

**N311 Care Plan 5**

Natalie Zizumbo

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Michele Hartke

11/21/23

### Demographics (5 points)

|   |                                |                                  |                         |
|---|--------------------------------|----------------------------------|-------------------------|
| <b>Date of Admission</b><br>10/30/23        | <b>Client Initials</b><br>EG   | <b>Age</b><br>82                 | <b>Gender</b><br>F      |
| <b>Race/Ethnicity</b><br>White or Caucasian | <b>Occupation</b><br>Homemaker | <b>Marital Status</b><br>Widowed | <b>Allergies</b><br>NKA |
| <b>Code Status</b><br>Full                  | <b>Height</b><br>5'4.5         | <b>Weight</b><br>130 lbs 3.2 oz  |                         |

### Medical History (5 Points)

**Past Medical History:** Hypertension, hyperlipidemia, Type II Diabetes mellitus, Cervical carcinoma, arthritis, Age-related cataracts of the left and right eye, Full dentures

**Past Surgical History:** Hysterectomy (date unknown), Colonoscopy (date unknown), Colon surgery for bowel obstruction, Left cataract removal with implant (10/31/18), Right cataract removal with implant (11/06/18)

**Family History:**

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

Former smoker, quit in 1995: smoked 1 pack a day for 15 years; 1 can of beer per week; No illicit drug use

### Admission Assessment

**Chief Complaint (2 points):** Periumbilical abdominal pain with vomiting

**History of Present Illness – OLD CARTS (10 points):** The client is an 82-year-old female who presented to the emergency department on 10/30/23, complaining of abdominal pain and vomiting. The client states the symptoms began on the previous Friday, and the abdominal pain had been constant. She described her vomit as dark in color but said she had no diarrhea. She also stated that she had a chronic hernia around the umbilicus area that would “usually go back in just fine.” The client had an abdominal and pelvic CT that revealed a loop of small bowel

noted in a ventral hernia, causing a small bowel obstruction. She had a 16 fr NG Tube placed in her left nostril and was taken for surgery on the same day for an open repair of the ventral hernia with mesh.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** Incarcerated umbilical hernia

**Secondary Diagnosis (if applicable):** Small bowel obstruction

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

#### **Umbilical hernia**

An umbilical hernia is a type of ventral hernia and is the second most common hernia someone can get. This specific hernia is located on or around the umbilicus. An umbilical hernia occurs in one of two ways: there is a weakness located where the umbilical vessels exit or a weakness in the fascia (Coste et al., 2023). This weakness can occur due to the abdominal muscles having pressure exerted onto them and causing them to stretch. Inside the hernia sac can be a combination of subcutaneous fat, fascia, peritoneum, omentum, and small intestine. Due to the neck of the sac being so narrow, any small bowel that is in the sac can become strangulated and incarcerated (Coste et al., 2023). An incarcerated hernia occurs when the contents located in the hernia sac cannot be reduced manually, and strangulation can occur if the contents in the sac are not receiving enough blood, such as the small bowel. A strangulated small bowel requires immediate surgery to prevent the bowel from dying (Pastorino & Alshuqayfi, 2022).

Patients with an umbilical hernia will have a bulge on or around their umbilicus. Typically, if the hernia is small, the patient will be asymptomatic, but if the hernia is large or has become irreducible, the patient will present with more tenderness and pain (Coste et al., 2023). If there is strangulation of the small bowel, the patient will present with bowel obstruction

symptoms like abdominal pain, nausea and vomiting, and skin redness. The nurse may also be able to feel peristalsis of the bowel (Pastorino & Alshuqayfi, 2022).

Hernias are typically diagnosed during the physical exam (Coste et al., 2023); however, other diagnostic tests are performed to confirm the diagnosis. An ultrasound is typically used to diagnose whether a hernia is present. In this client's case, an abdominal and pelvic CT scan was completed, which helps visualize the anatomy and determine if any bowel is present in the sac. A CT scan will also show whether the bowel is being obstructed. If a small bowel obstruction is confirmed, then a nasogastric tube may be placed to aid in decompressing the stomach (Pastorino & Alshuqayfi, 2022). An MRI is not typically done but is helpful in diagnosing hernias that may not be as noticeable or present as a typical hernia would (Pastorino & Alshuqayfi, 2022).

