N311 Care Plan 2

Ginaveve Jessup

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Smalley

February 22, 2024

Demographics (5 points)

Date of Admission 2/19	**Client Initials** F.H.	**Age** 79 years old	**Gender** Female
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Has a partner	**Allergies** Prednisone
Code Status Full Code	**Height** 5’7”	**Weight** 104 lbs	

Medical History (5 Points)

Past Medical History:

- Diabetes Mellitus (HCC) (no date provided)
- Hypertension (no date provided)
- Thyroid disease (no date provided)

Past Surgical History:

- Hysterectomy (no date provided)

Family History:

- No family history on file nor any the patient can recall.

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

The patient has a history of cigarette use and has stopped 15 years ago. No use of alcohol or drugs.

Admission Assessment

Chief Complaint (2 points): Blood in the urine and difficulty urinating.

History of Present Illness – OLD CARTS (10 points):

The onset of this patient’s diagnosis began on the day they were admitted into the emergency department. The patient previously had a urinary tract infection that was diagnosed on 2/14 and

failed to pick up the antibiotic prescription, leading to her difficulty and blood in the urine. The location of this illness is in the bladder. The duration of this illness has lasted ever since the patient was admitted which was been 3 days at this moment. The characteristics described by this patient were that their urine was a dark red color, contained red stringy blood clots, and she felt as if she was “bleeding out”. Associated symptoms this patient experienced were confusion, which was observed on the day of clinical, lower abdominal pain, difficulty urinating, as well as nausea. There were no relieving factors done by this patient. The patient was not experiencing pain, so before being admitted nothing was done as treatment but once she was admitted, her bladder began being irrigated with 0.9% sodium chloride through a Foley catheter. Her severity was 0/10 related to her having no pain.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Hematuria

Secondary Diagnosis (if applicable):

Pathophysiology

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

Hematuria is the detection of blood in urine. The two types are gross hematuria, which is observable to the naked eye, and microscopic hematuria, which is only observable under a microscope. Immunological and/or inflammatory activities can cause damage to the glomerular basement membrane (GBM) (Hamawy et al., 2022). Certain prescription drugs, calculi, and chemical substances may result in loss of the mucosal membrane of the urinary tract, leading to blood in the urine. Hematuria happens when there is bleeding in the renal tract, which can arise as a result of an obstruction, a kidney injury, or destruction that can bring blood into the urinary

tract. The most common cause of hematuria is kidney infections, which can be caused by a urinary tract infection, a bladder or kidney stone, kidney disease, possible cancer of the kidney or bladder, an enlarged prostate or BPH, and medications. More complex diagnoses that may cause hematuria are glomerulonephritis, nephrolithiasis, polycystic kidney disease, and Good Pastures Syndrome (Capriotti, 2020). Causes of hematuria can be glomerular, such as Alport syndrome, or non-glomerular, such as menstruation, or trauma. An individual who is experiencing hematuria will likely experience back pain, lower abdominal pain, dysuria, a possible fever, and urine that appears red, which will confirm gross hematuria. The best way to test for hematuria is a urinalysis, which is a technique where they can look at the physical aspect of your urine, as well as the chemical and microscopic characteristics of your urine. If the urinalysis detects the presence of 5 or more red blood cells in 3 separate specimens collected, there is a positive finding of hematuria. By doing this test, they are also able to determine the cause of the hematuria, such as whether it was caused by a UTI. Other tests that can determine the diagnosis of hematuria are urine microscopy, imaging of the renal system, a biopsy of the kidney, or a cystoscopy.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives* (2nd ed.). F.A. Davis Company.

Hamawy, K. & Saleem, M. (2022, August 8). *Hematuria*. StatPearls – NCBI Bookshelf. https://www.ncbi.nlm.nih.gov/books/NBK534213/

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	81	113/80	22	97.7 F	98%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1128	Numeric	Rotator cuff which is not related to her primary and admitting diagnosis	5/10	Dull	Exercises and Tylenol

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1200 mL	860 mL per foley catheter

