N311 Care Plan 4

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Michele Hartke

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Demographics (5 points)

Date of Admission 10/08/23	**Client Initials** RW	**Age** 62	**Gender** M
Race/Ethnicity White/Caucasian	**Occupation** Disability	**Marital Status** Single	**Allergies** Pertussis vaccine, TDAP
Code Status Full	**Height** 5’9	**Weight** 143 lbs	

Medical History (5 Points)

Past Medical History: Hypertension, hyperlipidemia, GERD, Diabetes mellitus type II, chronic shoulder pain, history of colon polyps, bilateral hydronephrosis, benign prostatic hyperplasia, depression

Past Surgical History: Right rotator cuff repair (08/24/23), Colonoscopy (09/06/23), Exploratory laparotomy with sigmoid resection with anastomosis (09/23/23), Exploratory laparotomy (09/26/23), Urethral stricture dilation with cystoscopy (10/02/23), Exploratory laparotomy with revision of anastomosis and diverting loop colostomy (10/08/23)

Family History: No family history

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

No history of tobacco, alcohol, or illicit drug use

Admission Assessment

Chief Complaint (2 points): Uncontrollable diarrhea and abdominal pain

History of Present Illness – OLD CARTS (10 points): The client is a 62-year-old male who presented to the emergency department on 10/08/23 complaining of uncontrollable diarrhea for 8 days and abdominal pain. He stated his pain was constant, and his “stomach was really painful and felt like cramping.” An abdominal and pelvic CT scan was performed in the emergency department that showed perforation to the sigmoid colon along the anterior margin of the suture

line from a previous sigmoid resection with anastomosis. The client was transferred to the hospital and scheduled for an exploratory laparotomy with revision of anastomosis and diverting loop colostomy. The surgery was performed, and the client is currently post-op day 8. The client's current pain level is a 2 on a 0-10 pain scale.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Bowel perforation

Secondary Diagnosis (if applicable):

Pathophysiology

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

Bowel Perforation

A bowel perforation is one of the many conditions that can occur to the small or large intestines and can be life-threatening. The perforation happens when there is an injury to the bowel wall, causing a tear and exposing its contents and air into the peritoneal cavity. According to (Hafner, Tuma, Hoilat, & Marar, 2023), ischemia, infection, erosion, or physical disruption are four mechanisms that cause perforations. These four mechanisms can lead to different complications such as decreased perfusion to the bowel wall causing necrosis, infections from diverticulitis, Crohn's disease, which causes inflammation of the wall, tumors causing erosion, and trauma.

Patients experiencing bowel perforation commonly experience abdominal pain or cramping, which gradually worsens as the severity increases, nausea and/or vomiting, or fever. Palpating the abdomen helps localize the area of pain and can also help identify rigidity of the abdomen. The patient’s vital signs are stable in the early stages, but as it progresses, the patient

will develop an increased heart rate, respiration, and temperature (Jones, Kashyap, & Zabbo, 2023). Monitoring the patient's vital signs is important because these can show signs of the patient becoming septic (Hafner, Tuma, Hoilat, & Marar, 2023).

Diagnosing a bowel perforation is usually done with imaging or lab tests (Jones, Kashyap, & Zabbo, 2023). The gold standard for diagnosing is by completing a CT scan of the abdomen and pelvis. A CT scan allows for visualization of the small and large bowel and helps identify the area of the perforation and what might have caused it, like diverticulitis, tumors, or bowel obstruction. It also shows any air that is present in the abdomen. The CT scan is typically done with IV contrast, which helps to see if any areas are ischemic (Hafner, Tuma, Hoilat, & Marar, 2023). The patient should be seen for a surgical consultation as soon as possible to determine the need for surgery (Jones, Kashyap, & Zabbo, 2023).

Treating bowel perforations usually begins with broad-spectrum antibiotics as soon as possible to prevent the patient from becoming septic. The patient should also have no additional food or water in case they need to be taken for immediate surgical intervention. Most bowel perforations usually require surgical intervention to repair the perforation either laparoscopically or with an exploratory laparotomy (Jones, Kashyap, & Zabbo, 2023). With surgery, the patient can also get an ostomy. Small, controlled perforations can be treated nonsurgical with antibiotic treatment and radiology-guided drainage of the fluid (Hafner, Tuma, Hoilat, & Marar, 2023).

