Medications

-amlodipine (Norvasc)- 10 mg tablet daily PO. Pharmacological class: calcium channel blocker (Jones and Bartlett, 2023). Therapeutic class: antianginal and antihypertensive (Jones and Bartlett, 2023). The reason the patient is taking: to help control hypertension (Jones and Bartlett, 2023). Nursing assessments: monitor blood pressure when adjusting the dose or beginning this medication (Jones and Bartlett, 2023). As well as assess for chest pain when starting or adjusting this medication if chest pain worsens in the patient an acute myocardial infarction could occur (Jones and Bartlett, 2023).

-clindamycin (Cleocin)- 600 mg in D5W IVPB- every 8 hours. Pharmacological class: Lincosamide (Jones and Bartlett, 2023). Therapeutic class: Antibiotic (Jones and Bartlett, 2023). The reason the patient is taking: to treat his skin infection cellulitis (Jones and Bartlett, 2023). Nursing assessments: obtain a specimen culture for sensitivity before giving the first dose, check the IV site often for irritation or phlebitis, and assess the patient's bowel pattern daily this medication can cause diarrhea (Jones and Bartlett, 2023).

-enoxaparin (Lovenox)- 40 mg sub-Q injection daily- Pharmacological class: low-molecular-weight-heparin (Jones and Bartlett, 2023). Therapeutic class: Anticoagulant (Jones and Bartlett, 2023). The reason the patient is taking: to prevent blood clots and deep vein thrombosis (Jones and Bartlett, 2023). Nursing assessments- know if the patient is at increased risk for hemorrhage and monitor vital signs before and after this medication if the first time is given or adjusting the dose (Jones and Bartlett, 2023).

-miconazole 2% powder- topical in groin area two times daily. Pharmacological class: N/A. Therapeutic class: Antifungal (Jones and Bartlett, 2023). Reason the patient is taking: to treat fungal or yeast infection of the skin around the groin area (Jones and Bartlett, 2023). Nursing assessments: to monitor what the infection looked like before medication was applied to know if the medication is improving or worsening the skin infection (Jones and Bartlett, 2023).

-pravastatin (Pravachol)- 20 mg tablet daily PO. Pharmacological class: HMG-CoA reductase inhibitor (statin) (Jones and Bartlett, 2023). Therapeutic class: Antilipemic (Jones and Bartlett, 2023). The reason the patient is taking: to help control cholesterol levels (Jones and Bartlett, 2023). Nursing assessments: Use cautiously in elderly patients, monitor liver enzymes before starting this medication, and monitor BUN and serum creatinine levels (Jones and Bartlett, 2023).

-tamsulosin (Flomax)- 0.4 mg capsule daily PO. Pharmacological class: Alpha-adrenergic antagonist (Jones and Bartlett, 2023). Therapeutic class: Benign prostatic hyperplasia (BPH) agent (Jones and Bartlett, 2023). The reason the patient is taking: to treat BPH (Jones and Bartlett , 2023). Nursing assessments: rule out prostate cancer before starting this medication and the patient should not take this medication on an empty stomach (Jones and Bartlett, 2023).

Lab Values/Diagnostics

Demographic Data

Date of Admission: 02/03/2024
Admission Diagnosis/Chief Complaint: Cellulitis of the left arm- swollen, red, and painful wound on the left forearm below the elbow.
Age: 89 years old
Gender: Male
Race/Ethnicity: White/ Caucasian
Allergies: N/A
Code Status: Full code
Height in cm: 165.1 cm
Weight in kg: 87.5 kg
Psychosocial Developmental Stage: Integrity vs. Despair
Cognitive Developmental Stage: Formal operational stage
Braden Score: 18
Morse Fall Score: 77
Infection Control Precautions: Standard precautions

Admission History

E.B. developed a scab on his arm about three weeks ago and picked it off his arm. About a day later, he developed a bump on his left forearm below his elbow. He decided to pick at the bump with a toothpick which then led the bump to become inflamed, red, and had purulent drainage. He stated that bumping this wound on anything caused more pain as well as touching the wound. He had trouble tolerating any kind of pressure on this wound. He said aspirin would help the pain. He was treated for the original bump that was present at the beginning of the three weeks and was put on a ten-day antibiotic double-strength Bactrim. He rated the pain a five out of ten.

Medical History

Previous Medical History: He has a past medical history including Arthritis, Carcinoma, Degenerative disorder of cartilage, fall at home (4/13/2020), prostate cancer (4/27/3030), hyperlipidemia (4/27/2020), Hypertension, Hypercholesterolemia, Infraspinatus tendon tear (left), septic arthritis of shoulder (Right, 4/17/2020), Supraspinatus tendon rupture (right- 4/14/20), tear of infraspinatus tendon (right- 4/27/2020), tear of right supraspinatus tendon (4/27/2020).

