N431 Care Plan # 1

Lakeview College of Nursing

Jessica Warren

Professor Scribner

2/26/2024

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
2/16/2024	R.B.	53	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	**Line worker at Kraft**	Married	NKA
Code Status	**Height**	**Weight**	
Full	195.6 cm (6'5")	140.1kg (308lbs)	

Medical History (5 Points)

Past Medical History: DMII, GERD, HTN, CHF, Hyperlipidemia, Microalbuminuria, Obesity, Sleep Apnea, AFIB, Vitamin D deficiency, Diabetic neuropathy.

Past Surgical History: Right foot and ankle debridement, Right leg/foot soft tissue debridement, Left foot fracture repair, Right shoulder arthroplasty, Right great toe and first two digit amputation.

Family History: Both parents DMII, both parents had heart disease, brother passed away from complications related to DMII.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient states that he doesn't drink or do drugs. Patient stated that he was a former smoker that smoked a half pack a day. Patient's support partner stated that she has caught him smoking several times here recently. Patient didn't comment.

Assistive Devices: Patient utilizes a walker and cane when he needs to, at home. Patient has a shower chair for bathing and has a wheel chair just in case, but has not needed to use it. Utilizes a CPAP at night or when napping.

Living Situation: Patient lives at home, in Gifford IL, with his wife who is a C.N.A.

Education Level: Highest level of education is High School diploma.

Admission Assessment

Chief Complaint (2 points): Right foot pain

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

Patient states “I have been dealing with this for two years now when I got my big toe amputated then last year I had to get two more toes amputated on my right foot. Before I got here (2/16/2024) the pain was getting worse in that foot every time I would try to step on it I felt like someone was stabbing my foot then it would shoot up into my groin. I take nerve medications but it doesn’t help anymore. I have a nurse that comes to the house and changes my bandage a couple of times a week but she didn’t say anything looked wrong with my foot. My wife said I had to come and get it checked out just in case.”

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Cellulitis of RLE

Secondary Diagnosis (if applicable): AFIB, Lyphangitis of RLE, Diabetic foot infection, osteomylitis of the RLE.

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

Cellulitis develops when bacteria, such as streptococcus and staphylococcus, enter the body through a compromised area in the skin. Bacteria enter through broken skin from puncture wounds, surgical sites, cuts, or even athletes' foot (Mayoclinic Staff, 2022). Cytokines and neutrophils respond to the bacteria in the affected extremity, leading to an epidermal response and the inflamed-looking skin commonly associated with cellulitis (Brindle et al., 2022). Most commonly affecting the lower legs, cellulitis can occur anywhere. Cellulitis presents as red, inflamed skin that is warm to the touch. As a result of the skin infection, an elevated temperature and white blood cell count are expected. This patient has cellulitis in his right lower extremity.

This patient recently had two toes amputated related to complications with DBII and also had soft tissue removal to the right medial malleolus. This patient has several lab levels outside the expected ranges due to infection. This patient currently has minimal edema due to the bandage he has on and the wound vac that is in place. This patient still has discolored skin with red patches to the RLE.

If untreated, cellulitis can lead to bacteremia, endocarditis, osteomyelitis, toxic shock syndrome, or sepsis (Mayoclinic Staff, 2022). The infection rarely spreads to the deep layer of tissue. When it does, the result is necrotizing fasciitis (Mayoclinic Staff, 2022). When cellulitis reaches this depth, it is considered an emergency. Recurrent cellulitis can damage the lymphatic system, leaving the patient with chronic swelling of the affected extremity(s). This patient has a secondary diagnosis of lymphangitis. Lymphangitis results from a skin infection, such as cellulitis, and is an inflammation of the lymph vessels (Cleveland ClinicStaff, 2023).

