N441 Adult Health 3 Care Plan

Lakeview College of Nursing

Name: Justin Munoz

Date: 04-01-2024

Demographics (3 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
03-22-2024	K.C.	55 years old	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Unemployed	Married for 20 years	• Penicillin (Medium Severity) - *Reaction*: Hives with no shortness of breath • Aspirin (Low Severity) - *Reaction*: Periorbital Edema
Code Status	**Height**	**Weight**	
Full Code	5ft 9in. (175.3cm)	179lbs 14oz (81.6kg)	

Medical History (5 Points)

Past Medical History:

Elevated Thyroid Stimulating Hormone (Date: Unknown per chart and patient), Hepatic Cirrhosis (Date: Unknown per chart and patient), Hypothyroidism (Date: Unknown per chart and patient), Melena (Date: Unknown per chart and patient), Myxedema Coma (Date: Unknown per chart and patient), Secondary Esophageal Varicies (Date: Unknown per chart and patient), Diabetes Mellitus: Type 2 (Date: Unknown per chart and patient), Vulvar Lump (Date: Unknown per chart and patient).

Past Surgical History:

Wisdom Tooth Extraction (Date: Unknown per chart and patient), Back Surgery (Date: Unknown per chart and patient), Vulvar/Perineal Biopsy - Cyst (3.5cm) (Date: 05/16/2019), Upper Gastrointestinal Endoscopy (Date: 11/04/2022), Upper Gastrointestinal Endoscopy (Date: 12/29/2022), Upper Gastrointestinal Endoscopy (Date: 03/22/2024), Transjugular Intrahepatic Portosystemic Shunt (TIPS) (Date: 03/25/2024), IR US Venous Access (IRUSVENACC) (Date: 03/25/2024)

Family History:

Family Member:	**Medical History:**
Maternal Grandmother	Type 2 Diabetes Mellitus and Thyroid Disorder
Father	Heart Disorder
Mother	Arthritis and Heart Disorder

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

Substance	**Frequency**	**Quantity**	**Duration**	**Quit Date**	**Type**
Tobacco	Unknown per Patient/Chart	0.75 pack/day	Unknown per Patient/Chart	Former - 09/15/2004	Cigarettes
Alcohol	Every 2-3 months	4 Wine Glasses	Unknown per Patient/Chart	Not Currently - 1 month ago	Beer
Drug	Unknown per Patient/Chart	Unknown per Patient/Chart	Unknown per Patient/Chart	Unknown per Patient/Chart	Unknown per Patient/Chart

Level of Sexual Activity	Not Currently - None

Assistive Devices: None was listed in the patient chart or stated by a healthcare team member or family member.

Living Situation: Lives with Husband at home

Education Level: High School Diploma

Admission Assessment

Chief Complaint (2 points): Rectal Bleeding, Nausea/Vomiting, and Dizziness

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

Signs/Symptoms started on March 17th of 2024 with one fall per day and black tarry stools (per husband statement). EMS arrived with Patient complaining of nausea, vomiting, dizziness, weakness, fatigue, and no energy that had been on-going for 5 days. No fevers or pain present (per patient statment). Patient stated that the weakness and fatigue felt generalized and that they were worried more about the continuing falling than anything else. Patient had not been taking any medication at the time for the presented symptoms and had not been seen with a physician or primary doctor as a follow-up.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Hemorrhagic Shock

Secondary Diagnosis (if applicable): Acute Gastrointestinal Bleed

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

Pathophysiology:

Shock is a condition where inadequate tissue perfusion is due to the imbalance of oxygen and the body's ability to use it. One of the types of shock is called hypovolemic, which is caused by blood loss or severe mechanisms like severe dehydration (Hooper & Armstrong, 2022). Hemorrhagic shock is a critical condition that is caused by severe blood loss, leading to inadequate tissue oxygenation (Hooper & Armstrong, 2022). Since the body cannot function in aerobic means, it triggers anaerobic metabolism and lactic acid production to maintain some cellular respiration (Hooper & Armstrong, 2022). The body activates compensatory mechanisms that bring blood from the peripherals to the central trunk by increasing heart rate and vasoconstriction of the peripherals (Hooper & Armstrong, 2022). This compensation allows the brain and heart to function longer while the body enters acidosis and lactic acid levels buildup (Hooper & Armstrong, 2022). Prolonged shock causes worsening acidosis and tissue hypoxia. Trauma-induced coagulopathy, exacerbated by factors like acidosis and hypothermia, affects clotting factors and platelet function. Individual factors like comorbidities and medications influence shock severity and coagulation dysfunction, requiring comprehensive management (Hooper & Armstrong, 2022).

Signs/Symptoms:

Signs and symptoms of hemorrhagic shock that may be present in a patient are blue lips/fingernails, cold/clammy skin, confusion, dizziness, fatigue, excessive sweating, loss of

consciousness, low urine output, tachycardia, shallow breathing, low blood pressure, weak pulse, anxiety and a sense of impending doom (Hooper & Armstrong, 2022).

