N431 Care Plan 1

Lakeview College of Nursing

Vanessa Jackson

Professor Scribner

3/1/2024

Demographics (3 points)

Date of Admission 2/16/24	**Client Initials** MM	**Age** 60	**Gender** Female
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Married	**Allergies** Latex, morphine, adhesive tape silicone
Code Status Full	**Height** 5’7	**Weight** 151.2 kg	

Medical History (5 Points)

Past Medical History: Bleeding stomach ulcer, coronary artery disease, chronic systolic congestive heart failure, COPD, diabetes type II, hyperlipidemia, hypothyroidism, left ventricular systolic dysfunction, myocardial infarction, obesity, OSA on CPAP, osteoarthritis, pacemaker, paroxysmal atrial fib, severe mitral regurgitation, sleep related hypoventilation.

Past Surgical History: Arm/hand soft tissue procedure; right, biventricular AICD, cardiac catheterization, cardioversion, EGD/colonoscopy, finger surgery, mitral valve replacement, right heart catheterization, skin graft, TEE, tooth extraction, tubal ligation, upper gastrointestinal endoscopy.

Family History: Mother; lung cancer and emphysema

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

- Tobacco use; former; 0.50 packs per day for 20 years, 6 years since cessation
- No alcohol use
- No drug use

Assistive Devices: Walker and wheelchair

Living Situation: Lives at home with husband and granddaughter

Education Level: High school

Admission Assessment

Chief Complaint (2 points): Abdominal pain and swelling, weight gain, and fatigue.

History of Present Illness – OLD CARTS (10 points): The patient is a 60-year-old female who states abdominal and leg swelling for the past 3 days. She reports intense, constant abdominal pain and tightening (with no radiation) as an 8/10 on a numeric scale. She also reports fatigue and rapid weight gain. Patient states “nothing makes it better” and vocalizes that it hurts more when palpated during assessment.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia

Secondary Diagnosis (if applicable): N/A

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

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

Pneumonia is a respiratory infection commonly caused by bacteria or viruses. The bacteria or viruses invade the respiratory tract through inhalation of contaminated droplets and cause inflammation in the alveoli. The inflammation impairs the lung's ability to exchange oxygen and CO2 efficiently and makes breathing difficult. Although pneumonia primarily affects the respiratory system, it can impact other body systems. For instance, due to the decreased ability to oxygenate blood, pneumonia can strain the cardiovascular and central nervous systems (Mayo Clinic, 2020).

Pneumonia can present itself with many signs and symptoms, such as a cough (with or out without mucous), fever, chills, shortness of breath, fatigue, bluish lips or nailbeds, and stabbing chest pain (Vardhmaan et al., 2023). These manifestations can produce expected findings like an elevated temperature, tachypnea, tachycardia, decreased breath sounds, and adventitious lung sounds (Vardhmaan et al., 2023). Several particular tests can confirm pneumonia and its causative agent. Diagnostic tests that detect pneumonia include chest X-rays, bronchoscopy, and chest CT scans (Mayo Clinic, 2020). Standard utilized laboratory tests are pleural fluid culture, blood tests, and sputum culture (Mayo Clinic, 2020).

To treat pneumonia, one must treat the underlying cause. For example, bacteria pneumonia is treated with antibiotics, while viral pneumonia is treated with antiviral medications or sometimes just with rest and time (Mayo Clinic, 2020). This patient was treated with antibiotics (azithromycin), IV fluids, and oxygen therapy. The patient had several abnormal labs that were possibly affected by pneumonia. These labs are her RBCs, lymphocytes, CO2, and albumin levels. The patient's vital signs were "stable," but she had a decreased oxygen saturation during bedtime and throughout the shift.

Pathophysiology References (2) (APA):

Mayo Clinic Staff. (2020). *Pneumonia*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/syc-20354204#:~:text=Complications,organs%2C%20potentially%20causing%20organ%20failure.

Vardhmaan, J., Rishik, V., Gizem, Y., & Abhishek, B. (2023). *Pneumonia pathology*. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK526116/.