Risks for cellulitis can include an entry point from an injury or recent surgery, a weakened immune system such as diabetes, skin conditions like eczema or athlete's foot, a history of cellulitis, and obesity (Mayoclinic Staff, 2022). This patient has a diagnosis of type II DM and is considered to be obese. There is no specific test for cellulitis. However, some common tests and procedures to diagnose and come up with a treatment plan are CBC, an X-ray to see if there are any foreign objects beneath the infected area, the culture of the fluids that may be leaking from the area of infection, and a CT or MRI to determine the depth of the infection (Brindle et al., 2022). Treatment for cellulitis is antibiotic therapy. This patient is currently on IV ampicillin for the treatment of cellulitis.

Pathophysiology References (2) (APA):

Brindle, R., O'Neill, L., & Williams , O. (2022). Risk, prevention, diagnosis, and management of cellulitis and erysipelas. *Infectious Disease and Dermatology*, *9*, 73-82. https://doi.org/10.1007/s13671-020-00287-1

Cleveland Clinic Staff (2023, August 21). *Lymphangitis*. https://my.clevelandclinic.org/health/diseases/25234-lymphangitis

Mayoclinic Staff (2022, May 6). *Cellulitis*. https://www.mayoclinic.org/diseases-conditions/cellulitis/symptoms-causes/syc-20370762

Laboratory Data (15 points)

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
RBC	**3.8-5.3 10(6)mcL**	4.26	5.04	
Hgb	**12.0-15.8 g/dL**	12.1	14.7	
Hct	**36.0-47.0%**	36.8	45.2	
Platelets	**140-440 10(3)mcL**	155	429	
WBC	**4-12 10(3) mcL**	8.58	12.21	Patient is being treated for infection to RLE (Pagana et al., 2022).
Neutrophils	**1.60 – 7.70**	7.23	7.69	
Lymphocytes	**18-42%**	12.4	25.1	Patient has cellulitis of the RLE (Pagana et al., 2022).
Monocytes	**4-12%**	10.0	8.3	

Eosinophils	**0.0-1.0%**	0.1	0.9	
Bands	**0.0-10.0%**	Not done	Not done	

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 mmol/L**	137	135	
K+	**3.5-5.1 mmol/L**	3.7	4.5	
Cl-	**98-107 mmol/L**	107	101	
CO2	**22-30 mmol/L**	22.0	24.0	
Glucose	**70-99 mg/dL**	190	208	Patient has DMII (Pagana et al., 2022).
BUN	**10-20 mg/dL**	22	24	Patient consumes a high protein to help with wound healing (Pagana et al., 2022).
Creatinine	**0.6-1 mg/dL**	1.09	1.20	Patient has diabetic neuropathy (Pagana et al., 2022).
Albumin	**3.5-5 g/dL**	2.5	Not done	Patient has a Vitamin D deficiency (Pagana et al., 2022).
Calcium	**8.7-10.5 mg/dL**	8.2	9.6	Patient has Vitamin D deficiency (Pagana et al., 2022).
Mag	**1.6-2.6 mg/dL**	1.7	2.0	
Phosphate	**2.8-4.5 mg/dL**	3.0	Not done	
Bilirubin	**0.3-1.0 mg/dL**	1.4	Not done	Patient has multiple wounds with infection to the right foot (Pagana et al., 2022).
Alk Phos	**34-104 u/L**	66	Not done	
AST	**8-33 u/L**	21	Not done	
ALT	**4-36 u/L**	22	Not done	

Amylase	**29-103 u/L**	Not done	Not done	
Lipase	**8-78 u/L**	Not done	Not done	
Lactic Acid	**0.7-2.0 mmol/L**	Not done	Not done	
Troponin	**0.0 - 0.04 ng/ml**	Not done	Not done	
CK-MB	**5-25 IU/L**	Not done	Not done	
Total CK	**24-204 U/L**	Not done	Not done	

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	**08-1.1**	Not done	Not done	
PT	**10.1-13.1 seconds**	Not done	Not done	
PTT	**25-36 seconds**	Not done	Not done	
D-Dimer	**0.0-0.5**	Not done	Not done	
BNP	**>100pg/ml**	Not done	Not done	
HDL	**>40mg/dL**	Not done	Not done	
LDL	**<130 mg/dL**	Not done	Not done	
Cholesterol	**<200 mg d/L**	Not done	Not done	
Triglycerides	**<150 mg d/L**	Not done	Not done	
Hgb A1c	**4.0-6.0%**	Not done	Not done	
TSH	**0.300-5.000 ml U/L**	Not done	Not done	