Bowel perforations can lead to sepsis and potentially death for the patient if not treated accordingly. Patients presenting with increasing abdominal pain or any of the other symptoms should be evaluated for perforation. Diagnosing bowel perforations and their cause is essential to the patient's health.

Pathophysiology References (2) (APA):

Jones, M. W., Kashyap, S., & Zabbo, C. P. (2023) Bowel perforation. *StatPearls.* StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK537224/

Hafner, J., Tuma, F., Hoilat, G. J., & Marar, O. (2023). Intestinal perforation. *StatPearls.* StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK538191/

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	4.4-5.8/mcL	3.76/mcL	3.71/mcL	**A low RBC count can be due to anemia or bleeding from trauma (***Complete blood count,* 2023)
Hgb	13-16.5 g/dL	9.4 g/dL	9.7 g/dL	**A low hemoglobin can be caused by bleeding (***Complete blood count,* 2023)
Hct	38-50%	29.4%	29.3%	**A low hematocrit can be caused by bleeding (***Complete blood count,* 2023)
Platelets	140-440/mcL	993/mcL	619/mcL	**Trauma can cause platelets to increase and cause clotting to occur at area of trauma (***Complete blood count,* 2023)
WBC	4-12/mcL	18.7/mcL	10/mcL	**The infection causes WBC to elevate because of intestinal contents leaking into peritoneal cavity (***Complete blood count,* 2023)
Neutrophils	40-68%	84.3%	66%	
Lymphocytes	19-49%	4.9%	19.8%	**Low level lymphocytes means the patient is at risk of infection. (***Complete blood count,* 2023)
Monocytes	3-13%	9.8%	11.4%	
Eosinophils	0-8%	0.8%	3.0%	

Bands	≤10%	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	137 mmol/L	136 mmol/L	
K+	3.5-5.1 mmol/L	3.6 mmol/L	4.9 mmol/L	
Cl-	98-107 mmol/L	104 mmol/L	106 mmol/L	
CO2	22-30 mmol/L	22 mmol/L	22 mmol/L	
Glucose	70-99 mg/dL	118 mg/dL	83 mg/dL	**Elevated due to diabetes**
BUN	9-21 mg/dL	10 mg/dL	14 mg/dL	
Creatinine	0.7-1.3 mg/dL	0.68 mg/dL	0.73 mg/dL	
Albumin	3.5-5.0 g/dL	2.5 g/dL	2.8 g/dL	
Calcium	8.7-10.5 mg/dL	7.8 mg/dL	8.7 mg/dL	
Mag	1.7-2.2 mg/dL	2 mg/dL	2.1 mg/dL	
Phosphate	2.5-4.5	3.3	3.4	
Bilirubin	0.2-1.2 mg/dL	0.8 mg/dL	0.3 mg/dL	
Alk Phos	40-150 u/L	64 u/L	105 u/L	

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	Dark	N/A	

	(light/pale to dark amber) and clear	yellow		
pH	5-9	6	N/A	
Specific Gravity	1.003-1.030	1.025	N/A	
Glucose	Negative	Negative	N/A	
Protein	Negative	Negative	N/A	
Ketones	Negative	Negative	N/A	
WBC	0-5 or Negative	0-5	N/A	
RBC	0-2 or Negative	0-5	N/A	
Leukoesterase	Negative	Trace	N/A	**Fever can cause leukoesterase to be found in the urine. (Milani & Jialal, 2023)**

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	Negative	N/A	
Blood Culture	No growth	No growth	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	No growth	N/A	N/A	

Lab Correlations Reference (1) (APA):

Complete blood count. (2023). Mayo Clinic.

https://www.mayoclinic.org/tests-procedures/complete-blood-count/about/pac-20384919

Milani, D. A., & Jialal, I. (2023) Urinalysis. *StatPearls.* StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK557685/

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Abdomen and Pelvic CT scan with IV contrast: A CT scan allows for visualization of the bowel and helps identify the area of the perforation and what might have caused it. It also shows any air that is present in the abdomen. IV contrast is used along with the scan to see if there are any areas that are ischemic (Hafner, Tuma, Hoilat, & Marar, 2023).

