N321 Care Plan #1

Lakeview College of Nursing

Jessica Runde

Demographics (3 points)

Date of Admission 1/27/2024	**Client Initials** JAC	**Age** 74	**Gender** Female
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Married	**Allergies** None
Code Status Full	**Height** 161 cm	**Weight** 77.2 kg	

Medical History (5 Points)

Past Medical History: chronic hypertension

Past Surgical History: colonoscopy July 2023; cataract R. eye August 2019; Cologuard-negative July 2023; H/O hysterectomy August 2019; Lasik August 2019; Cholecystectomy January 2024

Family History: Unknown

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

No tobacco or drugs, alcohol- 3-5 drinks per week of beer, wine, liquor

Assistive Devices: gait belt

Living Situation: patient lives with spouse at home

Education Level: patient has no barriers to her education level

Admission Assessment

Chief Complaint (2 points): Patient is having post-op pain from recent Cholecystectomy.

History of Present Illness – OLD CARTS (10 points): Patient said that the pain started occurring recently after gall-bladder removal surgery. When the patient was asked where the location of the pain was, she pointed to her upper right quadrant in her abdomen. The patient says that the pain “comes and goes, but is mostly constant.” The patient said the pain feels like a “knife-stabbing” into her abdomen. The patient says the only thing that helps is if she sits up and

is recently administered pain medications. The patient said that there are no aggravated factors that come with the RUQ pain. The patient is currently in the hospital being treated for the pain with pain medications.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Cholecystitis- This is what caused the patient to have a Cholecystectomy.

Secondary Diagnosis (if applicable): n/a

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

The patient whom I was caring for had a cholecystectomy due to cholecystitis; therefore, I am writing my pathophysiology on cholecystitis. “Cholecystitis, which is inflammation of the gallbladder caused by cholelithiasis, is a common cause of emergency medical care” (Capriotti & Frizzell, 2020, p. 783). This gastrointestinal disorder is more common in females than males and can be painful (Capriotti & Frizzell, 2020, p. 788). The inflammation can be caused by gallstones in the gallbladder or no gallstones at all. Most patients likely have cholecystitis because of gallstones: “Ninety percent of cases of cholecystitis are caused by gallstones that lodge in the cystic duct” (Capriotti & Frizzell, 2020, p. 788). When these gallstones are present, it makes the gallbladder start to become inflamed. This becomes an emergency because “blood flow and lymphatic drainage are compromised, leading to mucosal ischemia and necrosis” (Capriotti & Frizzell, 2020, p. 788).

Many different signs and symptoms are present in a patient experiencing cholecystitis. The most common clinical presentation is “abdominal pain in the RUQ” (Capriotti & Frizzell, 2020, p. 788). The patient would be experiencing this sharp pain in the right upper quadrant

because this is where the gallbladder is located. According to Swaringen & Wright on page 422, “there may be a history of discomfort after eating” when a patient has an inflamed gallbladder. Patients can also present with tachycardia and a fever due to the amount of pain that they are in.

There are many different labs and diagnostic tests to complete on a patient presenting symptoms of cholecystitis. These labs include “WBC count, ESR, CRP, liver enzymes, and bilirubin levels” (Capriotti & Frizzell, 2020, p. 789). If these labs come back out of the normal ranges, it could help a provider know if they are dealing with cholecystitis. Some diagnostic tests involve ultrasounds or CT scans (Capriotti & Frizzell, 2020, p. 789). “Ultrasound reveals the presence of stones, thickening of the gallbladder wall, and distention of the lumen, which are signs of cholecystitis” (Capriotti & Frizzell, 2020, p. 789). A CT scan, on the other hand, would allow the healthcare workers to see the gallbladder and any abnormalities it may portray (p. 789).

The treatment for cholecystitis is a laparoscopic cholecystectomy (Capriotti & Frizzell, 2020, p. 789). This is where the surgeon will do invasive surgery on the patient and remove the gallbladder. This “procedure has a low risk of complications and generally requires a hospital stay of less than 24 hours” (Capriotti & Frizzell, 2020, p. 789).