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	**Clear**	Clear	Not done	
pH	**5.0 – 7.0**	6.5	Not done	
Specific Gravity	**1.003 – 1.035**	1.020	Not done	
Glucose	**Negative**	250	Not done	Patient has DMII (Pagana et al., 2022).
Protein	**Negative**	300	Not done	Patient consumes a high protein to help with wound healing (Pagana et al., 2022).
Ketones	**Negative**	Negative	Not done	
WBC	**0 – 25/uL**	3	Not done	
RBC	**0- 20/ uL**	37	Not done	Patient is on anticoagulation therapy (Pagana et al., 2022).
Leukoesterase	**Negative**	Negative	Not done	

Arterial Blood Gas 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
pH	**7.34 – 7.45**	Not done	Not done	
PaO2	**80 - 100**	Not done	Not done	
PaCO2	**35 - 45**	Not done	Not done	
HCO3	**22 - 26**	Not done	Not done	
SaO2	**96%-100%**	Not done	Not done	

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	**10,000 to 1,000,000 colonies/ml**	Not done	Not done	
Blood Culture	**10-20 mL**	Not done	Not done	
Sputum Culture	**>25 leukocytes <10 epithelial cells**	Not done	Not done	
Stool Culture	**Negative**	Not done	Not done	

Lab Correlations Reference (1) (APA):

Pagana, K.D., Pagana T.J., & Pagana, T. P. (2022) *Mosby's Diagnostic and Laboratory Test Reference* (16th ed.). Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): 2/21/2024 patient had an MRI of the right fore foot to mid foot without contrast and MRI showed the patient has osteomylitis.

Diagnostic Test Correlation (5 points): MRI shows joints, soft tissues, bones and ligaments to allow the practioner to visualize what is going on inside the body, specifically for my patient, his RLE (Pagana et al., 2022). My patient came in with severe pain to the RLE so the MRI showing the osteomylitis along with the already diagnosed cellulitis could be the reasons for his pain.

Diagnostic Test Reference (1) (APA):

Pagana, K.D., Pagana T.J., & Pagana, T. P. (2022) *Mosby's Diagnostic and Laboratory Test Reference* (16th ed.). Mosby.

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

Home Medications (5 required)

Brand/Generic	**Eliquis/ apixaban**	**Lanoxin/ digoxin**	**Drisdol/ vitamin D3**	**Lasix/ furosemide**	**Neurontin/ gabapentin**
Dose	5mg	0.25mg	50,000 units	20mg	600mg
Frequency	BID	Daily	Q Monday	BID	TIB
Route	PO	PO	PO	PO	PO
Classification	Factor Xa inhibitor / Anticoagulant	Cardiac glycoside/ Antiarrhythmic, cardiotonic	Supplement	Loop diuretic, antihypertensive	Anticonvulsant
Mechanism of Action	"Inhibits free and clot-bound factor Xa and prothrombinase activity" (Jones & Bartlett Learning, 2022).	"Increases the force and velocity of myocardial contraction, resulting in positive inotropic effects" (Jones & Bartlett Learning, 2022).	"Helps the body to absorb and retain calcium" (Jones & Bartlett Learning, 2022).	"Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation" (Jones & Bartlett Learning, 2022).	"Inhibits responses to pain related stimuli" (Jones & Bartlett Learning, 2022).
Reason Client Taking	Patient has a diagnosis of AFib	Patient has a diagnosis of CHF	Vitamin D deficiency	Patient has HTN.	Diabetic neuropathy
Contraindications (2)	If the patient has an active bleed or if the patient is hypersensitive to apixaban or its components.	Hypersensitivity to digoxin. VFib or VTach	If the patient is taking digoxin. Should not be given to those with hypercalcemia.	Anuria, hypersensitivity to lasix orits components.	Diagnosis of myasthenia gravis or myoclonus
Side Effects/Adverse Reactions (2)	Henorrhagic stroke or Hypotension	Arrhythmias and heart block	Hypercalcemia and heart rhythm	Arrhythmias and tachycardia.	Agitation, altered propriocepti

