N431 **CARE PLAN #1**

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Lakeview College of Nursing

N321: Adult Health II

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Demographics

Date of Admission	Client Initials	Age	Biological Gender
08-09-24	EF	68	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Unemployed	Married	Codeine
Code Status	**Height**	**Weight**	
Full Code	165.1 cm	76 kg	

Medical History

Past Medical History:

Type 2 Diabetes, Stage 4 Chronic Kidney Disease, Hypertension, C. diff.

Past Surgical History:

7-14-24: below the knee amputation, right knee

7-12-24: amputation of two of the left toes

8-9-24: IR tunneled dialysis insertion catheter

Family History: No pertinent family history

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

No reported use of tobacco, alcohol, or drugs.

Education:

Finished high school.

Living Situation:

Lives at home with husband and one of their sons.

Assistive devices:

Uses wheelchair to get around.

Admission History

Chief Complaint: The patient had a painful corn in her left foot that became infected.

History of Present Illness (HPI)– OLD CARTS

The patient presented to the hospital on August 8th for a painful corn on her left leg. She states that she had been dealing with the pain for two to three weeks before admission but thought the pain would "go away on its own." Once hospitalized, she was found to have an altered mental state due to lower extremity gangrene with cellulitis and osteomyelitis. The infection was found to have spread further into her body. Prior to hospitalization, she stated that she was in severe pain, and simply moving the toe or having it touched caused excruciating pain. The pain was characterized to be sharp and stabbing. She states that she tried injections to numb the pain, but they ultimately did not work. As a result, the toe was amputated. Due to having chronic kidney failure and having an acute infection, it could have caused her to develop uremic encephalopathy.

Admission Diagnosis

Primary Diagnosis: Uremic Encephalopathy

Secondary Diagnosis (if applicable): No second diagnosis

Pathophysiology

Introduction

Many complications can occur due to chronic kidney failure (CKD). The dysfunction of filtering wastes from the blood and having toxin build-up is one of the critical characteristics of something going wrong with the kidneys. Uremic encephalopathy is an uncommon yet severe complication of chronic kidney failure.

Disease Process

Uremic encephalopathy occurs when uremic toxins accumulate in the blood from kidney dysfunction (Olano et al., 2024). This patient had stage four chronic kidney failure, which would not allow her kidneys to filter the blood as they should have properly. If urea accumulates, mild to moderate cognitive changes can occur as it is a toxin (Olano et al., 2024). Uremic encephalopathy can also be developed in patients with CKD and who develop an acute infection, such as in the case of my patient. She came into the hospital with an infected toe that presented with gangrene and cellulitis that was untreated for over two weeks. The combination of CKD and the ongoing infection could have caused the complication of uremic encephalopathy. CKD can go on and affect other areas of the body; as we can see with my patient, they developed encephalopathy and have also begun to have increased parathyroid hormone levels.

Signs and Symptoms

Signs and symptoms of uremic encephalopathy are often nonspecific and can vary. The most notable signs and symptoms are fatigue, anorexia, nausea, and confusion (Olano et al., 2024). Encephalopathy most often manifests as poor concentration, confusion, lethargy, stupor, or coma (Capriotti, 2020). My patient presented with an altered mental status to the hospital in relation to the uremic encephalopathy.

Diagnosis

Diagnosis of uremic encephalopathy is often difficult as there is no specific lab value, clinical, or imaging finding. Most often, it is diagnosed once hemodialysis has already started. However, since my patient presented to the hospital with altered mental status, once kidney labs were drawn, it would be easy to diagnose her with uremic encephalopathy.

Treatment

The treatment of choice for many renal dysfunctions is hemodialysis, which is what was ordered for the patient. Hemodialysis will draw the patient's blood out of their body at a rate of 200 to 400 mL/minute and pass it through a dialyzer (Capriotti, 2020). Hemodialysis is commonly done by having an arteriovenous fistula connecting to a tubular dialyzer connection (Capriotti, 2020). The dialyzer will then remove excess solutes and fluid from the blood and return to the body via the cephalic vein (Capriotti, 2020). During the procedure, the treatment will circulate the patient's entire blood volume every fifteen minutes and normalize electrolytes, serum albumin, blood urea nitrogen, and serum creatinine (Capriotti, 2020). The procedure will be done three times a week and will last for three to four hours.

