N311 Care Plan 4

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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April 3, 2024

Demographics (5 points)

Date of Admission 3/19/24	**Client Initials** R.D	**Age** 66	**Gender** M
Race/Ethnicity white/Caucasian	**Occupation** not on file	**Marital Status** single	**Allergies** none
Code Status full	**Height** 5’8	**Weight** 142.2 lbs.	

Medical History (5 Points)

Past Medical History: acquired absence of left leg above the knee, alcohol abuse, alcoholic cirrhosis of liver ascites, alcohol liver disease, ankle wound, cirrhosis of liver with ascites, GERD, hypertension, open knee wound, PVD, schizophrenia

Past Surgical History: below knee amputation (2/24/21), colonoscopy (12/4/20)

Family History: unknown by pt.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): cigarette use every day 1 pack/day for 45 years, no alcohol use currently

Admission Assessment

Chief Complaint (2 points): lethargy and abdominal pain

History of Present Illness – OLD CARTS (10 points): Patient came in complaining about pain in his abdomen. He said it has started the day before he was admitted which would’ve been 3/18/24. When asking about characteristics about his pain, he was unable to provide me with an answer. He seemed to be in no pain when observing him. Pt got a bit confused on some questions being asked so no information was able to be given about what may have made it worse or better. The medications he was taking was most likely given when he was experiencing the pain.

Assuming no medications were being taken to decrease the pain prior to being admitted. Patient was a poor historian.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): liver cirrhosis

Secondary Diagnosis (if applicable): n/a

Pathophysiology

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

In the US, cirrhosis and liver failure are among the top causes of morbidity and death. Viral hepatitis and excessive alcohol use account for the majority of cases (Capriotti & Frizzell, 2020, p. 773). In the *Davis Advantage for Pathophysiology* textbook, Capriotti states “The liver is irreversibly damaged with collagen and connective tissue infiltration.” The liver experiences structural alterations and malfunctions in cirrhosis. Cell damage activates stellate cells, which are often found in the liver's extracellular matrix. Hepatocyte function is disrupted by the collagenous fibrous tissue that the cells produce. Additionally, the portal venous system of the liver is constricted by stellate cells. Liver disease such as cirrhosis occurs when scar tissue replaces healthy liver cells. The liver is unable to carry out essential tasks such as protein synthesis, blood clotting factor manufacturing, and drug and toxin filtration (“Cirrhosis of the Liver,” 2020, para. 1). The architecture of the liver is altered by collagen infiltration, which also raises liver density. The liver has significant scarring and is distorted in appearance (Capriotti & Frizzell, 2020, p. 773). Mayo Clinic mentions that every time your liver is harmed, whether by an infection or excessive alcohol use, it makes an effort to mend itself. During this process, scar tissue is created. As cirrhosis advances, more and more scar tissue develops, making the liver's

capacity to operate more difficult. Advanced cirrhosis is potentially fatal. (Mayo Clinic, 2023, para. 2).

In some cases, cirrhosis can be a silent and gradual disease that some patients remain asymptomatic until a late stage of liver impairment (Capriotti & Frizzell, 2020, p. 773). There also can be many actual symptoms that a patient will present. Patients with cirrhosis may normally complain about having fatigue, anorexia, and weight loss (Capriotti & Frizzell, 2020, p.776). The one symptom that most people are most familiar with is jaundice which is a dermatological manifestation. In addition to jaundice, other manifestations include spider angiomata, cutaneous telangiectasias, palmar erythema, and finger clubbing. Another possible symptom is pruritus. Ascites is frequently brought on by protein loss, muscular atrophy, and the buildup of bile salts in the blood.

There are a few different tests that can be done to help determine if one has cirrhosis of the liver. You normally will do a physical examination to observe for some of those physical symptoms such as jaundice. (“What Are the Tests for Cirrhosis?” 2023). Some others include blood tests, imaging tests, and a liver biopsy. In the CBC tests, the platelet count is usually reduced in the earlier stages, the serum bilirubin and liver enzymes will be elevated, and the patient can appear anemic if there is GI blood loss. (Capriotti & Frizzell, 2020, p. 776). The liver biopsy shows the characteristic histopathological changes of cirrhosis.