Umbilical hernias are treated with surgical repair of the defect, but the treatment option may depend on the severity and the patient's health. For example, if the patient is sick and elderly but is otherwise asymptomatic to the hernia, they may be left to observe the area (Pastorino & Alshuqayfi, 2022). However, if any patient presents with moderate to severe symptoms, then surgery is the only option. Two surgical repair options are done to repair the defect: suturing and mesh (Coste et al., 2023). Suturing consists of simply closing the defect with a suture if it is small or by overlapping the abdominal wall fascia on top of each other. This surgical repair option, however, is typically not done in hernias greater than 1cm due to the hernia possibly reoccurring. Mesh repair, which can be done open or laparoscopic, is where mesh covers and reinforces the defect in the abdominal wall (Coste et al., 2023). This client had an open hernia repair with mesh done to correct the defect.

Umbilical hernias can be asymptomatic and can be treated in a timely manner with surgical repair. However, it is imperative that a hernia patient presenting with bowel obstruction

symptoms be evaluated immediately so the bowel can be saved. Nurses should be able to quickly detect these symptoms and help patients receive effective treatment.

### Pathophysiology References (2) (APA):

Coste, A. H., Jaafar, S., & Parmely, J. D. (2023) Umbilical hernia. *StatPearls*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK459312/>

Pastorino, A. & Alshuqayfi, A. A. (2022) Strangulated Hernia. *StatPearls*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK555972/>

### 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   |
|--------------------|--------------|-----------------|---------------|---|
| <b>RBC</b>         | 4.4-5.8/mcL  | 4.44            | 3.98          | Blood loss during surgery and reduced erythropoiesis due to surgery inflammation may cause these levels to decrease (Kalra et al., 2021).               |
| <b>Hgb</b>         | 13-16.5 g/dL | 14.1            | 12.8          | Blood loss during surgery and reduced erythropoiesis due to surgery inflammation may cause these levels to decrease (Kalra et al., 2021).               |
| <b>Hct</b>         | 38-50%       | 42.5            | 37.8          | Blood loss during surgery and reduced erythropoiesis due to surgery inflammation may cause these levels to decrease. (Kalra et al., 2021).              |
| <b>Platelets</b>   | 140-440/mcL  | 183             | 174           |   |
| <b>WBC</b>         | 4-12/mcL     | 6.8             | 6.6           |   |
| <b>Neutrophils</b> | 40-68%       | 71.4            | 88.6          | Inflammation can cause an increase to the neutrophil count due to tissue damage, loss of blood and also infection (WebMD Editorial Contributors, n.d.). |
| <b>Lymphocytes</b> | 19-49%       | 19.6            | 19.3          |   |
| <b>Monocytes</b>   | 3-13%        | 9.1             | 3.0           |   |

|                    |      |     |     |  |
|--------------------|------|-----|-----|--|
| <b>Eosinophils</b> | 0-8% | 0.5 | 0   |  |
| <b>Bands</b>       | ≤10% | N/A | N/A |  |

**Chemistry Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

| <b>Lab</b>        | <b>Normal Range</b> | <b>Admission Value</b> | <b>Today's Value</b> | <b>Reason For Abnormal</b>   |
|-------------------|---------------------|------------------------|----------------------|--|
| <b>Na-</b>        | 136-145 mmol/L      | 136                    | 138                  |  |
| <b>K+</b>         | 3.5-5.1 mmol/L      | 4.3                    | 4.7                  |  |
| <b>Cl-</b>        | 98-107 mmol/L       | 104                    | 103                  |  |
| <b>CO2</b>        | 22-30 mmol/L        | 24                     | 24                   |  |
| <b>Glucose</b>    | 70-99 mg/dL         | 117                    | 153                  | Elevated due to patient having Diabetes mellitus type II which means the pancreas does not produce sufficient insulin and the cells don't absorb enough glucose which in turn stays in your blood. |
| <b>BUN</b>        | 9-21 mg/dL          | 35                     | 25                   | May be increased due to dehydration from the vomiting (Ramnarine, 2021)  |
| <b>Creatinine</b> | 0.7-1.3 mg/dL       | 0.97                   | 0.87                 |  |
| <b>Albumin</b>    | 3.5-5.0 g/dL        | 4.2                    | 3.9                  |  |
| <b>Calcium</b>    | 8.7-10.5 mg/dL      | 9.1                    | 8.8                  |  |
| <b>Mag</b>        | 1.7-2.2 mg/dL       | 1.9                    | 2.0                  |  |
| <b>Phosphate</b>  | 2.5-4.5             | N/A                    | N/A                  |  |
| <b>Bilirubin</b>  | 0.2-1.2 mg/dL       | 0.7                    | 0.6                  |  |
| <b>Alk Phos</b>   | 40-150 u/L          | 67                     | 59                   |  |

