N311 Care Plan 2

Lezlea Lowe

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Whisman

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Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
9/24/24	JB	64	Female
Race/Ethnicity White/Caucasian	**Occupation** Disability, retired CAN)	**Marital Status** Married	**Allergies** Tape (adhesive tape): rash Codeine: rash Chlorine: SOB Cephalexin: rash, hives Contrast (iodinated contrast) media: hives Cortisone: hives Iodine: itching Latex: rash Levofloxacin: hives Sodium hypochlorite: rash Sulfa antibiotics: rash
Code Status Full Code	**Height** 5’ 9’’ (175.3 cm)	**Weight** 291 lb 0.1 oz (132 kg)	

Medical History (5 Points)

Past Medical History: arthritis, cardiac murmur, COPD (chronic obstructive pulmonary disease), diabetes mellitus, DVT (deep vein thrombosis), gastroesophageal reflux disease, high cholesterol, pulmonary embolus, hypertension, neuropathy, peripheral arterial disease, pulmonary embolism, sleep apnea, ulcerative colitis, vitamin D deficiency

Past Surgical History: below-knee amputation, hysterectomy

Family History: Mother suffers from hypertension. Father suffers from coronary artery disease, hypertension, and stroke

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

Never smoked

Never used smokeless tobacco

Does not drink

No drug use

Admission Assessment

Chief Complaint (2 points): Right lower extremity wound with drainage

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

Patient came in with right toe infection. Infection has been present for about a week before coming in for treatment. Pt. states that the toe had a smell to it yesterday but now has no presenting smell. Yellow drainage, redness and swelling present on toe with drainage on pillow showing sign of infection. Toe padding is completely black showing signs of necrotic tissue. The patient states that she is not and has not experienced any pain in her toe. Pt. states not having prior treatments for her toe. She is going to have her toe amputated later today to help stop spread of infection.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Diabetic foot infection

Secondary Diagnosis (if applicable): None

Pathophysiology

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

Pathophysiology References (2) (APA):

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0741	71 BPM	146/86	16 RR	97.7 degrees	96%

		mmHg		**F**	

Pain Assessment, 1 set (5 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
709	**1-10**	**N/A**	**0**	**none**	**none**

