

N441 CARE PLAN #1

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N441: Adult Health 3

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Demographics

Date of Admission 09/03/2024	Client Initials K.W.	Age 64 years old	Biological Gender Female
Race/Ethnicity White/non-Hispanic	Occupation Unemployed	Marital Status Single	Allergies Iodine-cardiac arrest, Nitrofurantoin- nausea & vomiting
Code Status Full Code	Height 5'1"	Weight 91 lbs 14.9oz	

Medical History

Past Medical History: Anxiety, Vitamin B12 deficiency, bladder cancer, chronic kidney disease, chronic obstructive pulmonary disease, C-diff colitis, migraines, myofascial pain, osteoporosis, seizures, & Vitamin D deficiency.

Past Surgical History: Bladder surgery (2001), hysterectomy (2001), nephrostomy cath insertion right (2020 & 2023), total nephrostomy (1970), urostomy (2016).

Family History: Mother- pancreatic cancer (deceased) & father- bone cancer (deceased)

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

Former tobacco smoker- quit 2018, 1 pk/day; no alcohol use; medical marijuana 3 times a week

Education: High school diploma with some college education

Living Situation: Lives by herself at home but does have a “chore person” come in to help twice a week.

Assistive devices: Walks with a walker for support

Admission History

Chief Complaint: complaint of right flank pain, dizziness, diarrhea x5 days, abdominal discomfort, and chest discomfort.

History of Present Illness (HPI)– OLD CARTS:

The client is an unemployed 64-year-old Caucasian female who presented to the Emergency Department for complaints of right flank pain, dizziness, diarrhea x5 days, abdominal discomfort, and chest discomfort. The client describes the pain as severe, with intermittent chest pain and shortness of breath. The client was on antibiotic therapy (Linezolid) for a UTI. She only took some Tylenol before presenting to the ED.

Admission Diagnosis

Primary Diagnosis: hydronephrosis, unspecified

Secondary Diagnosis (if applicable): NA

Pathophysiology

Hydronephrosis is a condition where one or both kidneys become swollen due to a buildup of urine, often resulting from an obstruction in the urinary tract. This blockage prevents the normal flow of urine from the kidney to the bladder, leading to pressure and possible damage to the kidney over time. The causes of hydronephrosis can vary, including kidney stones, tumors, congenital abnormalities in the urinary system, or issues like benign prostatic hyperplasia (BPH) in men. Pregnancy can also cause temporary hydronephrosis due to the pressure exerted on the urinary tract by the growing uterus.

Symptoms of hydronephrosis can range from mild to severe, depending on the extent of the blockage. These symptoms may include flank or abdominal pain, nausea, vomiting, difficulty urinating, and, in some cases, fever if a urinary tract infection is present. Diagnosis typically involves imaging studies such as ultrasounds or CT scans, which help determine the location and cause of the blockage. Treatment varies based on

the underlying cause and may involve procedures to remove the obstruction, medication, or surgery to restore normal urine flow. Early diagnosis and treatment are crucial to prevent kidney damage, as untreated hydronephrosis can lead to complications like infections or kidney failure.

Pathophysiology References (2) (APA):

Hydronephrosis. (August 08, 2023). National Kidney Foundation.

<https://www.kidney.org/kidney-topics/hydronephrosis-0>

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Blood Glucose	98 mg/dL	113 mg/dL	74-100 mg/dL	Glucose level was elevated due to stress (Pagana et al., 2017).
Chloride	110 mmol/L	108 mmol/L	98-107 mmol/L	Chloride levels elevated due to hydrocortisone therapy (Pagana et al., 2017).
Creatinine	1.34 mg/dL	1.25 mg/dL	0.55-1.02 mg/dL	Creatinine levels were increased due to client having bladder cancer (Pagana et al., 2017).
CO2	17.0 mmol/L	21.0 mmol/L	22.0-29.0 mmol/L	Carbon dioxide levels decreased due to a recent issue with diarrhea (Pagana et al., 2017).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
CT abd/pelvis w/o contrast (09/06/24); Abdominal pain & post-op	Abdominal pain	Stable mild right-sided hydronephrosis with percutaneous nephrostomy tube in place. Add: stable, left lower lobe nodular opacity, which was not seen on 10/03/23; stable dilation of the dorsal pancreatic duct.
Lower extremity venous Doppler (09/05/24); Elevated D-Dimer	Elevated D-Dimer	No evidence of lower extremity DVT bilaterally in the visualized venous segments.
Nuclear med lung (09/04/24); Elevated D-Dimer & chest pain	Elevated D-Dimer & chest pain	Perfusion defect to right upper lobe corresponding to an area of scarring in the right upper lung. Decreased possibility for acute PE.

