N321 CARE PLAN 1

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Lakeview College of Nursing

N321: Adult Health I

Professor Henry

08/26/2024

Demographics

Date of Admission 08/21/24	Client Initials T.M	Age 45	Biological Gender Female
Race/Ethnicity White	Occupation N/A, Pt stated to leave blank	Marital Status Married	Allergies Penicillins
Code Status Full	Height 170.2 cm (5'7)	Weight 108.9 Kg (240lbs)	

Medical History

Past Medical History: GERD, Fibromyalgia, Migraine, Restless Leg Syndrome, Dysmenorrhea, Hiatal Hernia, Leukocytosis, Menorrhagia, Neck Pain, Obstructive Sleep Apnea

Past Surgical History: Cholecystectomy, Tubal Ligation, Decatur Mastopexy Breast Lift, Breast Surgery, Carpal Tunnel Release, Cubital Tunnel Release, Total Hip Arthroplasty

Family History: Not on file

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Smokes cigarettes, No use of smokeless tobacco, Alcohol use, and Marijuana use. Frequency, quantity, and duration was not stated.

Education: Highest level of education is High School

Living Situation: Lives at home with husband, is independent

Assistive devices: Walks independently, used walker in hospital for short time due to pain

Admission History

Chief Complaint: Lower Left Quadrant pain, Vomiting, Diarrhea

History of Present Illness (HPI)– OLD CARTS

Patients pain started approximately 2 weeks ago. The pain was located in the lower left quadrant. Patient stated that the pain is intermittent and an instant sharp feeling. Aggravating factors include laughing and walking for long period of time. Using medication and resting in bed relieves the pain. Patient is currently seeking treatment at the hospital and rates pain 4/10 on a numerical scale.

Admission Diagnosis

Primary Diagnosis: Appendicitis (Acute)

Secondary Diagnosis (if applicable): Diverticulitis

Pathophysiology

Appendicitis is the result of a local blockage, most often brought on by feces or stool (Capriotti., 2020). The mesenteric lymph nodes will swell up in reaction to a bacterial or viral illness, the appendix compresses and becomes blocked. An inflammatory response triggered by abdominal trauma may lead to appendix inflammation (Capriotti., 2020). On the other hand, if intestinal adhesions cause the appendix to become twisted or blocked, appendicitis may result (Capriotti., 2020). Appendicitis has two main starting events. The first is the constriction of the appendix lumen due to a blockage, which causes inflammation and a weakened flow of blood to the area (Capriotti., 2020). The second one is that the lumen narrows and regular mucus discharges get trapped behind it (Capriotti., 2020). Bacterial growth is then created due to the narrowing and the mucus being trapped (Capriotti., 2020). The growing pressure inside the eye and discomfort get worse by these trapped secretions (Capriotti., 2020).

Since the appendix can grow in response to any infection in the body, blockage may also be the result of an infection (WebMD., 2024). In this case, the patient had a blockage and an infection. Their white blood cell count was up to 17.00. An infected appendix that bursts will release pathogens and waste into the abdomen (WebMD., 2024). The abdomen is the central region of your body that houses your stomach, intestines, and liver, if treatment is not provided (WebMD., 2024).

There are many signs and symptoms of appendicitis that this client had experienced such as nausea/ vomiting, diarrhea, and severe abdominal pain. The patient was also had cramps and was unable to have a bowel movement for days. The treatment that was initially done for this client was removing her appendix due to all of the

inflammation. It was later found that the inflammation on the appendix was not the main issue and was not as inflamed as they thought. She ended up coming back to the hospital and being diagnosed with Diverticulitis. She now has an abscess and a Jackson-Pratt drain to drain all of the fluid/pus out of the abscess. The way that they diagnosed the appendicitis was by a CT scan of her abdomen that shown the inflammation and fluid.