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	**3.50-5.20 10^6 ul**	3.94	3.43	RBC's help transport oxygen to the lungs. Pneumonia decreases lung function, which affects the amount of oxygen circulating in the blood (Martin, 2023).
Hgb	**11.0-16.0 g/dL**	9.8	8.6	This may be due to the patient's hypothyroidism. Hypothyroidism suppresses bone marrow activity which makes RBC's (Martin, 2023).
Hct	**34.0-47.0%**	33.4	28.6	This may be due to hypothyroidism. Hypothyroidism suppresses bone marrow activity and the body is not making enough RBC's (Martin, 2023).
Platelets	**140-400 10^3 ul**	247	208	
WBC	**4.00-11.00 10^3 ul**	6.54	7.94	
Neutrophils	**1.60-7.70 10^3 ul**	4.71	6.11	
Lymphocytes	**1.00-4.90 10^3 ul**	0.98	0.75	Lymphocytes help the body fight against infection. They might be decreased due to the body's fighting response to pneumonia (Martin, 2023).
Monocytes	**0.00-1.10 10^3 ul**	0.53	0.55	

Eosinophils	**0.00-0.50 10^3 ul**	0.25	0.45	
Bands	**0.0-10.0%**	N/A	N/A	

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**	136	133	Hyponatremia is a common electrolyte disorder in patients with heart failure (Martin, 2023).
K+	**3.5-5.1 mmol/L**	4.0	4.0	
Cl-	**98-107 mmol/L**	100	89	Hypochloremia is common in patients with heart failure (Martin, 2023).
CO2	**22.0-29.0 mmol/L**	26.0	32.0	Elevated CO2 may be due to the patient's COPD, cardiac defects, or pneumonia (Martin, 2023).
Glucose	**74-100 mg/dL**	117	127	The patient has a diagnosis of type II diabetes. Although the patient manages her glucose levels well, the increase may be due to the body's acute response to stress (Martin, 2023). A worsening blood glucose level can also be a side effect of the patient's levothyroxine medication (Jones & Bartlett, 2023).
BUN	**10-20mg/ dL**	8	22	Elevated levels can reflect progression of poor heart failure (Martin, 2023).
Creatinine	**0.55-1.02 mg/dL**	0.74	0.82	
Albumin	**3.4-4.8 g/dL**	3.3	N/A	Infection or inflammation (pneumonia) can decrease albumin levels (Martin, 2023).
Calcium	**8.9-10.6 mg/dL**	8.9	N/A	
Mag	**1.6-2.6 mg/dL**	1.8	2.1	
Phosphate	**2.8-4.5 mg/dL**	N/A	N/A	

Bilirubin	**0.2-1.2 mg/dL**	0.8	N/A	
Alk Phos	**40-150 U/L**	157	N/A	This can be a possible result of the patient's diabetes diagnosis or azithromycin dosage for her pneumonia (Martin, 2023).
AST	**5-34 U/L**	14	N/A	
ALT	**0-55 U/L**	10	N/A	
Amylase	**29-103 u/L**	N/A	N/A	
Lipase	**8-78 U/L**	35	N/A	
Lactic Acid	**0.50-2.20 mmol/L**	N/A	0.71	
Troponin	**0-4 ng/L**	10	N/A	An increase troponin level is associated with the patient's heart disorders (Martin, 2023).
CK-MB	**0%**	N/A	N/A	
Total CK	**30-135 u/L**	N/A	N/A	

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	**0.9-1.1**	**4.3**	N/A	The patient's Coumadin prescription recently was replaced with eliquis. The increase can be due to the patient's residual response to the drug therapy (Martin, 2023).
PT	**11.7-13.8**	**43.0**	N/A	This can be a continuous residual response to the patient's Coumadin therapy (Martin, 2023).
PTT	**22.4-35.9 sec**	**57.6 s**	N/A	The increase can be due to the patient's residual response to the Eliquis drug therapy (Martin, 2023).
D-Dimer	**0.0-0.5**	N/A	N/A	

BNP	**>100pg/ml**	N/A	N/A	
HDL	**>40mg/dL**	N/A	N/A	
LDL	**<130 mg/dL**	N/A	N/A	
Cholesterol	**<200 mg d/L**	N/A	N/A	
Triglycerides	**<150 mg d/L**	N/A	N/A	
Hgb A1c	**12.0-15.8%**	N/A	N/A	
TSH	**0.350-4.940 u/mL**	3.065	N/A	

