N311 Care Plan 3

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N311: Foundations of Professional Nursing

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October 19th, 2023

Demographics (5 points)

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

Medical History (5 Points)

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

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

Family History: No relevant family history identified.

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

smoked 20+ years – 1 pack a day. Quite 1.5 years ago; drank 6-7 beers every day for 7-8 years; tobacco- said no but had spit cup on bed side table and tobacco in the trash can.

Admission Assessment

Chief Complaint (2 points): foot pain while putting weight on it.

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

Patient described that the pain in his foot started to progressively get worse. He realized the pain starting to happen 3 weeks prior to him seeing the doctor. He noticed the pain was serve when he could not walk on it anymore. The location of this pain was in his left foot. Patient explained that he noticed this pain one month (3 weeks) ago. He described this pain as sharp and constant. No related symptoms just stated, “putting weight on it made the pain worse”. Anti-inflammatory meds, ice, rest/lying down were the only times he could get relief of this pain. Other than Tylenol and ibuprofen, the pt. did not seek any other treatments for the foot. He went to see his family

doctor first, who sent the patient to the hospital. Once the hospital did what they could, he was admitted into the Mattoon rehab center.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): foot drop

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

Pathophysiology

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

Foot Drop

Foot drop is not a commonly seen in the primary care settings. This diagnosis is “the inability to lift the forefoot due to the weakness of dorsiflexors of the foot” (Nori & Stretanski, 2022). This diagnosis can affect many different parts of the body. For example, “muscular, neurologic, spinal, autoimmune, and musculoskeletal disorders can arise depending on the etiology of the foot drop” (Nori & Stretanski, 2022). Our main concern with foot drop is the nerve damage that it is causing. There are four different types of nerves that are at risk for chronic damage. Those nerves are “lumbar nerve roots, lumbar plexus, sciatic nerve and common fibular nerve” (Nori & Stretanski, 2022).

Signs and symptoms

Patients with this diagnosis will be happy to know that foot drop can be treatable. One of the major symptoms that the patient can look for is “the dragging of the toes because the muscles are too weak in the foot to be able to flex like normal when walking” (“Foot Drop, 2023”). “Lumbar radiculopathy and peroneal nerve injury are the two main causes of drop foot” (“Foot Drop, 2023”). But other causes can also be: “brain conditions, motor neuron conditions, peripheral neuropathies and muscle conditions” (“Foot Drop, 2023”).

Diagnostic testing

To get the diagnosis process started, a professional in the health care will assess the patient. Once the patient shows the provider that they have “loss of muscle control in lower leg, muscle atrophy in the foot or leg, and/or difficulty lifting their foot and toes” they will then run further tests (“Foot Drop, 2023”). When the patients providor is trying to find the underlying cause, they may order different imaging tests. These include “x-rays, ultrasounds and/or MRI scan (“Foot Drop, 2023”). These tests will be able to show if there is any “compression or

damage in the legs, spine, or brain (“Foot Drop, 2023”). If the provider is needing more information, they could also order a “blood sugar test (check for diabetes), nerve conduction test (how nerves are functioning), electromyography (measure the electrical activity in the leg muscles) (“Foot Drop, 2023”)”. The nerve conduction test and the electromyography test will be able to find where this nerve problem has started (“Foot Drop, 2023”).

Pathophysiology References (2) (APA):

References

Nori, S. L., & Stretanski, M. F. (2022, June 25). *Foot drop - statpearls - NCBI bookshelf*. Foot Drop. https://www.ncbi.nlm.nih.gov/books/NBK554393/

professional, C. C. medical. (2023, January 16). *Foot Drop*. Cleveland Clinic. https://my.clevelandclinic.org/health/symptoms/17814-foot-drop

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	4.28-5.56	3.69 L	3.52 L	The patient has cirrhosis. This disease causes destruction of red blood cells causing anemia (Gastroenterol, 2009)
Hgb	13.0-17.0	11.9 L	11.3 L	Another indication that the patient is anemic. Cirrhosis is associated with chronic anemia. (Gastroenterol, 2009)
Hct	38.1- 48.9	35.2 L	33.5 L	Another sign anemia with cirrhosis. Destructs red blood cells. (Gastroenterol, 2009)
Platelets	149-393	132 L	113 L	Thrombopoietin is a protein that is produced by the liver. If the liver is damaged, then the protein numbers will be low. (Gastroenterol, 2009)
WBC	2.0-11.7	6.6	6.9	
Neutrophils	45.3-79.0%	59.1%	55.9%	
Lymphocytes	11.8-45.9%	22.9%	20.9%	
Monocytes	4.4-12.0%	15.0% H	20.0%H	High because of inflammation.
Eosinophils	0.0-6.3%	2.4%	2.4%	
Bands	Not measured	Not measured	Not measured	_____

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	140	137	
K+	3.5-5.1	4.2	4.1	

