

N431 Care Plan #2

Lakeview College of Nursing

Whisper Brown

Demographics (3 points)

Date of Admission 3/37/2024	Client Initials P.B.	Age 67 y/o	Gender Female
Race/Ethnicity White	Occupation Not employed	Marital Status Single	Allergies Toradol (ketorolac), definity (perflutren lipid microspheres), tropicamide
Code Status Full	Height 180.3 cm (5' 10")	Weight 95.3 kg (210 lb 3.2 oz)	

Medical History (5 Points)

Past Medical History: Acute on chronic systolic (congestive) heart failure (3/12/2019), acute systolic CHF (congestive heart failure), NYHA class 2, anxiety and depression, anxiety disorder, CAD in native artery, chronic deep vein thrombosis (DVT) of lower extremity (1/9/2017), chronic headache likely migraine and tension type (2/28/2019), closed fracture of left orbital floor (1/3/2022), closed fracture of neck of right femur (12/31/2016), closed fracture of patella (1/4/2022), current use of long term anticoagulation (12/11/2018), diabetes mellitus, diabetic retinopathy, DVT (deep vein thrombosis) (LLE) (2008), DVT (deep vein thrombosis) (RLE) (2007), H/O total hip arthroplasty (2017), hematoma of left knee region (1/4/2022), HFrEF (heart failure with reduced ejection fraction), history of myocardial infarction, history of pulmonary embolism, hyperlipidemia (3/12/2019), insulin dependent type 2 diabetes mellitus (uncontrolled), lesion of thyroid gland (1/29/2019), lung nodule, LV dysfunction (6/7/2018), myocardial infarction (2014), protein C deficiency, pulmonary embolism (2007-2008), S/P PTCA (percutaneous transluminal coronary angioplasty), severe protein calorie malnutrition (1/9/2017), stented coronary artery (2014)

Past Surgical History: Cardiac catheterization (2/22/2017), EGD/colonoscopy (12/5/2023), ICD insertion (3/29/2019), intravitreal injection, IR tunneled dialysis catheter insertion (1/29/2024), IR US venous access (1/29/2024), PR cesarean delivery only, PTCA (2/22/2017), PTCA/stent (2014), R/L heart catheterization (6/15/2018), R/L heart catheterization (11/25/2022), right heart catheterization (3/9/2021), right heart catheterization (10/16/2023), right heart catheterization (1/15/2024), total hip arthroplasty (right) (1/3/2017)

Family History: Stroke (mother), diabetes (mother), lung cancer (father), anxiety disorder (brother)

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): former smoker (one pack per day) (cigarettes), previous alcohol use (20 years ago)

Assistive Devices: Walker, gait belt, and bed alarms

Living Situation: Lives alone

Education Level: College

Admission Assessment

Chief Complaint (2 points): Shortness of breath/blackened toes on both feet

History of Present Illness – OLD CARTS (10 points): 67-year-old patient came to the hospital for shortness of breath and blackened toes on the right foot. Patient said this started on 3/13/2024. Patient is still experiencing these symptoms currently. Patient complained of difficulty when trying to catch her breath and flaking up her foot. The patient thinks this is happening due to swelling of the foot. The patient tried to relieve it by soaking it in Epsom salt.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Toe gangrene

Secondary Diagnosis (if applicable): Dyspnea

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

Gangrene is the death of body tissue brought on by a severe bacterial infection or a reduction in blood supply. The arms and legs, especially the toes and fingers, are frequently affected by gangrene. It can also happen in the body's internal organs, including the gallbladder, and muscles. The risk of gangrene is increased by conditions like diabetes or atherosclerosis, which can damage blood vessels and impair blood flow. Antibiotics, oxygen therapy, and surgery to remove dead tissue and restore blood flow are some possible treatments for gangrene. The prognosis for gangrene improves with prompt diagnosis and treatment. Traumatic injuries, infections, and inadequate blood supply are among the factors that can lead to gangrene. The body receives nourishment and oxygen from the blood. Moreover, it supplies antibodies to the immune system to combat infections. Tissue perishes when cells are unable to survive without an adequate blood supply. Gangrene can result from an untreated bacterial infection. Gangrene can

also result from traumatic damage. Open wounds from gunshot wounds or crushing injuries from auto accidents can allow bacteria to enter the body. Gangrene may develop if the germs infect tissues and are not treated (Mayo Clinic, 2022).

Depending on the origin, gangrene might have different symptoms. General signs and symptoms in the affected area include pale, cool-to-the-touch skin, red, swollen skin, and acute pain or loss of feeling. The signs and symptoms of gangrene caused by a bacterial infection can include the following: fever, loss of appetite, severe pain, skin that feels firm and tender to the touch, chills, crackling sound when you press on your skin (indicating a buildup of gas in your tissue), fast breathing and heart rate, hot or sweaty feeling, feeling very anxious, sores and blisters that release blood or foul-smelling pus, and vomiting (Cleveland Clinic, 2022).

Depending on the type of the gangrene that the patient presents with, the expected findings could be different. The different types of gangrene are dry, wet, gas, internal, Fournier's, and Meleney's gangrene. In dry gangrene, it appears as black, purplish blue, or brown, with dry, shriveled skin. Dry gangrene can progress gradually. People with diabetes or blood vessel diseases like atherosclerosis are most likely to experience it. If germs have infiltrated the tissue, the gangrene is referred to as wet gangrene. Wet gangrene is frequently characterized by swelling, blistering, and a wet look. After a severe burn, frostbite, or other damage, wet gangrene may form. It frequently happens to diabetics who inadvertently hurt their toes or feet. Wet gangrene can be fatal and spreads swiftly, thus treatment must be received very away. Deep muscle tissue is usually affected by gas gangrene. At first, the surface of your skin might appear normal. The skin may look pale at first, then turn gray or purplish red as the illness gets worse. The skin could appear frothy. Because of the gas inside the tissue, it could crackle when you apply pressure. *Clostridium perfringens* is the most frequent bacteria that cause gas

gangrene. In an accident or surgical wound without blood supply, bacteria grow. Toxins produced by the bacterial infection cause tissue death and gas emission. Gas gangrene poses the same risk to life as wet gangrene. An appendix, gallbladder, or intestines are among the organs that might be affected by internal gangrene. It happens when an internal organ's blood supply is cut off. For instance, it could occur if the intestines twist and protrude through a weak spot in the stomach region's muscle. Internal gangrene can be lethal if left untreated. In Fournier's gangrene, the vaginal organs are affected. Although it primarily affects men, it can also strike women. This kind of gangrene is brought on by an infection in the urinary tract or vaginal area. Melaney's gangrene is uncommon. Usually, it's a surgical complication. Usually, painful skin lesions appear one to two weeks following surgery. Progressive bacterial synergistic gangrene is another term for this illness. Based on all of the expected findings that go along with these types of gangrene the patient would probably have increased white blood cells due to the possible infection (Mayo Clinic, 2022).