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	**Yellow/clear**	Yellow/clear	N/A	
pH	**5.0-7.0**	6.0	N/A	
Specific Gravity	**1.003-1.035**	1.008	N/A	
Glucose	**Negative**	Negative	N/A	
Protein	**Negative**	Negative	N/A	
Ketones	**Negative**	Negative	N/A	
WBC	**0-25 u/L**	47	N/A	This may be a possible sign of an undiagnosed urinary tract infection (Martin, 2023).
RBC	**0-20 u/L**	2	N/A	
Leukoesterase	**Negative**	Trace	N/A	This can be a result of an infection in the urinary system (Martin, 2023).

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	**7.35-7.45**	N/A	N/A	
PaO2	**80-100 mmHg**	N/A	N/A	
PaCO2	**35-45 mmHg**	N/A	N/A	
HCO3	**22-26 mEq/L**	N/A	N/A	
SaO2	**>95%**	N/A	N/A	

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	**5.0-9.0**	N/A	N/A	
Blood Culture	**Negative ery/ul**	N/A	N/A	
Sputum Culture	**>25 leukocytes <10 epithelial cells**	N/A	N/A	
Stool Culture	**Negative**	N/A	N/A	

Lab Correlations Reference (1) (APA):

Martin, P. (2023). *Normal laboratory values for nurses: A guide for nurses.* Nurses Labs. https://nurseslabs.com/normal-lab-values-nclex-nursing/

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

1. **CT Chest/ AB/ Pelvis w/ Contrast**
    - Mild pulmonary emphysema

- Interval development of a moderate amount of ascites and subcutaneous edema (which could be due to hypervolemic state and or suspected hepatic parenchymal disease).
- Asymmetrical prominent cutaneous thickening in the pannus (could be due to edema or cellulitis).
- Gallstones w/ questionable gallbladder wall thickening

Diagnostic Test Correlation (5 points): Upon admission, the patient had pulmonary rales in her right and lower lobes. Patient also presented abdominal distention, edema, and JVD. The provider suspected pneumonia but also wanted a visualization on the abdomen given her other symptoms. The CT chest/ AB/ Pelvis scan provides imaging that can confirm or rule out the diagnosis, as well as reveal other findings (Hinkle, 2021).

Diagnostic Test Reference (1) (APA):

Hinkle, J., Cheever, K., & Overbaugh, K. (2021). *Textbook of medical-surgical nursing.* (15th ed). Wolters Kluwer

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

Home Medications (5 required)

Brand/Generic	**Apixaban (Eliquis)**	**Metoprolol Succinate (Toprol-XL)**	**Levothyroxine (Synthroid**	**Spironolactone (Aldactone)**	**Insulin lispro (Humalog)**
Dose	5 mg	25 mg	50 mg	25 mg	1-20 units
Frequency	BID	Daily	Daily	Daily	Before meals & at bedtime
Route	Oral	Oral	Oral	Oral	Sub q
Classification	Pharmacological: Factor Xa inhibitor (Jones & Bartlett, 2023) Therapeutic: Anticoagulant (Jones & Bartlett, 2023)	Pharmacological: Beta1-adrenergic blocker (Jones & Bartlett, 2023) Therapeutic: Antianginal Antihypertensive (Jones & Bartlett, 2023)	Pharmacological: Synthetic thyroxine (Jones & Bartlett, 2023) Therapeutic: Thyroid hormone replacement (Jones & Bartlett, 2023)	Pharmacological: Potassium sparing diuretic (Jones & Bartlett, 2023) Therapeutic: Diuretic (Jones & Bartlett, 2023)	Pharmacological: Human insulin (Jones & Bartlett, 2023) Therapeutic: Antidiabetic (Jones & Bartlett, 2023)
Mechanism of Action	Inhibits platelet aggregation induced by thrombin (Jones & Bartlett, 2023)	Decreases cardiac excitability and oxygen demand by inhibiting beta 1-receptor sites (Jones & Bartlett, 2023)	"Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis"	It prevents sodium and water reabsorption by competing with aldosterone for receptors (Jones & Bartlett, 2023)	Decreases blood glucose levels by stimulating peripheral glucose uptake by fat and skeletal muscle (Jones & Bartlett, 2023)