Diagnostic Test Reference (1) (APA):

Pagana, T. J., Pagana, K. D., & Pagana, T. N. (2016). *Mosby's Diagnostic and Laboratory Test Reference* (K. D. Pagana, T. J. Pagana, & T. N. Pagana, Eds.). Elsevier.

Active Orders

Active Orders	Rationale
Cardiac monitoring x24 hours	Client had a complaint of chest pain.
Consult dietician	Client is under 100 lbs and doesn't really eat.
Increase activity as tolerated	Client has chronic pain.
Notify physician of PTT panel	So the provider knows if the client's blood is clotting too quickly or too slowly.

Regular diet	Client is on a regular diet at home
Apply oxygen if O2 sat is \leq 90%	If client's oxygen saturations drop low.
CBC level PRN	To monitor health conditions.
Consult vascular surgery	Client had a complaint of chest pain.

Medications

Home Medications (Must List ALL)

Brand/ Generic	Ventolin HFA/ albuterol HFA 90 mcg	Bayer/ aspirin 81 mg	Tessalon/ benzonatate 200 mg	Vitamin D3/ cholecalciferol 5,000 IU	Vitamin B12/ Cyanocobala min 1,000 mcg/mL	Benadryl/ Diphenhydra mine 25 mg
Classification	Pharm: adrenergic Therapeutic: bronchodilato r (Jones &	Pharm: Salicylate Therapeutic: NSAID (anti- inflammatory,	Pharmacologic: None Therapeutic: antitussives (Jones &	Pharmacologic: Fat-soluble vitamins Therapeutic:	Pharmacologic: Water soluble vitamin Therapeutic:	Pharm: antihistamin e Therapeutic:

	Bartlett Learning, 2021).	anti-platelet, antipyretic, nonopioid analgesic (Jones & Bartlett Learning, 2021).	Bartlett Learning, 2021).	Vitamins (Jones & Bartlett Learning, 2021).	Antianemics & vitamins (Jones & Bartlett Learning, 2021).	Antihistamine, antiemetic, antianaphylaxis adjunct, antitussive (syrup), sedative-hypnotic (Jones & Bartlett Learning, 2021).
Reason Client Taking	Asthma & COPD	To prevent clotting	Cough	Vitamin D deficiency	Vitamin B12 deficiency	Allergies
List two teaching needs for the medication pertinent to the client	<ul style="list-style-type: none"> - Advise client to wait at least 1 minute between inhalations if dosage requires more than one inhalation (Jones & Bartlett Learning, 2021). - Tell client to immediately report any s/s of allergic reaction such as difficulty swallowing, itching, and rash (Jones & Bartlett Learning, 2021). 	<ul style="list-style-type: none"> -Advise the client also to take ibuprofen or naproxen because these drugs may reduce the cardioprotective and stroke-preventive effects of aspirin (Jones & Bartlett Learning, 2021). -Instruct client to take aspirin with food or after meals because I may cause GI upset if taken on an empty stomach (Jones & Bartlett Learning, 2021). 	<ul style="list-style-type: none"> -Instruct the client to take it exactly as directed. If a dose is missed, take as soon as possible unless almost time for next dose. Do not double doses (Jones & Bartlett Learning, 2021). -Instruct client to cough effectively: Sit upright and take several deep breaths before attempting to cough (Jones & Bartlett Learning, 2021). 	<ul style="list-style-type: none"> -Advise client to avoid concurrent use of antacids containing magnesium (Jones & Bartlett Learning, 2021). -Emphasize the importance of follow-up exams to evaluate progress (Jones & Bartlett Learning, 2021). 	<ul style="list-style-type: none"> -Encourage client to comply with diet recommendations of health care professional. Explain that the best source of vitamins is a well-balanced diet with foods from the four basic food groups (Jones & Bartlett Learning, 2021). -Foods high in vitamin B12 include meats, seafood, egg yolk, and fermented cheeses; few vitamins are lost with ordinary cooking (Jones & Bartlett Learning, 2021). 	<ul style="list-style-type: none"> - Advise client to take drug with food if GI distress occurs (Jones & Bartlett Learning, 2021). - Instruct client to use sunscreen to prevent photosensitivity reactions (Jones & Bartlett Learning, 2021).
Key nursing assessment(s) prior to administration	<ul style="list-style-type: none"> - Monitor serum K⁺ level because albuterol may cause transient hypokalemia 	<ul style="list-style-type: none"> - Monitor salicylate levels in clients receiving long-term therapy. Ask about tinnitus. This 	<ul style="list-style-type: none"> - Assess frequency and nature of cough, lung sounds, and amount and type of sputum 	<ul style="list-style-type: none"> - Assess for symptoms of vitamin deficiency prior to and periodically during therapy (Jones & 	<ul style="list-style-type: none"> - Assess client for signs for signs of Vitamin B12 deficiency before and periodically during 	<ul style="list-style-type: none"> - Assess for urticaria and for patency of airway (Jones & Bartlett