My patient had a cholecystectomy due to cholecystitis. The symptoms that were present were right upper quadrant pain. My patient’s gastrointestinal disorder was caused by gallstones in the gallbladder. I was able to care for my patient after the surgery was completed, and I was able to see the four incisions that were present on her abdomen. All the incisions were probably less than an inch long; they all looked healthy and healing quickly.

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F.A. Davis Company.

Swaringen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical surgical, pediatric, maternity, and psychiatric-mental health.* St. Louis, MO: Elsevier

Laboratory Data (15 points)

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

*------- means that the lab was not in the patient's chart

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.8-5.41	3.76	3.72	The RBC is barely below the level. The cause of this deficiency could be the famotidine the patient is taking. This medication has a side effect of anemia (Jones & Bartlett Learning, 2022, p. 533). Anemia is a deficiency of red blood cells in the body.
Hgb	11.3-15.2	12.2	12.0	
Hct	33.2-45.3	33.7	33.9	
Platelets	2.4-8.4	7.5	5.9	
WBC	4-11.7	8.9	7.1	
Neutrophils	149-393	245	222	
Lymphocytes	0.8-3.7	0.83	0.80	
Monocytes	0.3-1.1	0.50	0.60	
Eosinophils	0-6.3%	0.1%	0.4%	
Bands	*	*	*	

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	123	124	The possible reason for hyponatremia in the patient could be due to one of the medications that she is taking. Topiramate is a medication that she is taking and one of the side effects is hyponatremia (Jones & Bartlett Learning, 2022, p. 1352).
K+	3.5-5.1	3.7	3.6	
Cl-	98-107	89	90	My patient is taking the medication furosemide. This medication is a Lasix which is under the diuretic class. When a patient is taking a diuretic, it can cause them to rid their body of important electrolytes (Taylor et al., p. 1693).
CO2	21-31	25	26	
Glucose	74-109	107	93	
BUN	7-25	10	9	
Creatinine	0.6-1.2	0.63	0.67	
Albumin	3.5-5.2	3.7	3.9	
Calcium	8.6-10.3	8.0	8.4	It is also very likely that the patient has hypocalcemia due to them being on diuretics. Diuretics cause not only urine to be excreted, but electrolytes as well (Taylor et al., p. 1672).
Mag	1.6-2.4	1.6	1.9	
Phosphate	2.5-5.0	23	2.2	
Bilirubin	0.3-1.0	0.5	0.6	

Alk Phos	34-104	79	83	
AST	13-39	22	19	
ALT	7-52	23	19	
Amylase	*	*	*	
Lipase	11-82	11	12	
Lactic Acid	*	*	*	

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	*	*	*	
PT	*	*	*	
PTT	*	*	*	
D-Dimer	*	*	*	
BNP	*	*	*	
HDL	*	*	*	
LDL	*	*	*	
Cholesterol	*	*	*	
Triglycerides	*	*	*	
Hgb A1c	*	*	*	
TSH	*	*	*	

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	Colorless/clear	Colorless/clear	Colorless/clear	
pH	6.0-7.5	7.5	7.5	
Specific Gravity	1.005-1.034	1.030	1.030	
Glucose	Normal	Normal	Normal	
Protein	negative	Negative	Negative	
Ketones	> 0.6	0.2	0.2	
WBC	<5	1	1	
RBC	0-3	1	1	
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	*	*	*	
Blood Culture	*	*	*	
Sputum Culture	*	*	*	
Stool Culture	*	*	*	

Lab Correlations Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2023 Nurse's drug handbook* (22nd ed.). Jones & Bartlett Learning.

Taylor, C., Lynn, P., & Bartlett, J. L. (2023). *Fundamentals of nursing: The art and science of person-centered care* (10th ed.). Wolters Kluwer.\

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT abdomen and pelvis w/ contrast for RUQ pain 1/27/2024; post-surgery pain

Diagnostic Test Correlation (5 points): The patient was scheduled to have a CT scan of her abdomen and pelvis done after the surgery. This was supposed to be an in and out surgery, but the patient was readmitted due to post-operative pain in her RUQ. "A CT scan provides cross-sectional images of abdominal organs and structures" (Hinkel et al., p. 1220). The physician ordered a CT scan so they could see if there were any abnormalities or injuries caused during the surgery on the surrounding tissues and organs.