			problems.		on
Nursing Considerations (2)	Patient should be on bleeding precautions. Medication should be discontinued 24-48 hours prior to a major surgery or procedure.	Monitor for toxicity and monitor serum potassium levels.	Monitor vitamin D levels before starting medication.	I/O should be monitored for fluid loss. Monitor labs for liver and renal function.	Monitor for suicidal thinking or behavior when dose levels change. Monitor renal function.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Labs should be drawn prior to the start of this medication. Risk for stroke should be assessed prior to giving this medication	Base line labs. ECG tracing.	Monitor vitamin D levels before starting this medication. Monitor calcium levels.	Obtain weight before starting medication to monitor fluid loss. Baseline hearing test.	Monitor renal function. Monitor for suicidal ideations prior to the start of this drug.
Client Teaching Needs (2)	Educate the importance of taking the medication exactly as prescribed. Educate to report any unusual bruising or bleeding to PCP.	Educate to take the medication exactly as prescribed. Educate to take medication at the same time every day.	Educate to take exactly as prescribed. Educate to report n/v, poor appetite, weakness, confusion, and heart rhythm problems as these could indicate toxic levels	Educate to take medication at the same time every day. Educate to take last dose of the day several hours before bed time to avoid sleep interruption.	Educate patient to swallow whole do not chew. Educate to not take within 2 hours after taking an antacid.

Hospital Medications (5 required)

Brand/Generic	**Robaxin/ methocarbamol**	**Toprol XL/ metoprolol**	**Protonix/ pantoprazole**	**Ampi/ ampicillin**	**Culturelle / lactobacillus acidophilus**
Dose	1,000mg	150mg	40mg	12G in NaCL	10 Billion Cells
Frequency	Q 4 hours	Daily	Before breakfast	Divided into 4 doses a day.	Daily
Route	PO	PO	PO	IV	PO
Classification	Carbamate derivative, skeletal muschle relaxant.	Beta blocker/Antihypertensive.	Proton pump inhibitor/ Antiulcer	Antibiotic	Probiotic
Mechanism of Action	"May depress CNS which reduces skeletal muscle spasms" (Jones & Bartlett Learning, 2022).	"Helps reduce blood pressure by decreasing renal release of rennin" (Jones & Bartlett Learning, 2022).	"Interferes with gastric acid secretions preventing H+ from entering the stomach and additional HCL from forming" (Jones & Bartlett Learning, 2022).	Inhibits bacterial wall synthesis	"Used to improve digestion and restore normal flora" (Multum, 2022).
Reason Client Taking	Muscle spasms	Patient has HTN and CHF.	Patient has GERD	Cellulitis and osteomyliti s of the RLE	Taking high dose of ampicillin for an extended period of time.

Contraindications (2)	Hypersensitivity to methocarbamol or its components. Don't take with alcohol.	Sensitivity to other beta blockers. Those with a heart block greater than first degree.	Use of rilpivirine containing products. Hypersensitivity to pantoprazole or its components.	Hypersensitivity to ampicillin or other penicillins, infection caused by penicillinase-producing prganism.	Hypersensitivity to the medication. Those with a weak immune system.
Side Effects/Adverse Reactions (2)	Seizures and drowsiness.	CVA, Cardiac arrest.	C-diff associated diarrhea. Hepatic failure	Throat tightness, C-difficile associated diarrhea.	Bloating, gas.
Nursing Considerations (2)	Keep antihistamines available in case of reaction.	Monitor use in those with HTN who have CHF. Taper dose when discontinuing medication.	Don't give within 4 weeks of testing for H.pylori. Monitor renal labs.	Monitor closely for anaphylaxis. Monitor renal, liver and CBC if long term use.	Monitor for reactions. Monitor for diarrhea.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess patient level of understanding of what medication does. Assess patients level of understanding the importance of avoiding alcohol consumption with this drug.	Baseline ECG. Make sure patient has had digoxin, and diuretics to stabilize patient before stating this drug.	Monitor B12 level. Monitor renal labs.	Baseline CBC. Baseline renal and liver panels.	Review client chart for possible reactions. Assess level of understanding on proper intake of this medication.
Client Teaching Needs (2)	Educate to avoid alcohol with this medication. Avoid	Take medication as directed. Don't abruptly stop taking medication	Educate to take medication whole. Take medication 30	Take full course of abx therapy. Educate on	Educate to tell provider all over the