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 (light/pale to dark amber) and clear | Orange turbid      | N/A           | Dehydration can cause the urine to appear orange (Cleveland Clinic, 2021).  |
| pH               | 5-9   | 8.5                | N/A           |   |
| Specific Gravity | 1.003-1.030                                 | 1.022              | N/A           |   |
| Glucose          | Negative                                    | Negative           | N/A           |   |
| Protein          | Negative                                    | 3+                 | N/A           | Dehydration can cause proteins to be present in the urine (Cleveland Clinic, 2021).                                     |
| Ketones          | Negative                                    | Negative           | N/A           |   |
| WBC              | 0-5 or Negative                             | 6-10               | N/A           | Infection or inflammation of the urinary tract (Cleveland Clinic, 2021).  |
| RBC              | 0-2 or Negative                             | 11-20              | N/A           | Blood in the urine, however cannot identify the exact location where the blood is coming from (Cleveland Clinic, 2021). |
| Leukoesterase    | Negative                                    | 3+                 | N/A           | Inflammation in the urinary tract (Cleveland Clinic, 2021).   |

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):

Cleveland Clinic. (2021). *Urinalysis: What it is, purpose, types & results*. Cleveland Clinic.

<https://my.clevelandclinic.org/health/diagnostics/17893-urinalysis>

Kalra, S. K., Thilagar, B., Khambaty, M., Manjarrez, E. (2021). Post-operative anemia after major surgery: A brief review. *Current Emergency and Hospital Medicine Reports*, 9(1), 89–95. <https://doi.org/10.1007/s40138-021-00232-x>

Ramnarine, M. (2021). *Small-bowel obstruction workup*. Medscape.

<https://emedicine.medscape.com/article/774140-workup?form=fpf#c2>

WebMD Editorial Contributors. (n.d.). *What are neutrophils? The role these white blood cells play in immune function*. WebMD. <https://www.webmd.com/a-to-z-guides/what-to-know-neutrophils>

### **Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):** CT abdomen/pelvic: An abdominal and pelvic CT scan can help the doctor visualize the anatomy of the abdomen and see the structures involved in the hernia. Most importantly, it will help determine whether any bowel is present in the hernia (Pastorino & Alshuqayfi, 2022).

#### **Diagnostic Imaging Reference (1) (APA):**

Pastorino, A. & Alshuqayfi, A. A. (2022) Strangulated Hernia. *StatPearls*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK555972/>

**Current Medications (10 points, 2 points per completed med)  
\*5 different medications must be completed\***

**Medications (5 required)**

|                                |   |  |   |  |   |
|--------------------------------|---|--|---|--|---|
| <b>Brand/Generic</b>           | Tylenol/<br>Acetaminophen   | Zofran/<br>Ondansetron   | Zosyn<br>/Piperacillin<br>/Tazobactam   | Melatonin  | Humalog<br>/Insulin lispro  |
| <b>Dose</b>                    | 650 mg  | 4mg  | 3.375 g   | 3 mg   | 2-12 units:<br>Blood sugar<br>level: 70-200 no<br>insulin given;<br>201-250 2 units;<br>251-300 3 units;<br>301-350 4 units;<br>351- 400 5 units;<br>> 400 6 units and<br>call the provider |
| <b>Frequency</b>               | Every 4 hours<br>prn  | Every 6 hours<br>prn   | Every 8 hours   | Nightly prn  | Blood sugar<br>check performed<br>every 6 hours   |
| <b>Route</b>                   | Rectal  | IM   | IV  | Oral   | Subcutaneous<br>injection   |
| <b>Classification</b>          | Pharmacologic:<br>Nonsalicylate,<br>para-<br>aminophenol<br>derivative<br>Therapeutic:<br>Antipyretic,<br>nonopioid<br>analgesic<br>( <i>Nurse's Drug<br/>Handbook,</i><br>2023). | Pharmacologic:<br>Selective<br>serotonin (5-<br>HT3) receptor<br>antagonist<br>Therapeutic:<br>Antiemetic<br>( <i>Nurse's Drug<br/>Handbook,</i><br>2023). | Pharmacologic:<br>penicillin class<br>antibacterial<br>and beta-<br>lactamase<br>inhibitor<br>Therapeutic:<br>antibiotic  | Pharmacolog<br>ic: Class of<br>acetamides<br>Therapeutic:<br>Sedative/hyp<br>notic<br>(Savage et<br>al., 2022)       | Pharmacologic:<br>Human insulin<br>Therapeutic:<br>Antidiabetic<br>( <i>Nurse's Drug<br/>Handbook,</i><br>2023).  |
| <b>Mechanism of<br/>Action</b> | Inhibits<br>cyclooxygenas<br>e and blocks<br>production of<br>prostaglandin<br>which stops<br>pain from<br>being<br>transmitted to<br>the PNS. It also<br>inhibits the            | Blocks<br>serotonin from<br>being released<br>in the small<br>intestine and<br>CNS ( <i>Nurse's<br/>Drug<br/>Handbook,</i><br>2023).                       | Binds to the<br>penicillin-<br>binding<br>proteins in the<br>cell wall and<br>prevents cell<br>wall synthesis,<br>which prevents<br>bacteria from<br>replicating<br>(Gahart et al., | Binds to<br>melatonin<br>receptors and<br>activates<br>many<br>physiological<br>pathways<br>(Savage et<br>al., 2022) | Lowers blood<br>glucose levels<br>( <i>Nurse's Drug<br/>Handbook,</i><br>2023).   |

