelectasis or infiltrate, cardiomegaly, hazy perihilar opacities suggest pulmonary edema in the setting of CHF exacerbation, right PICC with tip in the right atrium
- Chest x-ray single view portable (10/1/2023) no significant change

The client has had 3 chest X-rays performed to monitor any changes or improvements they might have.

For this client, the X-rays were done to monitor the status of the lungs due to client experiencing hypoxia and congestive heart failure. Fluid in the lungs is a common and dangerous side effect of congestive heart failure, which could cause shortness of breath (Mayo, 2022). The X-rays revealed pulmonary edema, cardiomegaly, and atelectasis.

Diagnostic Imaging Reference (1) (APA):

Chest x-rays. (2022). *Mayo Clinic*.

<https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494#:~:text=If%20you%20go%20to%20your,any%20of%20several%20other%20conditions.>

Assessment

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

General, Psychosocial/Cultural, and ONE focused assessment specific to the client is required.

The student and instructor may complete these assessments together.

<p>GENERAL:</p> <p>Alertness: Fully alert</p> <p>Orientation: Oriented x 4</p> <p>Distress: Mild distress</p> <p>Overall appearance: Well groomed</p>	
<p>INTEGUMENTARY:</p> <p>Skin color: Tan</p> <p>Character: Dry, rough</p> <p>Temperature: Warm</p> <p>Turgor: Recoils immediately</p> <p>Rashes: N/A</p> <p>Bruises: N/A</p> <p>Wounds: Yes lower breast MASD (moisture associated skin damage)</p> <p>Braden Score: 16</p> <p>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type: None</p>	
<p>HEENT:</p> <p>Head/Neck: Normocephalic, symmetrical</p> <p>Ears: Auricles intact, symmetrical, pearly gray tympanic membrane</p> <p>Eyes: PERRLA intact</p> <p>Nose: Mucosa clear and normal</p> <p>Teeth: Few teeth missing, mild tooth decay</p>	
<p>CARDIOVASCULAR:</p> <p>Heart sounds: S1 and S2 heard, no murmurs</p>	

<p>noted</p> <p>S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable): NA</p> <p>Peripheral Pulses: +2 bilaterally</p> <p>Capillary refill: >3 seconds</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Location of Edema: Bilateral lower extremities</p>	
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character Diminished bilaterally, crackles in bases</p>	.
<p>GASTROINTESTINAL:</p> <p>Diet at home: Regular</p> <p>Current Diet: Cardiac diet</p> <p>Height: 5'6</p> <p>Weight: 203 lbs.</p> <p>Auscultation Bowel sounds: Hyperactive</p> <p>Last BM: 10/2/2023</p> <p>Palpation: Pain, Mass etc.: No pain on palpation, normal</p> <p>Inspection: No abnormalities</p> <p>Distention: None</p> <p>Incisions: None</p> <p>Scars: Scar 8mm on RUQ</p> <p>Drains: None</p> <p>Wounds: None</p> <p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	.

<p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Size: NA</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type: NA</p>	
<p>GENITOURINARY:</p> <p>Color: Pale, yellow</p> <p>Character: Normal</p> <p>Quantity of urine: Incontinent x2</p> <p>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Dialysis: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Inspection of genitals: Normal</p> <p>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type: NA</p> <p>Size: NA</p>	
<p>MUSCULOSKELETAL:</p> <p>Neurovascular status: Normal</p> <p>ROM: Normal</p> <p>Supportive devices: Gait belt and walker</p> <p>Strength: Diminished, equal bilaterally</p> <p>ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Score: 88</p> <p>Activity/Mobility Status: Up with 2 assist</p> <p>Independent (up ad lib): 2 assist</p> <p>Needs assistance with equipment: Yes</p> <p>Needs support to stand and walk: Yes</p>	.
<p>NEUROLOGICAL:</p> <p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	.