Diagnostic Imaging Reference (1) (APA):

Hafner, J., Tuma, F., Hoilat, G. J., & Marar, O. (2023). Intestinal perforation. *StatPearls.* StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK538191/

Current Medications (10 points, 2 points per completed med)

5 different medications must be completed

Medications (5 required)

Brand/ Generic	Aspirin	Lovenox/ Enoxaparin sodium	Flomax/ Tamsulosin hydrochloride	Desyrel/ Trazodone hydrochloride	Humalog/ Insulin lispro
Dose	81mg	40 mg	0.8 mg	100 mg	2-12 units: Blood sugar level: 70-180 no insulin given; 181-200 2 units;

					201-250 4 units; 251-300 6 units; 301-350 8 units; 351-400 10 units; 401 or > 12 units and call the provider
Frequency	Daily	Daily	Nightly	Nightly	Blood sugar check performed every 6 hours
Route	Oral	Subcutaneous injection	Oral	Oral	Subcutaneous injection
Classification	Pharmacologic: Salicylate Therapeutic: Nonsteroidal inflammatory anti-inflammatory drug (*Nurse's Drug Handbook*, 2023, pp. 105-107)	Pharmacologic: Low molecular weight heparin Therapeutic: Anticoagulant (*Nurse's Drug Handbook*, 2023, pp. 454-456)	Pharmacologic: Alpha adrenergic antagonist Therapeutic: Benign prostatic hyperplasia (*Nurse's Drug Handbook*, 2023, p.1294)	Pharmacologic: triazolopyridine derivative Therapeutic: antidepressant (*Nurse's Drug Handbook*, 2023, pp. 1361-1362)	Pharmacologic: Human insulin Therapeutic: Antidiabetic (*Nurse's Drug Handbook*, 2023, p. 1443)
Mechanism of Action	Aspirin blocks the enzyme activity that synthesizes prostaglandin in which causes inflammation and pain and inhibits	Binds with coagulation inhibitor and inactivates clotting factors (*Nurse's Drug Handbook*, 2023, pp. 454-456)	Inhibits smooth muscle contraction in the bladder neck and prostate (*Nurse's Drug Handbook*, 2023, p.1294)	Boosts serotonin and histamine causing a sedative effect and antidepressant effect (*Nurse's Drug Handbook*, 2023, pp.	Lowers blood glucose levels (*Nurse's Drug Handbook*, 2023, p. 1443)

	platelet aggregation (*Nurse's Drug Handbook*, 2023, pp. 105-107)			1361-1362)	
Reason Client Taking	MI/Stroke prevention: Client at risk due to diabetes and hypertension	Prevent clots forming	Benign prostatic hyperplasia	Depression	Diabetes mellitus type II
Contraindications (2)	Recent GI bleed and active bleeding (*Nurse's Drug Handbook*, 2023, pp. 105-107)	Active major bleeding (*Nurse's Drug Handbook*, 2023, pp. 454-456)	Hypersensitivity to tamsulosin (*Nurse's Drug Handbook*, 2023, p.1294)	Hypersensitivity to trazodone and arrythmias (*Nurse's Drug Handbook*, 2023, pp. 1361-1362)	Low blood sugar and sensitivity to insulin (*Nurse's Drug Handbook*, 2023, p. 1443)
Side Effects/Adverse Reactions (2)	GI bleeding, nausea, prolonged bleeding time (*Nurse's Drug Handbook*, 2023, pp. 105-107)	Bloody stools and elevated liver enzymes (*Nurse's Drug Handbook*, 2023, pp. 454-456)	Nausea and vomiting (*Nurse's Drug Handbook*, 2023, p.1294)	Insomnia, anxiety, abdominal pain (*Nurse's Drug Handbook*, 2023, pp. 1361-1362)	Weight gain, low potassium (*Nurse's Drug Handbook*, 2023, p. 1443)

Medications Reference (1) (APA):

Nurse's Drug Handbook, (2023). Jones & Bartlett Learning.

Assessment

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

General, Psychosocial/Cultural, and TWO focused assessment specific to the client.

