

N311 Care Plan 1

Arian Dodge

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Scribner

09-22-2024

Demographics (5 points)

Date of Admission 07/09/2024	Client Initials M.K.L	Age 73 years old	Gender Female
Race/Ethnicity White	Occupation Unemployed	Marital Status Single	Allergies None
Code Status Full Code	Height 154.9cm	Weight 175.2kg	

Medical History (5 Points)

Past Medical History: Breast cancer on right side, colon polyps, gout, iron deficiency, pulmonary embolism, anemia, hypertension, hypothyroidism, lymphedema, obesity, osteoarthritis, sleep apnea syndrome.

Past Surgical History: Breast biopsy 2022, hysterectomy, radiation therapy, tonsillectomy.

Family History: Mother- hypertension, irregular heartbeat, dementia.

Father- thyroid, brain aneurysm

Brother- hypertension

Paternal grandma- ovarian cancer

Sister- breast cancer

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

Patient is a former tobacco smoker at one pack a day for 41.8 years.

Admission Assessment

Chief Complaint (2 points):The patient states that she fell at home off the toilet.

History of Present Illness – OLD CARTS (10 points): Patient states they “fell at home trying to get off of the toilet and fell onto the floor” on 07-08-24, causing a major wound on the left distal gluteal. They have had this wound since the fall occurred, about 83 days. The wound is wet, bleeding, and tunneling; it looks healthy, as there is no sign of necrotic tissue. The wound is

roughly 5cm long and 4cm deep. Both movement and pressure seem to be aggravating the wound. Being repositioned off of the wound is the best course of action to not only relieve the pain but the aid in the healing process. Wound care is the best treatment for the wound as well as PRN pain medications to help the patient. This is a stage 4 pressure wound.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): The patient is diagnosed with sepsis with acute organ failure.

Secondary Diagnosis (if applicable): The patient's secondary diagnosis is rhabdomyolysis.

Pathophysiology

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

Sepsis is an infection that starts in one area of the body and through the bloodstream; it then becomes an infection of the entire body that can overwhelm the immune system and cause severe multiorgan compromise (Capriotti, 2024, pg 1215). Sepsis is kind of like both sides of the same coin in the aspect that it disrupts both the immunological balance of inflammation and anti-inflammation (Jarczak et al., 2021). The increase of both pro- and anti-inflammatory pathways leads to the release of cytokines, mediators, and pathogen-related molecules, which then activates coagulation which is thought to cause the issues for organ dysfunction (Jarczak et al., 2021).

The most common cause of sepsis is bacteria, though any organism can cause the infection (Capriotti, 2024, pg 1198). The infection usually begins in one of the body systems and then will make its way to the bloodstream, where it will then spread to the rest of the body (Capriotti, 2024, pg 1198). Severe sepsis can be defined as sepsis that is then complicated by end-organ dysfunction, as displayed by altered mental status, hypotension, renal insufficiency,

overactivity, or underactivity of the coagulation systems (Capriotti, 2024, pg 1198). Sepsis can be deadly so it's important to watch for any signs or symptoms of it, though it is not clear cut across the board

Signs and symptoms for generalized systemic inflammation look like fever, tachycardia, tachypnea, hypotension, hypo or hyperthermia, and leukocytosis or leukocytopenia (Capriotti, 2024, pg 1200). There is no sign diagnostic test that is able to test for sepsis, only various clinical criteria are used (Capriotti, 2024, pg 1200). Common assessment tools are Sequential Organ Failure Assessment or Logistic Organ Dysfunction System score (Capriotti, 2024, pg 1200). Early management if sepsis can save lives, so they have come up with 3 diagnostic and 3 therapeutic steps, (administer oxygen, take blood cultures, administer IV antibiotics, administer a fluid challenge, measure blood lactate, and measure urine output) that should be done within one hour that has shown to reduce the risk of death by 46.6% (Capriotti, 2024, pg 1205).

Pathophysiology References (2) (APA):

1. Capriotti, T. (2024). *Pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.
2. Jarczak, D., Kluge, S., & Nierhaus, A. (2021). Sepsis—pathophysiology and therapeutic concepts. *Frontiers in Medicine*, 8. <https://doi.org/10.3389/fmed.2021.628302>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0720	73bpm	116/72	18	98.2F	96% nasal cannula 2.5

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0902	Number scale 0-10	N/A	0- No pain	N/A	Prn pain medications