Clinical Data

Many of the clinical data and laboratory values found for this patient all led to the diagnosis of chronic kidney failure and uremic encephalopathy. The kidney's main role in the body is to maintain acid-base balance and eliminate waste (Capriotti, 2020). Her lab values showed an alkalotic blood pH (7.485) and an accumulation of wastes such as creatinine and urea.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Olano, C. G., Akram, S. M., Hashmi, M. F., & Bhatt, H. (2024). Uremic encephalopathy. In *StatPearls*. StatPearls Publishing. Retrieved Sept. 25, 2024.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Glucose	110 mg/dL	117 mg/dL	74-100 mg/dL	Client is type 2 diabetic, and it could have been a few hours since she last ate.
CO2	22.0 mmol/L	21.0 mmol/L	22.0-29.0 mmol/L	The client is only slightly below the normal range of CO2. This could be an effect of her renal failure.
BUN	64 mg/dL	41 mg/dL	10-20 mg/dL	BUN is directly related to how well the kidneys are excreting (Pagana et al.,

				2023). Since the patient is in stage 4 kidney failure it could be the cause of BUN elevation.
Creatinine	5.33 mg/dL	7.1 mg/dL	0.55-1.02 mg/dL	Urine obstruction can cause an elevation in creatinine levels (Pagana et al., 2023). The patient has orders for use of a straight cath for urinary retention.
pH	7.485	No value given	7.31-7.41	The kidney's help maintain the pH of the blood. Since she has kidney failure her pH would be off.
pCO2	33.1 mmHg	21 mmHg	41-51mmHg	Can be caused by chronic kidney failure.
pO2	51.8 mmHg	No value given	35.0-45.0 mmHg	Value can be high due to compensation of the low pCO2.
Parathyroid Hormone (PTH) intact	405 pg/ml	No value given	9-77 pg/ml	An elevated PTH is indicative of high parathyroid levels. This can be a normal compensatory response in patients with vitamin D deficiency (Pagana et al., 2023). Based on the client active medications, she takes Vitamin D so she could have this deficiency thus leading to elevated

				PTH levels. It is also a normal finding in chronic renal failure (Pagana et al., 2023).
Sodium	131 mmoL	136 mmoL	136-145 mmoL	The patient is only slightly below the normal range of sodium. This could be caused her renal insufficiency or just an excessive IV/oral water intake (Pagana et al., 2023).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
CT abdomen/pelvis w/o contrast A CT scan is used to get an image of the organs in the abdomen. For this patient they wanted to see what the cause of the abdominal pain may be.	Abdominal pain, acute, nonlocalized	The imaging showed no acute abdominopelvic process and an improvement in the bibasilar opacities. Moderate amounts of retained stool were found in the rectal vault and a trace pericardial effusion was seen.
XR Chest AP OR PA only Used to get an image of her lungs to explain the shortness of breath.	Shortness of breath	The heart is stable, and the lungs have improved from basilar infiltrates

IR tunneled dialysis catheter insertion This was placed for the hemodialysis.	Lower extremity pain	A right sided 19cm tunneled dialysis catheter was placed
X-Ray left foot complete To get an image of the amputation of her toe and it was doing after amputation.	Gangrene and pain in 3rd digit	There was soft tissue swelling at amputation site
CT abdominal/pelvis w/o contrast A CT scan is used to get an image of the organs in the abdomen, most specifically the kidneys.	Abdominal pain, acute, nonlocalized	The imaging showed diverticulosis and bibasilar atelectasis. A hepatic cyst was found but no hydronephrosis.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's diagnostic and laboratory test reference* (Sixteenth edition). Elsevier.