	<p>a (Jones & Bartlett Learning, 2021).</p> <p>- Be aware that drug intolerance can develop with prolonged use (Jones & Bartlett Learning, 2021).</p>	<p>reaction usually occurs when the blood aspirin level reaches or exceeds the maximum dosage for therapeutic effect (Jones & Bartlett Learning, 2021).</p> <p>- Expect aspirin therapy to be temporarily halted 5-7 days before elective surgery to reduce risk of bleeding (Jones & Bartlett Learning, 2021).</p>	<p>produced (Jones & Bartlett Learning, 2021).</p> <p>- Unless contraindicated, maintain fluid intake of 1500-2000 mL to decrease the viscosity of bronchial secretions (Jones & Bartlett Learning, 2021).</p>	<p>Bartlett Learning, 2021).</p> <p>- Observe the client carefully for evidence of hypocalcemia. Protect symptomatic patients by raising and adding side rails; keep bed low (Jones & Bartlett Learning, 2021).</p>	<p>therapy (Jones & Bartlett Learning, 2021).</p> <p>- Monitor plasma folic acid, vitamin B12, and iron levels, hemoglobin, hematocrit, and reticulocyte count before treatment, 1 mo after the start of therapy, and then every 3-6 mo (Jones & Bartlett Learning, 2021).</p>	<p>Learning, 2021).</p> <p>- Assess degree of nasal stuffiness, rhinorrhea, and sneezing (Jones & Bartlett Learning, 2021).</p>
Brand/ Generic	Flonase/ fluticasone	Norco/ hydrocodone 5 mg & acetaminophen 325 mg	Cortef/ hydrocortisone 10 mg	Atrovent/ ipratropium	Circadian/ melatonin 3 mg	ProAmatine/ midodrine 5 mg
Classification	Pharm: corticosteroid Thera: anti-inflammatory (Jones & Bartlett Learning, 2021).	Pharm: opioid agonists, nonopioid analgesic combinations Therapeutic: Opioid analgesic (Jones & Bartlett Learning, 2021).	Pharm: corticosteroids Therapeutic: anti-inflammatories (Jones & Bartlett Learning, 2021).	Pharm: anticholinergic Therapeutic: bronchodilator (Jones & Bartlett Learning, 2021).	Pharm: nutraceutical products Thera: sedative/Hypnotic (Jones & Bartlett Learning, 2021).	Pharm: miscellaneous cardiovascular agent Thera: vasopressor (Jones & Bartlett Learning, 2021).
Reason Client Taking	Allergies	Pain management	Asthma	Asthma	Sleep aid	Hypotension
List two teaching needs for the medication	- Advise the client to take medication exactly as directed. Take missed	- Instruct the client on how and when to ask for and take pain medication	- Encourage the client to eat a diet high in protein,	- Caution client not to use an ipratropium inhaler to treat acute bronchospasm	- Instruct the client to take it at bedtime as directed (Jones &	- Instruct client to take midodrine as directed. Take missed

<p>pertinent to the client</p>	<p>doses as soon as remembered unless it is almost time for the next dose (Jones & Bartlett Learning, 2021).</p> <p>- Instruct the client to gently blow nose to clear nostrils prior to administering dose (Jones & Bartlett Learning, 2021).</p>	<p>(Jones & Bartlett Learning, 2021).</p> <p>- Advise the client that hydrocodone is a drug with known abuse potential (Jones & Bartlett Learning, 2021).</p>	<p>calcium, and potassium and low in sodium and carbohydrates (Jones & Bartlett Learning, 2021).</p> <p>- Avoid alcohol use while taking this medication (Jones & Bartlett Learning, 2021).</p>	<p>(Jones & Bartlett Learning, 2021).</p> <p>- Instruct the client to rinse their mouth after each nebulizer or inhaler treatment to help minimize throat dryness (Jones & Bartlett Learning, 2021).</p>	<p>Bartlett Learning, 2021).</p> <p>- Causes drowsiness. Caution the client to avoid driving and other activities requiring alertness until a response to medication is known (Jones & Bartlett Learning, 2021).</p>	<p>doses as soon as remembered unless almost time for next dose; do not double doses (Jones & Bartlett Learning, 2021).</p> <p>- Advise client to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult with health care professional before taking other medications (Jones & Bartlett Learning, 2021).</p>
<p>Key nursing assessment(s) prior to administration</p>	<p>- Monitor the degree of nasal stuffiness, amount and color of nasal discharge, and frequency of sneezing (Jones & Bartlett Learning, 2021).</p> <p>- Monitor for s/s of hypersensitivity reactions (Jones & Bartlett Learning, 2021).</p>	<p>- Assess BP, pulse, and respirations before and periodically during administration (Jones & Bartlett Learning, 2021).</p> <p>- Assess type, location, and pain intensity prior to and 1 hour</p>	<p>- Indicated for many conditions. Assess involved systems prior to and periodically during therapy (Jones & Bartlett Learning, 2021).</p> <p>- Assess the client for signs of adrenal</p>	<p>- Assess for allergy to atropine and belladonna alkaloids; clients with these allergies may also be sensitive to ipratropium (Jones & Bartlett Learning, 2021).</p> <p>- Assess respiratory status before administration</p>	<p>- Assess sleep patterns before and periodically throughout therapy (Jones & Bartlett Learning, 2021).</p> <p>- Monitor blood glucose, coagulation panel, hormone</p>	<p>- Monitor supine and sitting BP prior to and during therapy (Jones & Bartlett Learning, 2021).</p> <p>- Assess the pattern of urinary output prior to and during treatment for</p>