Expected Labs/Vital Signs Findings:

Lab findings may include hemoglobin/hematocrit values that can decrease due to prolonged blood loss, and ABGs may present a pH <7.30. Lactic acid levels may be high due to the body entering acidosis (Hooper & Armstrong, 2022). Coagulation studies such as prothrombin time (PT)/activated partial thromboplastin time (aPTT) are used to assess for prolonged clotting time, which means bleeding out (Hooper & Armstrong, 2022). CMP may present high chloride levels due to acidosis and low calcium due to blood leaking out calcium (Hooper & Armstrong, 2022).

Diagnostics Measures:

A diagnostic test to assess for hemorrhagic shock is a chest X-ray to view for hemothorax and an abdominal X-ray to look for any intraperitoneal fluid (Geibel, 2023). A CT Scan (retroperitoneal bleeding) can determine GI bleeding (Geibel, 2023). An esophagogastroduodenoscopy (EGD) can assess for upper GI Bleeding, while a Colonoscopy can assess for lower GI bleeding. An abdominal ultrasound can determine intraperitoneal bleeding (Geibel, 2023). Angiography can locate the bleeding source in the lower sections of the GI (Geibel, 2023).

Another diagnostic measure for blood loss in Hemorrhagic shock is classified into four classes based on the percentage of total blood volume lost, as they help assess the severity of hemorrhagic shock and determine appropriate treatment (Geibel, 2023). The classes include:

- Class 1 (up to 15% loss): Minimal changes in heart rate and blood pressure.
- Class 2 (15% to 30% loss): Elevated heart and respiratory rates slight decrease in blood pressure.
- Class 3 (30% to 40% loss): Significant drop in blood pressure, elevated heart and respiratory rates, altered mental status, decreased urine output.

- Class 4 (over 40% loss): Severe hypotension, pronounced tachycardia, altered mental status, minimal urine output.

Treatments:

Treatment for hemorrhagic shock is followed by two main issues: locating and treating the blood loss and reversing the acidity build-up in the body (Geibel, 2023). The blood loss is treated by normalizing hemodynamic parameters with fluid treatment, such as crystalloid fluids for any resuscitation, and then immediately with Isotonic sodium chloride solutions or lactated ringers (Geibel, 2023). PRBCs may be indicated initially in severe blood loss (Geibel, 2023). The patient may be given other medications, including epinephrine, norepinephrine, dopamine, and dobutamine, to increase blood pressure and heart rate (Geibel, 2023).

Patient Relevance:

I think this diagnosis relates to my patient due to my patient initially having nausea, vomiting, dizziness, fatigue, and reporting black, dark, tarry stools. They also initially had low hemoglobin and hematocrit levels, low platelets, high chloride levels, low calcium levels, and high lactic acid levels. PT and INR levels are increased. The patient also had a CT abdomen to assess for liver bleeding and a TIPS procedure that embolizes any bleeding found in the abdomen area. The patient also takes vasopressors to increase heart rate and blood pressure.

Pathophysiology References (2) (APA):

Hooper, N., & Armstrong, T. J. (2022, September 26). *Hemorrhagic shock*. StatPearls - NCBI Bookshelf. https://www.ncbi.nlm.nih.gov/books/NBK470382/

Geibel, J. G. (2023, September 5). Hemorrhagic shock treatment & management: medical care, surgical care, consultations. Webscape. Retrieved April 1, 2024, from https://emedicine.medscape.com/article/432650-treatment?form=fpf

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	3.5 - 5.2 x10^{10}/uL	1.28	2.92	Low due to blood loss and needed to be replaced (Pagana et al., 2019).
Hgb	11 - 16 g/dL	3.6	8.5	Low due to blood loss (Pagana et al., 2019).
Hct	34 - 37%	11.6	24.7%	Low due to blood loss (Pagana et al., 2019).
Platelets	140 - 400 x 10^3/uL	313	78	Low due to patient losing blood (Pagana et al., 2019).
WBC	4.0 - 11.0 x 10^3/uL	27.2	26.26	High due to Infection present in the urine (Pagana et al., 2019).
Neutrophils	Not Testing	N/A - Not Tested	N/A - Not Tested	
Lymphocytes	0 - 2 %	35.8%	20.7%	Increases as bleeding occurs (Pagana et al., 2019).
Monocytes	Tested, but no range is provided per carle lab testing.	6.7%	7.4%	
Eosinophils	Tested, but no range is provided per carle lab	0.0%	0%	

	testing.			
Bands	0 - 10 %	0%	0%	

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	140	139	
K+	3.5 - 5.1 mmol/L	4.3	3.7	
Cl-	98- 107 mmol/L	116	115	Due to the body entering metabolic acidosis during hemorrhagic shock (Pagana et al., 2019).
CO2	22 - 29 mmol/L	15	20.0	Due to the patient getting rid of CO2 faster than the body can keep balancing (Pagana et al., 2019).
Glucose	74 - 100 mg/dL	318	148	The body goes into glycogenolysis, which causes the body to release glucose in the bloodstream (Pagana et al., 2019).
BUN	10 - 20 mg/dL	32	28	Due to the bleeding in the GI tract to keep urea as it gets digested (Pagana et al., 2019).
Creatinine	0.55 - 1.02 mg/dL	0.86	0.82	