Active Orders

Active Orders	Rationale
Weight bearing limitation	The patient has a below the knee amputation of her right leg and amputation of her toes in the left foot. Due to these surgeries, she

	cannot bear a lot of weight.
Foot heels off bed at all times	Heels off the bed reduces the risk of pressure ulcers forming on the heal.
Splint/brace/cast post op shoe	The splint/brace/cast post op shoe would be necessary for this client since she had toe amputations.
Neurovascular checks	Neurovascular checks would be necessary due to her amputation and making sure adequate blood flow and mobility is possible.
Monitor for apnea alarms	In the obstructive sleep apnea screening the patient scored a four which means they are at moderate risk for sleep apnea. This is why they have sleep apnea alarms.
Vital signs q4 hours	Checking vitals every four hours allows for the nurses to notice any changes in condition.
Bladder scan	Due to her kidney issues the patient has had urine retention.
Urinary catheter placement and care	If the bladder scan does show that she has urine retention and is incontinent that placing a catheter might be necessary.
I&Os	Due to her kidney issues and uremic encephalopathy, it is important to monitor that she is getting fluid off of her.
Straight cath	Used for urinary retention.
Incentive spirometer	Incentive spirometer is used to promote respiratory function after surgery.
Notify physician	The physician should be notified for the following reasons: a systolic blood pressure of <90>16, urine output <80 mL in 2 hours, or heart rate <50 or > 110.
Hemodialysis	The patient has stage four chronic kidney disease, so hemodialysis is necessary to filter

	out the blood.
Alteplase injection 2mg	Alteplase injection is used before hemodialysis to dissolve any blood clots.

Medications

Home Medications (Must List ALL)

Brand/Generic	dextrose Glutose					
Classification	Glucose elevating agents					
Reason Client Taking	To treat hypoglycemia					
List two teaching needs for the medication pertinent to the client	-The patient should check their blood sugar after they take the mediation to ensure that their blood sugar is being raised. -The patient should make sure to take the medication and correct dose as directed.					
Key nursing	She should check					

assessment(s) prior to administration	her blood glucose levels prior to administration.					

Hospital Medications (Must List ALL)

Brand/Generic	acetaminophen Tylenol	aspirin Bayer	atorvastatin Lipitor	bisacodyl Dulcolax	vitamin D3 Cholecalciferol	dicyclomine Bentyl
Classification	Nonsalicylate Antipyretic	Salicylate NSAID	HMG-CoA reductase inhibitor Antihyperlipidemic	Stimulant laxative Organic compound	Vitamin d analogs	Anticholinergic Antispasmodic
Reason Client Taking	Used for pain	Used for pain	Atorvastatin can be used to lower blood pressure.	If the client becomes constipated	Used when the body isn't absorbing enough calcium	Labs indicate that the patient has had some retained stool, and this medication is for functional or irritable bowel syndrome.
List two teaching needs for the medication pertinent to the client	-The patient should not take over 4,000 mg of acetaminophen per day. -The patient should only take the medication as their provider has stated.	-Aspirin is a blood thinner so the patient should watch out for any signs of bleeding. -The patient should only take the medication as their provider has stated.	- The patient should take their medication at the same time each day to maintain its effects (NDH, 2023). - The patient should be taught to never double dose. -The client should also be taught how to take their own blood pressure.	-The client should know that prolonged use of this medication can cause excessive diarrhea and electrolyte loss. -The patient should take the medication the evening before a bowel movement is desired.	-Vitamin D3 should be stored away from moisture, light, and heat. -It is best to take vitamin D3 after a meal to aid in absorption.	-The medication needs to be stored in a tight container protected from direct light and moisture (NDH, 2023). - The patient should change positions slowly to avoid light-headedness (NDH, 2023).
Key nursing assessment(s) prior to administration	An assessment for pain should be prior to administration to make sure this is	An assessment for pain should be prior to administration to make sure	Blood glucose levels should be monitored closely since the client is diabetic (NDH,	The nurse should monitor electrolyte levels and I&Os if the	The nurse should monitor levels of calcium prior to giving the medication.	The nurse should assess the patient for tachycardia because this