			(Jones & Bartlett, 2023)		
Reason Client Taking	To prevent blood clots and stroke in patients with A-fib (Jones & Bartlett, 2023)	To treat heart failure by relaxing blood vessels to improve blood flow (Jones & Bartlett, 2023)	To treat hypothyroidism (Jones & Bartlett, 2023)	To treat heart failure (Jones & Bartlett, 2023)	To control and maintain blood glucose levels (Jones & Bartlett, 2023)
Contraindications (2)	Active bleeding (Jones & Bartlett, 2023) Lesions are considered a significant risk for excessive bleeding (patient has a hx of bleeding stomach ulcer) (Jones & Bartlett, 2023)	Cardiogenic shock (Jones & Bartlett, 2023) Heart failure (Jones & Bartlett, 2023)	"Uncorrected adrenal insufficiency" (Jones & Bartlett, 2023) Decreased bone density (Jones & Bartlett, 2023)	Hyperkalemia (Jones & Bartlett, 2023) Addison's disease (Jones & Bartlett, 2023)	Chronic lung disease (Jones & Bartlett, 2023) Glycemic episodes of hypoglycemia (Jones & Bartlett, 2023)
Side Effects/Adverse Reactions (2)	Hemorrhagic stroke (Jones & Bartlett, 2023) GI bleed (Jones & Bartlett, 2023)	Arterial insufficiency (Jones & Bartlett, 2023) Cardiac arrest (Jones & Bartlett, 2023)	Heart failure (Jones & Bartlett, 2023) Arrhythmias (Jones & Bartlett, 2023)	Abdominal pain or cramping (Jones & Bartlett, 2023) Gastric bleeding (Jones & Bartlett,	Tachycardia (Jones & Bartlett, 2023) Decline in pulmonary function (Jones & Bartlett, 2023)

				2023)	
Nursing Considerations (2)	Do not discontinue prematurely because it can result in an increased risk for thrombosis (Jones & Bartlett, 2023) If patient was to require invasive surgery, discontinue the medication 48 prior to avoid a risk of hemorrhaging (Jones & Bartlett, 2023)	Use cautiously in patients with congestive heart failure because this medication can further depress myocardial contractility (Jones & Bartlett, 2023). Monitor patient for worsening heart failure if dosage is to be increased (Jones & Bartlett, 2023)	Monitor patient closely if they are taking anticoagulant medications. They may also require a dosage requirement (Jones & Bartlett, 2023) Monitor patient's blood glucose if they are diabetic because this medication may worsen their glycemic control (Jones & Bartlett, 2023)	Review drug therapy effectiveness by assessing blood pressure and degree of edema (Jones & Bartlett, 2023) Monitor if the patient has ascites because this medication can cause sudden fluid and electrolyte balances (Jones & Bartlett, 2023)	Monitor patient closely for hypoglycemia because it can result in seizures or death (Jones & Bartlett, 2023)
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Review patient's PT levels before and after administering Monitor patient closely for bleeding (Jones & Bartlett,	Review ECG for AV blocks (Jones & Bartlett, 2023) Monitor patient with peripheral vascular disease closely for	Monitor patient's blood glucose levels (Jones & Bartlett, 2023) Monitor patients TSH history and current levels to	Monitor patient's electrolyte levels closely (Jones & Bartlett, 2023) Assess kidney function to see if there is	Monitor patient's blood glucose level closely in case they need a dosage adjustment (Jones & Bartlett, 2023) Monitor