Albumin	3.5 - 5.0 g/dL	1.8	2.3	The liver breaks it down for antioxidation and inflammation (Pagana et al., 2019).
Calcium	8.9 - 10.6 mg/dL	7.2	7.2	It is a consistent result of hemorrhage or hypovolemia (Pagana et al., 2019).
Mag	1.6 - 2.6 mg/dL	N/A - Not Tested	1.8	
Phosphate	2.3 - 4.7 mg/dL	N/A - Not Tested	2.5	
Bilirubin	0.2 - 12 mg/dL	0.2	0.9	
Alk Phos	40 - 150 U/L	75	39	It gets low when there is low hemoglobin and hematocrit during hemorrhage (Pagana et al., 2019).
AST	5 - 34 U/L	35	58	Due to hemodynamic instability (Pagana et al., 2019).
ALT	0 - 55 U/L	21	39	
Amylase	N/A - Not Tested	N/A - Not Tested	N/A - Not Tested	
Lipase	N/A - Not Tested	N/A - Not Tested	N/A - Not Tested	
Lactic Acid	0.5 - 2.0 mmol/L	5.2	N/A - Not Tested	High due to body in acidotic state (Pagana et al., 2019).
Troponin	0 - 4 ng/L	0	N/A - Not Tested	

CK-MB	N/A - Not Tested	N/A - Not Tested	N/A - Not Tested	
Total CK	N/A - Not Tested	N/A - Not Tested	N/A - Not Tested	

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 ratio	1.6	1.6	Bleeding too much from blood loss (Pagana et al., 2019).
PT	11.7 - 13.8 sec	19.4	19.3	Bleeding too much from blood loss (Pagana et al., 2019).
PTT	22.4 - 35.9 sec	23.5	29.7	
D-Dimer	N/A - Not Tested	N/A - Not Tested	N/A - Not Tested	
BNP	0 - 100 pg/mL	32.0	N/A - Not Tested	
HDL	N/A - Not Tested	N/A - Not Tested	N/A - Not Tested	
LDL	N/A - Not Tested	N/A - Not Tested	N/A - Not Tested	
Cholesterol	N/A - Not Tested	N/A - Not Tested	N/A - Not Tested	

Triglycerides	N/A - Not Tested	N/A - Not Tested	N/A - Not Tested	
Hgb A1c	N/A - Not Tested	N/A - Not Tested	N/A - Not Tested	
TSH	0.350 -4.940 u/mL	92.479	N/A - Not Tested	Levels increase initially as a response to blood loss (Pagana et al., 2019).

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	Colorless/Yellow	Yellow/Clear	N/A - Not Tested	
pH	5.0 - 7.0	6.5	N/A - Not Tested	
Specific Gravity	1.003 - 1.022	1.019	N/A - Not Tested	
Glucose	Negative	Negative	N/A - Not Tested	
Protein	Negative	Negative	N/A - Not Tested	
Ketones	Negative	Negative	N/A - Not Tested	

WBC	0 - 25 u/L	377	N/A - Not Tested	Infection in the urinary tract (Pagana et al., 2019).
RBC	0 - 20 u/L	37	N/A - Not Tested	Possible Kidney trauma from falling (per patient HPI).
Leukoesterase	Negative	Small	N/A - Not Tested	Infection in the urinary tract (Pagana et al., 2019).

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	7.310 -7.410	7.383	7.374	
PaO2	70 - 100 mmgh	164.4	164.2	The body attempts to retain oxygen as compensation (Pagana et al., 2019).
PaCO2	35.0 - 45.0 mmgh	29.2	33.0	Due to increased patient ventilation, it rids CO2 faster than the body can keep (Pagana et al., 2019).
HCO3	21.5 - 25.5	17.0	18.8	Due to body's metabolic

	mmol/L			acidosis (Pagana et al., 2019).
SaO2	>92%	98.3%	98.3%	

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	Negative	Not Tested	
Blood Culture	Negative	Negative	Not Tested	
Sputum Culture	Negative	Not Tested	Not Tested	
Stool Culture	Negative	No Growth or Blood detected	Not Tested	

Lab Correlations Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2019). *Mosby's diagnostic and laboratory test reference* (14th ed.). Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points)/Diagnostic Test Correlation (5 points):

XR Chest AP OR PA Only

- **Date:** 03-22-2024
- **Indication:** Sepsis Workup
- **Finding:** No acute cardio/pulmonary process present.
- **Relevance**: Chest x-ray can show bones and a silhouette of the outside lines of structures such as ribs, heart, lungs, and spine (Pagana et al., 2019). This is relevant to my patient as they were assessing it any physiologic dysfunction was present in the cardiac or pulmonary side

XR Chest AP OR PA Only

- **Date:** 03-22-2024
- **Indication:** Right jugular vein central venous Cather placement
- **Finding:** Placement of right internal jugular approach central venous catheter with tip projecting over distal CVC.
  - There is no internal change in aeration and no pneumothorax present.
- **Relevance:** Chest x-ray can show bones and a silhouette of the outside lines of structures such as ribs, heart, lungs, and spine (Pagana et al., 2019). This is relevant to my patient as they have a CVC line in the right jugular.

