N311 Care Plan #3

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N311: Foundations of Professional Nursing

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Demographics (5 points)

Date of Admission 03/01/2024	**Client Initials** J.N	**Age** 85 y.o	**Gender** **Male**
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Divorced	**Allergies** N/A
Code Status Full code	**Height** **5'6"**	**Weight** **163 lbs**	

Medical History (5 Points):

Past Medical History: Diabetes mellitus, GOUT, H/O endoscopy

Past Surgical History: No past surgery history noted in chart and client voiced no surgery history.

Family History: Negative family history for any medical diagnosis noted in chart and client voiced there was no prominent medical diagnoses in family.

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

N/A

Admission Assessment

Chief Complaint (2 points): Pressure ulcer on the buttocks

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

Patient has come in expressing the pain had started 7 days ago. He was expressing that the location of the pain is on his left buttocks. It has been going on for 7 days prior to hospitalization. Patient did not express any characteristics of the pain he was experiencing. When laying on the site of the wound, it makes him have pain. Taking pressure off the buttocks relieves the discomfort that he is experiencing. He is currently prescribed acetaminophen for pain every 4 hours and has a sterile wound dressing on the left buttock.

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 usually described as a warm edema and has tenderness when palpating the area where the cellulitis is placed (Brown & Hood Watson, 2023, para 5). This edema and tenderness occur because of “cytokine and neutrophil response from bacteria breaching the epidermis” (Brown & Hood Watson, 2023, para 5). The neutrophils will then spread to the open area where the bacteria broke through the skin, meaning the skin will have an inflammatory response to the area. Streptococci is the bacteria that is associated with cellulitis.

There are many different signs and symptoms of cellulitis (Fathi, 2023, para 2). Some symptoms will include fever, chills or diaphoresis, fatigue, pain or tenderness in the affected area, inflammation of the skin, soreness or rash to the affected area, tight skin with a glossy tone to the skin, a look of the skin being stretched across the body, warm skin, nausea, vomiting, and achiness in the muscles.

When trying to diagnose and treat cellulitis, there are a few tests and diagnostics that we can look at to determine if the patient does have cellulitis. The provider will do a head-to-toe assessment in which they will identify if the patient has redness and warmth, drainage, and swollen glands in the upper and lower extremities (Fathi, 2023, para 3). If the provider sees any of these in the head-to-toe assessment, the provider will order different types of diagnostics. These can include a blood culture, a complete blood count, culture of fluid taken from the patients affected area, and a biopsy of the skin could also be done. Another unique test your provider could perform is “Your provider may mark the edges of the redness with a pen, to see if the redness goes past the marked border over the next several days” (Fathi, 2023, para 3).

Pathophysiology References (2) (APA):

Brown, B. D. (2023, August 7). *Cellulitis*. StatPearls [Internet].

https://www.ncbi.nlm.nih.gov/books/NBK549770/#article-19114.s5

Fathi, R. (2023, May 31). *Cellulitis*. Pennmedicine.org. https://www.pennmedicine.org/for-patients-and-visitors/patient-information/conditions-treated-a-to-z/cellulitis

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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	4.4-5.8	6.38	5.23	Patient has an infection which will cause red blood cell to count to be elevated.
Hgb	13-16.5	12.9	11.3	Patient has an infection so it will all go towards the site of inflammation which will lead the Hgb to be lower in a client with an infection (US Department of Health and Human Services, 2024).
Hct	38-50	44.2	46.6	N/A
Platelets	140-440	319	271	N/A
WBC	4-12	16	10.3	Infection in the body due to cellulitis will cause WBC's to be elevated.
Neutrophils	40-68	87.9	75.7	Neutrophils will be elevated due to infection.
Lymphocytes	19-49	6.8	14.4	Lymphocytes will be elevated due to infection.
Monocytes	3-13	4.4	6.9	N/A
Eosinophils	0-8	0	1.9	N/A
Bands	N/A	N/A	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-	135-145	138	142	N/A
K+	3.5-5.1	4.3	4.6	N/A
Cl-	98-107	106	105	N/A
CO2	22-30	23	22	N/A
Glucose	70-99	140	132	Patient has diabetes

				mellitus so these findings would be expected for this patient and would not be considered abnormal.
BUN	8-26	39	32	A high BUN level can indicate infection of the tissue which is what cellulitis is (BioMed Central,2022).
Creatinine	.70-1.3	1.26	1.0	N/A
Albumin	3.5-5	3.7	3.2	N/A
Calcium	8.7-10.5	10	8.7	N/A
Mag	1.6-2.6	1.8	N/A	N/A
Phosphate	N/A	N/A	N/A	N/A
Bilirubin	.2-1.2	1.2	N/A	N/A
Alk Phos	40-150	104	N/A	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	clear	Yellow and clear	N/A	N/A
pH	5-9	5.5	N/A	N/A
Specific Gravity	1.003-1.030	1.021	N/A	N/A
Glucose	negative	+3	N/A	Patient has diabetes mellitus, and an infection so there will be more glucose in the urine being expelled from the body (Zacay, Herschkowitz, et al,