	2023)	arterial insufficiency (temp, pain, color) (Jones & Bartlett, 2023)	check if therapy is effective (Jones & Bartlett, 2023)	any decline (Jones & Bartlett, 2023)	patient's potassium levels for risk of hypokalemia (Jones & Bartlett, 2023)
Client Teaching Needs (2)	Educate the patient on the importance of taking medication at the same time daily (Jones & Bartlett, 2023) Advise patient to contact provider in the case of unusual bleeding or bruising (Jones & Bartlett, 2023)	Advise the patient to take the medication immediately after the same meal daily (Jones & Bartlett, 2023) If patient is diabetic, advise them to check their blood glucose frequently while taking the medication (Jones & Bartlett, 2023)	Advise patient to take medication 30 minutes prior breakfast on an empty stomach for optimal absorption (Jones & Bartlett, 2023) Inform patient that this medication is to be taking for the remainder of their life (Jones & Bartlett, 2023)	Advise the patient to have a consistent regiment of when they take the medication (Jones & Bartlett, 2023) Educate the patient on how to take their blood pressures and encourage them to do it regularly (Jones & Bartlett, 2023)	Educate the patient on proper medication administration as well as proper disposal/storage of medication (Jones & Bartlett, 2023) Educate patient to use this medication with a meal, use 15 minutes before a meal and at bedtime (Jones & Bartlett, 2023)

Hospital Medications (5 required)

Brand/Generic	**Amlodipine**	**Metolazone**	**Hydrocodone-acetaminophen**	**Miralax (** polyethylene glycol 3350)	**Azithromycin**
Dose	5 g	2.5 mg	10-325 mg	34 g	500 mg
Frequency	PRN	One time	Every 4 hrs PRN	BID	One time (first dose)
Route	Oral	Oral	Oral	Oral	Oral
Classification	Pharmacological: Calcium channel (Jones & Bartlett, 2023) Therapeutic: Antianginal antihypertensive (Jones & Bartlett, 2023)	Pharmacological: Thiazide-like diuretic (Jones & Bartlett, 2023) Therapeutic: Diuretic (Jones & Bartlett, 2023)	Pharmacological: Opioid (Jones & Bartlett, 2023) Therapeutic: Opioid analgesic (Jones & Bartlett, 2023)	Pharmacological: Osmotic laxative (Drugs.com, 2024) Therapeutic: Laxative (Drugs.com, 2024)	Pharmacological: Macrolide (Jones & Bartlett, 2023) Therapeutic: Antibiotic (Jones & Bartlett, 2023)
Mechanism of Action	Binds to receptors on myocardial and vascular smooth muscle cells to inhibit influx of calcium ions (Jones & Bartlett, 2023)	Inhibits reabsorption in the distal convoluted tubules (Jones & Bartlett, 2023)	Reduces pain by activating opioid receptors at sites on the gray matter of the brain (Jones & Bartlett, 2023)	It retains water in the stool, making it easier to pass thru the bowel (Drugs.com, 2024)	It concentrates in phagocytes, macrophages, and fibroblasts and helps move it toward sites of infection (Jones & Bartlett, 2023)
Reason Client Taking	To treat hypertension (Jones & Bartlett, 2023)	Manage moderate hypertension (Jones & Bartlett,	Severe pain rated 7-10 (Jones & Bartlett, 2023)	Constipation (Drugs.com, 2024)	To treat pneumonia (Jones & Bartlett, 2023)

		2023)			
Contraindications (2)	Recent heart attack (Jones & Bartlett, 2023) Cardiogenic shock (Jones & Bartlett, 2023)	Anuria (Jones & Bartlett, 2023) Hepatic coma (Jones & Bartlett, 2023)	Acute or severe bronchial asthma (Jones & Bartlett, 2023) Gastrointestinal obstruction (Jones & Bartlett, 2023)	Known or suspected GI obstruction (Drugs.com, 2024) Severe change in bowel movements (Drugs.com, 2024)	Hepatic dysfunction (Jones & Bartlett, 2023) Cholestatic jaundice (Jones & Bartlett, 2023)
Side Effects/Adverse Reactions (2)	Abdominal cramps (Jones & Bartlett, 2023) Dyspnea (Jones & Bartlett, 2023)	Hyponatremia (Jones & Bartlett, 2023) Hypovolemia (Jones & Bartlett, 2023)	Abdominal discomfort or pain (Jones & Bartlett, 2023) Respiratory depression (Jones & Bartlett, 2023)	Diarrhea (Drugs.com, 2024) Abdominal cramping (Drugs.com, 2024)	Hyperglycemia (Jones & Bartlett, 2023) Arrhythmias (Jones & Bartlett, 2023)
Nursing Considerations (2)	Use cautiously in patients with heart failure (Jones & Bartlett, 2023) Assess patient for angina because an acute MI can occur (Jones & Bartlett, 2023)	Give this medication with a loop diuretic (Jones & Bartlett, 2023) Measure patient's daily weight to monitor diuretic's effectiveness (Jones & Bartlett, 2023)	Use cautiously when giving this medication to someone with significant COPD (Jones & Bartlett, 2023) Be aware of the risk of abuse and misuse this drug can cause (Jones	Use cautiously in patients with an ulcer or bleeding (Drugs.com, 2024) Administer this medication within 1-2 hours of other medications because it may decrease the effectiveness	Monitor bowel elimination; obtain stool sample for C-diff testing (Jones & Bartlett, 2023) Assess patient for superinfection which can occur with prolonged therapy use (Jones &