Medical professionals use testing and physical examinations to identify gangrene. Inquiring about past and present medical histories, inquiring about any recent injuries, and checking the skin for gangrene symptoms are all part of the examination process. In order to confirm the diagnosis and learn more about the ailment, the physician might additionally do testing. Blood tests to check for infection, bacteria cultures to identify the bacteria causing the infection and identify the best antibiotic to treat it (if applicable), imaging tests to confirm the diagnosis and assess the spread, such as magnetic resonance imaging (MRI) or computed tomography (CT) scans, and tests to check circulation in the affected area are among the tests used to diagnose gangrene (Cleveland Clinic, 2022).

This patient presented to the hospital with gangrene on both feet. Based on the patient's signs and symptoms, the diagnosis that would best suit the patient would be dry gangrene. While the patient was on the floor they got an x-ray on the right foot, along with an MRI of the forefoot and the midfoot of the right foot. These tests allowed the healthcare team to determine how far the gangrene had spread throughout the body.

More than one surgery can be required for treatment, depending on the kind and severity of the gangrene. Surgery for gangrene involves skin grafting, amputation, vascular surgery, and debridement. Surgery known as debridement is used to remove contaminated tissue and prevent the infection from spreading. In order to repair any sick or damaged blood arteries and restore blood flow to the affected area, vascular surgery may be necessary. Amputation, in extreme circumstances including gangrene, the affected body part, such as a finger, toe, arm, or leg, may require surgical excision (amputation). Sometimes a surgical procedure would involve skin transplantation. Occasionally, surgery is required to restore injured skin or to make scars from gangrene look better. A skin graft may be used in such a procedure. A skin graft involves the removal of healthy skin from one area of the body and its placement over the damaged area by the surgeon. Only in cases when the area has an adequate blood supply may a skin graft be performed. Another option for treatment would be hyperbaric oxygen therapy. Pure oxygen is compressed within a chamber to perform hyperbaric oxygen therapy. Typically, a clear plastic tube fits into a padded table that the patient lies on. The pressure within the chamber will gradually increase to approximately 2.5 times that of the surrounding air. Increased blood oxygenation is achieved through hyperbaric oxygen therapy. Bacteria that reside in tissue deficient in oxygen grow more slowly in blood that is rich in oxygen. It also facilitates the faster healing of infected wounds. For treating gangrene, a hyperbaric oxygen therapy session typically

lasts 90 minutes. Until the infection goes away, two to three treatments per day can be required (Cleveland Clinic, 2022). During the time the patient was on the floor, the patient was treated with debridement and a wound vac.

Pathophysiology References (2) (APA):

Cleveland Clinic Staff. (2022, July 18). *Gangrene*. Cleveland Clinic.

<https://my.clevelandclinic.org/health/diseases/21070-gangrene>

Mayo Clinic Staff. (2022, June 17). *Gangrene - Symptoms & causes*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/gangrene/symptoms-causes/syc-20352567>

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	2.82 10 ⁶ /uL	2.65 10 ⁶ /uL	This patient could have a low value of RBCs due to the bleeding from the feet or possible infection that comes along with the gangrene.
Hgb	11.0-16.0 g/dL	8.3 g/dL	7.7 g/dL	The patient might have low Hgb also due to infection and blood loss from

				the foot trauma.
Hct	34.0-47.0%	27.9%	24.8%	A low percentage of Hct could be caused by bleeding or infection of the feet.
Platelets	140-400 10 ³ /uL	321 10 ³ /uL	210 10 ³ /uL	N/A
WBC	4.00-11.00 10 ³ /uL	8.58 10 ³ /uL	5.21 10 ³ /uL	N/A
Neutrophils	1.60-7.70 10 ³ /uL	6.72 10 ³ /uL	3.01 10 ³ /uL	N/A
Lymphocytes	1.00-4.90 10 ³ /uL	1.12 10 ³ /uL	1.50 10 ³ /uL	N/A
Monocytes	0.00-1.10 10 ³ /uL	0.42 10 ³ /uL	0.54 10 ³ /uL	N/A
Eosinophils	0.00-0.50 10 ³ /uL	0.25 10 ³ /uL	0.13 10 ³ /uL	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-	136-145 mmol/L	141 mmol/L	136 mmol/L	N/A
K+	3.5-5.1 mmol/L	5.1 mmol/L	4.6 mmol/L	N/A
Cl-	98-107 mmol/L	108 mmol/L	102 mmol/L	High chloride levels could be indicative of dehydration, kidney disease, or metabolic acidosis (Pagana, Pagana, & Pagana, 2023)..

CO2	22.0-29.0 mmol/L	23.0 mmol/L	18.0 mmol/L	Low CO2 levels may be the result of either uncontrolled diabetes or excessive acidity, since the patient has uncontrolled diabetes, this could be the causative agent of the abnormal value (Pagana, Pagana, & Pagana, 2023).
Glucose	74-100 mg/dL	290 mg/dL	86 mg/dL	High glucose could be due to diabetes which this patient presents with (Mayo Clinic, 2022).
BUN	10-20 mg/dL	49 mg/dL	94 mg/dL	“Higher levels of BUN are associated with increased risk of incident diabetes mellitus” (Verywell Health, 2022)
Creatinine	0.55-1.02 mg/dL	3.01 mg/dL	5.51 mg/dL	“Diabetes can damage the filtering system and reduce the ability to clean waste from the blood, so creatinine could accumulate in the circulation” (Healthgrades, 2020).
Albumin	3.4-4.8 g/dL	9.3 mg/dL	8.2 mg/dL	This patient could have a high value of albumin due possible infection from the feet or possible infection that comes along with the gangrene