Ultrasound

- **Date**: 03-22-2024
- **Indication**: right jugular vein central venous catheter placement
- **Findings**: scan used per documentation/protocol (per chart, none was said)

- **Relevance**: Ultrasound allows the visualization and guidance to cannulate deeper vessels (Pagana et al., 2019). This is relevant to my patient as they have a CVC line in the right jugular.

CT Abdomen ATTN Liver

- **Date**: 03-22-2024
- **Indication**: Suspected Variceal Bleeding
- **Findings**: Large volume intraluminal hematoma within gastric fundus, morphologic features of cirrhosis, and gallbladder distention with wall thickening (hepatic dysfunction)
- **Relevance**: CT scans can produce images of the outer structures of abdominal organs (Pagana et al., 2019). This is relevant to my patient due to having gallbladder distention present and having signs of cirrhosis.

Transjugular intrahepatic portosystemic shunt (TIPS) Procedure

- **Date**: 03-26-2024
- **Indication**: Bleeding Varicies with Portal Hypertension
- **Findings**: Sucessful 8 mm TIPS creation via access central side of right portal vein, 2 large gastric variceal connections with postal vein successfully embolized, and portal venous clots seen/treated with tPA and angioJet status post-TIPS creation to resolution.
- **Relevance**: TIPS procedure relieves the pressure of blood flowing through the diseased liver and can help stop bleeding and fluid back up (Pagana et al., 2019). This is relevant to the patient due to the varicies present in the postal vein and right portal vein

Diagnostic Test Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2019). *Mosby's diagnostic and laboratory test reference* (14th 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	**Cefdinir (Omnicef)**	**Clindamycin (Cleocin-hcl)**	**Liothyronine (Cytomel)**	**Prednisone (Prelone)**	**Pantoprazole (Protonix)**
Dose	300mg	2x 300mg cap	4x 5mg tab	4x 10 mg tab	2x 40mg tab
Frequency	Q 12 hr	TID	Daily	Daily	BID
Route	Oral (P.O)	Oral (P.O)	Oral (P.O)	Oral (P.O)	Oral (P.O)
Classification	**Therapeutic Class:** antibiotics **Pharmacological Class:** Cephalosporin antibiotics	**Therapeutic Class**: lincomycin antibiotics **Pharmacological Class:** lincosamide antibiotic	**Therapeutic Class**: Thyroid agents **Pharmacological Class:** Thyroid agents	**Therapeutic Class**: corticosteroids **Pharmacological Class:** glucocorticoid	**Therapeutic Class**: Proton pump inhibitors **Pharmacological Class:** Antiacids
Mechanism of Action	Interfering with cell wall synthesis (Jones & Bartlett, 2021).	Inhibits bacterial protein synthesis by binding to the 23S RNA of the 50S subunit of the ribosome (Jones & Bartlett, 2021).	Controlling DNA transcription and protein synthesis (Jones & Bartlett, 2021).	Decrease inflammation via suppression of the migration polymorphonuclear (Jones & Bartlett, 2021).	The medication binds irreversibly and specifically to the proton pump, reducing gastric acid secretion (Jones & Bartlett, 2021)

Reason Client Taking	To treat bacterial infections in many different parts of the body	To treat certain types of bacterial infections like lung, skin, blood, etc	Treats Hypothyroidism	It treats many conditions, such as asthma, allergic reactions, arthritis, inflammatory bowel diseases, and adrenal and blood or bone marrow disorders.	Heartburn/acid reflux
Contraindications (2)	Patients with known allergy to the cephalosporin class of antibiotics.	Contraindicated in patients who have had an allergic reaction to it. Any history of regional enteritis, ulcerative colitis, or antibiotic-associated colitis.	Hypersensitivity to thyroid hormone. Acute MI uncomplicated by hypothyroidism, thyrotoxicosis, and untreated adrenal insufficiency.	Contraindications to corticosteroids include hypersensitivity to any formulation component. Concurrent administration of live or live-attenuated vaccines	Contraindicated in patients with known hypersensitivity to any formulation component Any use of substituted benzimidazole.
Side Effects/Adverse Reactions (2)	Headache Diarrhea Nausea	Nausea Vomiting Joint pain	Anxiety Arm/joint pain Blurred or double vision	Headache Dizziness personality changes.	Black tarry stools Blistering/peeling Chest Pain
Nursing Considerations (2)	Watch for seizure activity. Monitor signs of pseudomembranous colitis.	The medicine hurts the breastfed infant's gastrointestinal flora. If a nursing mother requires oral or intravenous clindamycin, it is not a reason to discontinue breastfeeding, but an	Monitor and report signs of excessive or inadequate dosing.	Monitor personality changes, including depression, euphoria, restlessness, hallucinations, and psychosis	Assess medical history Monitor renal function