	hazardous activities until drug effects are known.	patient will need to be tapered.	minutes before meals.	s/sx of reaction.	counter medications as some may interact with this medication. Educate to not take more than prescribed or directed.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2022 Nurse's drug handbook* (19th ed. Pp 77-80, 85, 389,604-607, 610-612,855-856, 880-881, 1055-1057, 1520,). Jones & Bartlett Learning

Multum, C. (2022, July 31). *Lactobacillus acidophilus*. https://www.drugs.com/mtm/lactobacillus-acidophilus.html

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert and Oriented X4, overall appearance well groomed, no distress noted
INTEGUMENTARY:	

Skin color: **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Skin color is usual for ethnicity, moist, warm to touch with turgor less than 3 seconds. No rashes, noted, BLE shows skin discoloration and red blotches where blisters that have ruptured were. Braden score is 20. Patient has multiple wounds to the RLE that were not visible due to the bandage and wound vac in place. Wound vac was draining scant amount of serosanguanus fluid.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation, I did not try to palpate the thyroid nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, EOMs intact bilaterally. Requires glasses for reading. Bilateral auricles no visible or palpable deformities, lumps, or lesions. I did not look into bilateral canals however; I did not visualize any drainage. Septum is midline and bilateral frontal sinuses are non-tender to palpation. Oral mucosa overall is moist and pink without lesions noted. Patient has his own teeth and no dental caries were noted. Gums were pink without lesions noted.
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:**	Clear S1 and S2 without murmurs gallops or rubs. PMI palpable at 5th intercostals space at MCL. Irregular rate and rhythm. Peripheral pulses 2+ bilaterally to the upper extremity, and 2+ to left lower, capillary refill < 3 seconds bilaterally hands and left foot. Due to the right foot being bandaged I was not able to assess for pulse strength or for capillary refill. No neck vein distention or edema noted. .
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Normal rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted, no accessory muscles used. Patient utilizes a CPAP at night and when napping with 2.5 L O2

	running.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	Diet at home consist of meat fruits and vegetables, they do go out for dinner some. Patient's wife stated they had been seeing a nutritionist after his last toe amputation to try to get him on a better diet at home. Consumes a regular consistency liquid diabetic diet while at the hospital. Carbohydrate counting is done at home as well as at the hospital in order to provide an adequate dose of insulin. Current height is 6'5" (195.6cm) and current weight is 140.1kg (308 lbs). Bowel sounds active in all 4 quadrants, last BM 2/25/24. No pain with palpation. Abdomen girth is firm upon palpation. No scars, drains, incisions, or wounds noted. Doesn't have an Ostomy, nasogastric or feeding/PEG tube.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Urine color is yellow and clear. Total output for this clinical was 1500ml. No complaints of pain with urination. Patient is not on dialysis. Patient does not have a catheter.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Patient is A&Ox4. All extremities have full ROM except I could not asses the right foot. Hand grips, push pulls are equal with equal strength. Not able to check push and pull strength to the RLE. Requires 1 assist with ADLs and transfers and is not able to far. Requires stand by assist with ambulating to make sure he doesn't put weight on the right upper foot. Requires a gait belt and walker for transfers. Patient has a fall score of 7 that puts him at moderate risk for falls.
NEUROLOGICAL: **MAEW: Y ☐ N☐**	Patient is A&Ox4. Speech is clear. All extremities have full ROM All extremities have