				(Pagana, Pagana, & Pagana, 2023)..
Calcium	8.9-10.6 mg/dL	9.3 mg/dL	8.2 mg/dL	Low calcium levels could be indicative of renal failure or a vitamin D deficiency (Pagana, Pagana, & Pagana, 2023).
Mag	1.6-2.6 mg/dL	N/A	1.6 mg/dL	N/A
Phosphate	2.3-4.7 mg/dL	N/A	N/A	N/A
Bilirubin	0.2-1.2 mg/dL	0.4 mg/dL	0.2 mg/dL	N/A
Alk Phos	40-150 U/L	111 U/L	59 U/L	N/A
AST	5-34 U/L	10 U/L	18 U/L	N/A
ALT	0-55 U/L	9 U/L	<5 U/L	N/A
Amylase	30-220 U/L	N/A	N/A	N/A
Lipase	8-78 U/L	N/A	N/A	N/A
Lactic Acid	0.50-2.20 mmol/L	N/A	N/A	N/A
Troponin	0.00-0.10 ng/mL	N/A	N/A	N/A
CK-MB	1.0-3.6 ng/mL	N/A	N/A	N/A
Total CK	21-215 U/L	N/A	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 ratio	2.8 ratio	2.0 ratio	High INR ratio could be caused by alcohol use (Pagana, Pagana, & Pagana, 2023).
PT	11.7-13.8 seconds	29.8 seconds	23.3 seconds	High PT ratio could be caused by liver disease (Pagana, Pagana, & Pagana, 2023).
PTT	22.4-35.9 seconds	N/A	N/A	N/A
D-Dimer	<0.50 ug/mL	N/A	N/A	N/A
BNP	0.0-100.0 pg/mL	1,433.0 pg/mL	N/A	“When the heart cannot pump blood as efficiently as it should, BNP levels rise. Anything above 100 pg/mL is considered abnormal. The greater the number, both the likelihood and severity of heart failure are indicated” (Pagana, Pagana, & Pagana, 2023).
HDL	40-59 mg/dL	N/A	N/A	N/A
LDL	<100 mg/dL	N/A	N/A	N/A
Cholesterol	<200 mg/dL	N/A	N/A	N/A
Triglycerides	<150 mg/dL	N/A	N/A	N/A
Hgb A1c	4.0-7.0%	N/A	N/A	N/A
TSH	0.358-3.740 mIU/mL	N/A	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	N/A	N/A	N/A
pH	5.0-7.0 pH	N/A	N/A	N/A
Specific Gravity	1.003-1.035 arbitrary unit	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	0-25 uL	N/A	N/A	N/A
RBC	0-20 uL	N/A	N/A	N/A
Leukoesterase	Negative	N/A	N/A	N/A

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	7.350-7.450	N/A	N/A	N/A
PaO ₂	35.0-45.0 mmHg	N/A	N/A	N/A
PaCO ₂	41.0-51.0 mmHg	N/A	N/A	N/A

HCO3	22.0-26.0 mmol/L	N/A	N/A	N/A
SaO2		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	Clear	N/A	N/A	N/A
Blood Culture	No growth	No growth	N/A	N/A
Sputum Culture	No growth	N/A	N/A	N/A
Stool Culture	No growth	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

LeBrun, N. (2020, November 2). *What people with diabetes should know about creatinine.*

Healthgrades. <https://www.healthgrades.com/right-care/diabetes/what-people-with-diabetes-should-know-about-creatinine#:~:text=Healthy%20kidneys%2C%20which%20have%20powerful,creatinine%20accumulates%20in%20your%20circulation.>

Manzella, D. (2022, May 24). *What is the BUN (Blood urea nitrogen) test?* Verywell Health.

<https://www.verywellhealth.com/bun-blood-urea-nitrogen-1087387>

Mayo Clinic Staff. (2022, August 20). *Hyperglycemia in diabetes - Symptoms & causes*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/hyperglycemia/symptoms-causes/syc-20373631>

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): XR chest AP or PA only (3/27/2024), XR foot right complete (3/27/2024), MRI forefoot/midfoot right without contrast (3/28/2024), Hickman catheter placement (4/4/2024), IR US venous access

Diagnostic Test Correlation (5 points): Chest X-rays can be used to diagnose lung conditions that might cause dyspnea, such as air accumulation around the lung, which can cause the lung to collapse. Examples of long-term lung conditions and their effects include cystic fibrosis and emphysema (Mayfair Diagnostics, 2021). Imaging tests that depict the organs, blood arteries, and bones include X-rays, CT scans, and MRI scans (Mayo Clinic, 2022). These examinations can demonstrate the extent to which gangrene has permeated the body, which is why the patient had an X-ray of the foot and an MRI of the foot. A Hickman catheter is a tiny, pliable tube with many lumens on the ends that is placed into your neck or chest. The catheter is outside your skin

by a few inches. A Hickman catheter is used for blood collection and administration, as well as the administration of various fluids and medications that require a bigger vein, such as chemotherapy (Dana-Farber, 2024). The patient has this placed to administer medications that required a bigger vein. The internal jugular vein in the neck is the most often used target vein that an interventional radiologist can access using ultrasonography. The catheter is then inserted with the help of X-rays to ensure that its tip is in the central veins close to the heart to draw blood and give treatments, including intravenous fluids, drugs, or blood transfusions (Medscape, 2020). The patient had one in place in their internal jugular to assist with medication administration.

Diagnostic Test Reference (1) (APA):

Amesur, N. (2020, January 13). *Central venous Access Imaging with ultrasonography: practice essentials, imaging guidance in venous access, nontraditional access sites.*

<https://emedicine.medscape.com/article/422189-overview?>

Dana-Farber Cancer Institute Staff. (2024). *How to change the dressing on your Hickman catheter.* [https://www.dana-farber.org/health-library/videos/how-to-change-the-dressing-on-your-hickman-catheter#:~:text=A%20Hickman%20catheter%20is%20a,chemotherapy\)%2C%20and%20other%20fluids.](https://www.dana-farber.org/health-library/videos/how-to-change-the-dressing-on-your-hickman-catheter#:~:text=A%20Hickman%20catheter%20is%20a,chemotherapy)%2C%20and%20other%20fluids.)