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F.A. Davis Company

Department of Health & Human Services. (2020). *Cirrhosis of the liver*. Www.betterhealth.vic.gov.au. https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/cirrhosis-of-the-liver

Mayo Clinic. (2023, February 11). *Cirrhosis - Symptoms and Causes*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/cirrhosis/symptoms-causes/syc-20351487

What Are the Tests for Cirrhosis? (2023, May 28). WebMD. https://www.webmd.com/digestive-disorders/tests-for-cirrhosis

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	4.2-5.4 million/mm3	3.90 low	3.26 low	Portal hypertension is a key pathophysiological change associated with cirrhosis (Capriotti & Frizzell, 2020, p.773). With this information it can correlate with why this patient has low RBC count because the National Library of Medicine states that the higher degree of portal hypertension, the higher the risk of developing severe anemia (National Library of Medicine, 2022, para. 4). So, since the liver is damaged, it isn't able to produce as many red blood cells.

Hgb	12.0-16.0 g/dL	12.0 low	10.5 low	Like the RBC since they are blood production cells, this patient would also have a low Hbg count due to the liver being damaged. Erythropoietin is a hormone that the liver produces that stimulates the bone morrow to produce red blood cells, so when the lover is damaged it'll produce less erythropoietin (Ferguson, 2023, para. 12).
Hct	35-47%	35.3 low	29.6 low	"The liver produces a hormone called erythropoietin, which stimulates the bone marrow to produce red blood cells. When the liver is damaged, it may produce less erythropoietin, leading to a decrease in red blood cell production" (Ferguson, 2023, para. 12). This patient has been diagnosed with liver cirrhosis so he will obviously produce less erythropoietin
Platelets	140-144	118 low	110 low	Livers with cirrhosis can make lower levels of thrombopoietin which is a protein that tells your bone marrow to make platelets (Seladi-Schulman, 2023, para 9). It is understanding that the patient has low platelet count since the liver is producing low levels of thrombopoietin.
WBC	4.00-12.00	6.60	6.20	normal value
Neutrophils	47-73%	79.5 high	73.1 high	Neutrophils are the first line of defense against invading pathogens or other foreign bodies. Neutrophils routinely patrol liver sinusoids. (National Library of Medicine, 2021 para. 2-3). With this, the patient is probably having a high count of neutrophils due to them trying to fight off the disease or infection that is taking place.
Lymphocytes	18-42%	10.6 low	14.9 low	"Lymphocytes help your body's immune system fight disease and infection" (Cleveland Clinic, 2022, para. 1).
Monocytes	4.0-12.0%	7.2	7.8	normal value

Eosinophils	0.0-5.0%	1.9	3.4	normal value
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-	136-145 mmol/L	136 mmol/L	136 mmol/L	normal value
K+	3.5-5.0 mmol/L	4.2 mmol/L	3.5 mmol/L	normal value
Cl-	97-107 mmol/L	107 mmol/L	105 mmol/L	normal value
CO2	22-30 mmol/L	22 mmol/L	24 mmol/L	normal value
Glucose	60-110 mmol/L	109 high mmol/L	98 mmol/L	normal value
BUN	12-20 mg/dL	44 high mg/dL	16 mg/dL	"The liver produces urea as a part of the body's process of breaking down protein" (Huizen, 2023, para. 6). This patients levels could be high due to the liver being damaged so it may not be able to function properly when needing to produce urea. It also may be because the patient is having liver cirrhosis.
Creatinine	0.7-1.3 mg/dL	1.64 high mg/dL	1.04 mg/dL	A cause of high creatine levels can be from alcoholism ("High Creatinine Level: Causes and Symptoms," n.d.). This patient has a past of alcohol abuse and shows that this has caught up with him due to having liver cirrhosis.
Albumin	3.5-5.0 g/dL	1.9 low g/dL	2.5 low g/dL	"Human serum albumin is the most abundant plasma protein. In patients with advanced and decompensated cirrhosis, serum albumin levels are low because of a reduction in the hepatocyte mass due to disease per se and multiple interventions" (National Library of Medicine, 2021, para. 1). This patient would

				most likely be having a low count due to the liver damage that is decreasing its liver mass.
Calcium	8.7-10.5 mg/dL	7.9 low mg/dL	7.4 low mg/dL	"Liver cirrhosis is usually associated with hypocalcemia due to hypoalbuminemia and vitamin D deficiency" (Manrai et al., 2022). This patient could have low calcium levels since he has low albumin, and they seem to correlate.
Mag	1.7-2.2 mg/dL	2.2 mg/dL	n/a	normal value
Phosphate	2.5- 4.5 mg/dL	n/a	n/a	n/a
Bilirubin	0.2-1.2 mg/dL	n/a	n/a	n/a
Alk Phos	40-150 U/L	258 high U/L	127 U/L	"A high alk phos level occurs when there is a blockage of flow in the biliary tract or a buildup of pressure in the liver" ("Alkaline phosphatase, n.d.). This patient's Alk Phos level could be high due the patient clearly having liver problems.