Diagnostic Test Reference (1) (APA):

Hinkle, J. L., & Cheever, K. H. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

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

Home Medications (5 required)

Brand/Generic	Pepcid/ famotidine	Topamax/ topiramate	Hysingla ER/hydrocodone bitartrate	Robaxin/ methocarbamol	Toprol-XL/ metoprolol
Dose	20 mg	50 mg	5 mg- 325 mg	1,000 mg=2 tablets	25 mg=1 tablet
Frequency	BID	daily	PRN; q 4 hours	TID	Daily
Route	Oral tablet	oral	oral	Oral	oral
Classification	*Pharmacologic class*: Histamine- 2 blocker	*Pharmacologic class*: sulfamate-substituted monosaccharide	*Pharmacologic class:* opioid *Therapeutic*	*Pharmacologic class:* carbamate derivative	*Pharmacologic class:* Beta1 - adrenergic blocker

	Therapeutic class: Antiulcer agent (Jones & Bartlett Learning, 2022, p. 530)	*Therapeutic class*: anticonvulsant (Jones & Bartlett Learning, 2022, p. 1350)	*class:* opioid analgesic *Controlled substance schedule:* 11 (Jones & Bartlett Learning, 2022, p. 654)	*Therapeutic class:* skeletal muscle relaxant (Jones & Bartlett Learning, 2022, p. 855)	*Therapeutic class:* antianginal, antihypertensive (Jones & Bartlett Learning, 2022, p. 878)
Mechanism of Action	This medication "reduces HCL formation by preventing histamine from binding with H2 receptors…. By doing so, the drug helps prevent peptic ulcers from forming and helps heal existing ones" (Jones & Bartlett Learning, 2022, p. 532).	"May block the spread of seizures by reducing the length and frequency of excitatory transmission" ((Jones & Bartlett Learning, 2022, p. 1351).	This medication "binds to and activates opioid receptors at sites in the periaqueductal and periventricular gray matter, the ventromedial medulla, and the spinal cord to produce pain relief" (Jones & Bartlett Learning, 2022, p. 654).	"Methocarbamol also alters perception of pain" (Jones & Bartlett Learning, 2022, p. 856).	"Metoprolol also helps reduce blood pressure by decreasing renal release of renin" (Jones & Bartlett Learning, 2022, p. 879).
Reason Client Taking	This medication aids in treatment or prevention of an ulcer in the duodenum (Jones & Bartlett Learning, 2022, p. 532).	"To treat partial-onset or primary generalized tonic-clonic seizures" (Jones & Bartlett Learning, 2022, p. 1350).	The client is allowed to take this prn when in pain.	The client is taking this to help with acute pain and discomfort. (Jones & Bartlett Learning, 2022, p. 855)	The client is taking this to manage their chronic hypertension.
Contraindications (2)	1.Hypersensitivity to famotidine 2.Hypersensitivity to other H2-receptor antagonists (Jones & Bartlett Learning, 2022, p. 532)	1.Hypersensitivity to topiramate 2.Any alcohol use recent before or after administration of the medication (Jones & Bartlett Learning, 2022, p. 1351)	1."Acute or severe bronchial asthma" 2. "hypersensitivity to hydrocodone bitartrate" (Jones & Bartlett Learning, 2022, p. 655)	1.hypersensitivity to methocarbamol 2.contraindicated to use with other muscle suppressants (Jones & Bartlett Learning, 2022, p. 856)	1.sinus bradycardia 2.hypersensitivity to metoprolol. (Jones & Bartlett Learning, 2022, p. 879)
Side Effects/Adverse Reactions (2)	Depression, headache	Fever, mood changes	Fatigue, hypokalemia	1.headache 2.seizures	1.constipation 2.fatigue