Mayfair Diagnostics Staff. (2021, July 10). *How does a chest x-ray help diagnose breathing problems?* Mayfair Diagnostics. <https://www.radiology.ca/article/how-does-chest-x->

[ray-help-diagnose-breathing-problems/#:~:text=A%20chest%20X%2Dray%20can,cystic%20fibrosis%2C%20and%20their%20complications.](#)

Mayo Clinic Staff. (2022, June 17). *Gangrene - Symptoms & causes*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/gangrene/symptoms-causes/syc-20352567>

**Current Medications (10 points, 1 point per completed med)
*10 different medications must be completed***

Home Medications (5 required)

Brand/Generic	Lorazepam (Ativan)	Sumatriptan (Imitrex)	Metolazone (Zaroxolyn)	Gabapentin (Nevrontin)	Atorvastatin (Lipitor)
Dose	0.5 mg	50 mg	5 mg	100 mg	40 mg
Frequency	Daily as needed	As needed	Daily	3 times a day	Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	“Pharmacologic class: benzodiazepine” (Jones & Bartlett, 2023). “Therapeutic class: Anxiolytic”	“Pharmacologic class: serotonin 5-HT1-receptor agonist” (Jones & Bartlett, 2023). “Therapeutic class: diuretic”	“Pharmacologic class: thiazine-like diuretic” (Jones & Bartlett, 2023). “Therapeutic class: diuretic”	“Pharmacologic class: 1-amino-methyl cyclohexaneacetic acid” (Jones & Bartlett, 2023). “Therapeutic class: ”	“Pharmacologic class: HMG-CoA reductase inhibitor” (Jones & Bartlett, 2023). “Therapeutic class: antihyperlipidemic ” (Jones &

	(Jones & Bartlett, 2023).	class: antimigraine” (Jones & Bartlett, 2023).	(Jones & Bartlett, 2023).	anticonvulsant” (Jones & Bartlett, 2023).	Bartlett, 2023).
Mechanism of Action	<p>“May potentiate the effects of gamma-aminobutyric acid (GABA) and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of CNS. GABA Inhibits excitatory stimulation, which helps control emotional behavior. Limbic</p>	<p>“May stimulate 5-HT1 receptors, causing selective vasoconstriction of dilated and inflamed cranial blood vessels in carotid circulation, thus decreasing carotid arterial blood flow and relieving acute migraines and cluster headaches” (Jones & Bartlett, 2023).</p>	<p>“Promote renal excretion of sodium and water by inhibiting their reabsorption in distal convoluted tubules. The resulting reduction in extracellular fluid volume and plasma reduces blood pressure. Metolazone Also helps reduce blood pressure by decreasing peripheral</p>	<p>“Gabapentin is structurally like gamma-aminobutyric (GABA), the main inhibitory neurotransmitter in the brain. Although gabapentin's exact mechanism of action is unknown, GABA inhibits the rapid firing of neurons associated with seizures. It also may prevent exaggerated</p>	<p>“Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown” (Jones & Bartlett, 2023).</p>

	<p>system contains a highly dense area of benzodiazepine receptors, which may explain drug’s antianxiety effects. Also, lorazepam hyperpolarizes neuronal cells, thereby interfering with their ability to generate seizures” (Jones & Bartlett, 2023).</p>		<p>vascular resistance” (Jones & Bartlett, 2023).</p>	<p>responses to painful stimuli and pain-related responses to a normally innocuous stimulus to account for its effectiveness in relieving postherpetic neuralgia and restless legs syndrome symptoms” (Jones & Bartlett, 2023).</p>	
<p>Reason Client Taking</p>	<p>“To treat anxiety” (Jones & Bartlett, 2023).</p>	<p>“To relieve acute migraine attacks, with or without aura” (Jones & Bartlett, 2023).</p>	<p>“To manage edema” (Jones & Bartlett, 2023).</p>	<p>“As adjunct to treat potential seizures” (Jones & Bartlett, 2023).</p>	<p>“Turn reduce risk of acute cardiovascular events such as angina, CVA or MI” (Jones &</p>

					Bartlett, 2023).
Contraindications (2)	<p>“Acute angle-closure glaucoma” (Jones & Bartlett, 2023).</p> <p>“Hypersensitivity to lorazepam, or other benzodiazepines, or their components” (Jones & Bartlett, 2023).</p>	<p>“Ischemic bowel or coronary artery disease” (Jones & Bartlett, 2023).</p> <p>“Severe hepatic impairment” (Jones & Bartlett, 2023).</p>	<p>“Hepatic coma or precoma” (Jones & Bartlett, 2023).</p> <p>“Hypersensitivity to metolazone or its components” (Jones & Bartlett, 2023).</p>	<p>“Hypersensitivity to gabapentin” (Jones & Bartlett, 2023).</p> <p>“Hypersensitivity to the components of gabapentin” (Jones & Bartlett, 2023).</p>	<p>“Active hepatic disease” (Jones & Bartlett, 2023).</p> <p>“Hypersensitivity to atorvastatin or its components” (Jones & Bartlett, 2023).</p>
Side Effects/Adverse Reactions (2)	<p>“Amnesia” (Jones & Bartlett, 2023).</p> <p>“Seizures” (Jones & Bartlett, 2023).</p>	<p>“Arrhythmias” (Jones & Bartlett, 2023).</p> <p>“Hypertension” (Jones & Bartlett, 2023).</p>	<p>“Venous thrombosis” (Jones & Bartlett, 2023).</p> <p>“Neuropathy” (Jones & Bartlett, 2023).</p>	<p>“Depersonalization” (Jones & Bartlett, 2023).</p> <p>“Intracranial hemorrhage” (Jones & Bartlett, 2023).</p>	<p>“Facial paralysis” (Jones & Bartlett, 2023).</p> <p>“Arrhythmias” (Jones & Bartlett, 2023).</p>
Nursing Considerations	“Before starting	“Assess patient	“Anticipate	“Be aware that	“Be aware that

<p>(2)</p>	<p>lorazepam therapy and a patient with depression, make sure they already take an antidepressant, because of the increased risk of suicide in patients with untreated depression” (Jones & Bartlett, 2023).</p> <p>“Extreme caution when giving lorazepam to curly patience, especially those with compromised respiratory</p>	<p>for arrhythmias, chest pain, or other signs of heart disease and monitor blood pressure in patients with CAD before and for at least one hour after sumatriptan administration” (Jones & Bartlett, 2023).</p> <p>“Know that for patients with seizure disorder, seizure precaution should be in instituted according to</p>	<p>giving metolazone with a loop diuretic if patient responds poorly to loop diuretic alone” (Jones & Bartlett, 2023).</p> <p>“Measure patients fluid intake and output and daily weight to monitor drugs diuretic effect” (Jones & Bartlett, 2023).</p>	<p>routine monitoring of blood gabapentin level isn't needed” (Jones & Bartlett, 2023).</p> <p>“Monitor renal function test results, as ordered, and expect to adjust dosage, if needed” (Jones & Bartlett, 2023).</p>	<p>atorvastatin maybe use with colestipol or cholestyramine for addictive antihyperlipidemic effects” (Jones & Bartlett, 2023).</p> <p>“Use atorvastatin cautiously impatient who consume substantial quantities of alcohol or have a history of liver disease because atorvastatin use increases risk for liver dysfunction” (Jones & Bartlett, 2023).</p>
------------	---	--	--	--	---