PERLA: Y ☐ N☐ **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	full ROM except I could not asses the right foot. MAEW. Hand grips, push pulls are equal but I was not able to check push and pull strength to the RLE. Requires 1 assist with ADLs and transfers and is not able to ambulate far. Requires stand by assist with ambulating to make sure he doesn't put weight on the right upper foot. Requires a gait belt and walker for transfers. PERRLA bilaterally, EOMs intact bilaterally. Requires glasses for reading.
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 copes with life stressors and his health stressors by sitting outside and listening to the birds, listening to music, confiding in his wife, or confiding in his friends at his bible study group. While in the hospital he plays on his tablet, listens to music and confides in his wife, and talks to various friends from church over the phone. Patient exhibits normal development level for his age. Patient is able to read and write, and capable of making fully informed decisions. Patient is at the formal operational stage in Piaget' cognitive development and Generativity vs Stagnation in Erikson's stages of development. Patient states he is just getting back into church and has recently joined a men's Bible study group. This has helped him feel better about life. Patient lives at home with his wife and has no fear or experience with any one harming him or threatening him.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0728	97	122/90	20	36.6 (97.9) oral	97% RA
1145	85	120/80	20	36.8 (98.2) oral	94% on 2.5L CPAP

Vital Sign Trends: Vital signs are stable for this patient. 0728 blood pressure is slightly elevated and could be due to the patient was startled when he was woke up to take the vitals.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0728	Number	RLE	2/10	Sharp	Declined pain intervention
1145	Number	RLE	6/10	throbbing	PRN pain med provided

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	Patient has a single lumen PICC line placed in the RUE, a 20G peripheral line placed in both the right and left posterior hand with a hep lock. Both peripheral lines were flushed and patent. No date noted on the bandages of the three IVs he had. Dressing was CDI to all three lines. No signs or symptoms of infection or infiltration. Patient had no complaints of pain or discomfort when flushing the peripheral lines.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480- No one else documented intake except for me.	1500 ML

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was provided with pain medication, vital signs were monitored, routine medication provided, and assessment completed. Patient was friendly and talkative which allowed for me to visit and collect data needed for his care plan.

Procedures/testing done: Patient did not have testing or procedures done while I was there. Labs were drawn prior to my arrival and the wound vac was scheduled to be changed by the wound nurse after I left for the day.

Complaints/Issues: Some complaints of pain to the RLE. PRN pain medication provided that helped with his pain.

Vital signs (stable/unstable): Vital signs were stable while I was there. He was startled when the morning vitals were taken. His blood pressure was slightly elevated. When his vitals were taken again at 1145 his blood pressure was in the normal range.

Tolerating diet, activity, etc.: Patient is tolerating his diet and activity. Patient is to be non weight bearing to the fore foot of the RLE. Patient and wife are learning how to select foods with a lower glycemic index and they are learning to count carbohydrates that he is going to consume at meals in order to properly dose is insulin need for the meal via is sliding scale and carbohydrate count scale.

Physician notifications: We did not have to call the physician while I was there. He had podiatry in to see him while I was there and the rounding physician was in to see him while I was there. He received a new order for ampicillan related to his diagnosis of osteomylitis.

Future plans for client: Patient plans to discharge home and have in home health come in to assist him with his six weeks of antibiotics and wound care. Patient stated he absolutely will not go to a skilled nursing facility.

Discharge Planning (2 points)

Discharge location: Home to Gifford with his wife.

Home health needs (if applicable): In home health for six weeks of antibiotic therapy and wound care.

Equipment needs (if applicable): Wound supplies and IV supplies

Follow up plan: Follow up with PCP and Wound doctor.

Education needs: Recommendations on diabetic friendly foods. Patient's wife asked to speak to a dietician in order to get dietary information to take home with them.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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	**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.