	(Jones & Bartlett Learning, 2022, p. 532)	(Jones & Bartlett Learning, 2022, p. 1352)	(Jones & Bartlett Learning, 2022, p. 655)	(Jones & Bartlett Learning, 2022, p. 856)	(Jones & Bartlett Learning, 2022, p. 880)
Nursing Considerations (2)	1.The nurse should make sure the patient is not allergic to the medication before administration. 2. The nurse should monitor the patient on any possible adverse effects.	1.The nurse should monitor the patient's vital signs. 2.The nurse should continue to ask the patient how they are feeling after administering the medication.	1.The nurse needs to monitor the patient's electrolytes to make sure they do not go imbalance with this medication. 2.The nurse needs to make sure the client is not overtaking this medication since it is an opioid.	1.The nurse needs to make sure "antihistamines, corticosteroids and epinephrine are available in case patient experiences anaphylactic reactions" (Jones & Bartlett Learning, 2022, p. 856). 2. The nurse needs to check other medications to make sure there are no other muscle relaxants or any other drug-drug interactions.	1. The nurse should monitor the patient's blood pressure to see if the medication is helping the hypertension. 2. The nurse should make sure the patient is educated on how important it is to take the medication due to the history of chronic hypertension.

Hospital Medications (5 required)

Brand/Generic	Lasix/ furosemide	Toradol/ ketorolac tromethamine	Tylenol/ acetaminophen	Celebrex/ celecoxib	Protonix/ pantoprazole
Dose	40 mg	15 mg	1000 mg=2 tablets	200 mg	40 mg
Frequency	BID	Every 6 hours	every 6 hours, PRN	BID	Daily
Route	IV	IV	oral	oral	oral
Classification	*Pharmacologic class:* loop diuretic *Therapeutic class:* antihypertensive, diuretic (Jones &	*Pharmacologic class:* NSAID *Therapeutic class:* Analgesic (Jones &	*Pharmacologic class:* nonsalicylate, para-aminophenol derivative *Therapeutic class:* antipyretic, nonopioid analgesic	*Pharmacologic class:* NSAID *Therapeutic class:* analgesic, anti-inflammatory, antirheumatic	*Pharmacologic class:* proton pump inhibitor *Therapeutic class:* antiulcer (Jones & Bartlett Learning, 2022, p.

	Bartlett Learning, 2022, p. 604)	Bartlett Learning, 2022, p. 735)	((Jones & Bartlett Learning, 2022, p. 9)	(Jones & Bartlett Learning, 2022, p. 249)	1055)
Mechanism of Action	"By reducing intracellular and extracellular fluid volume, the drug reduces blood pressure and decreases cardiac output" (Jones & Bartlett Learning, 2022, p. 605).	"By blocking cyclooxygenase and inhibiting prostaglandins, this NSAID reduces inflammation and relieves pain" (Jones & Bartlett Learning, 2022, p. 736).	"Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system" (Jones & Bartlett Learning, 2022, p. 11).	"By inhibiting COX-2 activity and prostaglandin production, this reduces inflammatory symptoms and relieves pain" (Jones & Bartlett Learning, 2022, p. 250).	This medication "inhibits the final step in gastric acid production by blocking the exchange of intracellular H+ and extracellular K+, thus preventing H+ from entering the stomach and additional HCL from forming" (Jones & Bartlett Learning, 2022, p. 1056).
Reason Client Taking	"To manage hypertension" (Jones & Bartlett Learning, 2022, p. 604)	The client is taking this for pain.	The client is also taking this for pain when needed.	The client is taking this medication to help with acute migraines. (Jones & Bartlett Learning, 2022, p. 250)	The client is taking this to "treat erosive esophagitis associated with gastroesophageal reflux disease" (Jones & Bartlett Learning, 2022, p. 1055).
Contraindications (2)	1.anuria 2.hypersensitivity to furosemide (Jones & Bartlett Learning, 2022, p. 605)	1.incomplete hemostasis 2.hypersensitivity to ketorolac (Jones & Bartlett Learning, 2022, p. 736)	1.severe hepatic impairment 2.hypersensitivity to acetaminophen (Jones & Bartlett Learning, 2022, p. 11)	1.allergic reactions to aspirin 2.Hypersensitivity to celecoxib (Jones & Bartlett Learning, 2022, p. 250)	1.substituted benzimidazole 2. hypersensitivity to pantoprazole (Jones & Bartlett Learning, 2022, p. 1056)
Side Effects/Adverse Reactions (2)	1.hypocalcemia 2.hypochloremia (Jones & Bartlett Learning, 2022, p. 606)	1.aplastic anemia 2.hyponatremia (Jones & Bartlett Learning, 2022, p. 737)	1.hypertension 2.constipation (Jones & Bartlett Learning, 2022, p. 11)	1.abdominal pain 2.aplastic anemia (Jones & Bartlett Learning, 2022, p. 251)	1.hyponatremia 2.constipation (Jones & Bartlett Learning, 2022, p. 1056)
Nursing Considerations (2)	1.The nurse should make sure to monitor the patient's electrolytes.	1. The nurse should make sure to monitor the patient's RBC on the	1. "Calculate total daily intake of acetaminophen including other products that may	1.Make sure to check the patient's complete blood count to look at	1.Continue to get the patient up and walking to get their bowels moving to avoid