	function, because drug can cause hypoventilation, respiratory distress, sedation, and unsteadiness” (Jones & Bartlett, 2023).	faculty policy because Sumatriptan may lower seizure threshold” (Jones & Bartlett, 2023).			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Ask about depression before starting the patient on lorazepam due to increased effect lorazepam has on depression.	Investigate the patient's past medical history for any seizure history or any heart problems before administering this medication due to this medication increasing the possibility of both.	Obtain a blood pressure before administering this medication due to the fact that this medication can lower blood pressure.	Ask patient about any suicidal thoughts or depression due to the possibility of this medication increasing both depression and suicidal thoughts	Ask the patient about alcohol use for prior alcohol use and investigate the client's past medical history to see if the patient has history of liver disease due to atorvastatin increasing the risk of liver dysfunction
Client Teaching	“Get medical help	“You should not	“Instruct patient	“Tell patient	“Tell patient to

<p>Needs (2)</p>	<p>right away if you stop using lorazepam and have symptoms such as: unusual muscle movements, being more active or talkative, sudden and severe changes in mood or behavior, confusion, hallucinations, seizures, or thoughts about suicide” (Drugs.com, 2023). “You should not use this medicine if you have</p>	<p>use sumatriptan if you have ever had heart disease, coronary artery disease, blood circulation problems, Wolff-Parkinson-White syndrome, uncontrolled high blood pressure, severe liver disease, a heart attack or stroke, or if your headache seems to be different from your usual migraine headaches” (Drugs.com, 2023).</p>	<p>to take drug at the same time each day” (Jones & Bartlett, 2023). “Emphasize the importance of diet control, especially limiting sodium intake, and maintaining a normal weight” (Jones & Bartlett, 2023).</p>	<p>taking oral solution to store drug in refrigerator and to use a calibrated measuring device, not a household spoon, to measure dosage” (Jones & Bartlett, 2023). “Instruct patient not to take drug within two hours after taking any antacid” (Jones & Bartlett, 2023).</p>	<p>take drug at the same time each day to maintain its effects” (Jones & Bartlett, 2023). “Instruct patient to take a missed dose as soon as possible. If it's almost time for their next dose, they should skip the missed dose. Tell them not to double the dose” (Jones & Bartlett, 2023).</p>
-------------------------	---	--	--	--	--

	narrow-angle glaucoma, severe respiratory insufficiency, myasthenia gravis, or if you are allergic to Valium or a similar medicine” (Drugs.com, 2023)	“Do not use sumatriptan within 24 hours before or after using another migraine headache medicine” (Drugs.com, 2023).			
--	---	--	--	--	--

Hospital Medications (5 required)

Brand/Generic	Pantoprazole (Protonix)	Metronidazole (Flagyl)	Clopidogrel (Plavix)	Cefazolin (Ancef)	Carvedilol (Coreg)
Dose	40 mg	500 mg	75 mg	1 g	3.125 mg
Frequency	Daily	3 times a day	Daily	Every 12 hours	Twice daily
Route	Oral	Oral	Oral	IV push	Oral
Classification	“Pharmacologic class: proton pump inhibitor” (Jones & Bartlett, 2023). “Therapeutic class: antiulcer” (Jones & Bartlett, 2023).	“Pharmacologic class: Nitroimidazole” (Jones & Bartlett, 2023). “Therapeutic class:	“Pharmacologic class: P2Y12 platelet inhibitor” (Jones & Bartlett, 2023).	“Pharmacologic class: first-generation cephalosporin” (Jones & Bartlett, 2023).	“Pharmacologic class: nonselective beta blocker and alpha-1 blocker” (Jones & Bartlett, 2023).

		Antiprotozoal” (Jones & Bartlett, 2023).	“Therapeutic class: platelet aggregation inhibitor” (Jones & Bartlett, 2023).	“Therapeutic class: antibiotic” (Jones & Bartlett, 2023).	“Therapeutic class: antihypertensive, heart failure treatment adjunct” (Jones & Bartlett, 2023).
Mechanism of Action	“Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphatase enzyme system, or protein pump, in gastric parietal cells” (Jones & Bartlett, 2023).	“Undergoes intracellular chemical reduction during anaerobic metabolism. After metronidazole is reduced, it damages DNA's helical structure and breaks its strand, which inhibits bacterial nucleic acid	“Binds to adenosine diphosphate (ADP) receptors on the surface of activated platelets. This action blocks ADP, which deactivates nearby glycoprotein IIb/IIIa receptors and prevents fibrinogen	“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).	“Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload. When given for at least four weeks, carvedilol reduces plasma renin activity” (Jones & Bartlett, 2023).

		<p>synthesis and causes cell death” (Jones & Bartlett, 2023).</p>	<p>from attaching to receptors. Without fibrinogen, platelets can't aggregate and form a thrombi” (Jones & Bartlett, 2023).</p>		
<p>Reason Client Taking</p>	<p>“To treat hypersecretion conditions” (Jones & Bartlett, 2023).</p>	<p>“To treat systemic anaerobic infections” (Jones & Bartlett, 2023).</p>	<p>“To reduce the rate of CVA and MI impatient with established peripheral artery disease or a history of recent MI or CVA” (Jones & Bartlett, 2023).</p>	<p>“To treat respiratory tract infections and suspected pneumococcal pneumonia” (Jones & Bartlett, 2023).</p>	<p>“To reduce CV mortality after acute phase of MI in patients with left ventricular ejection fraction of 40% or less” (Jones & Bartlett, 2023).</p>
<p>Contraindications (2)</p>	<p>“Concurrent therapy</p>	<p>“Use of</p>	<p>“Active</p>	<p>“Hypersensitivity</p>	<p>“Bronchial asthma</p>