		alternate drug may be preferred.			
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	WBC results Temp Pulse Resp	Bowel frequency, if changed Colitis Resolutions of symptoms	Heart Rate ECG Heart Sounds	Assess involved systems before and periodically during therapy. Assess patient for signs of adrenal insufficiency (hypotension, weight loss, weakness, nausea, vomiting, anorexia, lethargy, confusion, restlessness) before and periodically during therapy. Monitor regular labs as well	Obtain a complete medical history. Any previous liver diseases
Client Teaching needs (2)	Take medication as the doctor prescribes Take for the number of days prescribed no more and no less.	Take medication exactly as the doctor prescribes No more and no less	Take on an empty stomach ideally 1 hour before eating Take medicine as prescribed	Take with breakfast Take this medicine exactly as directed by your doctor. Do not take more of it, do not take it more often, and do not take it for a longer time than your doctor ordered.	avoid alcohol Avoid foods that may cause an increase in GI irritation.

Hospital Medications (5 required)

Brand/ Generic	**Ceftriaxone (Rocephin)**	**Lactulose (Enulose)**	**Lorazepam (Ativan)**	**Octreotide (Sanclostatin)**	**Vasopressin (Vasostrict)**
Dose	1g = 120mg/hr	20 g (solution cup)	0.5mg	52mcg/hr = 5ml/hr	0.03unit/min = 9mL/hr
Frequency	Daily (at 0900)	QID	q2hrs/PRN	Continuous	Continuous
Route	Iv Push	Oral	IV Push	IV Infusion	IV Infusion
Classification	Therapeutic Class: Antibiotic Pharmacological Class: Cephalosporin antibiotics	Therapeutic Class: Osmotic Laxative Pharmacological Class: Laxative	Therapeutic Class: Antidepressant Pharmacological Class: Benzodiazepines	Therapeutic Class: Somatosatins Pharmacological Class: Octapeptides	Therapeutic Class: Ardeparin Pharmacological Class: Antidiuretic hormone analogs
Mechanism of Action	inhibiting the mucopeptide synthesis in the bacterial cell wall (Jones & Bartlett, 2021).	Decreasing ammonia's intestinal production and absorption (Jones & Bartlett, 2021).	Binds to benzodiazepine receptors on the postsynaptic GABA-A ligand-gated chloride channel neuron at several central nervous system (CNS) sites. It enhances the inhibitory effects of GABA, which increases the conductance of chloride ions in the cell (Jones & Bartlett, 2021).	It decreases endothelial nitric oxide levels, inhibiting the release of glucagon, a potent vasodilator, leading to splanchnic vasoconstriction and reduced bleeding (Jones & Bartlett, 2021).	It has the effect of antidiuretic hormone (ADH) on the receptors of the renal tubule (Jones & Bartlett, 2021).
Reason Client Taking	To treat widely different bacterial	Treat constipation	To treat Anxeity	GI Bleed with platelet aggregation	Increase hemodynamic

	infection				stability
Contraindications (2)	Contraindicated in neonates (≤ 28 days) if they require (or are expected to require) treatment with calcium-containing IV solution	have you ever had an allergic reaction to lactulose take high doses for a long time to treat hepatic encephalopathy.	Hypersensitivity to benzodiazepines or any components of the formulation. – acute narrow-angle glaucoma.	If the patient has insulin-dependent diabetes mellitus, If taking medications such as diuretics or any insulin for DM	Hypersensitivity to components Patients with a history of coronary artery disease or chronic nephritis
Side Effects/Adverse Reactions (2)	Black, tarry stools chest pain chills cough fever painful or difficult urination	Diarrhea Gas Stomach Pain	Drowsiness, dizziness, loss of coordination, headache, nausea, blurred vision, change in sexual interest/ability, constipation, heartburn, or change in appetite may occur.	Fainting with abnormal heartbeat Headache	Irregular heartbeats Low sodium level.
Nursing Considerations (2)	This medication passes into breast milk and may have undesirable effects on a nursing infant. Consult your doctor before breast-feeding.	- Mix with half a glass of water, milk, or fruit juice to improve taste. - May take up to 48 hours to act. - Diarrhoea may indicate the dose is too high. - Evaluate therapeutic response: decreased constipation or blood ammonia level	Benzodiazepines may cause fetal harm when administered to pregnant women. Children and the elderly are more likely to experience paradoxical reactions to benzodiazepines, such as tremors, agitation, or visual hallucinations.	Medication may cause complications to thyroid and cardiac functions. It may cause reduced gallbladder contractility/bile secretion and release of TSH.	It should be given cautiously to pregnant clients and lactating mothers. Know that medication can cause fetal harm
Key Nursing Assessment(s) /Lab(s) Prior	determine whether the patient has had previous	Assess the patient for abdominal distention,	Monitor neonates exposed to Ativan during pregnancy	Monitor blood glucose levels.	Assess for urine output.