|   |  |  |   |   |  |
|---|--|--|---|---|--|
|   | enzyme responsible for raising our temp. ( <i>Nurse's Drug Handbook</i> , 2023).             |  | 2020)   |   |  |
| <b>Reason Client Taking</b>               | Pain   | Nausea   | Intra abdominal infection   | Sleep   | Diabetes mellitus type II  |
| <b>Contraindications (2)</b>              | Severe hepatic impairment or an active liver disease ( <i>Nurse's Drug Handbook</i> , 2023). | Use with apomorphine and hypersensitivity to ondansetron ( <i>Nurse's Drug Handbook</i> , 2023). | Penicillin or beta-lactamase hypersensitivity (Gahart et al., 2020)       | Impaired liver function and autoimmune diseases (Savage et al., 2022) | Low blood sugar and sensitivity to insulin ( <i>Nurse's Drug Handbook</i> , 2023). |
| <b>Side Effects/Adverse Reactions (2)</b> | Hypotension and abdominal pain ( <i>Nurse's Drug Handbook</i> , 2023).                       | Hypotension and intestinal obstruction ( <i>Nurse's Drug Handbook</i> , 2023).                   | Nausea, vomiting, difficulty sleeping, stomach pain (Gahart et al., 2020) | Headaches and nausea (Savage et al., 2022)                            | Weight gain, low potassium ( <i>Nurse's Drug Handbook</i> , 2023).                 |

### Medications Reference (1) (APA):

Gahart, B., Nazareno, A., & Ortega, M. (2020). *Gahart's 2020 intravenous medication: A handbook for nurses and health professionals* (36<sup>th</sup> ed.) Elsevier Health Sciences.

<https://www.r2library.com/Resource/Title/0323661386>

*Nurse's Drug Handbook*, (2023, pp. 9-11, 1013-1015, & 1443). Jones & Bartlett Learning.

Savage, R. A., Zafar, N., Yohannan, S., & Miller, J. M. M. (2022). Melatonin. In: *StatPearls*.