References

Appendicitis. (2024, March 20). WebMD. https://www.webmd.com/digestive-disorders/digestive-diseases-appendicitis

Capriotti, T. (2020). *Pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company: ISBN 9780803694118

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
WBC	**17.20**	**7.70**	**4.00-12.00**	**This could be due to infection or inflammation. Another reasoning is trauma or stress (Pagana et al., 2021).**
RBC	**4.51**	**3.71**	**3.80-5.30**	**This could be due to the bone marrow production being decreased or an increase in blood loss (Pagana et al., 2021).**
Hemoglobin	**14.6**	**11.8**	**12.0-15.8**	**A decreased level could be due to anemia or nutritional deficiency (Pagana et al., 2021).**
Hematocrit	**42.9**	**35.2**	**36.0-47.0**	**A reason for this could be due to anemic or dehydration (Pagana et al., 2021).**
Platelet Count	**234**	**205**	**140-440**	
Glucose	**128**	**73**	**70-99**	**A reason for this abnormal lab could be due to stress along with IV fluids (Pagana et al., 2021).**
Sodium	**140**	**140**	**136-145**	
Potassium	**3.2**	**3.4**	**3.5-5.1**	**This could be due to deficient dietary intake and GI disorders. For example, diarrhea (Pagana et al., 2021).**

BUN	**7**	**3**	**5-18**	**The decreased level could be due to malnutrition or malabsorption (Pagana et al., 2021).**
Creatinine	**0.99**	**0.64**	**0.60-1.00**	
Calcium	**8.9**	**8.0**	**8.7-10.5**	**This could be due to malabsorption and certain medications (Pagana et al., 2021).**
Chloride	**101**	**101**	**98-107**	

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
CT Abdomen Pelvis	**LLQ abdominal pain**	**Mild and spread Fatty Liver Disease, and abnormal increase in fat and fluid in the abdomen near the cecum and where the intestines attach. These were not noticed previously. May need another diagnostic test in future, little fluid around the ovaries, all of the other findings are the same as before.**

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

Active Orders

Active Orders	Rationale
Consult to General Surgery	**Helps with communication and documentation. Reasoning: Patients diagnosis**
Diet NPO Effective Now	**Pain due to diet, later changed to clear liquid diet**
Insert/ Maintain Peripheral IV	**Routine monitoring**
Basic Metabolic Panel with Calcium Total	**Daily Routine (Admission was normal, today was low)**
Complete Blood Count with Diff	**Daily Routine (Normal)**
Magnesium	**Daily Routine (Normal)**
Phosphorus	**Daily Routine (Normal)**
Admission Weight	**Routine**
Ambulate In Hall	**Routine**
Incentive Spirometry Nursing	**Inhalations, Monitor breathing**
Intake/Output	**Routine, Measure void and stools**
Notify Physician (Specify)	**If vitals are not within normal range**
Patient May Shower	**Must have assistance**
Place Seq Comp Device (HUC Orders Equip)	**Must be on unless bathing or ambulating**
Up As Tolerated	**Routine**
Verified Informed Consent	**Laparoscopic Appendectomy**
Vital Signs Per Unit Routine	**Routine**

Medications

Home Medications (Must List ALL)

Brand/ Generic	**Calcium carbonate antacid (TUMS PO) 1 tab by mouth PRN**	**Hydrocodone-Acetaminophen 1-tab Q6H PRN**	**Celecoxib (Celebrex) 200mg 1 tab by mouth daily**	**diazepam (Valium) Not taking anymore**	**Diclofenac sodium (Voltaren) 1% Gel, Apply 4 times PRN**	**Folic acid (Folvite) 1mg tab by mouth daily**
Classification	**Antacids (**Jones & Bartlett., 2023).	**Opioid** (Jones & Bartlett., 2023).	**Analgesic, anti-inflammatory** (Jones & Bartlett., 2023).	**Anticonvulsant** (Jones & Bartlett., 2023).	**NSAID** (Jones & Bartlett., 2023).	**B vitamin** (Jones & Bartlett., 2023).
Reason Client Taking	**Relieve heartburn**	**Pain relief**	**To manage acute pain and arthritis**	**To relieve anxiety**	**Arthritis Pain**	**Helps RBC formation**
2 Key nursing assessment(s) prior to administration	**Allergies and medical history** (Jones & Bartlett., 2023).	**Monitor for respiratory depression and vital signs** (Jones & Bartlett., 2023).	**Assess pain scale and ROM** (Jones & Bartlett., 2023).	**Assess how patient is feeling and vital signs** (Jones & Bartlett., 2023).	**Assess skin and pain level** (Jones & Bartlett., 2023).	**Assess labs and oxygen** (Jones & Bartlett., 2023).
Brand/ Generic	**Gabapentin (Neurontin) 300mg orally TID**	**Lidocaine (Lidoderm) 1 transdermal every 24 hrs, remove after 12 hrs**	**Ropinirole (Requip) 0.5mg orally at night**			
Classification	**Anticonvulsant** (Jones	**Local anesthetic**	**Nonergot alkaloid**			

