

N311 Care Plan 1

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N311: Foundations of Professional Practice

Professor Henry

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Demographics (5 points)

Date of Admission 09/11/24	Client Initials C.B.	Age 64 years old	Gender Female
Race/Ethnicity White/ Caucasian	Occupation Care Giver	Marital Status Divorced	Allergies Penicillin's/ Sulfa Antibiotics
Code Status Full code	Height 5'6"	Weight 318 lbs	

Medical History (5 Points)

Past Medical History: Clients past medical history includes: chronic hypoxemic respiratory failure, congestive heart failure, Afib, depression, diabetes, hypertension, hyperlipidemia, increase in lethargy, and increase in fluid retention.

Past Surgical History: Clients past surgical history includes: cholecystectomy, Left breast carcinoma, left mastectomy, right carpal tunnel release, gastric restriction surgery, back surgery, right wound treatment, lumbar fusion, lumbar discectomy, upper gastrointestinal endoscopy, colonoscopy, angio central venous access, and incision & drainage.

Family History: Clients past family history includes: Congestive Heart Failure (mother), Coronary Artery Disease (sister age 55), Diabetes (father, paternal grandmother, and sister), Heart Disease (father). There were also two more histories that were listed as "other" one was other (maternal grandfather and sister). The second was Other (mother-48).

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

Clients social history includes: Started smoking cigarettes around 42 years. Stated she quit smoking around 37 years ago. Client stated she only smoked 5 packs per year. Also stated that she never used smokeless tobacco, never drank, and never did drugs.

Admission Assessment

Chief Complaint (2 points): Increase in lethargy and fluid overload.

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

Client presented with symptoms two and a half to three weeks ago. Excessive fluid was found around the heart, in the legs, feet and the arms. Symptoms have persisted for the last three weeks, and there are still signs of swelling. Signs and symptoms include pitting edema, swelling, and an increase in fatigue. Aggravating factors include sitting with feet hanging down and lack of movement. Relieving factors include elevation of extremities. Plans for treatment include use of Bipap machine, pain medicine, and Lasix to increase the removal of excess fluid buildup. The severity of condition rated on a scale of 0-10 was rated a 10.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Sepsis

Secondary Diagnosis (if applicable): Client has chronic benign essential hypertension. Class 3 obesity level with alveolar hyperventilation. Body Mass Index of 60-69.9, serious comorbidity (chronic). Chronic depression. History of breast cancer. Pulmonary HTN (HCC, Chronic). OSA treated with Bipap, Chronic Obstructive Pulmonary Disease. Type 2 diabetes mellitus with diabetic polyneuropathy and long term use of insulin. Hyperlipidemia (unspecified), also Anxiety and depression.

Pathophysiology

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

Sepsis is a dangerous disease that can result in death if not treated properly and quickly. Annually, over 750,000 people in the U.S. develop sepsis (Pg 1151). Anywhere between 20% to 52% of these cases end in fatality (Pg 1151). According to Simple Nursing, sepsis is also known as septicemia. Sepsis is the body's systemic inflammatory response to an infection. Sepsis

triggers a little chemical messenger system called cytokines. Cytokines are great cells for regulating the body's immune system. However, during sepsis, cytokines can go haywire and start convincing the body's immune system to attack itself. This can cause organs to start shutting down (Simple Nursing 2024).

In our Pathophysiology book, it states that sepsis can be caused by fungal, viral, or parasitic organisms. It also states that bacterial sepsis usually starts in one place, typically an organ, then spreads into the bloodstream (pg1153).

Signs and symptoms of sepsis include, but are not limited to pain, fever, dyspnea, disorientation, hypotension, fatigue, oliguria, chest pain, confusion, and low oxygen levels (Simply Nursing). Other signs and symptoms could also include, difficulty breathing, frequent cough, burning with urination, and producing green mucus, elevated or low bodily temperature, respiratory distress, abnormal white blood cell count, decreased platelet count, edema, hyperglycemia, and or elevated lactic acid or creatine levels (Simply Nursing).

According to the Mayo Clinic web page, there are multiple diagnostic tests they run to determine septicemia. These tests include blood, imaging, urine, sputum, and drainage from an open wound. They use blood tests to look for infection, proper kidney and liver function, abnormal blood clotting factors, decreased oxygen levels, and abnormal electrolyte balances. The Mayo clinic web page also states that they can take lung x-rays, ultrasounds of the kidney and gallbladder, CT scans of the liver and pancreas, and MRI's to look at the soft tissue and bone to see if they can find an infection and determine how progressed it is (Mayo Clinic).

Pathophysiology References (2) (APA):

Sepsis nursing care plan: Diagnosis, assessment, intervention. Simple Nursing. (2024, July 15). <https://simplenursing.com/nursing-care-plan-sepsis/>

Mayo Foundation for Medical Education and Research. (n.d.). *Sepsis*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/sepsis/diagnosis-treatment/drc-20351219>

Theresa Capriotti, 2020, *Sirs, Sepsis, Shock, MODS, and Death*, In Ed., Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives, pp 1151 and pp1153.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1500	105 bpm	112/79 _{mmHg}	20 breaths per minute	97.3 °F Temporal	96%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
June 2024	0-10	Directly above buttocks	5	Open pressure ulcer	Pain meds, reposition, wound vacc.