National Library of Medicine. <https://www.ncbi.nlm.nih.gov/books/NBK534823/>

### Assessment

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

|  |   |
|--|---|
| <b>GENERAL:</b><br><b>Alertness:</b><br><b>Orientation:</b><br><b>Distress:</b><br><b>Overall appearance:</b>  | <p>The client is alert and oriented x4 to person, place, time, and reason for stay. She is well-groomed and appears to be in no acute distress.</p>   |
| <b>INTEGUMENTARY:</b><br><b>Skin color:</b><br><b>Character:</b><br><b>Temperature:</b><br><b>Turgor:</b><br><b>Rashes:</b><br><b>Bruises:</b><br><b>Wounds:</b><br><b>Braden Score:</b><br><b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br><b>Type:</b>  | <p>The client's skin is fair and evenly distributed throughout her body and no body hair was noted. Skin temperature is warm and dry, and no skin tenting was noted. The client has no rashes or lesions but does have a <b>small bruise on her right forearm</b>, where she had a previous IV placed. The patient has a <b>lower midline abdominal incision</b> but was not visualized due to a dressing being in place. Her Braden score was an 18. Which puts her at a mild risk for a pressure injury.</p>  |
| <b>HEENT:</b><br><b>Head/Neck:</b><br><b>Ears:</b><br><b>Eyes:</b><br><b>Nose:</b><br><b>Teeth:</b>  | <p>The client's head was symmetrical and appropriate size for her body. There were no deformities or lesions noted. Trachea was midline and carotid pulses were palpable bilaterally 2+. Hair on head was thinning and gray. Her ears were symmetrical, and no lesions or drainage were noted. Her nose was symmetrical, and no drainage or septal deviation was noted. A <b>nasogastric tube was present in the client's left nostril</b>. No irritation or wounds were noted around the nostril. The eyes were symmetrical, sclera and cornea were white and clear bilaterally, with no drainage. The pupils size was a 3. PERRLA and EOMS were intact bilaterally. The oral mucosa was moist and pink. The client has full dentures but was not wearing them at the assessment time.</p> |
| <b>CARDIOVASCULAR:</b><br><b>Heart sounds:</b><br><b>S1, S2, S3, S4, murmur etc.</b><br><b>Cardiac rhythm (if applicable):</b><br><b>Peripheral Pulses:</b><br><b>Capillary refill:</b><br><b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br><b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br><b>Location of Edema:</b> | <p>No jugular vein distention was noted bilaterally. S1 and S2 heart sounds were present at a normal rate and rhythm. No murmurs or gallops were auscultated. Peripheral pulses were palpable 2+ bilaterally in all extremities and capillary refill was less the 3 seconds. No edema was noted in any of the extremities.</p>  |

|  |  |
|--|--|
| <b>RESPIRATORY:</b><br><b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br><b>Breath Sounds: Location, character</b>  | The client's chest was symmetrical, no deformities or barreling noted. No accessory muscle use or retractions were noted. Breath sounds were even and clear bilaterally anteriorly and posteriorly. No crackles, wheezes, or rhonchi auscultated.  |
| <b>GASTROINTESTINAL:</b><br><b>Diet at home:</b><br><b>Current Diet</b><br><b>Height:</b><br><b>Weight:</b><br><b>Auscultation Bowel sounds:</b><br><b>Last BM:</b><br><b>Palpation: Pain, Mass etc.:</b><br><b>Inspection:</b><br><b>Distention:</b><br><b>Incisions:</b><br><b>Scars:</b><br><b>Drains:</b><br><b>Wounds:</b><br><b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br><b>Nasogastric:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br><b>Size:</b><br><b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br><b>Type:</b> | The client is 5'4.5 and weighs 130 lbs 3.2 oz. She is currently on an NPO status. No distention was noted to the abdomen. The abdomen had a lower midline incision but was not visualized due to dressing. Hypoactive bowel sounds were auscultated. The client had a 16 fr nasogastric tube in place in their left nostril. |
| <b>GENITOURINARY:</b><br><b>Color:</b><br><b>Character:</b><br><b>Quantity of urine:</b><br><b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br><b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br><b>Inspection of genitals:</b><br><b>Catheter:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br><b>Type:</b><br><b>Size:</b>   | The client had an external urinary catheter in place. The urine in the suction cannister was yellow and clear. The client stated she had no pain or difficulty with urination.   |
| <b>MUSCULOSKELETAL:</b><br><b>Neurovascular status:</b><br><b>ROM:</b><br><b>Supportive devices:</b><br><b>Strength:</b><br><b>ADL Assistance:</b> Y <input type="checkbox"/> N <input type="checkbox"/><br><b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br><b>Fall Score: High risk</b><br><b>Activity/Mobility Status:</b><br><b>Independent (up ad lib)</b> <input type="checkbox"/>  | .  |

|  |  |
|--|--|
| <b>Needs assistance with equipment</b> <input type="checkbox"/><br><b>Needs support to stand and walk</b> <input checked="" type="checkbox"/>  |  |
| <b>NEUROLOGICAL:</b><br><b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/><br><b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br><b>Strength Equal:</b> Y <input type="checkbox"/> N <input type="checkbox"/> if no -<br><b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/><br><b>Orientation:</b> Oriented x4<br><b>Mental Status:</b><br><b>Speech:</b> Clear and non-slurred<br><b>Sensory:</b><br><b>LOC:</b> Patient conscious to surroundings   |  |
| <b>PSYCHOSOCIAL/CULTURAL:</b><br><b>Coping method(s):</b> The client likes having her daughter come in and spend the day with her. She states it gets her mind off of everything.<br><b>Developmental level:</b> Appropriate for age<br><b>Religion &amp; what it means to pt.:</b> The client is a catholic and doesn't attend church often. However she does like to pray and finds it important to take the time to thank God for blessing her and helping the surgery go smoothly.<br><b>Personal/Family Data (Think about home environment, family structure, and available family support):</b> The client is widowed; however, she states she has adjusted to being on her own. She does miss her husband and wishes he was here with her. She states her daughter is extremely helpful and supportive. |  |