	Learning, 2021).	following administration (Jones & Bartlett Learning, 2021).	insufficiency prior to and periodically during therapy (Jones & Bartlett Learning, 2021).	and at the peak of medication (Jones & Bartlett Learning, 2021).	panel, and lipid panel periodically during therapy (Jones & Bartlett Learning, 2021).	incontinence (Jones & Bartlett Learning, 2021).
Brand/ Generic	Remeron/ Mirtazapine 15 mg	Prilosec/ omeprazole 40 mg	Zofran/ ondansetron 4 mg	Zoloft/ sertraline 50 mg	Imitrex/ sumatriptan 6mg/0.5 mL	Xarelto/ Rivaroxaban 2.5 mg
Classification	Pharm: tetracyclic antidepressants Thera: antidepressants (Jones & Bartlett Learning, 2021).	Pharm: proton pump inhibitor Thera: antiulcer agent (Jones & Bartlett Learning, 2021).	Pharm: 5 ht3 antagonists Thera: antiemetics (Jones & Bartlett Learning, 2021).	Pharm: selective serotonin reuptake inhibitors (SSRIs) Thera: antidepressant (Jones & Bartlett Learning, 2021).	Pharm: five ht1 agonists Thera: vascular headache suppressants (Jones & Bartlett Learning, 2021).	Pharm: antithrombotic & factor xa inhibitors Thera: anticoagulants (Jones & Bartlett Learning, 2021).
Reason Client Taking	Depression	Frequent indigestion	Nausea/ vomiting	Depression & Anxiety	Migraines	Prevention of DVT
List two teaching needs for the medication pertinent to the client	- May cause drowsiness and dizziness. Caution the client to avoid driving and other activities requiring alertness until the response to the drug is known (Jones & Bartlett Learning, 2021). - Caution the client to change positions slowly to minimize	- Advise the client to avoid alcohol, products containing aspirin or NSAIDs, and foods that may cause an increase in GI irritation (Jones & Bartlett Learning, 2021). - Advise the client to report the onset of	- Instruct the client to take ondansetron as directed (Jones & Bartlett Learning, 2021). - Advise the client to notify HCP immediately if symptoms of irregular heartbeat, serotonin syndrome, or involuntary movement of eyes, face, or limbs occur (Jones &	- May cause drowsiness or dizziness. Caution client to avoid driving and other activities requiring alertness until response to the drug is known (Jones & Bartlett Learning, 2021). - Advise the client, family, and caregivers to look for suicidality, especially during early	- Inform client that sumatriptan should be used only during a migraine attack. It is meant to be used for relief of migraine attacks but not to prevent or reduce the number of attacks (Jones & Bartlett Learning, 2021). - Advise the client that lying down in	- Advise client to report any symptoms of unusual bleeding or bruising and symptoms of spinal or epidural hematoma to HCP immediately (Jones & Bartlett Learning, 2021). - Take missed doses as soon as remembered that day