Prior Hospitalizations: 4/26/2020- Septic joint of the right shoulder region, 4/17/2020- septic arthritis of the right shoulder, 4/12/2020- hypertension, 4/12/2020- elevated troponin.

Previous Surgical History: He has had a tonsillectomy and right shoulder surgery which both occurred on 4/18/2020

Social History: He states that he does not smoke, drink, or use smokeless tobacco, or drugs and never has.

Pathophysiology

Disease process:
Cellulitis is the most common cause of limb swelling (Hinkle et al., 2022). Cellulitis can occur in an isolated event or it could be reoccurring for some patients (Hinkle et al., 2022). This occurs when the skin is broken and microbes can enter and release toxins within the subcutaneous tissues (Hinkle et al., 2022). This patient's skin was broken when he stuck a toothpick into the bump he had. The book states "The etiological pathogen of cellulitis is typically either Streptococcus species or Staphylococcus aureus (Hinkle et al., 2022)."

S/S of disease: There is usually an onset of redness, swelling, warmth to touch, and pain (Hinkle et al., 2022). This patient had all of those signs and symptoms. There are some systemic signs like fever, chills, and sweating. The redness will not be uniform and as it gets worse it will begin to look like an orange peel (Hinkle et al., 2022). Regional lymph nodes could also be tender and enlarged upon palpation (Hinkle et al., 2022).

Method of Diagnosis: The patient should be able to be diagnosed by a close exam of their skin where the signs are occurring (Hinkle et al., 2022). The patient might also need some blood tests taken to rule out any other conditions (Hinkle et al., 2022). They will also usually draw a line around the redness and swelling to see if the cellulitis is still spreading or not. This patient had a line drawn around their arm and also had an additional X-ray done to rule out dislocation or a fracture.

Treatment of disease: Mild cases that occur can be treated by an antibiotic (Hinkle et al., 2022). If the cellulitis happens to be severe, they will treat it with IV antibiotics (Hinkle et al., 2022). This patient had a severe case and was being treated with IV antibiotics. However, he had already been on oral and his wound ended up getting worse leading to his hospitalization. The patient should then be educated on how to prevent reoccurring events of cellulitis (Hinkle et al., 2022). Which includes realizing if there are any entry sites in the skin for microbes to enter (Hinkle et al., 2022). Compression therapy also might be recommended to reduce the risk of reoccurrence (Hinkle et al., 2022).

Active Orders

-Cardiac diet- due to a history of hypertension.

-Daily weight- to ensure adequate nutrition status.

- Intake and output every 8 hours- to promote adequate fluid and food intake.

- Continuous telemetry monitoring- prevent heart complications because his troponin was slightly elevated.

-CMP- daily in AM- helps diagnose conditions he may be dealing with like his cellulitis infection.

-CBC with differential daily in AM- due to risk of bleeding

-Magnesium- daily in AM- maintain normal heart rhythm

-Prothrombin time- every 72 hours in AM- evaluate coagulation status

-Vancomycin level- to help treat his skin infection.

-Pulse ox- to assess lung function and prevent any lung complications.

-Insert/ maintain peripheral IV- to give medications.

-Strict intake and output daily- make sure the patient is not retaining fluid.

-Up with assistance- due to unbalanced gait.

-Vital signs per unit routine-patient needs to keep normal vitals to prevent other problems.

Wound/ ostomy consult- to rule out cellulitis for left forearm wound

Physical Exam/Assessment

General: The client appeared alert and oriented times four. He was alert to person, place, and time. He was well-groomed and in no acute distress.

Integument: His skin was a light olive and was warm and dry upon palpation. He had a wound present on his left forearm below his elbow. The wound was swollen, bloody, bruised around the wound, and had drainage on the dressing. The dressing was wet and had sanguineous drainage present. This is due to his cellulitis. He had ecchymosis on his arms and around his butt area. His butt area was also tinted a darker purple color compared to the rest of his body. He states that he bruises very easily. He had a normal distribution of hair throughout his body. His nails had no clubbing or cyanosis present. His skin turgor recoiled immediately. His capillary refill was less than three seconds in his fingers and toes bilaterally. His Braden score was an 18.

HEENT: His head and neck are symmetrical; the trachea is midline without deviation. Thyroid was not palpable and there were no nodes present. His carotid pulses were palpable and 2+ bilaterally. Eyes: The Sclera was white, the cornea was clear, and the conjunctiva was pink and moist bilaterally. No drainage is present from the eyes. Lids are pink and moist without lesions or discharge bilaterally. PERLA bilaterally. EOMs intact bilaterally. He does have to wear reading glasses. Ears: were normal size with no redness, swelling, drainage, deformities, lesions, or lumps. He did have trouble hearing me throughout the interview process and assessment but did not wear any hearing aids. Nose: The septum was midline; nostrils were moist and pink with no drainage. Frontal and maxillary sinuses were palpable with no tenderness bilaterally. Throat: he has no tonsils present due to tonsillectomy. His uvula was midline and his soft palate would rise and fall symmetrically. The hard palate is intact. He had missing dentations he had an estimate of about ten teeth left in his mouth. His oral mucosa was moist and pink and no lesions were present.