			& Bartlett, 2023)	of other medications (Drugs.com, 2024)	Bartlett, 2023)
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Hct levels (Jones & Bartlett, 2023) ECG results (Jones & Bartlett, 2023)	Monitor patient's I/O (Jones & Bartlett, 2023) Monitor blood chemistry results for mild metabolic alkalosis (Jones & Bartlett, 2023)	Monitor patient closely for signs of respiratory depression (Jones & Bartlett, 2023) Notify provider if you detect any signs of serotonin syndrome (Jones & Bartlett, 2023)	Assess for abdominal distention bowel sounds. Assess the amount of stool, consistency, and color.	Monitor patient closely for arrythmias especially given her heart dysfunction (Jones & Bartlett, 2023) Review previous and current Alk phosphate levels because it can increase due to this medication (Jones & Bartlett, 2023)
Client Teaching Needs (2)	Instruct patient to take medication with food to avoid GI upset (Jones & Bartlett, 2023) Advise patient to notify provider if they experience dizziness and arm or	Educate patient that this medication does not cure hypertension . Rather it helps maintain blood pressure (Jones & Bartlett, 2023) Advise the patient to utilize	Instruct the patient to swallow the pill whole. It should never be chewed or crushed (Jones & Bartlett, 2023) Instruct patient to move slowly when moving from a lying or sitting	Advise the patient miralax is not to be used more than once a day (Drugs.com, 2024) Advise patient to contact provider if they are still constipated or irregular after using	Instruct patient to take medication 1 hour before or 2 to 3 hours after food (Jones & Bartlett, 2023) Warn patient that this medication can cause abdominal pain and watery stools

	leg swelling (Jones & Bartlett, 2023)	slower movements when changing positions to avoid orthostatic hypotension (Jones & Bartlett, 2023)	position if they experience light headedness (Jones & Bartlett, 2023)	the medication for 7 consecutive days (Drugs.com, 2024)	(Jones & Bartlett, 2023)

Medications Reference (1) (APA):

Drugs.com Staff. (2024). *MiraLAX*. Drugs.com. https://www.drugs.com/miralax.html.

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

Assessment

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

GENERAL: **Alertness:** Alert and orientated x4 **Orientation:** Alert and orientated x4 **Distress:** No acute distress noted **Overall appearance:** Overall appearance well groomed	
INTEGUMENTARY: **Skin color:** Pale **Character:** Dry **Temperature:** Warm upon palpation **Turgor:** Normal **Rashes:** Rash present on right buttock. **Bruises:** Moderate bruising on left and right forearms Large bruise on right knee **Wounds:** Wound present on lower back / upper buttock midline **Braden Score: 18** **Drains present: Y☐ N ☒** **Type: N/A**	