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	n/a	n/a	n/a
pH	4.5-8	n/a	n/a	n/a
Specific Gravity	1.005-1.025	n/a	n/a	n/a
Glucose	negative	n/a	n/a	n/a
Protein	negative	n/a	n/a	n/a
Ketones	negative	n/a	n/a	n/a
WBC	0-5/hpf	n/a	n/a	n/a
RBC	0-5/hpf	n/a	n/a	n/a

Leukoesterase	negative	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	<10,000	n/a	n/a	n/a
Blood Culture	10-30	n/a	n/a	n/a
Sputum Culture	>leukocytes <10 epithelial	n/a	n/a	n/a
Stool Culture	7-7.5	n/a	n/a	n/a

Lab Correlations Reference (1) (APA):

Cleveland Clinic. (2022). *Lymphocytes: Function, Definition, Levels & Ranges*. Cleveland Clinic. https://my.clevelandclinic.org/health/body/23342-lymphocytes

Drácz, B., Müller, V., Takács, I., Hagymási, K., Dinya, E., Miheller, P., Szijártó, A., & Werling, K. (2023). Hypocalcemia on Admission Is a Predictor of Disease Progression in COVID-19 Patients with Cirrhosis: A Multicenter Study in Hungary. *Biomedicines*, *11*(6), 1541. https://doi.org/10.3390/biomedicines11061541

Ferguson, S. (2023, April 13). *Anemia with Liver Cirrhosis: What's the Connection?* Healthline. https://www.healthline.com/health/anemia-with-cirrhosis#whats-the-association

Jagdish, R. K., Maras, J. S., & Sarin, S. K. (2021). Albumin in Advanced Liver Diseases: The Good and Bad of a Drug! *Hepatology*, *74*(5), 2848–2862. https://doi.org/10.1002/hep.31836

Manrai, M., Dawra, S., Kapoor, R., Srivastava, S., & Singh, A. (2022). World Journal of Clinical Cases Anemia in cirrhosis: An underestimated entity Conflict-of-interest statement: Provenance and peer review: Peer-review model: Single blind Peer-review report's scientific quality classification. *Anemia in Cirrhosis: An Underestimated Entity*. https://doi.org/10.12998/wjcc.v10.i3.777

Tang, J., Yan, Z., Feng, Q., Yu, L., & Wang, H. (2021). The Roles of Neutrophils in the Pathogenesis of Liver Diseases. *Frontiers in Immunology*, *12*, 625472. https://doi.org/10.3389/fimmu.2021.625472

Thrombocytopenia in Cirrhosis: Symptoms, Causes, Diagnosis, Treatment. (2023, April 18). Healthline. https://www.healthline.com/health/thrombocytopenia-in-cirrhosis#:~:text=Livers%20with%20cirrhosis%20may%20make

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

CT abdomen pelvis w/ contrast:

Impression: "The liver is small with the lobulated margins with prominence of the cardiac lobe suggestive of cirrhotic changed splenomegaly. Small tortuous vessels in the splenic hilum suspicious for splenic varices pancreas itself is of homogeneously enhancing with contrast without any CT evidence for pancreatitis. Moderate to marked ascites throughout abdomen including around gallbladder. Portal vein and splenic vein are patent without filling defects. Stomach is partially distended with some prominence of mucosal folds. Adrenals unmarkable. Multiple cysts in both kidneys with nonobstructive punctuate left renal calculi with AP diameter

of abdominal aorta measuring 2.3cm with intraluminal thrombus true lumen measuring 1.1cm, mild mucosal enhancement of small bowl, mild prostatic enlargement."