	<p>with rilpivirine-containing products” (Jones & Bartlett, 2023).</p> <p>“Hypersensitivity to pantoprazole, substituted benzimidazoles, or their components” (Jones & Bartlett, 2023).</p>	<p>disulfiram within the past two weeks” (Jones & Bartlett, 2023).</p> <p>“Alcohol use, including products containing propylene glycol during or for at least three days after metronidazole therapy” (Jones & Bartlett, 2023).</p>	<p>pathological bleeding, including intracranial hemorrhage and peptic ulcer” (Jones & Bartlett, 2023).</p> <p>“Hypersensitivity to</p> <p>clonidogrel or its components” (Jones & Bartlett, 2023).</p>	<p>to cefazolin” (Jones & Bartlett, 2023).</p> <p>“Hypersensitivity to other cephalosporins or their components” (Jones & Bartlett, 2023).</p>	<p>or related bronchospastic conditions” (Jones & Bartlett, 2023).</p> <p>“Cardiogenic shock” (Jones & Bartlett, 2023).</p>
<p>Side Effects/Adverse Reactions (2)</p>	<p>“Hallucinations” (Jones & Bartlett, 2023).</p> <p>“Elevated</p>	<p>“Aseptic meningitis” (Jones & Bartlett, 2023).</p>	<p>“Fatal intercranial bleeding” (Jones & Bartlett, 2023).</p>	<p>“Hepatic failure” (Jones & Bartlett, 2023).</p> <p>“Nephrotoxicity”</p>	<p>“Bradycardia” (Jones & Bartlett, 2023).</p> <p>“Hypoglycemia”</p>

	triglycerides” (Jones & Bartlett, 2023).	“Hypotension” (Jones & Bartlett, 2023).	“Severe hypoglycemia” (Jones & Bartlett, 2023).	(Jones & Bartlett, 2023).	(Jones & Bartlett, 2023).
Nursing Considerations (2)	<p>“Expect to monitor PT or INR during therapy if patient takes an oral anticoagulant” (Jones & Bartlett, 2023).</p> <p>“Do not give pantoprazole within four weeks of testing for Helicobacter pylori because antibiotics, bismuth preparations, and proton pump inhibitors suppress H. pylori that may lead to false-negative</p>	<p>“Use cautiously in patients with CNS diseases” (Jones & Bartlett, 2023).</p> <p>“Monitor patient with severe liver disease because slowed metronidazole metabolism may cause drug to accumulate in body and increase the risk for adverse</p>	<p>“Determine if patient has a history of hypersensitivity that may have included a hematologic reaction to any other thienopyridine drug, such as prasugrel or ticlopidine, because allergic cross-reactivity has been reported” (Jones &</p>	<p>“Assess bowel pattern daily; severe diarrhea may indicate clostridioides difficile-associate diarrhea or pseudomembranous colitis” (Jones & Bartlett, 2023).</p> <p>“Watch for evidence of superinfection: cough, diarrhea, drainage, fever, malaise, pain, perineal itching,</p>	<p>“Use carvedilol cautiously impatient with peripheral vascular disease because it may aggravate symptoms of arterial insufficiency. In patients with diabetes mellitus it may mask signs of hypoglycemia, such as tachycardia, and may delay discovery” (Jones & Bartlett, 2023).</p>

	<p>results. Drug may also cause false-positive results in urine screening test for tetrahydrocannabinol. Consult guidelines for pantoprazole use before testing” (Jones & Bartlett, 2023).</p>	<p>effects” (Jones & Bartlett, 2023).</p>	<p>Bartlett, 2023). “Use clopidogrel cautiously in patients with severe hepatic or renal disease, risk of bleeding from surgery or trauma, or conditions that predispose to bleeding (such as peptic ulcer disease or thrombotic thrombocytopenia purpura)” (Jones & Bartlett, 2023).</p>	<p>rash, redness, swelling” (Jones & Bartlett, 2023).</p>	<p>“Monitor patient's blood glucose level, as ordered, during carvedilol therapy because drug may alter blood glucose level” (Jones & Bartlett, 2023).</p>
<p>Key Nursing Assessment(s)/Lab(s)</p>	<p>Ask the patient if</p>	<p>Assess the</p>	<p>Assess the</p>	<p>“Obtain culture</p>	<p>Obtain a blood</p>

<p>) Prior to Administration</p>	<p>they are currently taking any other products that contain rilpivirine due to this medication being contraindicated with any product containing rilpivirine.</p>	<p>patient’s blood pressure before administering this medication due to the possibility of this medication causing hypotension. Also be aware of severe liver disease in your patient.</p>	<p>patient for bleeding and ask about severe hepatic or renal diseases due to this medication worsening these components.</p>	<p>and sensitivity test results, if possible and ordered, before giving drug” (Jones & Bartlett, 2023).</p>	<p>glucose test before administering this medication due to this medication possibly altering blood glucose level.</p>
<p>Client Teaching Needs (2)</p>	<p>“Instruct patient to swallow delayed-release tablets whole and not to break, chew, or crush them” (Jones & Bartlett, 2023). “Warn patient not to exceed dosage or</p>	<p>“Urge patient to complete the entire course of therapy” (Jones & Bartlett, 2023). “Caution patient to avoid alcohol during</p>	<p>“Remind patients to adhere to aspirin therapy that has to be taken with clopidogrel therapy” (Jones & Bartlett, 2023).</p>	<p>“Instruct patient to complete the prescribed course of therapy” (Jones & Bartlett, 2023). “Tell patient to report watery, bloody stools to prescriber</p>	<p>“Warn patient that drug may cause dizziness, lightheadedness, and orthostatic hypotension; advise them to take precautions” (Jones & Bartlett, 2023).</p>

	<p>take for longer than prescribed, as long-term use increases risk for serious adverse reactions” (Jones & Bartlett, 2023).</p>	<p>therapy and for at least three days afterward” (Jones & Bartlett, 2023).</p>	<p>“Caution patient that bleeding may continue longer than usual. Instruct them to report unusual bleeding or bruising” (Jones & Bartlett, 2023).</p>	<p>immediately, even up to two months after drug therapy has ended” (Jones & Bartlett, 2023).</p>	<p>“Tell patient to notify prescriber of all medications taken, including over-the-counter preparations, before using them” (Jones & Bartlett, 2023).</p>
--	--	---	---	---	---

Medications Reference (1) (APA):

Drugs.com Staff. (2023, June 1). *Lorazepam Uses, Dosage & Side Effects*. Drugs.com.

<https://www.drugs.com/lorazepam.html>

Jones & Bartlett Learning, & Learning, J. B. (2023). *2023 Nurse’s Drug Handbook*. Jones & Bartlett Learning.