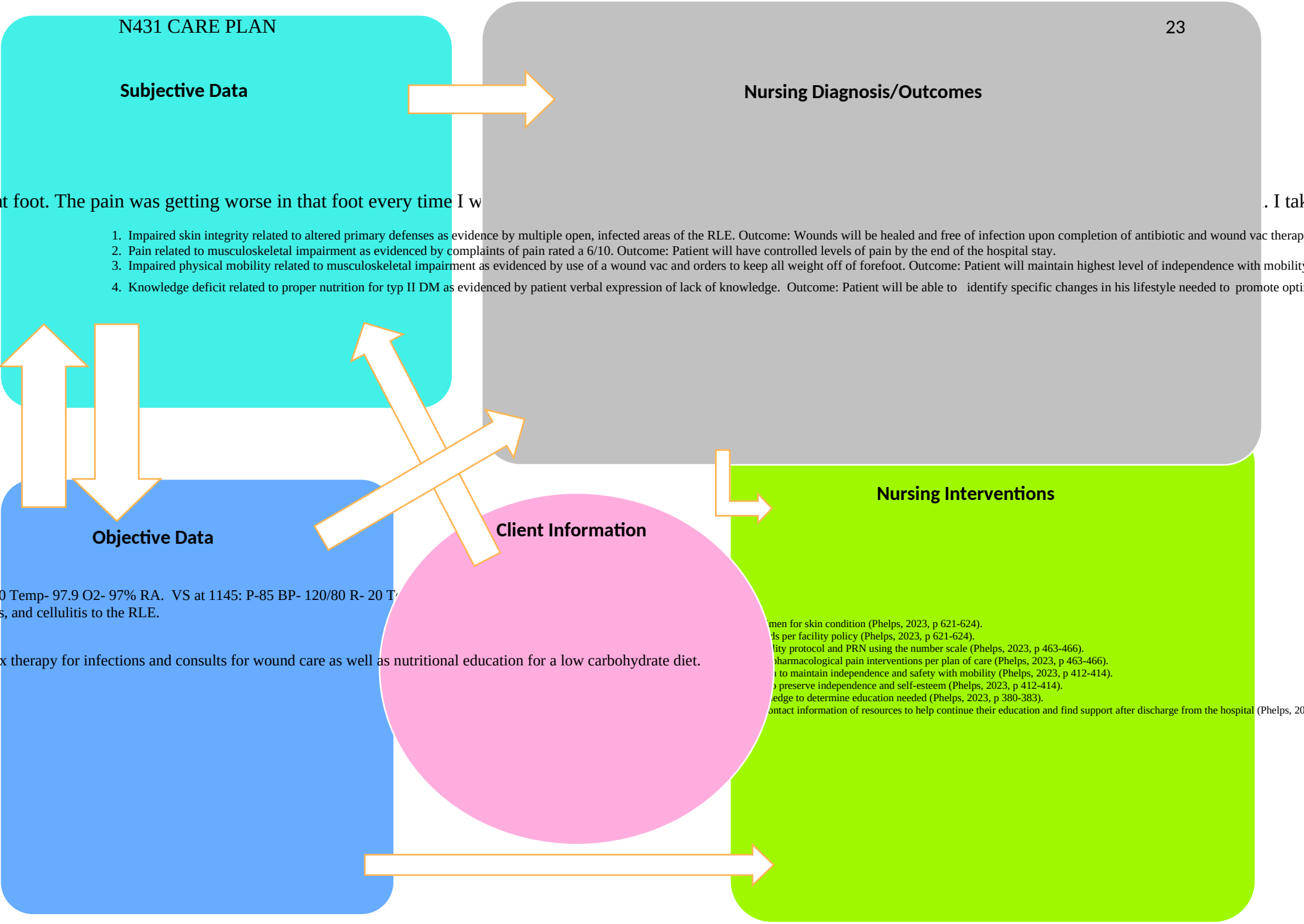
this client				
1. Impaired skin integrity related to altered primary defenses as evidence by multiple open, infected areas of the RLE.	This patient is a type II DM and has multiple open areas to the RLE. This patient has been diagnosed with cellulitis and osteomylitis.	1. Perform prescribed treatment regimen for skin condition (Phelps, 2023, p 621-624). 2. Maintain infection control standards per facility policy (Phelps, 2023, p 621-624).	1. Wounds will be healed and free of infection upon completion of antibiotic and wound vac therapy.	Unable to evaluate as therapy is still ongoing. Infection control precautions in place per protocol.
2. Pain related to musculoskeletal impairment as evidenced by complaints of pain rated a 6/10.	Patient has multiple open areas to the RLE and requires a wound vac. Patient also has a diagnosis of diabetic neuropathy.	1. Assess patient's pain level per facility protocol and PRN using the number scale (Phelps, 2023, p 463-466). 2. Provide non-pharmacological and pharmacological pain interventions per plan of care (Phelps, 2023, p 463-466).	1. Patient will have controlled levels of pain by the end of the hospital stay.	Patient has PRN pain medication and a nerve medication to help with his pain. Pain medication was given once while I was here for clinical.
3. Impaired physical mobility related to musculoskeletal impairment as evidenced by use of a wound vac and orders to keep all weight off of forefoot.	Patient requires a wound vac and no weight bearing to the forefoot related to the multiple open areas and osteomylitis.	1. Place assistive devices within reach to maintain independence and safety with mobility (Phelps, 2023, p 412-414).	1. Patient will maintain highest level of independence with mobility through the completion of antibiotic and wound vac	Patient currently requires assist of one person for transfers and stand by assist for ambulation along with the use of a cane or walker.