to Administration,	hypersensitivity reactions to cephalosporins, penicillins, and other beta-lactam agents or other drugs.	presence of bowel sounds, and normal pattern of bowel function. Assess color, consistency, and amount of stool produced.	or labor for signs of sedation, respiratory depression, hypotonia, and feeding problems. Assess respiration after rapid IV administration.	Monitor for any signs of abnormal schilling's test.	Assess for urine-specific Gravity
Client Teaching needs (2)	Instruct to take the medication with food. Review the importance of keeping oral suspensions in the refrigerator. Report signs of bleeding	Caution patients that this medication may cause belching, flatulence, or abdominal cramping. Healthcare professionals should be notified if this becomes bothersome or if diarrhea occurs.	Do not take a larger dose, take it more often or for a longer time than your doctor tells you to. Tell your doctor if you have ever drunk large amounts of alcohol	Take medication on an empty stomach one hour before Take with a glass of water at the same time	Medication may cause allergic reactions Report any signs and symptoms of itching, breathing, or swallowing.

Medications Reference (1) (APA):

Jones & Bartlett. (2021). *Nurse's Drug Handbook* (12th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient was awake most of the time and oriented x 3 name/place/time. No signs of distress. With the overall appearance, looking fatigued.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 18 (Mild risk - Moderate interventions are required)** **Drains present: ~~Y~~☐ N ☐** **Type: Central venous catheter**	Skin color is pale olive with noticeable age spots throughout the central trunk. Skin is warm and dry. Both lower leg skin has noticeable scabbing around the shin and ankle areas that are hard and generalized to that location. No signs of rashes, bruises, or wounds. Skin turgor is retractable almost immediately. The patient does have a central line in the upper right jugular for access. Braden's Score is 18 (Mild risk - Moderate interventions are required).
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	.*Head/Neck:* The skull and face are symmetrical. Trachea is midline with no deviations. Upon palpation, trachea movement is present when the patient swallows. The carotid artery is palpable and is +2 bilaterally. All cervical lymph nodes are nonpalpable bilaterally. Eyelids have no visible discoloration, lesions, or swelling bilaterally. *Eyes*:

	The sclera is white and clear bilaterally. The conjunctiva is pink and moist bilaterally. Pupils (PERRLA) are round and equal, reactive to light, and can accommodate bilaterally. 6 Extraocular movements are present in both eyes with no deviations bilaterally. *Ears*: There is no ear tenderness upon palpation, with no visible drainage or discoloration bilaterally. There is no visible impaction in the ears bilaterally. *Nose*: Nose septum is midline. Turbinates are moist and pink in the nose bilaterally with no visible signs of bleeding. Frontal sinuses are nontender to palpation bilaterally. *Teeth:* Uvula is midline. Soft palate and hard palate are present. Swallow reflex is present with a soft palate able to move upward. Buccal mucosa is moist. Teeth are present and are a yellow/white color and are consistent irregular in the top section and bottom section of the mouth (front tooth overlaps).
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: lower calves bilaterally**	Sinus Rhythm is present along with S1 and S2 sounds present. No signs of S3, S4, or murmurs. Heart rhythm is regular (Normal sinus Rhythm) Upper and lower peripheral pulses were +2 bilaterally. Popliteal pulse is +1 bilaterally. Apical pulse auscultated at the midclavicular line at the 5th intercostal space (rhythm/rate is regular). Cap refill is less than 3 seconds. No signs of neck vein distention in the upper/lower extremities. Edema is present in both calves bilaterally.

RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character** **ET Tube: No** **Size of tube:** **Placement (cm to lip):** **Respiration rate:** **FiO2:** **Total volume (TV):** **PEEP:** **VAP prevention measures:**	.No use of accessory muscles during respiration. Normal rate and regular pattern of respirations. Respirations are symmetrical and non-labored. Lung sounds clear throughout the anterior/posterior in the upper section bilaterally. No wheezes, crackles, or rhonchi present. No use of accessory muscle or signs of breathing distress. Lung aeration is equal bilaterally. No Endotracheal tube inplace.

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 is regular. The current diet is liquid diet. Height is 5ft 9in. (175.3cm) and Current Weight is 179lbs 14oz (81.6kg). Normoactive bowel sounds in all 4 quadrants. The last BM was that morning at 0800. No pain/tenderness or mass upon palpation in all 4 quadrants. No signs of distention, scars, drains, or wounds upon inspection. No redness, hot to touch, drainage, or swelling present. No ostomy or nasogastric tube present.

GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type: Foley catheter** **Size: 16 Fr** **CAUTI prevention measures: Foley Care and HCG baths.**	The urine is yellow and clear. Urine output was mL250mL (on 1x occurrence - measurable via foley catheter 16Fr). Genitals are clean (According to the patient statement and nursing student inspection). The patient is not on dialysis. CAUTI interventions include Foley care and daily HCG baths.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 60 (implement high fall risk interventions)** **Activity/Mobility Status:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	Neurovascular is intact with no impaired blood flow or damage to the peripheral nerves in the right upper extremities. ROM is good with the patient's present active ROM. The patient does not use support devices. Strength is 5/5 on all extremities. No need for ADL assistance. Fall score is 60 (implement high fall risk interventions). The patient can move well and is independent with supervision. He does not need assistance with equipment and does not need support to walk and stand.

NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	.Patient can move all extremities well, PERLA is equal, round, and reactive, and Muscle strength is equal in both upper and lower extremities 5/5. Oriented x 3 person, place, and time. Their mental status is normal, and their behavior is appropriate to their responses. Speech and sensory are normal. LOC is 15, with the patient alert and awake to question and answer appropriately.
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):**	The method of coping is to take it one day at a time. No deficit noted in development level. The patient stated that they believe in Christianity, meaning they believe in Jesus Christ. The support system is sound because their friends call to check on the patient.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	74 Automatic Machine	126/60 HOB elevated @	17 Unlabored	97.9f (36.6 c) Temporal	94% RA

		40 degrees Right BrachialArtery			
1100	92	142/66 HOB elevated @ 40 degrees Right BrachialArtery	20 Unlabored	97.7f (36.5 c) Temporal	97% RA

Vital Sign Trends/Correlation: The majority of vital signs are improving, but blood pressure did increase about 20 points systolically and 6 points diastolically.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	**0-10**	**NA**	**0**	**None**	**None/ controlled with tylneol/ lorazapam**

1100	**0-10**	**NA**	**0**	**None**	**None/ controlled with tylneol/ lorazapam**

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: 20g **Location of IV: LT Antecubial** **Date on IV:03/22/2024** **Patency of IV: Good** **Signs of erythema, drainage, etc.: None** **IV dressing assessment: Clean**	Left IV is located at the antecubial site, size is 20g. The date on the IV is 03/22/2024. There is no sign of erythema or drainage. The IV dressing is clean. Patentcy is good.
Other Lines (PICC, Port, central line, etc.)	
Type: central line non tunnel **Size: 7f** **Location: right internal jugular** **Date of insertion:03/34/2024** **Patency: good** **Signs of erythema, drainage, etc.:none** **Dressing assessment: clean** **Date on dressing:03/26.2024** **CUROS caps in place: Y ⊟ N ☐** **CLABSI prevention measures:**	The central line non-tunnel is located on the right side of the internal jugular, and its size is 7fr. The insertion date was 03/24/2024, and the date on dressing is 03/26/2024. The dressing assessment is clean, with no signs of drainage or infection. The CUROS caps are in palce. CLABSI measures include CHG daily baths, line and dressing care, and CUROS caps being in place.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
53 mL iv infusion - **piper-tazobactrium** - **0.9% NaCl**	**foley cath-250 ml** - **16 Fr**
NET I/O: -197 mL	

Nursing Care

Summary of Care (2 points)

Overview of care: Overall care was good,

Procedures/testing done: The patient had a CT over abdominal, TIPS procedure to stop the bleeding, and xrays to confirm placement

Complaints/Issues: no complaints other than patient stating that liquid diet is not good for them.

Vital signs (stable/unstable): Vital signs are stable with blood pressure increase to 142/66

Tolerating diet, activity, etc.: Patient is still on bed rest due to Post TIPS Procedure, patient is using depends to have a bowel movement.

Physician notifications: if Hbg levels drop even lower or if patient goes back into shock.

Future plans for client: discharge home with husband

Discharge Planning (2 points)

Discharge location: at home with husband

Home health needs (if applicable): None

Equipment needs (if applicable): None

Follow up plan: follow up with primary and GI specialist for cirrhosis.

Education needs: continual education on how importance of their own condition.

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 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. Deficient Fluid Volume related to recent signs of blood loss as evidence by patient feeling dizzy, low hemoglobin levels, and low hematocrit levels.	This is relevant to my patient due to recent blood loss from a acute GI bleed that led the patient to be dizzy, and low Hct and Hgb levels.	**1.** Monitor and record vital signs every 2 hrs (Phelps, 2020). **2.** Do not allow pt to stand or sit up to quickly (Phelps, 2020).	During the remaining stay at hospital pt vs will remain stable	**Response to actions:** Not applicable, not enough clinical time to assess actions. **Response to goal:** Not applicable, I did not assess due to the time of clinical hours ending. **Goal unmet:** due to inability to implement and evaluate.
2. Risk for electrolyte imbalance related to body being in acidosis as evidence by high chloride levels, low CO2 levels, high BUN and High AST	This is related to my patient due to some of their labs numbers were not normal due to the acidosis stated the body was put in after the	**1.** Asses pt fluid status (Phelps, 2020). **2.** Collect and evaluate serum	During stay, pt will remain safe from injury associated with electrolyte imbalance	**Response to actions:** Not applicable, not enough clinical time to assess actions. **Response to goal:** Not