	the appropriate medication to relieve the pain they are feeling.	this is the appropriate medication to relieve the pain they are feeling.	2023).	patient is taking the medication frequently.		medication may increase the heart rate (NDH, 2023).
Brand/Generic	epoetin alfa Epogen, Procrit	Folic acid Apo-Folic	heparin Hepalean	hydrocodone Hysingla ER	hydrocortisone Cetacort	insulin lisporo Humalog
Classification	Erythropoietin Antianemic	B vitamin family	anticoagulant Anticoagulant	Opioid Opioid analgesic	glucocorticoid Adrenocorticoid	rapid-acting insulin analogue
Reason Client Taking	The client is taking it for dialysis and loss of kidney function.	Since the client is on dialysis, they're at a higher risk of developing anemia.	The client is taking heparin for her dialysis catheter indwells.	Drug of choice for moderate pain	The medication would be used on the client amputation wounds.	For blood glucose
List two teaching needs for the medication pertinent to the client	-The patient needs to be taught what the signs for blood clots are because there is an increased risk. -The patient needs to be emphasized on the importance of following the dosage regimen and keeping up with it.	-Vitamin B9 is light sensitive and should be stored away from light (NDH, 2023). -Folic acid should not be taken in larger doses than recommended,	-The client may be at an increased risk for bleeding if they take aspirin as their form of pain relief medication. -The client should be taught to watch for black tarry stools because it is a sign of bleeding.	-The client should consume plenty of fluids and foods high in fiber to avoid constipation (NDH, 2023). -Tablets or capsules should be taken whole and never chewed, crushed, or dissolved (NDH, 2023).	-The patient should only apply a thin film to the area (NDH, 2023). -The patient can use the medication up to four times a day (NDH, 2023).	-Do not use the insulin if it is thickened or discolored. It should be clear and colorless. -The patient should rotate injection sites to avoid scar tissue formation.
Key nursing assessment(s) prior to administration	The nurse should check serum iron levels before administration. The nurse should also monitor for symptoms of anemia.	The nurse should assess the patient's labs before administration of the medication.	The nurse should check blood clotting labs prior to administration.	The nurse should assess the respiratory rate of the client prior to administration because opioids depress respirations.	The nurse should do a thorough skin assessment before applying the ointment.	-The nurse needs to check blood glucose levels prior to administration.
Brand/Generic	lactobacillus Culturelle	loperamide Diamode	ondansetron Zofran	lorazepam Ativan	melatonin Circaden	methocarbamol Robaxin
Classification	Antidiarrheals Probiotics	Antidiarrheals	Selective serotonin receptor antagonist Antiemetic	Benzodiazepine Anxiolytic	Minerals and electrolytes	Carbamate derivative Skeletal muscle relaxant