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The client is alert and oriented x4 to person, place, time, and reason for stay. He appears to be well-groomed and in no acute distress.
INTEGUMENTARY: **Skin color:** Fair, evenly distributed throughout **Character:** **Temperature:** Warm and dry **Turgor:** No tenting **Rashes:** None **Bruises:** None **Wounds:** Surgical incision over the midline abdomen **Braden Score:** 19 **Drains present: Y☒ N ☐** **Type:** Colostomy RUQ; PICC line LUE	The client's skin is fair, with color evenly distributed throughout the body. Skin temperature is warm and dry, and no tenting is noted. No rashes, bruises, or deformities were noted. The client has a surgical incision over the midline abdomen, a colostomy in the right upper quadrant of the abdomen, and a PICC line in the left upper arm. Braden score is a 19.
HEENT: **Head/Neck:** Symmetrical and appropriate size **Ears:** Symmetrical, no lesions or drainage **Eyes:** Symmetrical sclera white and corneas clear, no lesions or drainage **Nose:** Symmetrical and no septal deviation **Teeth:** patient oral mucosa pink and moist, uses dentures, did not have them on today	.
CARDIOVASCULAR: **Heart sounds:** S1 and S2 were present, normal rate and rhythm. No murmurs or gallops noted	.

S1, S2, S3, S4, murmur etc. **Cardiac rhythm (if applicable):** **Peripheral Pulses:** Palpable bilaterally 2+ **Capillary refill:** < 3 secs **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** Clear bilaterally anteriorly and posteriorly. No crackles, wheezes, or rhonchi noted	.
GASTROINTESTINAL: **Diet at home:** General **Current Diet:** General at the hospital **Height:** 5'9 **Weight:** 143 lbs **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** None **Incisions:** Midline abdomen **Scars:** None **Drains:** None **Wounds:** None **Ostomy: Y ☒ N ☐** Colostomy RUQ **Nasogastric: Y ☐ N ☒**	The client is 5'9 and weighs 143 lbs. He is currently on the hospital general diet. No distension, wounds, or rashes were noted. The abdomen is soft and slightly tender around the incision on his midline abdomen, and a colostomy is present in the right upper quadrant. Active bowel sounds auscultated.

Size: **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** High risk **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **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:** Clear and nonslurred **Sensory:** **LOC:**	
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** The client likes to talk to people and he enjoys watching horror movies. **Developmental level:** Appropriate for age **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):** The client is not married and lives alone but has many family members around his environment. He states he is always around his grandchildren and great-nieces/nephews.	.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0730	91	100/60	16	97.1	98

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0730	0-10 scale	Right upper quadrant and midline abdomen	2	Tender around the incision	The patient is resting and not putting pressure on the area and he is up as tolerated with 1

					assist

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
10/16/23 920 mL: PO	10/16/23 1025 mL: urine (catheter) 375 mL: stool (colostomy)

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. Risk for surgical site infection related to surgical intervention as evidenced by exploratory laparotomy incision Phelps, L. L. (2023).	I chose this diagnosis due to the patient having a large midline abdominal incision	**1.** Minimize patient's risk of infection by washing hands and maintain asepsis when providing care Phelps, L. L. (2023). **2.** Follow facility infection control policy to minimize	**1.** Patients incision will remain clear pink and free of purulent drainage upon discharge Phelps, L. L. (2023).	The patient was agreeable to minimizing his infection risk and appreciative of the care we took to ensure this

		nosocomial infection risk Phelps, L. L. (2023).		
2. Risk for impaired skin integrity related to patients ostomy as evidenced by stool exposure Phelps, L. L. (2023).	I chose this because of the patients skin exposed to stool	**1.** Ensure ostomy is sized correctly **2.** Check the ostomy consistently for any leakage	**1.** Patients skin surrounding the ostomy will not exhibit breakdown upon discharge Phelps, L. L. (2023).	Patient informed also to check ostomy and inform if any leakage is seen

Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual* (12th ed, pp. 625-628, 678-680). Wolters Kluwer.

Concept Map (23 Points):

Subjective Data

Constant pain

"stomach was really painful and felt like cramping."

Current pain level 2/10

Nursing Diagnosis/Outcomes

Risk for surgical site infection related bowel perforation as evidenced by exploratory laparotomy incision

- Patient incision will show no signs of infection upon discharge

Risk for impaired skin integrity related to patients' ostomy as evidenced by stool exposure

- Patient skin will show no signs of breakdown upon discharge

Objective Data

Ostomy in RUQ

Midline incision

abdominal and pelvic CT scan showing perforation to the sigmoid colon

Low levels of RBC (3.76), Hgb (9.4), Hct (29.4)

High levels of Platelets (993) and WBC (18.7)

Client Information

62-year-old male with a history of GERD, diabetes mellitus type II, and past surgical history of colon resection who was admitted for bowel perforation and had an ex lap with repair of anastomosis

Nursing Interventions

Maintain asepsis when caring for wound and proper hand washing

Ensure ostomy size is correct and no leakage present