Cl-	**98-107**	**105**	**103**	
CO2	**21-31**	**28**	**27**	
Glucose	**74-109**	**80**	**214 H**	Patient is diagnosed with diabetes. He is still trying to get it under control. "The nurse can educate the patient about hyperglycemia due to illness, or steroid use" (Rischer, 2022)
BUN	**7-25**	**16**	**13**	
Creatinine	**0.70-1.30**	**0.61 L**	**0.76**	This lab is the best indicator for kidney function. The patient was admitted into the facility with a diagnosis of Cirrhosis of the liver. The nurse could expect this abnormal lab value until they were able to get it under control. (Rischer, 2022)
Albumin	**3.5-5.2**	**3.2 L**	**3.5**	Another lab value that can assess the kidney, liver, and nutritional status. Albumin is a "a protein made by the liver" (Rischer, 2022) This patient came in with a failing liver because of the amount of alcohol he consumed over the years. Started affecting the whole body.
Calcium	**8.6-10.3**	**9.2**	**9.4**	
Mag	**Not charted**	**Not charted**	**Not charted**	_____
Phosphate	**Not charted**	**Not charted**	**Not charted**	_____
Bilirubin	**0.3-1.0**	**1.0**	**0.9**	
Alk Phos	**34-104**	**132 H**	**201 H**	Patient is diagnosed with Cirrhosis of the liver. The nurse could expect his finding cause of this enzyme having a large concentration in the liver and other parts of the body. (Rischer, 2022) Patient has been educated on his diagnosis.

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	**_____**	**Clear, yellow**	**Clear, yellow**	
pH	**5.0-8.0**	**6.0**	**6.0**	
Specific Gravity	**1.005-1.034**	**1.024**	**1.021**	
Glucose	**Normal**	**Normal**	**500 (A)**	
Protein	**Negative**	**Negative**	**Negative**	**_____**
Ketones	**Negative**	**Negative**	**Negative**	**_____**
WBC	**-< 5**	**2**	**5**	
RBC	**Negative**	**Negative**	**Negative**	**_____**
Leukoesterase	**Negative**	**Negative**	**Negative**	**_____**

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	**Neg.**	**Neg.**	**Neg.**	
Blood Culture	**Neg.**	**Neg**	**Neg**	
Sputum Culture	**Neg**	**Neg**	**Neg**	
Stool Culture	**Neg**	**Neg**	**Neg**	

Lab Correlations Reference (1) (APA):

Rischer, K. (2022). *Think like a nurse: Building the knowledge base for professional practice* (1st ed., Vol. II, Ser. 1). KeithRN LLC.

Gonzalez-Casas, R., Jones, E. A., & Moreno-Otero, R. (2009, October 7). *Spectrum of anemia associated with chronic liver disease*. World journal of gastroenterology.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2754513/#:~:text=Chronic%20liver%20diseases%20frequently%20are,especially%20into%20the%20gastrointestinal%20tract

Diagnostic Imaging

All Other Diagnostic Tests (10 points): There has been other diagnostic testing done on my patient. He had an echo because of his history of hypertension. The results came back normal, with no evidence of heart failure. An EKG was also run. An EKG can show characteristics of the heart. For example, when results come back, we can see “how hast your heart is beating, whether the rhythm of your heartbeat is steady or irregular, and also the strength and timing of the electrical signals passing through each part of your heart.” (National Library of Medicine, 2023). My patent also ended up getting rotator cuff surgery back in July 2023. Because of this, he had a Xray ordered for his shoulder. It was ordered to the ortho from his primary doctor. They found that there was bone island in the humorous head.

Diagnostic Imaging Reference (1) (APA):

U.S. National Library of Medicine. (2023, February 28). *Electrocardiogram: Medlineplus medical test*. MedlinePlus. https://medlineplus.gov/lab-tests/electrocardiogram/

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.

GENERAL: **Alertness: A&O x 4** **Orientation: A&O x 4** **Distress: No apparent distress** **Overall appearance: Well, put together**	**Appears alert and oriented x person, place, and time, well put together, and in no apparent pain or distress at this time.**
INTEGUMENTARY: **Skin color: Pink** **Character: Warm and dry** **Temperature: Warm** **Turgor: Normal** **Rashes: Groin area** **Bruises: None** **Wounds: Lesions on foot** **Braden Score: 14** **Drains present: Y☐ N ☒** **Type: N/A**	**Skin color pink. Skin is warm and dry upon palpation. No bruising, but there is a reded rash in groin area, but no heat to it and it was clean and dry. Normal quantity, distribution, and texture of hair. Nails without cyanosis or clubbing. Skin turgor normal mobility. Capillary refill less than 3 seconds on fingers and toes bilaterally. Braden score of 14 because of not being able to mobile as well as he used too. No apparent drainage.**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Symmetrical, trachea midline w/o deviation, thyroid is not palpable, no noted nodes. Bilateral carotid pulses, 2+.** **Bilateral auricles, no visible drainage, or lesions, fully intact.** **Bilateral sclera white, cornea clear, conjunctiva clear, no visible drainage. Clear canals w pearly grey tympanic membranes.** **Pharynx and tonsils are moist and pink, Uvula is midline; soft palate, falls symmetrically.** **Septum midline, no drainage, lesions, or cracks**
CARDIOVASCULAR: **Heart sounds:**	**Clear S1 and S2 w/o murmurs gallops or rubs. PMI palpable at 5th intercostal space at MCL.**