Reason Client Taking	For diarrhea	Another option for diarrhea	For nausea and vomiting	Agitation or anxiety	If the client has difficulty falling asleep	Relaxes muscles
List two teaching needs for the medication pertinent to the client	-The client should only take the dose that is prescribed by the provider. -The patient can take the medication with or without food.	-The patient should not take the medication if they are having diarrhea with a high fever (Drugs.com, 2024). -The patient should not take the medication if they have diarrhea caused by a bacterial infection.	-Ondansetron works better on an empty stomach. -The medication should be dissolved in the mouth and not swallowed whole (NDH, 2023).	-The patient should be taught not to abruptly discontinue taking the medication because it can cause withdrawal symptoms. -The patient should report to the nurse any excessive drowsiness and nausea (NDH, 2023).	-The patient should take melatonin thirty minutes before they plan on falling asleep. -The patient should avoid coffee, tea, soda, energy drinks, or any caffeine products because they will have a counter effect on the melatonin.	-The patient should take the medication with food or milk to reduce the risk of nausea (NDH, 2023). -The patient should be informed that their urine might turn black, brown, or green until the medication is discontinued (NDH, 2023).
Key nursing assessment(s) prior to administration	Check electrolyte levels if the patient is having constant diarrhea.	Check electrolyte levels if the patient is having constant diarrhea. The nurse should also check if the patient doesn't have C-Diff.	The nurse should assess if the patient has hypokalemia because ondansetron can increase the risk for QT-interval prolongation (NDH, 2023).	Respiratory status should be monitored before administration because the drug can worsen it.	The nurse should assess their sleep wake cycle to make sure it is not altered.	The nurse should assess the patient's pain level, stiffness, and range of motion prior to giving the medication.
Brand/Generic	**mirtazapine Remeron**	**oxycodone Oxecta**	**Potassium chloride**	**sennosides-docusate sodium Colace**	simethicone Alka-Seltzer	**sodium chloride-hypochlorous acid Vashe Wound Therapy**
Classification	Tetracyclic antidepressant Antidepressant	Opioid Opioid Analgesic	Electrolyte cation Electrolyte replacement	Surfactant Laxative	Miscellaneous gastrointestinal agents	topical dermatological agent antimicrobial
Reason Client Taking	For depression	For severe pain (7-10)	If her potassium levels drop	For constipation (Could be constipation related to after surgery)	To relief gas and pressure in the stomach and intestines.	For irrigation of wounds
List two teaching needs for the medication	-The patient should be informed not to	-The client should consume plenty of fluids	-The patient should monitor what foods they eat that	-The patient should be taught not to	-The medication works best if used after meals.	-Appropriate dressing should be applied after

pertinent to the client	discontinue the medication abruptly. -The patient should inform instantly inform the nurse or provider of ay chills, fever, sore throat, mouth irritation, or other signs of infection (NDH, 2023).	and foods high in fiber to avoid constipation (NDH, 2023). -Tablets or capsules should be taken whole and never chewed, crushed, or dissolved (NDH, 2023).	already contain potassium because we don't want them to go over the daily recommended amount (NDH, 2023). -The patient should be taught to measure their own radial pulse so that they can be aware of any changes in their heart rate or rhythm (NDH, 2023).	use the laxative when they have abdominal pain, nausea or vomiting (NDH, 2023). -The long-term use of laxatives for bowel movements can cause dependence on them or worsen constipation (NDH, 2023).	-The medication should be taken as directed on the label.	using the wound wash to insure moisture for 24 hours. -The spray can be used directly on the wound or on gauze.
Key nursing assessment(s) prior to administration	The nurse should monitor closely for signs of akathisia, an unpleasant restlessness and urge to move (NDH, 2023).	-The nurse should do a thorough pain assessment and make sure the medication is necessary.	-The nurse should take vitals and assess for signs of hypokalemia or hyperkalemia.	The nurse should assess when the patient last had a bowel movement before giving the medication.	The nurse should assess if the right dose is given to the client.	The nurse should do a skin assessment prior to cleaning of the wounds.
Brand/Generic	**zinc oxide RVPaque**	**zolpidem Ambiem**				
Classification	Miscellaneous topical agents	Imidazopyridine Hypnotic				
Reason Client Taking	Used to treat minor skin irritations like cuts.	Short-term treatment of insomnia				
List two teaching needs for the medication pertinent to the client	-The patient should be taught that zinc oxide topical will not treat any bacterial or fungal infection. -The patient should watch out for signs of infection such as redness, warmth, or oozing form the lesions.	-The patient should take the medication immediately before going to bed (NDH, 2023). -The patient should take the medication on any empty stomach (NDH, 2023).				
Key nursing assessment(s) prior to	The nurse should do a skin assessment prior	The nurse should assess that the right				

administration	to applying the medication.	dose is given because high doses can cause muscle relaxant effects (NDH, 2023).				