	orthostatic hypotension (Jones & Bartlett Learning, 2021).	black, tarry stools, diarrhea, abdominal pain, or persistent headache to health care professional promptly (Jones & Bartlett Learning, 2021).	Bartlett Learning, 2021).	therapy or dose changes (Jones & Bartlett Learning, 2021).	a darkened room after sumatriptan administration may further help relieve headaches (Jones & Bartlett Learning, 2021).	(Jones & Bartlett Learning, 2021).
Key nursing assessment(s) prior to administration	<ul style="list-style-type: none"> - Assess mental status frequently. Assess for suicidal tendencies, especially during early therapy (Jones & Bartlett Learning, 2021). - Assess weight and BMI initially and throughout therapy (Jones & Bartlett Learning, 2021). 	<ul style="list-style-type: none"> - Assess the client routinely for epigastric or abdominal pain and frank or occult blood in the stool, emesis, or gastric aspirate (Jones & Bartlett Learning, 2021). - Monitor bowel function. Report diarrhea, abdominal cramping, fever, and bloody stools to healthcare professionals promptly as a sign of CDAD (Jones & Bartlett Learning, 2021). 	<ul style="list-style-type: none"> - Assess the client for nausea, vomiting, abdominal distension, and bowel sounds prior to and following administration (Jones & Bartlett Learning, 2021). - Assess the client for extrapyramidal effects (involuntary movement, facial grimacing, rigidity, shuffling walk, trembling hands) periodically throughout therapy (Jones & Bartlett Learning, 2021). 	<ul style="list-style-type: none"> - Assess for suicidal tendencies, especially during early therapy (Jones & Bartlett Learning, 2021). - Monitor appetite and nutritional intake. Weigh weekly. Notify HCP of continued weight loss. Adjust diet as tolerated to support nutritional status (Jones & Bartlett Learning, 2021). 	<ul style="list-style-type: none"> - Assess pain location, intensity, duration, and associated symptoms (photophobia, phonophobia, N/V) during a migraine attack (Jones & Bartlett Learning, 2021). - Give initial SUBQ dose under observation to clients with potential for CAD, including postmenopausal women, men >40 years old, and clients with risk factors for CAD such as HTN, hypercholesterolemia, obesity, diabetes, smoking, or family history (Jones & Bartlett Learning, 2021). 	<ul style="list-style-type: none"> - Assess for signs of bleeding and hemorrhage, bleeding from the surgical site (Jones & Bartlett Learning, 2021). - Monitor clients with epidural catheters frequently for signs and symptoms of neurologic impairment (Jones & Bartlett Learning, 2021).

Hospital Medications (Must List ALL)

Brand/ Generic	Bayer/aspirin 81 mg	Spiriva/ tiotropium	Breo Ellipta/ Fluticasone- vilanterol	Tylenol/ acetaminophen 500 mg	Oxycontin/ oxycodone 5 mg
Classification	Pharm: salicylates/NSAIDs Thera: antiplatelet agents, antipyretics, nonopioid analgesics (Jones & Bartlett Learning, 2021).	Pharm: anticholinergics Thera: bronchodilators (Jones & Bartlett Learning, 2021).	Pharm: corticosteroids/ Adrenergic Thera: bronchodilators (Jones & Bartlett Learning, 2021).	Pharm: Nonsalicylate, para- aminophenol derivative Ther: Antipyretic, nonopioid analgesic (Jones & Bartlett Learning, 2021).	Pharm: opioid agonist Thera: opioid analgesic (Jones & Bartlett Learning, 2021).
Reason Client Taking	Prophylaxis for clotting	Asthma/ COPD	Asthma/ COPD	Pain/fever	Pain
List two teaching needs for the medication pertinent to the client	- Instruct the client to take aspirin with a full glass of water and to remain in an upright position for 15-30 min after administration (Jones & Bartlett Learning, 2021). - Advise the client to report tinnitus, unusual bleeding of gums, bruising, black, tarry stools, or fever lasting longer than 3 days (Jones & Bartlett Learning, 2021).	- Advise the client that tiotropium is not to be used for acute bronchospasm attacks but may be continued during an acute exacerbation (Jones & Bartlett Learning, 2021). - Advise the client that rinsing the mouth after using the inhaler, good oral hygiene, and sugarless gum or candy may minimize dry mouth; it usually	- Instruct the client on how to use an inhaler, to use it once daily at the same time each day, and not to stop taking the medication without consulting HCP (Jones & Bartlett Learning, 2021). - Inform the client of the increased risk of pneumonia. Advise the client to notify HCP if fever, chills, change in sputum color, increased cough, or increase in	- Advise the client to avoid alcohol if taking more than an occasional 1-2 doses (Jones & Bartlett Learning, 2021). - Advise the client to discontinue acetaminophen and notify an HCP if a rash occurs (Jones & Bartlett Learning, 2021).	- Instruct the client on how and when to ask for and take pain medication (Jones & Bartlett Learning, 2021). - Advise the client that oxycodone is a drug with known abuse potential (Jones & Bartlett Learning, 2021).