		2. Encourage mobility and self care to preserve independence and self-esteem (Phelps, 2023, p 412-414).	therapy.	
4. Knowledge deficit related to proper nutrition for typ II DM as evidenced by patient verbal expression of lack of knowledge.	Patient has type II DM and an expressed knowledge deficit of proper foods to eat.	**1.** Access patient and spouse's knowledge to determine education needed (Phelps, 2023, p 380-383). 2. Provide patient and spouse with contact information of resources to help continue their education and find support after discharge from the hospital (Phelps, 2023, p 380-383).	**1.** Patient will be able to identify specific changes in his lifestyle needed to promote optimal health by end of hospital stay.	Patient and his wife will be meeting with a nutritionist before they leave the hospital to help with carbohydrate counting and the proper foods to eat with regards to his type IIDM.

Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.

Concept Map (20 Points):



t foot. The pain was getting worse in that foot every time I w . I tak

1. Impaired skin integrity related to altered primary defenses as evidence by multiple open, infected areas of the RLE. Outcome: Wounds will be healed and free of infection upon completion of antibiotic and wound vac therap
2. Pain related to musculoskeletal impairment as evidenced by complaints of pain rated a 6/10. Outcome: Patient will have controlled levels of pain by the end of the hospital stay.
3. Impaired physical mobility related to musculoskeletal impairment as evidenced by use of a wound vac and orders to keep all weight off of forefoot. Outcome: Patient will maintain highest level of independence with mobility
4. Knowledge deficit related to proper nutrition for typ II DM as evidenced by patient verbal expression of lack of knowledge. Outcome: Patient will be able to identify specific changes in his lifestyle needed to promote opti

0 Temp- 97.9 O2- 97% RA. VS at 1145: P-85 BP- 120/80 R- 20 T
s, and cellulitis to the RLE.

x therapy for infections and consults for wound care as well as nutritional education for a low carbohydrate diet.

men for skin condition (Phelps, 2023, p 621-624).
ds per facility policy (Phelps, 2023, p 621-624).
lity protocol and PRN using the number scale (Phelps, 2023, p 463-466).
harmacological pain interventions per plan of care (Phelps, 2023, p 463-466).
to maintain independence and safety with mobility (Phelps, 2023, p 412-414).
preserve independence and self-esteem (Phelps, 2023, p 412-414).
edge to determine education needed (Phelps, 2023, p 380-383).
ontact information of resources to help continue their education and find support after discharge from the hospital (Phelps, 20