

**N311 Care Plan 1**

Taylor Spelman

Lakeview College of Nursing

N311: Foundations of Professional Practice

Christina Smalley

February 15, 2024

### Demographics (5 points)

<b>Date of Admission</b> 2/3/24	<b>Client Initials</b> E.B.	<b>Age</b> 89	<b>Gender</b> Male
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Retired produce shipper	<b>Marital Status</b> Divorced	<b>Allergies</b> None
<b>Code Status</b> Full	<b>Height</b> 5'5"	<b>Weight</b> 190 lbs.	

### Medical History (5 Points)

**Past Medical History:** arthritis, carcinoma, degenerative disorder of cartilage, fall at home, prostate cancer, hyperlipidemia, hypertension, hypercholesterolemia, infraspinatus tendon tear, septic arthritis of right shoulder, supraspinatus tendon rupture, tear of infraspinatus tendon, tear of right supraspinatus

**Past Surgical History:** right shoulder surgery, tonsillectomy

**Family History:** mother- stroke and deceased, father- deceased, sister- Alzheimer's and deceased, sister- heart disease, brother- glaucoma and deceased, daughter- glaucoma, hypertension, son- hypertension, son- hypertension

**Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use):** patient has no history of the use of tobacco, alcohol, or drugs

### Admission Assessment

**Chief Complaint (2 points):** Patient came in complaining of arm swelling and pain on his left arm.

**History of Present Illness – OLD CARTS (10 points):** The patient states that his arm swelling started a couple days before being admitted. It started in the patients left arm and patient stated that his arm was red and swollen. Patient described his arm being itchy and felt like a bruise, sore

to touch. The patient explained that nothing seemed to make it worse, but he did start to take aspirin to relieve the pain. If the patient had waited one more day, he explained to me that the outcome could have a lot worse.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** cellulitis

**Secondary Diagnosis (if applicable):** n/a

### **Pathophysiology**

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

Cellulitis is a prevalent bacterial skin infection that can result in discomfort, swelling, and redness in the affected area. Stated by Brown and Hood (2023), on National Library of Medicine website, “cellulitis is a common bacterial skin infection, with over 14 million cases occurring in the United States annually” (para. 1). According to Mayo Clinic (2020), they state the following, “cellulitis is caused when bacteria, most commonly streptococcus and staphylococcus, enter through a crack or break in the skin” (para. 5). Additionally, according to the Mayo Clinic, these bacteria have the ability to grow and penetrate further into the skin, which can result in further complications and harm to the surrounding tissues. According to the National Library of Medicine, “when these bacteria enter the body through the cracks or breaks in the skin, the cytokines and neutrophils are recruited to the affected area after bacteria have penetrated the skin leading to an epidermal response” (National Library of Medicine [NIL], 2023). As stated by the CDC, “if untreated, it can spread and cause serious health problems” (Center for Disease Control and Prevention [CDC], 2023). Although it can occur anywhere on the body, the legs and feet are the most frequently affected.

The Center for Disease Control and Prevention gave me a preview of some of the signs and symptoms that cellulitis may present. Cellulitis can appear red, swollen, and can be painful when touching. When touching the area, it can be warm and tender. The CDC explains that the skin could look pitted and have blisters (CDC, 2023). A few other symptoms include a fever, chills, and fatigue (Cleveland Clinic, 2022).

Most doctors can diagnose cellulitis by just the presence of the affected skin area. They will perform a physical examination of your skin and ask questions about the symptoms you are experiencing. There are a few other tests that can be done to help diagnose cellulitis if you may have a severe case. A blood test, skin test, and bacterial culture are the tests that Cleveland Clinic present in their article about cellulitis. On the Cleveland Clinic website, they describe that the blood test will confirm whether the cellulitis has spread to your blood. (Cleveland Clinic, 2022). In addition, the skin test will detect the specific type of bacteria causing the infection, which will assist the medical professional in choosing the right antibiotic. Finally, like the skin test, the bacterial culture aids in determining the specific type of bacteria causing cellulitis.

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

Brown, B. D., & Hood Watson, K. L. (2023, August 7). *Cellulitis*. PubMed; StatPearls

Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK549770/>

CDC. (2021, February 4). *Cellulitis* | CDC. [Wwww.cdc.gov](https://www.cdc.gov).

<https://www.cdc.gov/groupastrep/diseases-public/Cellulitis.html#:~:text=Cellulitis%20is%20a%20common%20bacterial>

Cleveland Clinic. (2022, April 18). *Cellulitis (Skin infection): Symptoms, Causes, Treatments & Recovery*. Cleveland Clinic. <https://my.clevelandclinic.org/health/diseases/15071-cellulitis>

Mayo Clinic. (2020, February 6). *Cellulitis - Symptoms and causes*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/cellulitis/symptoms-causes/syc-20370762>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	95 bpm	116/50	20	97.6 F Temporal	97%

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

Time	Scale	Location	Severity	Characteristics	Interventions
1020	0	Left arm	n/a	n/a	Medication