	2.The nurse should make sure to monitor the client's blood pressure.	patient's CBC. 2. The nurse should monitor the patient's pain to see if the medication is helping.	contain acetaminophen so maximum daily dosage is not exceeded" (Jones & Bartlett Learning, 2022, p. 11). 2. The nurse should monitor the patient's vital signs to watch for hypertension and to see if the pain is decreasing.	the RBC. 2.Assess the patient often to see if they are experiencing any worse pain.	constipation. 2.Keep monitoring electrolytes to see if there are any imbalances.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2023 Nurse's drug handbook* (22nd ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Patient was A/O times 4 Patient was in distress from pain in RUQ of the abdomen. Patient overall appearance was appropriate, good hygiene, no evidence of chemical influence
INTEGUMENTARY: **Skin color: olive** **Character:** **Temperature: warm to touch** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 19** **Drains present: Y☐ N ☒** **Type:**	 No cyanosis, erythema, or pallor present Skin was dry and intact Temperature was warm to touch Turgor was a +2 No rashes present No bruises present Patient had 4 lap site wounds present in the abdomen from the recent cholecystectomy Braden Score: 19 (no risk) No drains present
HEENT: **Head/Neck:**	 Head was symmetrical and no abnormalities

Ears: **Eyes:** **Nose:** **Teeth:**	Neck had no deep vein distention and no seen abnormalities Ears- no equipment in the room to look directly into the ears; the patient's hearing was good from the conversations we had Eyes- no equipment in the room to look directly in the eyes; patient was following me and the nurse with her eyes to show she had good vision, no liquid leaking from the patient's eyes; sclera was white and conjunctiva pink Nose- no discharge from the nose and the septum of the nose was centered Teeth- patient did not have dentures and teeth showed no erosion or abnormalities
CARDIOVASCULAR: **Heart sounds:** **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:** patient has +1 edema present surrounding the ankles bilaterally	. Heart sounds normal, no murmurs Pulses were a +2 Capillary refill was less than 3 seconds No neck vein distention Client had slight non-pitting edema surrounding the ankles bilaterally; +1
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	 No accessory muscle use to breath No adventitious breath sounds on the patients were hear posterior or anterior
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM: 1/24** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:**	 Normal diet at home Normal diet currently 161 cm 77.2 kg Bowel sounds were hypoactive in all four quadrants Last BM: 1/24/2024 No palpation was done due to the client being in pain in the abdomen from recent surgery No distention or drains present in the abdomen, patient had 4 lap sites from her recent surgery that showed no sign of infection No ostomy No NG No feeding tubes

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:**	Yellow Clear No pain with urination Patient is on dialysis No catheter
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 35** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	Patient has full ROM in all extremities, patient was able to sit up with no assistance in the hospital bed The patient has assistance with a gait belt when walking Patient's strength is weak from previous surgery Patient is at a fall risk with a score of 35 Patient needs help to go to the bathroom, stand, and walk
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient was oriented to person, place, situation, time Normal cognition Strength is equal in all extremities Patient's speech was clear and was able to express her wants Patient was able to answer questions clearly and appropriately Patient was aware of her surroundings
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Patient's coping method is to talk to her spouse Patient has no barriers in her developmental level Patient follows the Methodist religion Patient has a good home environment where she lives with her spouse Patient has good family support