		resolves with continued treatment (Jones & Bartlett Learning, 2021).	breathing problems occur (Jones & Bartlett Learning, 2021).		
Key nursing assessment(s) prior to administration	<p>- Clients who have asthma, allergies, and nasal polyps or who are allergic to tartrazine are at an increased risk for developing hypersensitivity reactions (Jones & Bartlett Learning, 2021).</p> <p>- Assess pain and limitation of movement; note type, location, and intensity before and 60 min after administration (Jones & Bartlett Learning, 2021).</p>	<p>- Assess respiratory status before administration and at the peak of medication effect (Jones & Bartlett Learning, 2021).</p> <p>- If wheezing occurs, hold the medication and notify the HCP immediately (Jones & Bartlett Learning, 2021).</p>	<p>- Assess for severe milk allergies; may be allergic to fluticasone vilanterol (Jones & Bartlett Learning, 2021).</p> <p>- Assess respiratory status before administration (Jones & Bartlett Learning, 2021).</p>	<p>- Assess overall health status and alcohol usage before administering acetaminophen (Jones & Bartlett Learning, 2021).</p> <p>- Assess pain type, location, and intensity before and 30-60 min following administration (Jones & Bartlett Learning, 2021).</p>	<p>- Assess the type, location, and intensity of pain prior to and 1 hour after administration (Jones & Bartlett Learning, 2021).</p> <p>- Assess BP, pulse, and respirations before and periodically during administration (Jones & Bartlett Learning, 2021).</p>
Brand/ Generic	Xarelto/ rivaroxaban 2.5 mg	MS Contin/ morphine 1mg IV push	Cortef/ hydrocortisone 10 mg	ProAmatine/ midodrine 5 mg	Protonix/ pantoprazole 40 mg
Classification	<p>Pharm: antithrombotic & factor xa inhibitors</p> <p>Thera: anticoagulants (Jones & Bartlett Learning, 2021).</p>	<p>Pharm: opioid</p> <p>Thera: opioid analgesic (Jones & Bartlett Learning, 2021).</p>	<p>Pharm: corticosteroids</p> <p>Therapeutic: anti- inflammatories (Jones & Bartlett Learning, 2021).</p>	<p>Pharm: miscellaneous cardiovascular agent</p> <p>Thera: vasopressor (Jones & Bartlett Learning, 2021).</p>	<p>Pharm: proton pump inhibitor</p> <p>Thera: antiulcer agent (Jones & Bartlett Learning, 2021).</p>
Reason Client Taking	Prevention of DVT	Pain	Asthma	Hypotension	Frequent indigestion
List two teaching needs for the medication	- Advise the client to report any symptoms of unusual bleeding or bruising and	- Instruct the client on how and when to ask for pain medication	- Encourage the client to eat a diet high in protein, calcium, and potassium	- Instruct client to take midodrine as directed. Take missed doses as soon as	- Advise the client to avoid alcohol, products containing

<p>pertinent to the client</p>	<p>symptoms of spinal or epidural hematoma to HCP immediately (Jones & Bartlett Learning, 2021).</p> <p>- Take missed doses as soon as you remember that day (Jones & Bartlett Learning, 2021).</p>	<p>(Jones & Bartlett Learning, 2021).</p> <p>- May cause drowsiness or dizziness. Caution the client to call for assistance when ambulating (Jones & Bartlett Learning, 2021).</p>	<p>and low in sodium and carbohydrates (Jones & Bartlett Learning, 2021).</p> <p>- Avoid alcohol use while taking this medication (Jones & Bartlett Learning, 2021).</p>	<p>remembered unless it is almost time for the next dose; do not double doses (Jones & Bartlett Learning, 2021).</p> <p>- Advise client to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult with health care professional before taking other medications (Jones & Bartlett Learning, 2021).</p>	<p>aspirin or NSAIDs, and foods that may cause an increase in GI irritation (Jones & Bartlett Learning, 2021).</p> <p>- Advise the client to report the onset of black, tarry stools, diarrhea, abdominal pain, or persistent headache to health care professional promptly (Jones & Bartlett Learning, 2021).</p>
<p>Key nursing assessment(s) prior to administration</p>	<p>- Assess for signs of bleeding and hemorrhage, bleeding from the surgical site (Jones & Bartlett Learning, 2021).</p> <p>- Monitor clients with epidural catheters frequently for signs and symptoms of neurologic impairment (Jones & Bartlett Learning, 2021).</p>	<p>- Assess the type, location, and intensity of pain prior to and 1 hour after administration (Jones & Bartlett Learning, 2021).</p> <p>- Assess BP, pulse, and respirations before and periodically during administration (Jones & Bartlett Learning, 2021).</p>	<p>- Indicated for many conditions. Assess involved systems prior to and periodically during therapy (Jones & Bartlett Learning, 2021).</p> <p>- Assess the client for signs of adrenal insufficiency prior to and periodically during therapy (Jones & Bartlett Learning, 2021).</p>	<p>- Monitor supine and sitting BP prior to and during therapy (Jones & Bartlett Learning, 2021).</p> <p>- Assess the pattern of urinary output prior to and during treatment for incontinence (Jones & Bartlett Learning, 2021).</p>	<p>- Assess the client routinely for epigastric or abdominal pain and frank or occult blood in the stool, emesis, or gastric aspirate (Jones & Bartlett Learning, 2021).</p> <p>- Monitor bowel function. Report diarrhea, abdominal cramping, fever, and bloody stools to healthcare professionals promptly as a sign of CDAD (Jones &</p>