X-ray chest 2 views (3/26/24):

1. Right upper lobe opacity extending from hilum. May suggest pneumonia. Possibility underlying mass. Lesion can't be excluded. Suggest follow up in 10-14 days.
2. Left infahilar opacity, may suggest atelectasis/pneumonia

Liver Biopsy

A liver biopsy may be done to diagnose a liver problem. They normally will perform to help diagnose and stage certain liver diseases that include, liver cirrhosis, hemochromatosis, nonalcoholic fatty liver disease, and a few others. In this test, it will show if cancer cells, or other abnormal cells are present in your liver. It can also show how well your liver is working (Mayo Clinic, 2023).

Diagnostic Imaging Reference (1) (APA):

Mayo Clinic. (2023, January 5). *Liver biopsy - Mayo Clinic*. Mayoclinic.org. https://www.mayoclinic.org/tests-procedures/liver-biopsy/about/pac-20394576

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	calcitriol/ Rocaltrol	carvedilol/ Coreg	cefepime hydrochloride /Maxipime	ferrous sulfate	Empagliflozin / Jardiance
Dose	0.25mg	6.25mg	2g 25mL/hr.	650mg	10mg
Frequency	daily	2 times daily with meals	every 8 hours	daily	daily
Route	oral by tablet	oral by tablet	intravenous	oral by tablet	oral by tablet
Classification	Vitamin D analogue Antihypocalcemic (Jones & Bartlett, 2023, p. 190).	Nonselective beta blocker and alpha-1 blocker Antihypertensive, heart failure treatment adjunct (Jones & Bartlett, 2023, p. 210).	Fourth-generation cephalosporin Antibiotic (Jones & Bartlett, 2023, p. 223).	Hematinic Antianemia, nutritional supplement (Jones & Bartlett, 2023, p. 551).	Sodium glucose cotransporter 2 inhibitor Antidiabetic (Jones & Bartlett, 2023, p. 446).
Mechanism of Action	“Binds to specific receptors on intestinal mucosa to increase calcium absorption from intestine. Drug may also regulate calcium ion transfer from bone to blood stimulate calcium reabsorption in the distal renal tubules, making more calcium available in the body” (Jones &	“Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload. When given for at least 4 weeks, carvedilol reduces plasma renin activity” (Jones & Bartlett, 2023, p. 210).	“Interferes with bacterial cell wall synthesis by inhibiting the final step in the cross-linking of peptidoglycan strands. Peptidoglycan makes cell membranes rigid and protective. Without it, bacterial cells rupture and die” (Jones & Bartlett, 2023, p. 223).	“Acts to normalize RBC production by binding with hemoglobin or by being oxidized and stored as hemosiderin or aggregated ferritin in reticuloendothelial cells of the bone marrow, liver, and spleen. Iron is an essential	“Inhibits sodium glucose cotransporter 2 in the kidneys, which prevents glucose reabsorption. This decreased blood glucose levels” (Jones & Bartlett, 2023, p. 446)

	Bartlett, 2023 p. 190).			component of hemoglobin, myoglobin, and several enzymes, including catalase, cytochromes, and peroxidase. Iron is needed for catecholamine metabolism and normal neutrophil function" (Jones & Bartlett, 2023, p. 551)	
Reason Client Taking	Client could be taking this medication since his calcium levels are low and they are trying to increase the calcium absorption from the client's intestine.	Client could be taking this medication to preserve heart function.	Client could be taking this medication to treat bacterial infection or someone who is at high risk ("Cefepime Injection," n.d.).	This client could be taking this medication due to most of his CBC lab levels being low.	This client could be taking this medication to help lower his glucose levels since they were high on admission
Contraindications (2)	Hypercalcemia and Vitamin D toxicity (Jones & Bartlett, 2023, p. 190)	History of serious hypersensitivity and bronchial asthma (Jones & Bartlett, 2023, p. 210). *I feel that the contraindications in the NDH	Other beta-lactam antibiotics and hypersensitivity to cefepime (Jones & Bartlett, 2023, p. 224).	Hemolytic anemias and other anemic conditions unless accompanied by iron deficiency (Jones & Bartlett, 2023, p.	End stage renal disease and severe renal impairment (Jones & Bartlett, 2023, p. 446)

		Nurse's Drug Handbook, were not pertinent to my patient or at least felt like I did not have enough knowledge		551)	
Side Effects/Adverse Reactions (2)	Erythema multiforme and urticaria (Jones & Bartlett, 2023, p. 190).	Elevated BUN and creatine levels, jaundice (Jones & Bartlett, 2023, p. 210)	Diarrhea and hepatic failure (Jones & Bartlett, 2023, p	Hypotension and hemolysis (Jones & Bartlett, 2023, p. 551)	Hypotension and acute kidney disease (Jones & Bartlett, 2023, p. 446)

Medications Reference (1) (APA):

Cefepime Injection: MedlinePlus Drug Information. (n.d.). Medlineplus.gov. https://medlineplus.gov/druginfo/meds/a698021.html

Jones. (2023). *2022 Nurse's Drug Handbook*. Jones & Bartlett Learning.