Cardiovascular: Clear S1 and S2 without murmurs, gallops, or rubs. PMI was palpable and present at the fifth intercostal space at MCL. He had a normal rate and rhythm. He did have continuous telemetry monitoring. His capillary refill was less than three seconds. No jugular vein distention was present. All peripheral pulses were present and palpable +2. There was no edema present.

Respiratory: Lung sounds were clear throughout anterior/ posteriorly bilaterally. There were no wheezes, crackles, or rhonchi present. He had a normal rate and pattern of respiration. His respirations were symmetrical and non-labored. He had no accessory muscle use during respiration.

Genitourinary: His urine was light yellow and it was clear. However, his labs show some ketones in the urine. He stated that ever starting his prostate medicine he cannot feel when he has to go to the bathroom. He had an external catheter on and was in depends. Every time I was in the room, he was constantly voiding little amounts of urine through his catheter. He reported no pain with urination.

Gastrointestinal: He was on a regular diet at home but a cardiac diet in the hospital. He is 165.1 cm tall and weighs 87.5 kg. His bowel sounds were normoactive and his abdomen was nontender, with no masses palpable upon light and deep palpitation of all four quadrants. No CVA tenderness was noted bilaterally. He had a bowel movement that day and the nurse reported to me that every two hours when she would go in to change his depends, he was having little and very soft bowel movements.

Musculoskeletal: All extremities have full range of motion. Hand grips and pedal pushes were equal in strength they were a 4 bilaterally. He could not walk very well on his own. He had a walker that he was more comfortable sitting on and rolling around with than walking with it. He was a fall risk and his fall score was 77, he also needed assistance if he were to get up.

Neurological: PERLA was present. Negative Rhomberg's. Equal strength in arms and legs bilaterally. He was alert and oriented to person, place, situation, and time. His cognition was appropriate for his age. His speech was slowed.

Most recent VS (include date/time and highlight if abnormal): Vital signs at 0800 on 02/05/2024- BP: 121/60, Temperature: 97.0 F, Oxygen: 94%, Pulse: 87, Respirations: 14. Vital signs at 1145 on 02/05/2024- BP: 128/64, oxygen: 96%, Temperature: 97.9 F, Pulse: 96, Respirations: 16.

Pain and pain scale used: I asked him to rate his pain on a scale from 0-10 and he rated it a 5.

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Impaired skin integrity related to injury as evidence by an open wound on the left forearm below the elbow.	**Impaired physical mobility is related to a decrease in muscle strength as evidence by soft tissue swelling on the left elbow and forearm area.**	**Acute pain related to physical injury as evidence by a wound on the left forearm that occurred three weeks ago.**
Rationale **The patient has an open, swollen, inflamed, and bloody wound on his left forearm impairing the skin integrity on his left arm.**	**Rationale** **The patient had an X-ray done on his left elbow and it showed soft tissue swelling due to his wound.**	**Rationale** **The patient has an open wound that began three weeks ago and causes his arm intermittent pain.**
Interventions **Intervention 1: Inspect the patient's skin every eight hours, and document any changes that appear to the patient's skin (Herdman et al., 2021).** **Intervention 2: Maintain infection control standards to help minimize any risk of infection (Herdman et al., 2021).**	**Interventions** **Intervention 1: Perform ROM exercises to the left arm joints specifically at least once every shift unless contraindicated (Herdman et al., 2021).** **Intervention 2: Encourage independence in using the affected arm to promote self-care and confidence (Herdman et al., 2021).**	**Interventions** **Intervention 1: Assess the patient's signs and symptoms of pain cues and administer pain medications as prescribed (Herdman et al., 2021).** **Intervention 2: Check on the patient 30 minutes after pain medication to check the effectiveness (Herdman et al., 2021).**
Evaluation of Interventions **The patient will not experience any further skin breakdown or complications. He can explain his skin regimen to help heal the wound. As well his wound is in the healing process and eventually gets all the way healed.**	**Evaluation of Interventions** **The patient was tolerating using his affected arm and doing the ROM exercises. He expressed wanting to be independent and help his arm get better.**	**Evaluation of Interventions** **The patient can identify and rate his pain. He verbalizes when he needs pain medication. His pain will stay below a 6 while at the hospital.**

References (3) (APA):

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Hinkle, J. L., Cheever, K. H., & Overbaugh, K. J. (2022). *Brunner & Suddarth's textbook of Medical-Surgical Nursing*. Wolters Kluwer.

NDH: Nurse's Drug Handbook. (2023). . Jones and Bartlett Learning.