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	76	156/84	16	37.0 C	94%
1100	71	177/89	18	36.6 C	93%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0840	7/10	Right upper quadrant	Severe	"knife-stabbing" pain in the RUQ	The nurse administered 0.5 mL of dilauded into the patient's IV
1040	8/10	Right upper quadrant	severe	Patient still says the pain feels like a "knife-stabbing" her	The nurse administered 0.5 mL of dilauded into the patient's IV again.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge **Location of IV:** peripheral wrist left **Date on IV:**01/28/2024 **Patency of IV:** the IV is patent and not blocked **Signs of erythema, drainage, etc.:** no erythema, drainage, or any abnormalities present **IV dressing assessment:** the dressing is clean	The patient's fluid was cancelled. The nurse injected the IV with 0.5 mL of dilauded twice to help with the pain, and then flushed it with normal saline directly after.

and free or any irritation to the patient	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
Patient is on a 1600 cc fluid restriction w/ 800 having to be free water. Patient had 400 cc of warm tea Patient also had 200 cc of water Total- 600 cc	Patient voided once at 0930 in the bathroom alone, amount is unknown, but patient had zero complaints of urinating.

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was cared for by the nurse and the care partner that I followed around. The patient was healthy with no severe complaints besides her post-op pain. The nurse administered some medications into the patient's IV to help with the pain from the patient's recent surgery. This medication did help the patient's pain after it was administered. The patient was also placed on a 1600 cc diet during the time frame of when I was caring for her.

Procedures/testing done: No procedures or tests were done on the patient during the time I was caring for them.

Complaints/Issues: The patient had complaints about her post-operative pain in her right upper quadrant. The patient was grimacing and bending over when she was in pain. The patient also complained about the potassium vitamins that went through her IV. The patient said it felt like a burning sensation at the IV site.

Vital signs (stable/unstable): The patient's vital signs were all stable. The blood pressure was elevated, but the patient has a history of chronic hypertension.

Tolerating diet, activity, etc.: The patient ate her breakfast and said it tasted "fine." The patient was able to sit up on the side of her bed on her own. The patient needed assistance with a gait belt to use the restroom.

Physician notifications: There were no physician notifications during the time of my care for the patient.

Future plans for client: The future plans for the client are for her to have a bowel movement, get her electrolytes balanced, and see what is causing the post-operative pain in the right upper quadrant.

Discharge Planning (2 points)

Discharge location: When the patient is ready, they will be getting discharged from 3 East floor in the Sara Bush Hospital facility.

Home health needs (if applicable): n/a

Equipment needs (if applicable): n/a

Follow up plan: Follow up with patient's primary care provider within 1 week.

Education needs: Educating the patient to contact their provider if any abnormal changes happen or if the post-operative pain becomes worse/starts again. Educate the client on contacting their primary care provider with any questions.

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 • Listed in order by	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client

priority – highest priority to lowest priority pertinent to this client				response, status of goals and outcomes, modifications to plan.
1. Acute pain related to the client's recent cholecystectomy as evidenced by the patient grimacing and saying that she has pain at an 8 on a 1-10 scale.	I chose this nursing diagnosis because the patient verbally told me that they were in a lot of pain in their right upper quadrant. I could also tell that they were in a lot of pain from their nonverbal cues such as grimacing, grunting, bending over, and holding her RUQ.	**1.**An intervention for this nursing diagnosis would be to administer any opioid analgesics into the patient's body as prescribed (Swaringen & Wright, p. 54). **2.**Another intervention would be to often check on the patient to assess the patient's pain and vital signs to see if there are any changes.	**1.** The outcome goal for this nursing diagnosis would be to have the patient's pain level decrease within 2 hours of the interventions being completed.	After the client received an opioid analgesic to help with the pain, the client said she was feeling better on her next assessment we did with her.
1. Electrolyte imbalance related to the medications the patient is taking after their cholecystectomy as evidenced by a few of the electrolyte numbers being lower than the	I chose this nursing diagnosis because a few of the patient's electrolytes were out of the normal ranges. They were not severely	**1.** An intervention for this nursing diagnosis is to administer any electrolyte-containing supplements as ordered by the physician	**1.** The outcome goal for this patient would be to have the patient's electrolytes to increase and go back into their normal ranges within the next 12 hours after the interventions	The patient understood the importance of having an electrolyte balance. The client agreed to some of the electrolyte supplements that she was prescribed from