Assessment

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

General, Psychosocial/Cultural, and TWO focused assessment specific to the client.

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Pt was A/O x 3. He was aware of what was going on but got confused for certain questions that were asked. Pt was not well groomed. He looked in a bit of distress, but pain was at a 0. He liked to talk once you continued to ask questions. He was all curled up when walking into the room**.** His skin color was yellow due to his liver cirrhosis.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:**	Patients skin was very yellow. He had lesions and scabs on his upper and lower extremities as well as his abdomen. His skin was warm to touch. He had good skin turgor. Dry, intact skin, no edema

Turgor: **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	in the upper extremities. Nails appeared dirty and had some dry blood on finger. No visible wounds. Patient had a Braden score of 16. No drains present. The patient's right foot and ankle had some edema going on with +1 pitting. Leg looked a bit pale.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	.
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:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	.
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 ☒**	At home the patient doesn't have much of a diet. He enjoys having beer and crackers. He is on a fluid restriction diet along with a high protein diet. Pt is 5'8 and weighs 142 pounds. After auscultating the abdomen, it was normoactive. The patient can't recall the last time he had a bowel movement. While palpating the patient had no pain, it was soft and firm in some areas. No organomegaly or masses were present upon palpation of all four quadrants. No CVA tenderness noted bilaterally. There were lesions and scabs present on the patient's abdomen. Patient had no ostomy, nasogastric, or feeding tubes present.

Type:	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 99 **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:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	.
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 patient does not consider himself religious. His coping methods were to drink beer and hide. Patient states “I like to just have my own thoughts.” He lives alone and states he does not have kids. He is from Danville, IL.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

1100	75	99/63	18	98.3 F	92%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1100	numeric	n/a	0	n/a	n/a

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 mL (Charted early this morning, was not present. Cannot determine the patients intake) refused morning meds	Pt has not voided this shift on 1.5 L fluid restriction

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

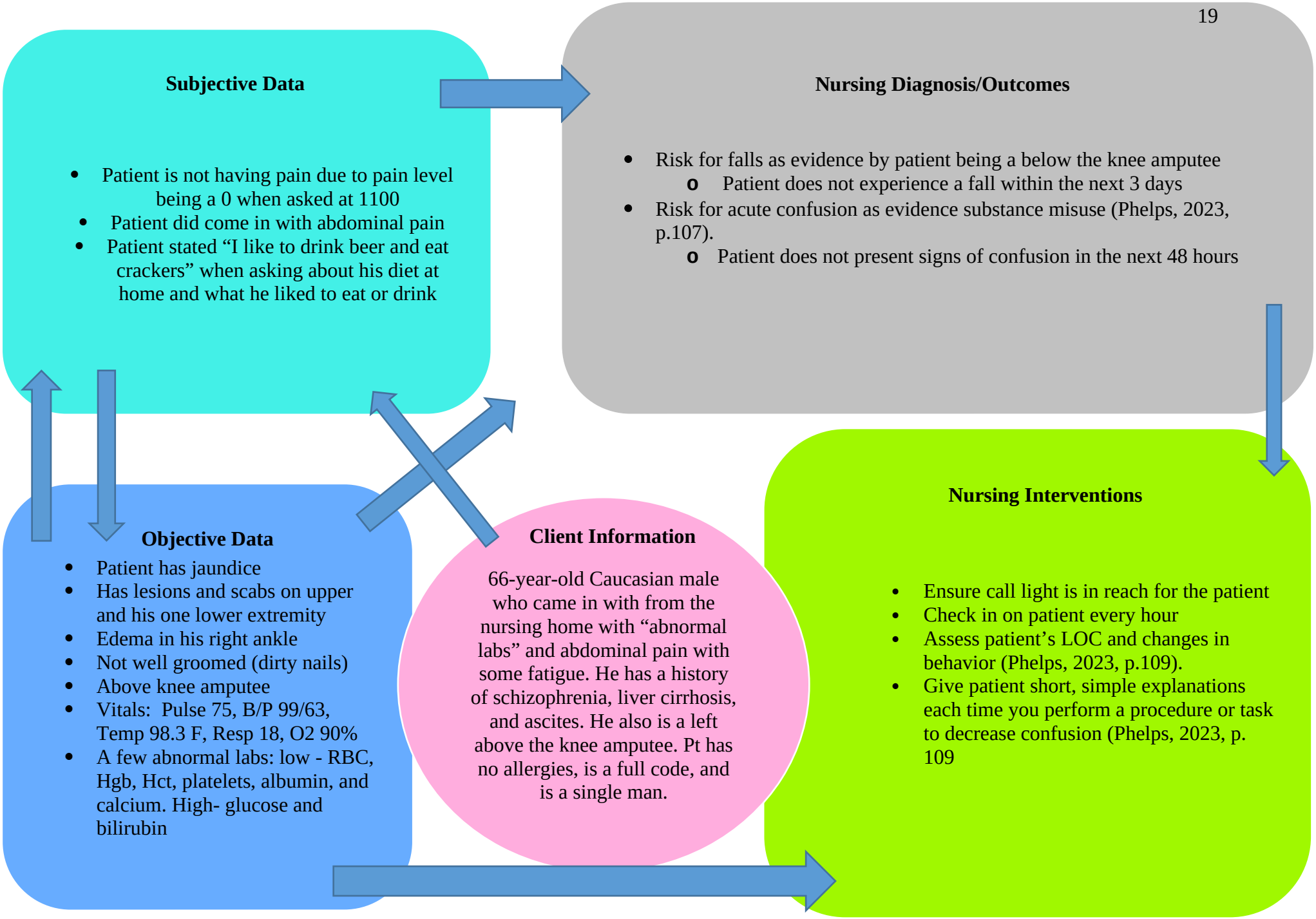
Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