	& Bartlett., 2023).	(Jones & Bartlett., 2023).	**dopamine agonist** (Jones & Bartlett., 2023).			
Reason Client Taking	**To treat restless leg syndrome**	**To treat arrythmias**	**To treat Parkinson ’s disease**			
2 Key nursing assessment(s) prior to administration	**Monitor symptoms of RLS and vital signs** (Jones & Bartlett., 2023).	**Check patients ECG before and check BUN levels** (Jones & Bartlett., 2023).	**Watch for mental status and monitor Blood Pressure for orthostatic hypotension** (Jones & Bartlett., 2023).			
Brand/ Generic						
Classification						
Reason Client Taking						
Key nursing assessment(s) prior to administration						

Hospital Medications (Must List ALL)

Brand/Generic	**Morphine Sulfate (PF) injection, 4mg IV Q6H**	**Prochlorperazine Edisylate (Compazine) injection, 10mg Q6H IV**	**Ondansetron (Zofran) injection, 4mg IV Q6H PRN**	**Nicotine Patch (NicoDerm cq), 21mg transdermal daily PRN**	**Doxepin (Sine Quan), 50mg orally at night**	
Classification	**Opioid** (Jones & Bartlett., 2023).	**Piperazine** (Jones & Bartlett., 2023).	**Selective serotonin** (Jones & Bartlett., 2023).	**Nicotinic agonist** (Jones & Bartlett., 2023).	**Tricyclic antidepressant** (Jones & Bartlett., 2023).	
Reason Client Taking	**Pain relief**	**Control nausea and vomiting after surgery**	**Nausea**	**For relief of nicotine withdrawal symptoms**	**Mild depression**	
Key nursing assessment(s) prior to administration	**Perform a pain assessment and check lab results** (Jones & Bartlett., 2023).	**Monitor closely for many adverse effects and monitor IV site** (Jones & Bartlett., 2023).	**Monitor lab values and monitor for hypersensitivity** (Jones & Bartlett., 2023).	**Monitor vital signs and skin for irritation** (Jones & Bartlett., 2023).	**Monitor for suicidal thought and adverse reaction** (Jones & Bartlett., 2023).	
Brand/Generic	**Metronidazole (Flagyl), IV 500mg, 200ml/hr. Q8H**	**Levofloxacin in D5W (Levaquin) 750mg, 100ml/hr. IV Q24H**	**Lactated Ringers Infusion, 150ml IV continuous**	**Hydrocodone-Acetaminophen (Norco) 1 tab orally Q6H**	**Escitalopram (Lexapro) 1 10mg tab orally daily**	
Classification	**Nitroimidazole** (Jones & Bartlett.,	**Fluoroquinolone** (Jones & Bartlett., 2023).	**Isotonic fluid**	**Opioid** (Jones & Bartlett.,	**Selective serotoni**	

	2023).			2023).	**n** (Jones & Bartlett., 2023).	
Reason Client Taking	**Fight infections**	**To reduce incidence of inhalation anthrax**	**To replace water and electrolyte loss**	**To manage severe pain**	**To treat anxiety disorder**	
Key nursing assessment(s) prior to administration	**Monitor CBC and WBC count** (Jones & Bartlett., 2023).	**Monitor for rash and monitor mental status** (Jones & Bartlett., 2023).	**Monitor IV site and watch for edema** (Jones & Bartlett., 2023).	**Monitor for respiratory depression and vital signs** (Jones & Bartlett., 2023).	**Monitor changes in vital signs and mental status changes** (Jones & Bartlett., 2023).	
Brand/Generic						
Classification						
Reason Client Taking						
Key nursing assessment(s) prior to administration						

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. **Metronidazole (Flagyl)**	**This antibiotic was chosen due to her WBC count being at 17.00 previously. It was most likely that she had an infection and this will help it.**	**1. Nausea** **2. Headache** (Jones & Bartlett., 2023).
2. **Morphine Sulfate (PF)**	**This medication was chosen due to pain being a big complaint for**	**1. Constipation** **2. Tiredness/sleepy**

injection	**the client in the beginning. She was in a lot of pain most likely because of post-surgery and diverticulitis.**	(Jones & Bartlett., 2023).
3. Levofloxacin in D5W (Levaquin)	**This was chosen due to how bad the infection was. It also would be very bad if this patient's infection got worse due to the abscess and having a drain. This could also help some of the pain go away if the infection is gone.**	**1. Diarrhea** **2. Anxiety** (Jones & Bartlett., 2023).