normal range.	low, but it is still very important to make sure the electrolytes are balanced.	to raise the electrolytes to their normal levels. **2.**Another intervention would be to assess the patient for body effects due to electrolyte imbalance. These symptoms can include "muscle weakness, cramps, irritability, irregular heartbeats" (Swaringen & Wright, p. 670).	are done.	the physician.
1. Fecal incontinence related to disruption of normal function as evidenced by the patient's last bowel movement being on 1/24/2024. This was the day before the patient's surgery (Swaringen & Wright, p. 447).	I chose this nursing diagnosis because the patient has not made a bowel movement in 5 days. This is very important especially since the patient just got out of surgery.	**1.** An intervention for this nursing diagnosis would be to have the patient walk the halls to get the bowels moving. **2**. Another intervention would be to educate the client on types of foods	**1.** The outcome goal for this nursing diagnosis would be to have the patient have a bowel movement within the next 24-hour time period.	The client agreed that it would be a good idea for her to walk and to eat a diet that will help her with bowel movements. The client listened to the nurse educating her on the importance of making a bowel movement.

		that can cause the body to have a bowel movement. These foods consist of “spinach, raw fruits, prune juice” (Swaringen & Wright, p. 449).		

Other References (APA):

Swaringen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical surgical, pediatric, maternity, and psychiatric-mental health.* St. Louis, MO: Elsevier

Concept Map (20 Points):

Subjective Data

- Patient stated the pain in her right upper quadrant was an 8/10
- Patient said the pain felt like a "knife stabbing" her
- Patient said the pain comes and goes but is mostly constant
- Patient said that the medicines helped the pain
- Patient said she had no other complications besides the RUQ pain

Nursing Diagnosis/Outcomes

1. Acute pain related to the client's recent cholecystectomy as evidenced by the patient grimacing and saying that she has pain at an 8 on a 1-10 scale. The outcome goal for this nursing diagnosis would be to have the patient's pain level decrease within 2 hours of the interventions being completed.
2. Electrolyte imbalance related to the medications the patient is taking after their cholecystectomy as evidenced by a few of the electrolyte numbers being lower than the normal range. The outcome goal for this patient would be to have the patient's electrolytes to increase and go back into their normal ranges within the next 12 hours after the interventions are done.
3. Fecal incontinence related to disruption of normal function as evidenced by the patient's last bowel movement being on 1/24/2024 (Swaringen & Wright, p. 447). This was the day before the patient's surgery. The outcome goal for this nursing diagnosis would be to have the patient have a bowel movement within the next 24-hour time.

Objective Data

- Patient had an age appropriate appearance
- Patient demonstrated with nonverbal cues that she was in a lot of pain
- Patient kept grabbing her upper right quadrant because of the pain
- Patient was grimacing and grunting due to the pain

Client Information

A 74-year-old female client was admitted to the facility for post-operative pain from a recent surgery. The client was admitted on 1/27/2024 and the surgery was on 1/25/2024. The patient's past medical history consists of chronic hypertension.

Nursing Interventions

Nursing Diagnosis 1: An intervention for this nursing diagnosis would be to administer any opioid analgesics into the patient's body as prescribed (Swaringen & Wright, p. 54). Another intervention would be to often check on the patient to assess the patient's pain and vital signs to see if there are any changes.

Nursing Diagnosis 2: 1. An intervention for this nursing diagnosis is to administer any electrolyte-containing supplements as ordered by the physician to raise the electrolytes to their normal levels. Another intervention would be to assess the patient for body effects due to electrolyte imbalance. These symptoms can include "muscle weakness, cramps, irritability, irregular heartbeats" (Swaringen & Wright, p. 670).

Nursing Diagnosis 3: An intervention for this nursing diagnosis would be to have the patient walk the halls to get the bowels moving. Another intervention would be to educate the client on types of foods that can cause the body to have a bowel movement. These foods consist of "spinach, raw fruits, prune juice" (Swaringen & Wright, p. 449)