Assessment

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

<p>GENERAL:</p>	<p>Alertness: Patient is alert and responsive,</p>
------------------------	--

<p>Alertness: Orientation: Distress: Overall appearance:</p>	<p>responds to verbal stimuli, and responds to painful stimuli.</p> <p>Orientation: Patient is oriented to person, place, time, and situation A&O x4</p> <p>Distress: Patient states “they are in no distress other than some pain in the stomach.”</p> <p>Overall Appearance: Overall appearance of the patient was appropriate for age and well groomed.</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Skin Color: Usual for ethnicity.</p> <p>Character: Dry upon palpation/ashy.</p> <p>Temperature: Warm upon palpation.</p> <p>Turgor: quick to return</p> <p>Bruises/wounds/rashes: Present bruises, abrasions, wounds, pressure injuries, burn, incision present on both right and left foot.</p>

	<p>Braden Score: 19 (slightly impaired)</p> <p>Drains present: No drains present (drains were previously present for both feet but taken off on 4/8/2024).</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head: Symmetry present in skull and face</p> <p>Neck: Supple with good structure and movement. Trachea is symmetrical upon palpation. Thyroid is nonpalpable. Lymph nodes are not swollen. Tracheostomy is present. (Central line in internal jugular).</p> <p>Ears: Hearing is decreased in both ears. The external ear and ear canal are clear of debris.</p> <p>Eyes: Vision is clear, and eyes are symmetrical on the face. PERRLA is fast to respond with no debris on the internal or external parts of the eyes.</p>

	<p>Nose: Nose is symmetrical while moist internally. No drainage, edema, or abrasions.</p> <p>Mouth: Mouth is pink and symmetrical on both sides. Poor dentition (decay and tooth loss).</p> <p>Uvula raises and falls when patient says “ahhh.”</p> <p>Mucous Membranes: Membranes are pink and moist with no cracks.</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>Heart Rhythm: Normal. No gallops, murmurs, or rubs heard upon auscultation. Peripheral pulses 2+ bilaterally. PMI palpable at the 5th intercostal space at MCL.</p> <p>Heart Sounds: Normal (S1 and S2 sounds present).</p> <p>Pulses: 3+ (Normal)</p> <p>Cap Refill Time: Less than 3 seconds in all extremities except right and left feet.</p> <p>Neck Vein Distention: No signs of neck vein distention.</p>

	<p>Edema: Signs of edema present</p> <p>Edema location: Right foot, left foot, right leg, left leg</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Accessory Muscle Use: Patient was not using any accessory muscle use.</p> <p>Respirations: Patient's respirations were normal.</p> <p>Respiration Pattern: Respirations were normal.</p> <p>Breath Sounds: Diminished through all locations. Breath sounds have present crackles bilaterally through all locations. No wheezes or rhonchi noted.</p> <p>Lung Aeration: Equal</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention:</p>	<p>Diet at Home: High fat</p> <p>Current Diet: Diabetic diet</p> <p>Height: 180.3 cm</p>

<p>Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Weight: 95.3 kg</p> <p>Auscultation Bowel Sounds: Normoactive in all four quadrants</p> <p>Last BM: 4/8/2024 at 0851</p> <p>Palpation: No pain upon palpation, no masses present. Abdomen is soft and nontender.</p> <p>Inspection:</p> <p>Distention: Obese, rounded</p> <p>Incisions: None</p> <p>Scars: Cesarean section</p> <p>Drains: None</p> <p>Wounds: None</p>
--	--

	<p>Ostomy: None</p> <p>Nasogastric: None</p> <p>Feeding tubes/PEG Tube: None</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>No dysuria, no urgency, no frequency, no hematuria.</p> <p>Color: Yellow</p> <p>Character: Clear</p> <p>Quantity of Urine: N/A</p> <p>Pain with Urination: None</p> <p>Dialysis: None</p> <p>Inspection of Genitals: Normal</p> <p>Catheter: None</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices:</p>	<p>Neurovascular Status: Nail beds were normal and intact; extremities were normal with edema in</p>

<p>Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>legs. No rashes but had lesions on both feet. Skin was warm upon palpation.</p> <p>ROM: Decreased range of motion, due to patient's injuries on their feet</p> <p>Supportive devices: Walker at home</p> <p>Strength: Weak in legs</p> <p>ADL Assistance: None</p> <p>Fall Risk: 12 (High)</p>
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input checked="" type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>MAEW: Weakness present in the legs</p> <p>PERRLA: Normal</p> <p>Strength Equal: Weakened legs.</p> <p>Orientation: Person is alert and orientated x4 (person, place, time, and situation).</p> <p>Mental Status: Normal for age</p>

	<p>Speech: Normal</p> <p>Sensory: Normal</p> <p>LOC: Alert</p>
<p>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):</p>	<p>Coping Methods: Reading/talking to friends</p> <p>Developmental level: Patient could read/write and can form a full structured sentence.</p> <p>Religion and What it Means to Patient: patient stated that “they are not religious”</p> <p>Personal/Family Data: Patient states that their “daughter/friends are their support system”</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1224	71 bpm	124/71 mmHg	18 rpm	97.9 °F	98% on nasal cannula
1454	71 bpm	135/82	16 rpm	97.8 °F	98% on nasal

		mmHg			cannula
--	--	------	--	--	---------

Vital Sign Trends: Throughout the patient’s hospitalization, the vitals stay around the same trend. The blood pressure fluctuated throughout the hospitalization but overall stayed in the same range. The patient seemed to run normal in relation to “normal ranges”.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1224	0-10	N/A	0/10	N/A	N/A
1454	0-10	N/A	0/10	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
<p>Size of IV: 8 cm (Central line)</p> <p>Location of IV: Internal jugular</p> <p>Date on IV: 4/4/2024</p> <p>Patency of IV: Site is free of redness, swelling, coolness, or warmth to the touch. Infuses freely.</p> <p>Signs of erythema, drainage, etc.: None</p> <p>IV dressing assessment: Clean, dry, and intact</p>	<p>N/A, patient has a saline lock</p>

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
60 mL	0 mL

Nursing Care**Summary of Care (2 points)**

Overview of care: I went and introduced myself to the patient at 1300. The patient was sitting in bed watching television. I proceeded to help with the patient's vital signs at 1224. I provided the patient with a new blanket upon request. I assisted my preceptor in taking the wound vac off and put fresh dressing on the patient's feet. I then assisted my preceptor in other duties, such as collecting supplies. I took a second set of vital signs on my patient at 1454. I performed a physical assessment on my patient and charted my findings. I saw my patient before the end of my shift to ensure there was nothing I could do for the patient at this time. The patient declined any assistance at this time. I then reported back to my preceptor before leaving the unit.

Procedures/testing done: No procedures or tests were performed while I was present on the floor. The procedures and tests that were performed throughout the time the patient has been on the floor were XR chest AP or PA only (3/27/2024), XR foot right complete (3/27/2024), MRI forefoot/midfoot right without contrast (3/28/2024), Hickman catheter placement (4/4/2024), and IR US venous access.