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

| Time | Pulse | B/P    | Resp Rate | Temp | Oxygen |
|------|-------|--------|-----------|------|--------|
| 0715 | 83    | 134/77 | 14        | 97.6 | 98     |

**Pain Assessment, 1 set (5 points)**

| Time | Scale | Location | Severity | Characteristics                                 | Interventions   |
|------|-------|----------|----------|---|---|
| 0715 | 0-10  | Abdomen  | 2        | Stated the area feels tender<br>"like a bruise" | The patient is lying supine with the head of the bed slightly elevated. |

**Intake and Output (2 points)**

| Intake (in mL)                 | Output (in mL)        |
|--------------------------------|-----------------------|
| 10/30/23 Lactated ringers 1500 | 10/30/23 Urine 175    |
| 10/31/23 Zosyn 100 ml          | 10/31/23 Urine 500 ml |

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

| <b>Nursing Diagnosis</b>  | <b>Rationale</b>   | <b>Interventions (2 per dx)</b>   | <b>Outcome Goal (1 per dx)</b>  | <b>Evaluation</b>  |
|---|--|---|---|--|
| <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with "related to" and "as evidenced by" components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul> | <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul> |   |   | <ul style="list-style-type: none"> <li>• How did the client/family respond to the nurse's actions? <ul style="list-style-type: none"> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul> </li> </ul> |
| <ol style="list-style-type: none"> <li>1. Risk for surgical site infection related to surgical intervention as evidenced</li> </ol>   | I chose this nursing diagnosis due to the client having the incision                             | <ol style="list-style-type: none"> <li>1.Minimize the client's risk of infection by performing hand hygiene and maintain</li> </ol> | <ol style="list-style-type: none"> <li>1. The client's incision will remain clean and pink with no drainage prior to discharge (Phelps, 2023).</li> </ol> | The client was happy that care was being taken to minimize her risk of developing an infection.  |

|  |   |   |  |  |
|--|---|---|--|--|
| by lower midline abdominal incision (Phelps, 2023).                                  |   | asepsis when providing dressing changes and wound care (Phelps, 2023).<br><br>2. Follow facility policy to minimize the risk of a nosocomial infection  |  |  |
| 2. Risk for aspiration related to tube displacement as evidenced by nasogastric tube | I chose this nursing diagnosis due to the client having a nasogastric tube in place in her left nostril | 1. Monitor and record nasogastric drainage in suction canister<br><br>2. Ensure nasogastric tube is appropriately secured at all times and educate patient on the importance of not tugging on the tube | 1. The client's nasogastric tube will remain in the appropriate location until removal | The client was not happy about having a nasogastric tube in place but would ensure to not get anything caught on it that might pull it out of place. |

**Other References (APA):**

Phelps, L. L. (2023). *Nursing diagnosis reference manual* (12th ed, pp. 30-32, 678-680). Wolters Kluwer.

**Concept Map (23 Points):**

### Subjective Data

Lower midline incision  
 Nasogastric tube in left nostril  
 Abdominal pain and vomiting since  
 loop of bowel in ventral hernia  
 Chronic hernia that would usually go back in  
 from surgery

Elevated glucose level a 2/10  
 Abnormal urinalysis and elevated BUN  
 due to possible dehydration  
 Client NPO = hypoactive bowel sounds

### Objective Data

### Nursing Diagnosis/Outcomes

The client is an 82 year old female with a history of hypertension and Diabetes mellitus type II. She presented with an incarcerated umbilical hernia and small bowel obstruction that was surgically repaired with an open repair with mesh.

Risk for surgical site infection related to surgical intervention as evidenced by lower midline abdominal incision  
 Performing appropriate hand hygiene and asepsis while doing wound care  
 Client's incision will remain pink and clean with no drainage prior to discharge

Risk for aspiration related to tube displacement as evidenced by nasogastric tube in left nostril  
 Monitor and record nasogastric drainage in suction canister  
 Client's nasogastric tube will remain in the appropriate location until removal

### Nursing Interventions