this client				
1. Risk for falls as evidence by patient being a below the knee amputee	I chose this nursing diagnosis because it is important to prioritize patient safety	**1.**Ensure call light is in reach for the patient **2.**Check in on patient every hour	**1.** Patient does not experience a fall within the next 3 days	Patient agreed to use the call light if he needed help and agreed to keep himself safe. He was cooperative. This patient had no family involved.
2. Risk for acute confusion as evidence by substance misuse (Phelps, 2023, p.107).	I chose this nursing diagnosis because the patient has alcoholic cirrhosis of liver ascites and has a history of alcohol abuse.	**1.** Assess patient's LOC and changes in behavior (Phelps, 2023, p.109). **2.**Give patient short, simple explanations each time you perform a procedure or task to decrease confusion (Phelps, 2023, p. 109)	**1.** Patient does not present signs of confusion in the next 48 hours	The patient was more willing to have tasks performed on him after the explanations given due to him being able to understand what was going on. With that, he was cooperative while tasks were being done. Again, no family is involved.

Other References (APA):

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

Concept Map (23 Points):


Subjective Data
Patient is not having pain due to pain level being a 0 when asked at 1100
Patient did come in with abdominal pain
Patient stated "I like to drink beer and eat crackers" when asking about his diet at home and what he liked to eat or drink
Nursing Diagnosis/Outcomes
Risk for falls as evidence by patient being a below the knee amputee
Patient does not experience a fall within the next 3 days
Risk for acute confusion as evidence substance misuse (Phelps, 2023, p.107).
Patient does not present signs of confusion in the next 48 hours
Objective Data
Patient has jaundice
Has lesions and scabs on upper and his one lower extremity
Edema in his right ankle
Not well groomed (dirty nails)
Above knee amputee
Vitals: Pulse 75, B/P 99/63, Temp 98.3 F, Resp 18, O2 90%
A few abnormal labs: low - RBC, Hgb, Hct, platelets, albumin, and calcium. High- glucose and bilirubin
Client Information
66-year-old Caucasian male who came in with from the nursing home with "abnormal labs" and abdominal pain with some fatigue. He has a history of schizophrenia, liver cirrhosis, and ascites. He also is a left above the knee amputee. Pt has no allergies, is a full code, and is a single man.
Nursing Interventions
Ensure call light is in reach for the patient
Check in on patient every hour
Assess patient's LOC and changes in behavior (Phelps, 2023, p.109).
Give patient short, simple explanations each time you perform a procedure or task to decrease confusion (Phelps, 2023, p. 109