

N311 Care Plan 1

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N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 09/12/2024	Client Initials A.R.	Age 59 years	Gender Female
Race/Ethnicity Black or African American	Occupation Unemployed	Marital Status Single	Allergies 1. Chlorhexidine gluconate. 2. Iodinated contrast media.
Code Status CPR/Full	Height 170.2 cm (5.7")	Weight 71.2kg	

Medical History (5 Points)

Past Medical History: ERSD, stroke, type II diabetes

Past Surgical History:

- Cholecystectomy
- left heart catheterization

Family History:

Mother with diabetes, Hypertension, brain aneurysms.

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

Smoking: Everyday cigarettes (0.50 packs/day), marijuana daily.

Alcohol: Once a week.

Admission Assessment

Chief Complaint (2 points): Transfer for dialysis, seizure, fever 101.8F, and concern for seizure

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

The patient, A.R., is a 59-year-old female with a history of end-stage renal disease (ESRD), stroke, and type II diabetes. She was transferred to the hospital after experiencing a seizure at home. The onset of symptoms was abrupt, characterized by generalized shaking and loss of consciousness. The seizure occurred while she was waiting for a dialysis appointment. Upon admission, she presented with a fever of 101.8 °. Indicating a possible infection or sepsis. Her fever and seizures occurred approximately 2 hours before admission. She denies any history of seizures but reports feeling fatigued and slightly disoriented before the event. No other recent trauma or illness is noted.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Sepsis

Secondary Diagnosis (if applicable): Stroke, seizure, type II diabetes

Pathophysiology

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

Sepsis is a severe medical term that occurs when the body's response to an infection triggers widespread inflammation, potentially resulting in tissue damage, organ failure, and even death. The sepsis pathophysiology begins with invading

pathogens such as bacteria, fungi, or viruses that trigger an immune response. This immune activation releases pro-inflammatory mediators like cytokines, which lead to widespread endothelial damage, increased capillary permeability, and vasodilation. These changes result in hypotension, tissue hypoxia, and impaired cellular metabolism. As the inflammatory response progresses, it is essential to maintain a balance among pro-inflammatory and anti-inflammatory mediators. Any disruption can push the body into a state of immune dysregulation (Kumar et al., 2018). The resulting systemic inflammatory response syndrome (SIRS) can evolve into septic shock, in which profound circulatory and cellular abnormalities lead to multi-organ dysfunction and failure.

Moreover, sepsis disrupts normal coagulation processes and contributes to disseminated intravascular coagulation (DIC), where clotting and bleeding complications can occur simultaneously. This is caused by the coagulation cascade being activated by the immune response to infection. The release of tissue factor and other pro-coagulant molecules from endothelial cells contributes to widespread microvascular thrombosis. Furthermore, impaired fibrinolysis and the depletion of clotting factors result in a higher risk of hemorrhage. In advanced sepsis, the combined effects of inflammation, endothelial damage, and coagulopathy can lead to severe circulatory collapse and organ failure (Singer et al., 2016). It is beneficial for healthcare professionals and medical students to recognize the early signs of

sepsis and initiate prompt treatment, as doing so can significantly improve patient outcomes.

References

Kumar, V., Abbas, A. K., & Aster, J. C. (2018). Robbins Basic Pathology (10th ed.). Elsevier.

Singer, M., Deutschman, C. S., Seymour, C. W., Shankar-Hari, M., Annane, D., Bauer, M., ... & Angus, D. C. (2016). The Third International Consensus

Definitions for Sepsis and Septic Shock (Sepsis-3). JAMA, 315(8), 801–810.

<https://doi.org/10.1001/jama.2016.0287>

Pathophysiology References (2) (APA):

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0823	94/min	138/70	16/min	98.4F	97%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
7.23	Numeric	No pain	0/10	denies	Not applicable