<p>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Orientation: O x4</p> <p>Mental Status: Alert x4</p> <p>Speech: Normal and appropriate for age</p> <p>Sensory: Aware</p> <p>LOC: Conscious</p>	
<p>PSYCHOSOCIAL/CULTURAL:</p> <p>Coping method(s): Crochet, sow, read, plant flowers, arts & crafts, relax outside</p> <p>Developmental level: Appropriate for age</p> <p>Religion & what it means to pt: Christian; goes to church when she can, prays every night, important to her life and her families</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support): She lives in a nursing home, family visits her often, close with her sons, sister, sister in law, step grandkids</p>	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0714	71	138/75	22	97.2F	96

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1032	8/10	Head	Severe	Throbbing and photophobia	Blinds shut, tv off, resting, tylenol

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
620 ml	Pt on hemodialysis

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<ul style="list-style-type: none"> • 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 	<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? <ul style="list-style-type: none"> • Client response, status of goals and outcomes, modifications to plan.
<p>1. Risk for aspiration related to declined respiratory status as evidenced by increased respiratory rate.</p>	<p>The client is diagnosed with COPD and a CT scan showing suspected pulmonary edema.</p>	<p>1. Monitor and record vitals to detect signs of aspiration before and after meals (Phelps, 2023).</p> <p>2. Encourage the client to cough and provide emesis bag for sputum</p>	<p>1. Respirations will stay within normal limits until expected discharge (Phelps, 2023).</p>	<p>The client is aware they are at risk for aspiration and they are afraid of it to happen. The client is receptive to the nurses interventions and would like to achieve their goal.</p>

		(Phelps, 2023).		
2. Risk for shock related to infected catheter evidenced by increased white blood cell count.	The chief complaint of the client was continuity of care for sepsis caused by an infected dialysis catheter.	1. Administer fluids and oxygen as prescribed to maintain adequate body fluid volume (Phelps, 2023). 2. Collect lab specimens to catch or avoid septic shock (Phelps, 2023).	1. Patient will maintain a normal blood pressure to promote adequate tissue perfusion until expected discharge date (Phelps, 2023).	The patient did not fully understand the preventative measures taken to ensure they do not go into septic shock. Client vocalizes that she wants to “get better and leave.”

Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual* (Twelfth edition ed.). Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

The patient rates their pain as a severe 8/10 localized to their head that is described as “throbbing” and associated with photophobia. BK states she quit smoking in 1987 after smoking for 15 years and used 1 pack every two days. The patient denies any alcohol or recreational drug use. The client states she likes to crochet, sew, read, plant flowers, arts & crafts, and relaxing outside to deal with stress. She states her family visits her often in the nursing home and has a close relationship with her sisters, children, and grandkids.

Nursing Diagnosis/Outcomes

1. **Risk for aspiration related to declined respiratory status as evidenced by increased respiratory rate.**
 - a. Respirations will stay within normal limits prior to expected discharge.
2. **Risk for shock related to infected catheter evidenced by increased white blood cell count.**
 - a. Patient will maintain a normal blood pressure to promote adequate tissue perfusion until expected discharge date.

Objective Data

Chest X-ray reveals bibasilar opacities, cardiomegaly, hazy perihilar opacities, and right PICC with tip in the right atrium. Client's blood pressure is slightly elevated at 138/75 with respirations of 22. Bilateral pitting edema noted in lower extremities. Diminished breath sounds bilaterally with crackles in bases. Hyperactive bowel sounds, few teeth missing with mild tooth decay. Lower breast MASD noted and a Braden score of 16. Abnormal lab values recorded on next page.

Client Information

A 67-year-old female originally admitted for continuity of care after developing sepsis from an infected dialysis catheter. The patient showed symptoms of a subarachnoid hemorrhage which became priority. She is also diagnosed with CHF, COPD, type 2 DM, and chronic kidney disease.

Nursing Interventions

Nursing care interventions for risk for aspiration:

- Monitor and record vitals to detect signs of aspiration before and after meals.
- Encourage patient to cough and provide an emesis bag for sputum.

Nursing care interventions for risk for shock:

- Administer fluids and oxygen as prescribed to maintain adequate body fluid volume.
- Collect lab specimens to catch or avoid septic shock.

Objective data:**Abnormal lab values**

- Decreased RBCs at 2.59 and 2.78
- Decreased Hgb at 7.7 and 7.9
- Decreased Hct at 23.7 and 24.3
- Elevated neutrophils at 79.7 and 80.5
- Elevated lymphocytes at 11.7
- Elevated glucose at 181 and 223
- Elevated BUN at 27
- Elevated creatinine at 3.73 and 4.35
- Decreased albumin at 3.0 and 2.9
- Elevated phosphate at 4.9
- Elevated alkaline phosphate at 156
- Elevated specific gravity at 3+
- Elevated urine glucose at 2+
- Elevated urine protein at 4+ and 3+
- Elevated urine WBC at 21-50
- Elevated urine RBC at 3-5
- Urine culture showed mixed growth of 3+ organisms, second urine culture showed 60,000 CFU/mL of *E. coli*