Medications Reference (1) (APA)

Jones & Bartlett Learning. (2023). 2021 *Nurse's drug handbook* (22nd ed.). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness: Alert and responsive** **Orientation: A & O to person, place, situation, and time** **Distress: Slight pain** **Overall appearance: Well groomed, appropriate** **Infection Control precautions: None** **Client Complaints or Concerns: None**	**Patient is alert and oriented x 4. She is responsive and is not in much distress. Patient has slight pain. Her overall appearance is appropriate for age, well groomed, and able to perform ADL's on her own. No infection control precautions. No complaints or concerns.**
VITAL SIGNS: **Temp: 96.8 F** **Resp rate: 14** **Pulse: 65 BPM** **B/P: 125/74** **Oxygen: 95%** **Delivery Method: Room air**	**Patients' temperature was 96.8 degrees Fahrenheit. Her respirations were 14 per min and pulse was 65 BPM. Blood pressure was 125/74. O2 Sat was 95% on room air.**
PAIN ASSESSMENT: **Time: 1112** **Scale: Numerical** **Location: LLQ** **Severity: 4/10** **Characteristics: Sharp, Intermittent** **Interventions: Medicine, clear liquid diet**	**Pain assessment was done at 1112. The pain is in her lower left quadrant. She rated it a 4/10 on a numerical scale. The characteristics were sharp and intermittent. The interventions were the use of medicine and clear liquid diet.**
IV ASSESSMENT:	**IV size is a 22G, it is located in the upper left**

Size of IV: 22G **Location of IV: left upper arm** **Date on IV: 8/26/24 0400** **Patency of IV: Flow is well** **Signs of erythema, drainage, etc.: No** **IV dressing assessment: clean, no blood return, flushed, infusing, dry, intact** **Fluid Type/Rate or Saline Lock: Lactated ringers, 150ml, continuous**	**arm, the date on the IV is 8/26/24 at 0400, flow is well, no signs of erythema or drainage, clean, dry, intact, flushed, no blood return, infusing, lactated ringers set at 150ml continuous.**
INTEGUMENTARY: **Skin color: olive** **Character: dry, intact** **Temperature: warm** **Turgor: recoiled immediately** **Rashes: no rashes** **Bruises: Bruise on right forearm** **Wounds: No wounds** **Braden Score: 22** **Drains present: Y☒ N ☐** **Type: Jackson-Pratt drain**	**Skin color is olive and is dry and intact. The temperature is warm and turgor recoiled immediately. No rashes or wounds, bruise on right forearm. Braden score is a 22 and a Jackson-Pratt drain is present in the right lower quadrant.**
HEENT: **Head/Neck: Symmetrical, structured, good movement** **Ears: Able to hear and have conversation** **Eyes: PERRLA intact** **Nose: No discharge or blood, normal** **Teeth: All teeth intact**	**Head and neck are symmetrical for body and have movement. Patient is able to hear and have a conversation. PERRLA is intact. Nose symmetrical, no discharge or blood. All teeth intact.** .
CARDIOVASCULAR: **Heart sounds: S1 & S2 present, no S3/4, no murmurs** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable): Normal** **Peripheral Pulses: 3+** **Capillary refill: less than 3 seconds** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema: none**	**S1 and S2 present, no S3, S4, or murmurs. Rhythm was normal and pulses were 3+. Capillary refill was less than 3 seconds. No neck vein distention, no edema noted.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: clear, regular**	**No accessory muscle use. Breath sounds were clear and regular.**
GASTROINTESTINAL: **Diet at home: normal** **Current Diet: clear liquid** **Is Client Tolerating Diet? yes**	**Patient stated they had a normal diet at home, at hospital they are on a clear liquid diet and is tolerating it. Height is 5'7 and 240 lbs. Bowel sounds were hyperactive and last bowel**