HEENT: **Head/Neck:** Head and neck are symmetrical. Trachea is midline with no deviation. Thyroid is non palpable. No nodules noted. Bilateral palpable carotid pules 3+ present. No lymphadenopathy noted. **Ears:** Bilateral auricles no visible injury. No visible drainage. (Unable to assess tympanic membranes) **Eyes:** Bilateral sclera white. Bilateral cornea clear. Bilateral conjunctiva pink. No visible drainage from the eyes. PERRLA and EOMS intact. **Nose:** Septum is midline, turbinates are moist and pink bilaterally. No visible bleeding or polyps in the nose. **Teeth:** Several teeth missing..	
CARDIOVASCULAR: **Heart sounds:** Clear S1 and S2 without gallops or rubs. **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** Normal rate and rhythm. **Peripheral Pulses:** 3+ Bilaterally **Capillary refill:** Capillary refill at 3 seconds fingers and toes bilaterally. **Neck Vein Distention: Y ☒ N ☐** **Edema Y ☒ N ☐** **Location of Edema:** Edema present in right and left lower legs 2+.	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** Clear lung sounds throughout anterior/posterior bilaterally.	.
GASTROINTESTINAL: **Diet at home:** Low carb, time restricted; Cardiac **Current Diet:** Cardiac **Height:** 170.18 cm **Weight:**151.2 kg **Auscultation Bowel sounds:** Active and	.

present in all four quadrants **Last BM:** 2/24/24 **Palpation: Pain, Mass etc.:** Abdomen is tender upon palpation. Reports pain of an 8/10. **Inspection:** **Distention: Yes** **Incisions: No** **Scars: No** **Drains: No** **Wounds: No** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color: Yellow** **Character: Clear** **Quantity of urine:** 200 cc @1011 **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** N/A **Size:** N/A	
MUSCULOSKELETAL: **Neurovascular status:** A&Ox4 **ROM:** WFL **Supportive devices:** Walker, wheelchair **Strength:** Equal strength in hand grips and pedal pushes **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 55** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk ☒**	.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒**	.

Orientation: A&Ox4 **Mental Status:** Adult **Speech:** Clear **Sensory:** Felt light touch **LOC:** Full	
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Watching television **Developmental level:** Adult **Religion & what it means to pt.:** She believes in a higher power, but is not active in the church. **Personal/Family Data (Think about home environment, family structure, and available family support):** She lives at home with her husband and granddaughter. Due to her impaired mobility, she relies on them a lot to assist with daily activities.	.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0743	80	118/68	20	98.4 F	89% nasal cannula
1110	70	**90/58**	20	98.1 F	92 room air

Vital Sign Trends:

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0625	Numeric	Abdomen	9	Constant, dull cramping	Patient received a Norco medication and cyclobenzaprine
0908	Numeric	N/A	0	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 G **Location of IV:** Anterior, right forearm **Date on IV:** 2/18/24 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Clean, dry, and intact	Saline locked, flushed

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
0 intake via IV **2.5 cups of water (240*2 = 480 mL + 120 =** **600)**	**Urine (600 mL)**

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was assisted with ordering breakfast and encouraged hydration. Patient was assisted to the bedside commode and provided pericare. Patient required two assist in bed position change and comfort measures. A head-to-toe assessment was given in which the patient tolerated well and was cooperative. Rounding check-ins were achieved to ensure patient's needs were met.

Procedures/testing done: CT Chest/ AB/ Pelvis w/ Contrast

Complaints/Issues: Abdominal pain, abdominal distention shortness of breath when transferred to bedside commode

Vital signs (stable/unstable): Vitals stable; although blood pressure decreased at noon vitals due to medication.

Tolerating diet, activity, etc.: Patient tolerated diet well. Patient had shortness of breath when transferring from bed to commode and back to bed. Although activity was challenging for her, I ensured her to take her time and drink water. Patient tolerated it well.

Physician notifications: No notifications

Future plans for client: The patient should receive continuous physical therapy and a nutritionist. The patient is relying on family more and more for basic care needs, and it would be important to help encourage independence by granting resources that assist with her immobility impairment (primarily weight).

Discharge Planning (2 points)

Discharge location: Patient's home

Home health needs (if applicable): Patient requested a bedside commode for home

Equipment needs (if applicable): Walker, wheelchair, CPAP

Follow up plan: Follow up with the care team to discuss if patient requires any further testing or labs

Education needs: Educate on the importance of daily activity (even if it's minimal) to improve patient's confidence with movement, independence, and health. Educate on any new medications' patient was prescribed during admission and must continue after discharge.