levels.	hemorrhagic shock.	electrolyte results as ordered (Phelps, 2020).		applicable, I did not assess due to the time of clinical hours ending. **Goal unmet:** due to inability to implement and evaluate.
3. Risk for Shock related to body being in acidosis as evidence by abnormal labs indicated acidosis, high lactic acid level as blood loss continues, blood loss is continued by the increase readings of INR and PT.	This is relevant to my patient due to the continual blood loss puts the patient at risk for acidosis to increase.	**1.** Monitor hemodynamic status frequently, including all vital signs (Phelps, 2020). **2**. Assess the level of consciousness with each vs check (Phelps, 2020).	During the rest of the stay at the hospital, pt will not experience hemodynamic complications such as tachycardia and fatigue..	**Response to actions:** Not applicable, not enough clinical time to assess actions. **Response to goal:** Not applicable, I did not assess due to the time of clinical hours ending. **Goal unmet:** due to inability to implement and evaluate.
4. Anxiety related to recent hepatic changes as evidenced by increase thickness in the gallbladder and some liver venous had to be embolized to stop the varicies from bleeding.	This is relevant to my patient because the patient stated anxious feelings about the new physiologic changes of their own body to the nurse and provider.	**1.** Listen attentively (Phelps, 2020). **2.** Include pt in decisions related to care when feasible (Phelps, 2020).	For the rest of their time in the hospital, they will communicate with the nurse or family members to gain reassurance and emotional support.	**Response to actions:** Not applicable, not enough clinical time to assess actions. **Response to goal:** Not applicable, I did not assess due to the time of clinical hours ending.

				Goal unmet: due to inability to implement and evaluate.
5. Ineffective Coping related to recent conversation with their significant other as evidence by the patient stating to the husband that "after I get out, It'll be like nothing happen at all".	This is relevant to the patient due to them not fully comprehending how the current situation affects them as a whole and could make them to make bad health care decisions later on.	**1.** explain all treatments and procedure and awnser all pt questions (Phelps, 2020). **2.** praise pt for identifying and using effective coping techniques (Phelps, 2020).	The patient will be able to identify problems,make plans and take action. Patient will be able to understand what is their current situation and how to address the issue with interventions provided by health care.	**Response to actions:** Not applicable, not enough clinical time to assess actions. **Response to goal:** Not applicable, I did not assess due to the time of clinical hours ending. **Goal unmet:** due to inability to implement and evaluate.

Other References (APA):

Phelps, L. (2020). *Sparks & taylor's nursing diagnosis reference manual* (11th ed.). LWW.

Concept Map (20 Points):

Client Information:

Patient is a compliant 55 year old female with a chief complaint of rectal bleeding, nausea/vomiting, and dizziness. Patient has history of Vulval lump, Elevated thyroid stimulating hormone, Hypothyroidism, Melana, Myxedema Coma, Esophageal varices, and Type 2 diabetes mellitus. Allergies to penicillin and aspirin. Patient is being treated for hemorrhagic shock.

Subjective Data

Patient complaining of nausea, vomiting, dizziness, weakness, fatigue, and no energy that had been ongoing for 5 days. Signs/Symptoms started on March 17th of 2024 with one fall per day and black tarry stools (per husband statement).

Objective Data

Patient takes lorazepam for anxiety and vasopressin for increase heart rate and blood pressure. Patient has had a TIPS procedure to emobilized any GI and hepatic bleed causing the body to go in shock. Body is in acidosis as evidence by low Hbg and Hct, high lactic levels, and high INR/PT levels.

Nursing Diagnosis/Outcomes

Nursing diagnosis: Deficient Fluid Volume related to recent signs of blood loss as evidence by patient feeling dizzy, low hemoglobin levels, and low hematocrit levels.

Goal: During the remaining stay at hospital pt vs will remain stable

Nursing Diagnosis: Risk for electrolyte imbalance related to body being in acidosis as evidence by high chloride levels, low CO2 levels, high BUN and High AST levels.

Goal: During stay pt will remain safe from injury associated with electrolyte imbalance, Patient will also reportable signs of dizziness or fatigue.

Nursing Diagnosis: Risk for Shock related to body being in acidosis as evidence by abnormal labs indicated acidosis, high lactic acid level as blood loss continues, blood loss is continued by the increase readings of INR and PT

Nursing Interventions:

Monitor and record vital signs every 2 hrs (Phelps, 2020).

Do not allow pt to stand or sit up to quickly (Phelps, 2020).

Assess pt fluid status (Phelps, 2020).

Collect and evaluate serum electrolyte results as ordered (Phelps, 2020).

Monitor hemodynamic status frequently, including all vital signs (Phelps, 2020).

Assess the level of consciousness with each vs check (Phelps, 2020).