					Bartlett Learning, 2021).
Brand/Generic	NA	NA	NA	NA	NA
Classification	NA	NA	NA	NA	NA
Reason Client Taking	NA	NA	NA	NA	NA
List two teaching needs for the medication pertinent to the client	NA	NA	NA	NA	NA
Key nursing assessment(s) prior to administration	NA	NA	NA	NA	NA

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Oxycodone	The client has chronic pain due to bladder cancer and osteoporosis.	1. Bradycardia (Jones & Bartlett Learning, 2021) 2. Hypotension (Jones & Bartlett Learning, 2021)
2. Xarelto	The client is at risk for DVT due to activity intolerance.	1. GI bleeding (Jones & Bartlett Learning, 2021) 2. Pulmonary hemorrhage (Jones & Bartlett Learning, 2021)
3. Midodrine	The client is at risk for falls due to limited mobility, and this medication is for orthostatic hypotension.	1. Supine hypertension (Jones & Bartlett Learning, 2021) 2. Anxiety (Jones & Bartlett Learning, 2021)

Medications Reference (1) (APA):

Learning, J. & B. (2021). *2021 Nurse's Drug Handbook*. Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress: Overall appearance: Infection Control precautions: Client Complaints or Concerns:	Alertness/Orientation: Client was alert and oriented to name, date, place, and why she was in the hospital Appearance: Well-groomed, in appropriate hospital gown. Distress: No acute distress noted. Infection Control: None Client Complaints/Concerns: Client just wanted her pain medications for her abdominal pain.
VITAL SIGNS: Temp: Resp rate: Pulse: B/P: Oxygen: Delivery Method:	Temp: 98.1- temporal Resp Rate: 18 Pulse: 64 BP: 94/54 Oxygen: 96% Delivery Method: Room Air
PAIN ASSESSMENT: Time: Scale: Location: Severity: Characteristics: Interventions:	Time: 0853 Scale: 6/10 numerical scale Location: abdomen Severity: Chronic Characteristics: dull, aching Interventions: Position change and pain medication
IV ASSESSMENT: Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment: Fluid Type/Rate or Saline Lock:	Size of IV: 22g Location of IV: lower right forearm Date on IV: 09/07/24 Patency of IV: dry, intact Signs of erythema, drainage, etc.: None IV dressing assessment: clean, dry, intact Fluid Type/Rate or Saline Lock: Heparin lock
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes:	Skin color: Skin color is WNL per ethnicity. Character: Skin is intact and dry. No bumps, bruises, or lesions noted. Temperature: Skin is warm and dry upon palpation. Turgor: Client's skin is elastic.

<p>Bruises: Wounds: . Braden Score: Drains present: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Rashes: No rashes noted. Bruises: No bruises noted. Wounds: No wounds noted. Braden Score: 19 Drains present: Urostomy ileal; nephrostomy right flank- 10.2 Fr</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head: Symmetrical to neck. Hair is light brown and evenly distributed. Neck: Neck is symmetrical to head and moves without difficulty. Trachea is midline without deviation, thyroid is nonpalpable. No noted nodules. Bilateral carotid pulses 2+ upon palpation. No lymphedema in head or neck noted. Ears: No bumps or deformities noted on bilateral auricles. Hearing within normal limits for client. Eyes: Bilateral sclera white, bilateral corneas clear, bilateral conjunctiva light pink. No visible drainage noted bilaterally. Bilateral eyelids are moist, pink, without lesions or discharge. PERRLA bilaterally. EOMs intact. Nose: Nose is midline to face, bilateral turbinates are moist and without drainage. Mouth/Teeth: Oral mucosa is pink, moist without bumps or lesions. Gums are pink and moist. Lips are moist and pink. Client is edentulous and did not have dentures with her.</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 checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>Heart Sounds: Clear S1 & S2 without murmurs, gallops, or rubs. Cardiac Rhythm: Normal sinus rhythm Peripheral Pulses: Peripheral pulses 2+ bilaterally. Capillary refill: Capillary refill is less than 3 seconds. The fingers/toes are bilateral. Neck Vein Distention: No JVD noted. Edema: 0; No edema present.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Respirations: Respirations are regular and unlabored. Pattern is regular, and no use of accessory muscles noted. Breath Sounds: Breath sounds are clear bilaterally.</p>
<p>GASTROINTESTINAL:</p>	<p>Home Diet: Regular</p>