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:**	**Normal rate and rhythm.** **Capillary refill less than 3 seconds.** **Peripheral pulses bilaterally 2+.** **No apparent neck vein distention or edema.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Normal rate and rhythm, respirations symmetrically and non-labored, lungs clear anterior and posterior. No wheezes, crackles, or rhonchi.
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 ☒**	**Regular diet at home** **Regular diet currently** **5'9.5"** **211 lb** **Abdomen, softer and non-tender** **No organomegaly or masses noted upon palpations in all four quadrants.** **Bowel sounds are normoactive in all four quadrants.** **No CVA tenderness noted bilaterally.** **No distention, incisions, scars drains or wounds.**

Type:	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Yellow** **Clear, no sedimentation or odor** **Output of 1500 daily** **No pain while urinating** **No dialysis** **Genitals clean and dry** **No catheters**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	Hand grips and pedal pushers and pulls, bilaterally normal and equal strength. **Balanced and smooth gait** **Patient alert and orientated to person, place and thing.** **PERRLA** **Cranial nerves intact** **No fall risk.** **Walk normal, no gait risk**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☒ Arms ☒ Both ☒**	Orientated to person, place, and time. **Mental status: no distress** **Speech clear, no slurred words** **Sensory clear**

Orientation: **Mental Status:** **Speech:** **Sensory:** **LOC:**	**LOC A&O x 4**
PSYCHOSOCIAL/CULTURAL: **Coping method(s): Therapy** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support): No family support**	Patient is diagnosed with major depression disorder and has history of being an alcoholic. Patient has been going to therapy and doing well. If you did not know his history, you would not think that he has depression. Developing well all around. Patient is not religious, no preference. He just wants good patient care to get him better. He does not have any support from home from family or friends.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1052	82	111/71	20	97.1 F	95%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1045	6/10	Left foot	Moderate	Shape, shooting pain with weight, pain had gone down since this morning because his medications had set in.	Up and dressed for the day before breakfast; ROM exercises every day at least once; MWF lifts weights; TTH does ROM

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

No intake monitored via patient chart**.**	No output monitored via patient chart.

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired level of mobility	**Pt. is having pain in this left foot when walking, and the pain has only progressed rather than relieve.**	**1.Continously monitor the patient's status/condition for better or for worse.** **2.Perform and/or assist with ROM at least once a day or as patient can tolerate.**	**1. Patient will be able to perform the ability from standing up from sitting in his bed, to transferring to his chair without pain or shortness of breath by the end of two weeks here doing therapy.**	**Family loved this goal that we had set for the patient. It will make him want to get stronger because he wants to feel independent again. Patient was onboard with this plan as well. He wants to feel like his old self again.**
2. Impaired skin integrity	**Patient is weak and in pain. If the patient ends up getting a**	**1. Inspect the skin daily, look for early signs of skin breakdown.**	**1. Patient will maintain intact skin integrity the whole time of being at the**	**Family was supportive of this goal. They do not want the healing process for their**

	bed ulcer than the recovery of the patient will be longer.	**2.Make sure patient is continuing to eat a balanced nutritional diet**	**facility.**	**loved one to have to be longer than it already is. Patient also felt like this was a goal that he would help make sure was achieved as well.**

Other References (APA):

Concept Map (20 Points):

Subjective Data

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

Nursing Diagnosis/Outcomes

1. Nursing diagnosis: Impaired level of mobility, relating to pain and discomfort while having weight on his left foot, as evidence by patient stating, “the pain is so sharp and stabbing when I put any weight on it”.

Outcome: The patient was able to get up and start his ADLs in the morning by himself without pain, after his medications were given to him.

2. Nursing diagnosis: Impaired level of skin integrity, relating to the patient not wanting to move because of his pain and discomfort, as evidence by he went to his primary doctor because he noticed he had a rash in his groin area, then his primary doctor told him he needed to go to the hospital.

Outcome: Was able to maintain intact skin integrity the patients whole stay in the facility, not only because of the nursing interventions, but also the patient helped with this outcome as well.

Objective Data

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

Client Information

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

Nursing Interventions

Diagnosis: Impaired level of mobility-

Intervention 1: Continuously monitor pt. status for any advance or deficits on the pts. ability to mobile or even shift positions in bed.

Intervention 2: Perform and/or assist pt. do demonstrate ROM at least once a day, or as pt. can tolerate.

Diagnosis: Impaired skin integrity-

Intervention 1: Inspect the skin daily, look for any early signs and symptoms of pressure ulcers and get that bony promise elevated.

Intervention 2: Monitor that the pt. is continuously eating a healthy balanced diet. Nutrition is a major part of the skin integrity.