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"	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status of goals

components • Listed in order by priority – highest priority to lowest priority pertinent to this client				and outcomes, modifications to plan.
1. Risk for impaired gas exchange related to shortness of breath as evidence by decrease in respiratory rate and rhythm.	Patient had difficulty breathing room air during the night. Patient's oxygen levels dropped to 87% on room air.	1. Nasal cannula with humidity to increase oxygen saturation above 90% and elevated HOB 2.Monitor vital signs and oxygen saturation closely	1. Patient maintains increased oxygen saturation above 92% on room air until discharge	Patient was compliant with wearing the cannula and it made her feel better. After breakfast she no longer needed it while in semi-fowlers position.
2. Risk for excess fluid volume related to cardiac dysfunction as evidence by jugular vein distention and weight gain over a short period	Patient has a history of heart conditions and gained a substantial amount of weight over 3 days prior to admission. Patient also demonstrates JVD.	1. Monitor LOC and mental status. 2.Monitor cardiovascular status (skin color, turgor, JVD pressure)	1. Patient's vital signs will be within normal limits throughout hospital stay.	Patient was compliant with vital signs even if she was resting at the time. Patient was aware this was for the betterment of her health.
3. Risk for electrolyte imbalance related to insufficient fluid volume as evidence by current	Patient has a history of heart conditions and labs exhibit a decrease in sodium and chloride levels.	1. Monitor fluid electrolyte status, daily weight before breakfast, skin turgor and I/O. 2. Monitor heart rate, blood pressure, and	1. "Patient will maintain electrolyte levels within normal limits" (Phelps, 2020).	Patient participated in accurate I/O measurements. Patient hit the call light after every meal and for ambulation to the commode.

lab results.		pulse routinely.		
4. Risk for infection related to skin breakdown as evidence by pressure wound on lower back.	Patient developed a pressure wound during her stay at the hospital. Patient has impaired mobility mainly due to weight, pain, and edema. Patient only gets out of bed for the commode with refusal to ambulate.	1. Perform hand hygiene before and after wound inspection 2. Inspect patient's skin frequently for any changes.	1. Patient will maintain sufficient skin circulation and no longer present skin breakdown	Although unable to visualize wound due to dressing placed by staff, patient was encouraged to report any signs of new wounds and ambulation to help get her out of bed. Patient refused to ambulate stating "it's too hard", but was in agreeance to notify staff if she notices further skin breakdown.

Other References (APA):

Phelps, L. (2020). *Nursing diagnosis reference manual* (11th ed.). Lippincott Williams & Wilkins.

Concept Map (20 Points):

Subjective Data

Patient states she has severe abdominal pain and fatigue for the past several days. She rated the pain a 9/10 earlier that clinical morning (2/26/24). She states she had gained a substantial amount of amount of weight within 3 days, prior to admission.

Nursing Diagnosis/Outcomes

1. Risk for impaired gas exchange related to shortness of breath as evidence by decrease in respiratory rate and rhythm.
2. Risk for excess fluid volume related to cardiac dysfunction as evidence by jugular vein distention and weight gain over a short period
3. Risk for electrolyte imbalance related to insufficient fluid volume as evidence by current lab results.
4. Risk for infection related to skin breakdown as evidence by pressure wound on lower back.

Objective Data

- RBC 3.43 10(6)mcL
- Hgb 8.6 g/dL
- Hct 28.6%
- Cl- 89 mmol/L
- VS: 70 HR, BP 90/58, 20 RR, 98.4 F Temp, 92% O2

Client Information

The patient is a 60-year-old female who states abdominal and leg swelling for the past 3 days. She reports intense, constant abdominal pain and tightening (with no radiation) as an 8/10 on a numeric scale. She also reports fatigue and rapid weight gain. Patient states “nothing makes it better” and it hurts more when palpated during assessment.

Nursing Interventions

- Nasal cannula with humidity to increase oxygen saturation above 90% and elevated HOB
- Monitor vital signs and oxygen saturation closely
- Monitor LOC and mental status.
- Monitor cardiovascular status (skin color, turgor, JVD pressure)
- Monitor fluid electrolyte status, daily weight before breakfast, skin turgor and I/O.
- Monitor heart rate, blood pressure, and pulse routinely.
- Perform hand hygiene before and after wound inspection
- Inspect patient’s skin frequently for any changes.