<p>Activity Tolerance: Independent (up ad lib) Needs assistance with equipment Needs support to stand and walk</p>	<p>ADL Assistance: Client needed assistance to the bathroom due to ostomies. Fall Risk: No fall risk implemented. Fall Score: 12 Activity/Mobility: Client is able to ambulate to the bathroom with stand by assist. Needs Assistance/Support: Client is able to ambulate to the bathroom with stand by assist.</p>
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>MAEW: Client moves all extremities well. PERRLA: PERRLA bilaterally. Strength equal: Strength is equal in arms and legs bilaterally Cognition/mental status: Client is anxious and restless due to chronic pain. Speech: Speech is clear and organized. Sensory: No sensory issues noted. LOC: Client is alert and oriented to self, place, date, and reason why she is in the hospital.</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/Religion: Client uses medical marijuana to assist with the pain. Developmental level: Client has a high school diploma and understands all aspects of her care. Personal/Family Data: Client is single but does have the support of her ex-husband and friends when needed. Client did mention she has a "chore person" that comes into her home to assist with chores.</p>

Discharge Planning

Discharge location: Home

Home health needs: Client could use a home health nurse to ensure client is utilizing her nebulizer and taking her pain medications as directed.

Equipment needs: None

Follow-up plan: Follow up with PCP.

Education needs: Educate on pain medication usage and side effects.

Nursing Process

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

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • 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 	<p>Rationale</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Outcome Goal (1 per dx)</p>	<p>Interventions (2 per goal)</p>	<p>Evaluation of interventions</p>
<p>1. Risk for urinary retention related to previous surgery as evidenced by abdominal pain (Phelps, 2022).</p>	<p>Client presented to the ED with abdominal pain.</p>	<p>Client will be free of abdominal discomfort (Phelps, 2022).</p>	<p>1. Encourage/provide appropriate perineal cleansing (Phelps, 2022).</p> <p>2. Provide appropriate ostomy care (Phelps, 2022).</p>	<p>Appropriate cleansing will decrease the risk of infections, which can further contribute to urinary retention (Phelps, 2022).</p> <p>Appropriate ostomy care will decrease the risk of potential infection, which can further contribute to</p>

				urinary retention (Phelps, 2022).
2. Chronic pain related to abdominal pain as evidenced by history of bladder cancer (Phelps, 2022).	Client presented to the ED for abdominal pain.	Client will identify characteristics of pain and pain behaviors (Phelps, 2022).	1. Assess client's physical symptoms of pain (Phelps, 2022). 2. Provide instruction about amount of pain medication needed to control symptoms and allow client to remain active (Phelps, 2022).	Correlating client's pain behavior with activities, time of day, and visits may be useful in modifying tasks (Phelps, 2022). Teaching client about medications may help to increase the accuracy of dosage necessary to provide pain relief (Phelps, 2022).
3. Risk for impaired tissue integrity related to decreased physical activity as evidenced by limited activity while in the hospital (Phelps, 2022).	Client is unable to tolerate a lot of activity.	Client will not experience tissue impairment (Phelps, 2022).	1. Inspect client's skin every shift (Phelps, 2022). 2. Monitor placement of tubing and devices (Phelps, 2022).	Early detection of changes prevents or minimizes skin breakdown (Phelps, 2022). Correct placement and frequent inspection of devices prevent skin breakdown (Phelps, 2022).
4. Decreased activity intolerance related to	Client is always worrying about being	Client will state an understanding of the need to	1. Assess for cause of activity intolerance (Phelps, 2022).	Cause of intolerance will guide interventions

fear of pain as evidenced by client's chronic pain (Phelps, 2022).	in pain.	increase activity level gradually (Phelps, 2022).	2. Discuss with client the need for activity (Phelps, 2022).	(Phelps, 2022). Lack of activity causes physical deconditioning and may also have a negative impact on psychological well-being (Phelps, 2022).
5. Anxiety related to pain as evidenced by consistently asking for pain medication (Phelps, 2022).	Client was consistently asking for pain medication before it was scheduled.	Client will experience reduced anxiety by identifying precipitating situations (Phelps, 2022).	1. Spend 10 minutes with the client twice a shift conveying a willingness to listen (Phelps, 2022). 2. Attend to client's comfort needs to increase trust and reduce anxiety (Phelps, 2022).	Specific amount of uninterrupted, non-care-related time spent with anxious client builds trust and reduces tension (Phelps, 2022). Anxiety commonly results from lack of trust in the environment (Phelps, 2022).

Other References (APA):

Phelps, L. (2022). *Nursing Diagnosis Reference Manual*. LWW.