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

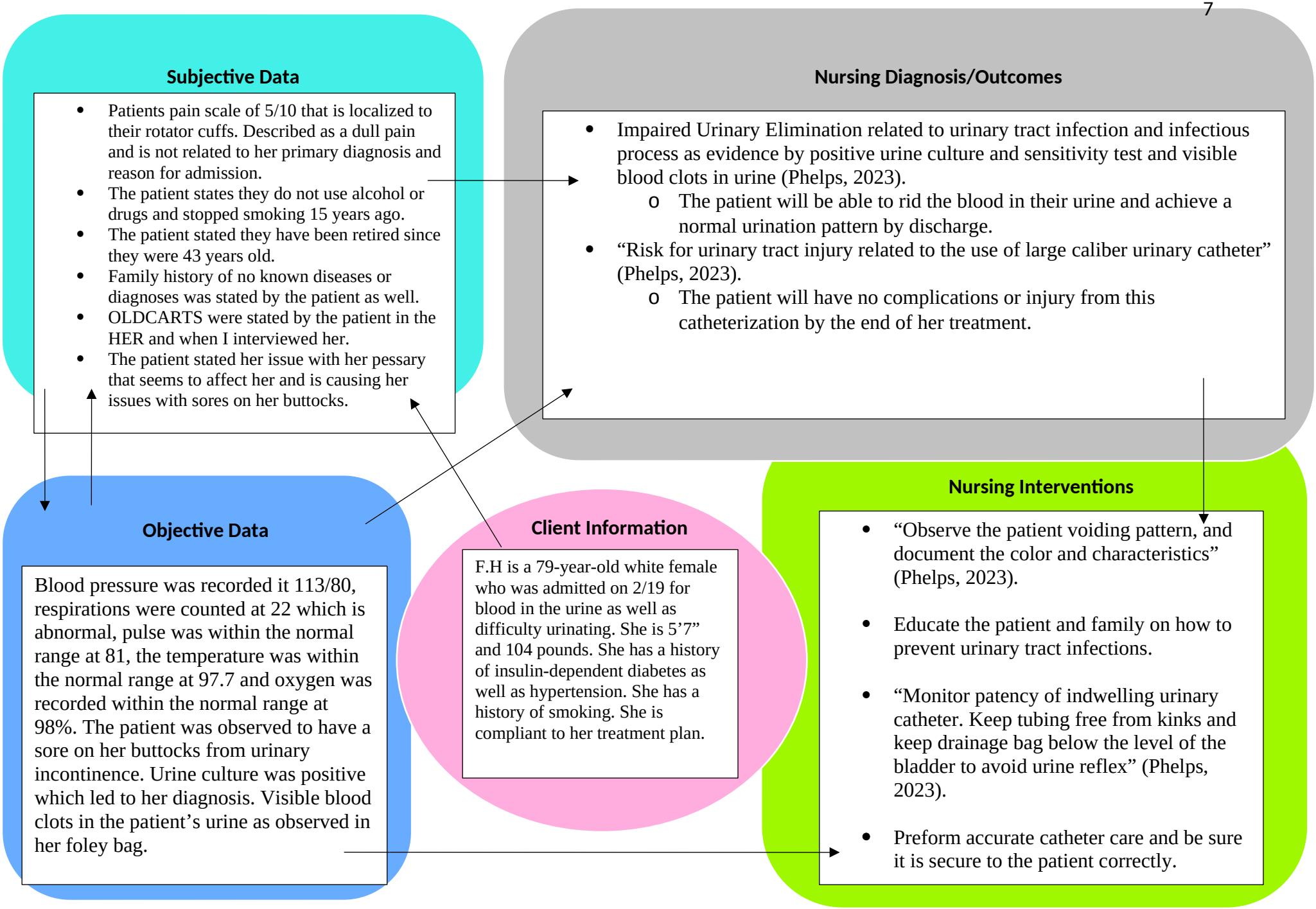
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 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: Impaired	This nursing	1. "Observe	1. The patient will	The client and

Urinary Elimination related to urinary tract infection and infectious process as evidence by positive urine culture and sensitivity test and visible blood clots in urine (Phelps, 2023).	diagnosis was a priority for this patient because the impaired urinary elimination led to the patient's primary diagnosis	the patients voiding pattern, and document the color, characteristics" (Phelps, 2023). 2. Educate the patient and family on how to prevent urinary tract infections.	be able to rid the blood in their urine and achieve a normal urination pattern by discharge.	family were accepting of the interventions put in place to help rid the patient of the primary diagnosis. The client and family understood the importance of treating a urinary tract infection which can lead to hematuria.
1. "Risk for urinary tract injury related to the use of large caliber urinary catheter" (Phelps, 2023).	This nursing diagnosis is important for this patient because of her bladder being flushed with saline using a large catheter.	1. "Monitor patency of indwelling urinary catheter. Keep tubing free from kinks and keep drainage bag below the level of the bladder to avoid urine reflex" (Phelps, 2023). 2. Preform accurate catheter care and be sure it is secure to the patient correctly.	1. The patient will have no complications or injury from this catheterization by the end of her treatment.	The patient and family were accepting of the interventions the nurses put in place to be sure the patient does not experience a urinary tract injury. The patient is expressive in understanding the reason behind the catheterization and responds to treatment well.

Other References (APA):

Phelps, L. L. (12th ed.) (2023). *Nursing Diagnosis Reference Manual.* Wolters Kluwer.

Concept Map (23 Points):


Subjective Data
Patients pain scale of 5/10 that is localized to their rotator cuffs. Described as a dull pain and is not related to her primary diagnosis and reason for admission.
The patient states they do not use alcohol or drugs and stopped smoking 15 years ago.
The patient stated they have been retired since they were 43 years old.
Family history of no known diseases or diagnoses was stated by the patient as well.
OLDCARTS were stated by the patient in the HER and when I interviewed her.
The patient stated her issue with her pessary that seems to affect her and is causing her issues with sores on her buttocks.
Nursing Diagnosis/Outcomes
Impaired Urinary Elimination related to urinary tract infection and infectious process as evidence by positive urine culture and sensitivity test and visible blood clots in urine (Phelps, 2023).
The patient will be able to rid the blood in their urine and achieve a normal urination pattern by discharge.
“Risk for urinary tract injury related to the use of large caliber urinary catheter” (Phelps, 2023).
The patient will have no complications or injury from this catheterization by the end of her treatment.
Objective Data
Blood pressure was recorded it 113/80, respirations were counted at 22 which is abnormal, pulse was within the normal range at 81, the temperature was within the normal range at 97.7 and oxygen was recorded within the normal range at 98%. The patient was observed to have a sore on her buttocks from urinary incontinence. Urine culture was positive which led to her diagnosis. Visible blood clots in the patient’s urine as observed in her foley bag.
Client Information
F.H is a 79-year-old white female who was admitted on 2/19 for blood in the urine as well as difficulty urinating. She is 5’7” and 104 pounds. She has a history of insulin-dependent diabetes as well as hypertension. She has a history of smoking. She is compliant to her treatment plan.
Nursing Interventions
“Observe the patient voiding pattern, and document the color and characteristics” (Phelps, 2023).
Educate the patient and family on how to prevent urinary tract infections.
“Monitor patency of indwelling urinary catheter. Keep tubing free from kinks and keep drainage bag below the level of the bladder to avoid urine reflex” (Phelps, 2023).
Preform accurate catheter care and be sure it is secure to the patient correctly.