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Heparin	Heparin is used for patients in hemodialysis to prevent blood clots forming in the blood circuit of the dialyzer.	1. Can cause excessive bleeding from wounds, which she has two of. 2. Can cause asthma, shortness of breath, and wheezing. When she took deep breaths for me, they sounded slightly labored.
2. Epoetin alfa	Epoetin alfa is a drug that helps the body produce more red blood cells. Since the patient's kidneys aren't functioning properly and the kidneys are where red blood cells are produced, red blood cell production is altered.	1. Can cause deep vein thrombosis and since the patient has had two different amputations on her lower extremities she is at a greater risk. 2. Can cause urinary tract infections, the client is already dealing with urinary retention so there can be an increased risk.
3. Potassium chloride	Loss of kidney function will affect the electrolyte levels of the body, and this patient is in	1. Can cause EKG changes if too much or too little is taken. 2. Can cause diarrhea which

	stage four kidney failure.	she seems to have problems with based off her medications.

Medications Reference (1) (APA)

2023 nurse's drug handbook. (2023). Jones & Bartlett Learning.

Pope, C. (2024). *Loperamide.* https://www.drugs.com/loperamide.html.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness: A/Ox4** **Orientation:** **Distress: None** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns: none**	Patient was oriented to person, place, situation, and time. Overall, the client appeared tired and bored due to just returning from dialysis. The patient was on contact precautions due to C. diff.
VITAL SIGNS: **Temp: 98.2 F** **Resp rate: 18** **Pulse: 88 bpm** **B/P: 124/73** **Oxygen: 97%** **Delivery Method: Room air**	
PAIN ASSESSMENT: **Time: 1610** **Scale: 0/10** **Location: No where** **Severity: N/A**	The client stated that she felt no pain at the moment.

Characteristics: N/A **Interventions: None**	
IV ASSESSMENT: **Size of IV: 20 g** **Location of IV: left upper arm** **Date on IV: 8/26** **Patency of IV: flushed without difficulty** **Signs of erythema, drainage, etc.:** **IV dressing assessment: Tegaderm** **Fluid Type/Rate or Saline Lock: was locked.**	No signs of swelling, drainage, or redness.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises: none** **Wounds: wounds on her left leg and right amputation site.** **Braden Score: 19** **Drains present: Y☐ N ☒** **Type:**	Skin is a brown color, appropriate for her ethnicity. The skin was warm and dry with no swelling or edema. Turgor was slow. No bruising noted but had amputation wounds on both lower extremities.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The trachea is midline with no deviation. Carotid pulses are present and palpable +2 bilaterally. Sinuses were palpated, with no tenderness felt. Both auricles have no visible deformities, lumps, or lesions. The sclera is white, the cornea is clear, and the conjunctiva is pink. Eyes appear to be cloudy. The nose is midline. Oral mucosa is pink and moist; teeth are missing and are replaced by dentures.
CARDIOVASCULAR:	S1 and S2 were clear with no murmurs or gallops

Heart sounds: **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill: slow** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	heard with normal rate and rhythm. Apical pulse was palpable. Bilateral peripheral pulses were palpable and present. Unable to assess pedal pulses due to amputations. Difficult to assess capillary refill due to very pale nail beds.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds were clear with no crackles or wheezes heard. Respirations were regular but slightly labored when asked to take deep breaths.
GASTROINTESTINAL: **Diet at home: Regular** **Current Diet: Regular** **Is Client Tolerating Diet? Yes** **Height: 165.1 cm** **Weight: 76 kg** **Auscultation Bowel sounds: Normoactive** **Last BM: Last night (9-22-24)** **Palpation: Pain, Mass etc.:** **Inspection: normal** **Distention: none** **Incisions: none** **Scars: one scar from belly button down.** **Drains: None** **Wounds: None** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Light palpation was done, and no masses or lumps felt. When I attempted to do deep palpation in the right upper quadrant the patient felt pain and asked me to stop.

GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☒ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Patient states that she feels no pain, frequency, urgency, or burning when urinating. She also states that his urine is a pale yellow that is clear.
Intake (in mLs) 660 mLs **Output (in mLs) 500 mLs**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM: limited** **Supportive devices: wheelchair** **Strength: 3 level of strength** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 14** **Activity/Mobility Status: limited** **Activity Tolerance: limited** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	**Limited range of motion in bilateral lower extremities due to amputation on both legs. Legs were sensitive when palpated. Strong pushes and grips in upper extremities but weak pull strength.**
NEUROLOGICAL:	Arm strength was equal but unable to examine

MAEW: Y ☒ N☐ **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: A/O x4** **Mental Status:** **Speech: Clear sentences** **Sensory:** **LOC: Alert**	leg strength due to wounds and amputations.
PSYCHOSOCIAL/CULTURAL: **Coping method(s): religion** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Patient has her husband as company and states that he is frequently at the hospital. She uses religion as her main coping method. Client states that her husband is a pastor and that they are apostolic.

Discharge Planning

Discharge location: The client is pending acceptance at a nursing home that will do rehab and dialysis.

Home health needs: She needs daily skilled therapy to increase activity tolerance and further durable medical equipment training.

Equipment needs: She needs a wheelchair and will probably need some type of prosthetic for her below-the-knee amputation.

Follow-up plan: She will continue dialysis three times a week, Monday, Wednesday, and Friday.

Education needs: She must be educated on the importance of taking her medications at home after discharge. The notes on her chart stated that she does not comply with taking at-home medications.

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
At risk for peripheral neurovascular dysfunction related to being type two diabetic as evidenced by previous gangrene and amputation of toes and right leg (Phelps, 2023).	This nursing diagnosis was chosen because she already has history of neurovascular dysfunction. She is a type two diabetic and developed gangrene and cellulitis and did not get it checked out for over two weeks.	Patient will be able to feel and move each toe that is left in her left leg (Phelps, 2023).	1.Assess circulation every time her dressing is changed on her toes (Phelps, 2023). 2. Elevate the leg above the heart level to reduce the risk of edema (Phelps, 2023).	The patient will maintain circulation in her extremities and be able to move the remaining toes while she is in the hospital. I would make sure to check peripheral pulses to make sure there is still circulation and also remove any bandages covering her toes to make sure movement is still possible.
At risk for adult pressure injury related to limited mobility as evidenced by right below the knee amputation and use of wheelchair (Phelps, 2023).	Her limited mobility and being in the hospital for over 45 days puts her at risk for pressure ulcers. She will also spend three times a week in hemodialysis which could increase her risk if	The patient will develop no pressure ulcers.	1. Inspect the patient's skin every shift. 2. Reposition the client every two hours.	The patient's skin will remain intact with no pressure ulcers developed while she is in the hospital. I would evaluate by checking all bony prominences of the patient each shift to

	she isn't moving around. She also is a diabetic which increases her risk.			make sure no ulcers are developing.
Impaired urinary elimination related to urinary retention as evidenced by needing to get straight cathed multiple times (Phelps, 2023).	The patient already has kidney failure which affects her ability to urinate. She already has been straight cathed which shows she has impaired urinary elimination.	The patient will be able to empty their bladder on their own (Phelps, 2023).	1. Monitoring intake and output. 2. Use an indwelling catheter if necessary (Phelps, 2023).	The patient will empty their bladder at least once a day on their own for the remainder of their hospital stay. (Phelps, 2023). I would evaluate this goal by checking I&Os at the end of each shift.
Sedentary lifestyle related to impaired physical mobility evidenced by use of wheelchair (Phelps, 2023).	A combination of her amputation, needing dialysis, and being overweight are all factors that can contribute to leaving a sedentary lifestyle.	The patient will do some type of physical activity, range of motion exercise, or passive range of motion exercise for an hour each day.	1.Developing a behavior modification plan that fits the patient's physical condition to maximize physical activity (Phelps, 2023). 2. Identifying barriers and enhancers that will promote and increase physical activity (Phelps, 2023).	The patient will participate in range of motion or passive range of motion exercises once a day for an hour while she is in the hospital to promote some kind of physical activity. (Phelps, 2023). If I had time, I would go in there to do exercises with her during my shift or try to teach her how to perform them by herself.

Other References (APA)

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