				2020).
Protein	negative	+1	N/A	Patient has diabetes mellitus which increases the chances of infection (Zacay, Herschkowitz, et al, 2020).
Ketones	negative	trace	N/A	Patient has diabetes mellitus which can explain why he might have trace ketones in the urine.
WBC	0-5	0-5	N/A	N/A
RBC	0-2	6-10	N/A	RBC is a sign of infection.
Leukoesterase	N/A	N/A	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	Negative/ No growth	N/A	N/A	N/A
Blood Culture	Negative/ No growth	negative	N/A	N/A
Sputum Culture	Negative/ No growth	N/A	N/A	N/A
Stool Culture	Negative/ no growth	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

U.S. Department of Health and Human Services. (2024). *Anemia of inflammation or chronic disease - NIDDK*. National Institute of Diabetes and Digestive and Kidney Diseases. https://www.niddk.nih.gov/health-information/blood-diseases/anemia-inflammation-chronic-

disease#:~:text=Experts%20think%20that%20when%20you,store%20and%20use%20iron%20normally.

Wu, K.-H., Wu, P.-H., Chang, C.-Y., Kuo, Y.-T., Hsiao, K.-Y., Hsiao, C.-T., Hung, S.-K., & Chang, C.-P. (2022, January 8). *Differentiating necrotizing soft tissue infections from cellulitis by soft tissue infectious fluid analysis: A pilot study - world journal of emergency surgery*. BioMed Central. https://wjes.biomedcentral.com/articles/10.1186/s13017-022-00404-4

Zacay, G., Hershkowitz Sikron, F., & Heymann, A. D. (2020, December 1). *Glycemic control and risk of cellulitis*. American Diabetes Association. https://diabetesjournals.org/care/article/44/2/367/35485/Glycemic-Control-and-Risk-of-Cellulitis

All Other Diagnostic Tests (10 points):

The provider ordered a blood culture which the results have been shown above. The provider could also collect skin samples (biopsy) to confirm the infection/bacteria that could be present in the patient and to prescribe antibiotics (John Hopkins Medicine, 2019, para 4).

The patient had a CT scan with mild head atrophy.

Chest x-ray was completed with no acute disease noted.

Diagnostic Imaging Reference (1) (APA):

Cellulitis. Johns Hopkins Medicine. (2019, November 19).

https://www.hopkinsmedicine.org/health/conditions-and-diseases/cellulitis#:~:text=How%20is%20cellulitis%20diagnosed%3F,indicate%20the%20most%20effective%20antibiotic.

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

General, Psychosocial/Cultural, and ONE focused assessment specific to the client is required. The student and instructor may complete these assessments together.

GENERAL: **Alertness:** A & O x 4 **Orientation:** Alert and oriented **Distress:** None **Overall appearance:** Unkept, stained clothing	Patient was alert and oriented to person, time, and place. Patient did not seem like he was in any distress or pain. Patient voiced that he had "not gotten a shower in 6 months" and he was very unkept, with stained clothing. Patient came from a nursing home in Danville.
INTEGUMENTARY: **Skin color:** Olive **Character:** **Temperature:** warm **Turgor:** Good skin turgor **Rashes:** N/A **Bruises:** ecchymosis bilaterally **Wounds:** pressure ulcer on left buttocks stage 2 pressure wound, petechiae on abdomen **Braden Score:** 97 **Drains present:** **Y☐** **N ☐**	Patient has generalized scabbing on lower extremities with a swollen left knee. The patient has a midline surgical incision with scattered nevi around the incision. Patient had an IV in left wrist. Generalized scabbing bilaterally, scattered ecchymosis bilaterally.

Type: N/A Fall Risk: 87	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	N/A .
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:**	. N/A
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	. N/A

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:**	.N/A
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐**	N/A

Type: **Size:**	
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**	. N/A
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	. N/A
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:**	Client states he likes to watch TV and do crossword puzzles. Patient did not express that he practiced any form of religion. The patient lives at nursing home, sister

Personal/Family Data (Think about home environment, family structure, and available family support):	brought him to hospital and took him back.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0738	63	107/46	20	96.8	96%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0930	0/10	N/A	N/A	N/A	Keep same level of pain

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480 mL	Output is unable to be documented due to client being incontinent of bowel and bladder.

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.
Impaired tissue integrity related to physical immobility as evidenced by pressure ulcer in left buttock.	The patient expressed that he does not get out of bed a lot and mostly sits in his wheelchair or bed.	1. While the patient is in wheelchair, reposition every hour. 2. “Use padding or special mattress if needed” (Phelps, 2023, p.698).	1. “Patient attains relief from immediate symptoms” (Phelps, 2023, p. 699).	Patient states he feels better after being repositioned in the bed.
Risk for infection related to inadequate hygiene related to medical diagnosis of cellulitis.	The patient expressed that he had “not had a shower in 6 months”. He was very dirty with stained	1.Help patient wash hands before and after meals (Phelps, 2023, p. 366).	1. “Patients incisions or wounds remain clear, pink, and free of purulent drainage (Phelps, 2023, p 367).	Patient stated that he felt much better after getting a bed bath and understood the teaching of personal hygiene significance to his

	clothing.	2. Instruct the patient to notify the nurse or the AP if they have had a bowel movement or moments of incontinence (Phelps, 2023, p. 366).		health.

Other References (APA):

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

Concept Map (20 Points):