Complaints/Issues: None

Vital signs (stable/unstable): Stable for patient

Tolerating diet, activity, etc.: Tolerated diabetic diet, bowel movement on 4/8/2024

Physician notifications: None

Future plans for client: Complete medications as directed when patient gets home and continue to abide by infection education and watch for changes in wounds.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): Upon discharge home, the patient will need to consult wound care.

Equipment needs (if applicable): Walker

Follow up plan: Follow up with wound care as needed/ordered.

Education needs: Some education needs would be range of motion exercises for weakness in legs, self-care, dietary, and wound care.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components • Listed in order by priority – 	Rationale <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation <ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? • Client response, status of goals
---	---	---------------------------------	--------------------------------	---

highest priority to lowest priority pertinent to this client				and outcomes, modifications to plan.
<p>1. Impaired skin integrity related to toe gangrene as evidenced by blackened and bleeding toes/feet.</p>	<p>Risk for decreased mobility or infection in feet.</p>	<p>1. Monitor skin integrity every shift (Phelps, 2022). 2. Change dressing on feet as ordered (Phelps, 2022).</p>	<p>1. Patient experiences healing on both feet, along with no signs of infection.</p>	<p>The patient's dressing on both feet were changed as ordered and the patient's skin integrity was maintained. The patient responded well to the dressing being changed and was happy that the feet were healing.</p>
<p>2. Risk for infection related to toe gangrene.</p>	<p>Risk for infection and poor wound healing</p>	<p>1. Clean wounds every shift as ordered (Phelps, 2022). 2. Maintain good hand hygiene and wear gloves</p>	<p>1. Patient experiences wound healing along with no infection signs or symptoms.</p>	<p>The patient's wounds were cleaned every shift as order and there were no signs of infection due to good hand hygiene. The</p>

		while handling the wounds (Phelps, 2022).		patient allow staff to clean the wounds and was happy that the wounds were not infected.
3. "Ineffective tissue perfusion related to gangrene secondary to chronic diabetic foot as evidenced by blisters and lesions on the patient's toes" (Phelps, 2022).	Risk for patient going into shock from the ineffective tissue perfusion	1. Make sure the fluid balance is appropriate. As instructed, administer IV fluids. 2 Support positional changes and promote range-of-motion exercises.	1. In order to increase tissue perfusion, the patient recognizes the need for lifestyle modifications, acts or speaks in a way that is acceptable, and articulates or displays typical sensations	Ineffective tissue perfusion was avoided, and the patient expressed understanding of the action that need to be taken to reduce the risk of ineffective tissue perfusion. The patient was happy to help with maintaining tissue perfusion in the feet.

			and movement.	
<p>4. Impaired physical mobility related to foot gangrene secondary to diabetes mellitus as evidenced by an inability to move purposefully within the physical environment " (Phelps, 2022).</p>	<p>Risk of discouragement and pressure ulcers due to impaired mobility and staying in bed.</p>	<p>1. Examine the skin's integrity for redness and tissue ischemia, paying particular attention to areas such as the ears, shoulders, elbows, sacrum, hips, heels, ankles, and toes.</p> <p>2. When possible, promote and aid in early ambulation.</p> <p>Help with</p>	<p>1. The patient employs safety precautions to reduce the risk of injury, engages in physical activity on their own or within the parameters of their condition, and assesses their level of discomfort and the effectiveness of their care.</p>	<p>The patient understood the adverse effects of impaired mobility and was eager to work of ways to help with their physical mobility.</p>

		walking, sitting in a chair, and dangling legs.		
--	--	---	--	--

Other References (APA):

Phelps, L.L. (2022). Nursing Diagnosis Reference Manual (12th ed.) Lippincott Williams & Wilkins.

Concept Map (20 Points):

Subjective Data

- Patient reports to the Emergency Department on 3/27/24 with blackened toes on both feet and dyspnea beginning on 3/27/24.
- No pain reported on a 0-10 scale.

Nursing Diagnosis/Outcomes

1. Impaired skin integrity related to toe gangrene as evidenced by blackened and bleeding toes/feet.
2. Risk for infection related to toe gangrene.
3. “Ineffective tissue perfusion related to gangrene secondary to chronic diabetic foot as evidenced by blisters and lesions on the patient’s toes” (Phelps, 2022).
4. Impaired physical mobility related to foot gangrene secondary to diabetes mellitus as evidenced by an inability to move purposefully within the physical environment” (Phelps, 2022).

Outcomes:

- Patient experiences healing on both feet, along with no signs of infection.
- Patient experiences wound healing along with no infection signs or symptoms.
- In order to increase tissue perfusion, the patient recognizes the need for lifestyle modifications, acts or speaks in a way that is acceptable, and articulates or displays typical sensations and movement.
- The patient employs safety precautions to reduce the risk of injury, engages in physical activity on their own or within the parameters of their condition, and assesses their level of discomfort and the effectiveness of their care.

Objective Data

BP: 124/71 mmHg
 Pulse: 71 bpm
 Resp. Rate: 18 rpm
 Temperature: 97.9F
 O2: 98% on nasal cannula
 Time: 1224

BP: 135/82 mmHg
 Pulse: 71 bpm
 Resp. Rate: 16 rpm
 Temperature: 97.8F
 O2: 98% on nasal cannula
 Time: 1454

1. Chest X-ray AP or PA only (3/27/2024) which showed fluid in the lungs.
2. Right foot X-ray (3/27/2024) which was done to see how far the gangrene had spread.
3. Right forefoot/midfoot MRI without contrast (3/28/2024) which was done to further investigate the gangrene.
4. Hickman catheter placement (4/4/2024)
5. IR US venous

Client Information

- 67 y/o female
- Height: 180.3 cm
- Weight: 95.3 kg
- Full Code
- Allergies: Toradol (ketorolac), definity (perflutren lipid microspheres), tropicamide
- White

Nursing Interventions

1. Monitor skin integrity every shift (Phelps, 2022).
 - a. Change dressing on feet as ordered (Phelps, 2022).
2. Clean wounds every shift as ordered (Phelps, 2022).
 - a. Maintain good hand hygiene and wear gloves while handling the wounds (Phelps, 2022).
3. Make sure the fluid balance is appropriate. As instructed, administer IV fluids.
 - a. Support positional changes and promote range-of-motion exercises.
4. Examine the skin's integrity for redness and tissue ischemia, paying particular attention to areas such as the ears, shoulders, elbows, sacrum, hips, heels, ankles, and toes.
 - a. When possible, promote and aid in early ambulation. Help with walking, sitting in a chair, and dangling legs.