Height: 5'7 **Weight: 240lbs** **Auscultation Bowel sounds: hyperactive** **Last BM: 6 days ago** **Palpation: Pain, Mass etc.: Unable to palpate much due to pain.** **Inspection: Redness on RLQ around drain** **Distention: No** **Incisions: Yes LLQ** **Scars: Scar from appendix getting removed** **Drains: Yes** **Wounds: None** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size: N/A** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: N/A**	**movement was 6 days ago. Was unable to palpate much due to pain. Redness on right lower quadrant around drain. No abdominal distention, Incision on LLQ and scar from getting appendix removed. Jackson-Pratt drain present on RLQ. No wounds, no ostomy, no NG tube, no Feeding tubes.**
GENITOURINARY: **Color: Clear, yellow** **Character: Little blood in urine** **Quantity of urine: N/A** **Pain with urination: Y ☒ N ☐** **Dialysis: Y ☐ N ☒** **Inspection of genitals: Slight redness** **Catheter: Y ☐ N ☒** **Type: N/A** **Size: N/A**	**Patient stated her urine is a clear/yellow, has a little bit of blood in urine. She stated she does have pain with urinating and slight redness on her genitals. No catheter uses.**
Intake (in mLs) **780 mLs 100%** **Output (in mLs)** **N/A, patient uses bathroom on their own.**	**Patients' intake was 100% and 780 ml of fluids. The output was unable to measure due to the patient using the bathroom on their own.**
MUSCULOSKELETAL: **Neurovascular status: Nails were groomed and clean, able to move all extremities, temperature was warm** **ROM: active, patient able to move all extremities.** **Supportive devices: None** **Strength: 5** **ADL Assistance: Y☐ N ☒**	**Patients' nails were clean and groomed, able to move all extremities, body temperature was warm. Patient did not need any assistance and is independent. Her strength was a 5 and fall score was 17 due to having an IV. Previously used walker for pain but does not now.**

Fall Risk: Y ☒ N☐ **Fall Score: 17** **Activity/Mobility Status: Previously used walker for pain, does not now.** **Activity Tolerance: independent** **Independent (up ad lib): Yes** **Needs assistance with equipment: No** **Needs support to stand and walk: No**	
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: A&O x4** **Mental Status: Normal** **Speech: Clear, well spoken** **Sensory: normal** **LOC: Alert and Oriented**	**Patient moved all extremities well, PERRLA was intact, and strength equal on both sides. A&O x4, mental status was appropriate with age, speech was clear and well spoken. Patients sensory was normal and level of conscious was alert and oriented.**
PSYCHOSOCIAL/CULTURAL: **Coping method(s): Smoking cigarettes** **Developmental level: Normal, good speech, can read and write** **Religion & what it means to pt.: Christian, does not attend church** **Personal/Family Data (Think about home environment, family structure, and available family support): Lives at home with husband, 3 sons, 3 grandchildren**	**Patients coping methods include smoking cigarettes. Patients developmental level is normal and is able to read, write, and has good speech. Patients' religion is Christian but does not attend church. She lives at home with her husband. Has 3 sons and 3 grandchildren that brings her joy.**

Discharge Planning

Discharge location: Home or self-care

Home health needs: Possibility of home health nurse (If needed)

Equipment needs: Dressing supplies for Jackson-Pratt drain

Follow up plan: Follow up on drain, if able to be removed or keep

Education needs: Patient needs education on drain

Nursing Process

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	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. Infection related to redness around the drain. as evidence by WBC count being 17.00 (Phelps., 2023).	**I chose this nursing diagnosis due to this patient having a drain and possibly needing an at home nurse due to her difficulty managing her drain care.**	**Patients WBC count will stay within normal range by the end of the shift.**	**1. Teach patient proper hand washing care (Phelps., 2023).** **2. Monitor WBC count as ordered (Phelps., 2023).**	**Patient understood proper handwashing technique and demonstrated it back to me. White blood cell count came down to a normal range.**
2. Acute pain related to previous surgery as evidence by patient describing pain 4/10 (Phelps., 2023).	**I chose this nursing diagnosis due to my patient saying they were in pain and was very uncomfortable.**	**Patient will rate pain a 1/10 by the end of the day.**	**1. Assess patients' signs and symptoms (Phelps., 2023).** **2. Perform comfort measures for the patient (Phelps., 2023).**	**Patients pain scale was less by the end of the day and was able to move around more without discomfort.**
3. Improper nutrition	**I chose this nursing**	**Patient will**	**1. Monitor electrolyte**	**Patients I & Os were in normal**

related to inadequate food supply as evidence by NPO and Clear liquid diet (Phelps., 2023).	**diagnosis due to this patient previously being on a NPO diet and just not getting to a clear liquid diet.**	**tolerate oral feedings without any adverse effects.**	**levels (Phelps., 2023).** **2. Monitor I & O's (Phelps., 2023).**	**range and electrolytes were getting back to a normal level.**

Other References (APA):

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