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
400 mL IV NPO	**850 mL**

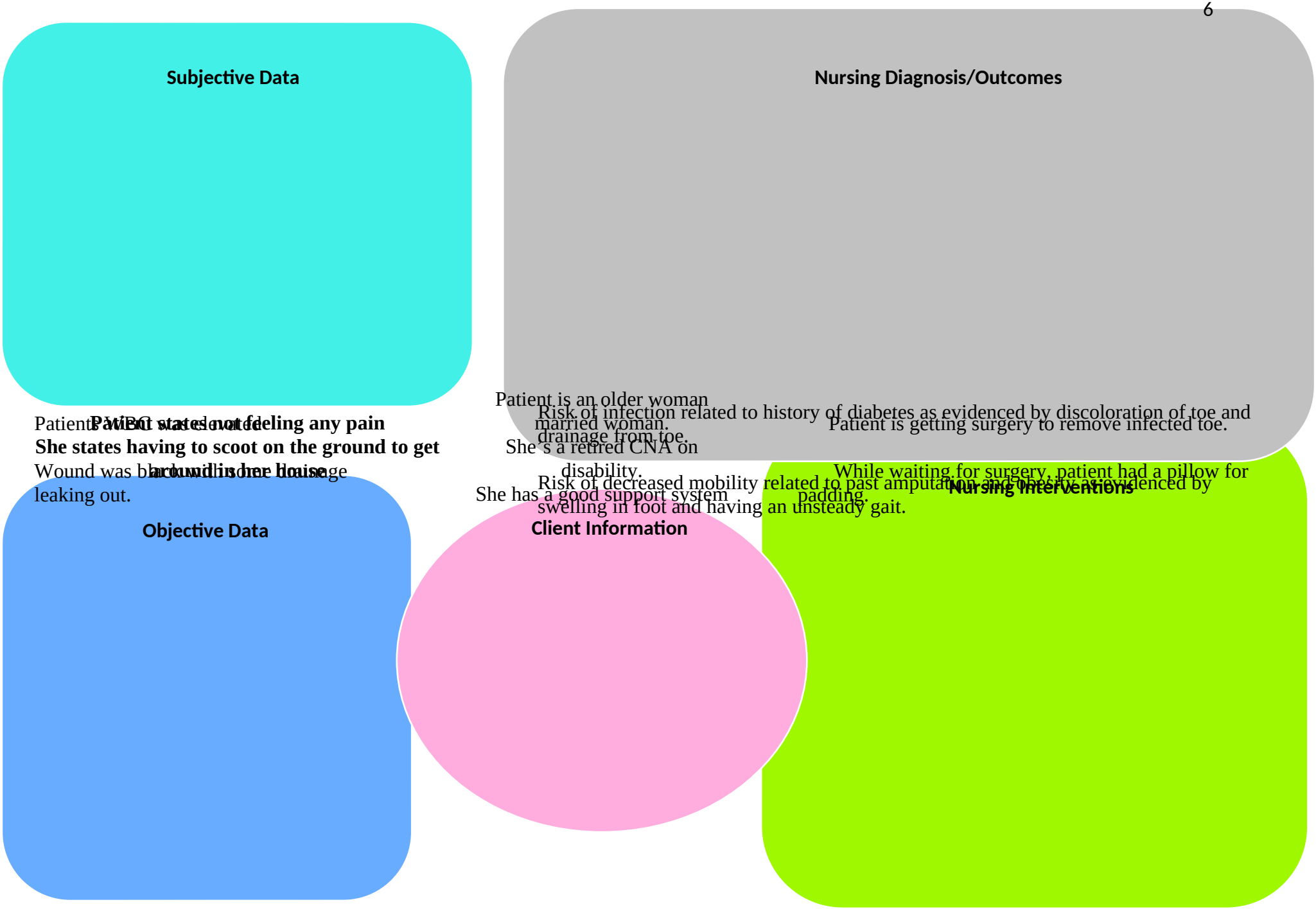
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk of infection related to history of diabetes as evidenced by discoloration and drainage from toe	**This diagnosis was chosen because the toe color was black and there was yellow drainage on the pillow.**	**1.Remove the toe via surgery** **2.Make sure the wound gets cleaned daily**	**1. Patients infection will not spread up the leg and the infection will be controlled when removed**	**Patient says that her and her family help to keep the wound clean, free from infection**

2. Risk for decreased mobility related to past amputation and obesity as evidenced by swelling in foot and having an unsteady gait	**This diagnosis was chosen because patient is not able to move around by herself and has to scoot around to get places in her house**	**1. Using a wheelchair to get around** **2.Making sure there are no tripping hazards in her environment**	**1. Make sure the patient has no falls and to decrease fall risk in her everyday life**	**The patient and her family agree to make changes so fall risk is decreased and/or no falls occur**

Other References (APA):

Concept Map (23 Points):


Subjective Data
Patient states not feeling any pain
She states having to scoot on the ground to get around in her house
Objective Data
Wound was bandaged with some drainage leaking out.
Client Information
Patient is an older woman
married woman.
She's a retired CNA on disability.
She has a good support system
Nursing Diagnosis/Outcomes
Risk of infection related to history of diabetes as evidenced by discoloration of toe and drainage from toe.
Patient is getting surgery to remove infected toe.
Risk of decreased mobility related to past amputation and obesity as evidenced by swelling in foot and having an unsteady gait.
Nursing Interventions
While waiting for surgery, patient had a pillow for padding.

Pathophysiology of Disease

Patients with diabetes are more prone to diabetic foot infections than those that do not have diabetes. Diabetic foot infections are more commonly found in elderly patients than those who are younger. Gender does not affect whether a patient will get this disease or not because both genders are prone to this disease equally if they have diabetes (Murphy-Lavoie, 2023). With this disease, morality risk is rare unless in an unusual circumstance. Patients who are diagnosed with "chronic osteomyelitis, acute necrotizing soft tissue infections, and those with additional underlying problems affecting the immune system" are at higher risk of mortality with this disease (Murphy-Lavoie, 2023). Diabetic foot infections can cause foot ulcers which then becomes a race against the clock to heal before it becomes infected. Patients with diabetes have a lowered ability to fight infection which can make healing more difficult than those who do not have diabetes. When patients with diabetes wear shoes that do not fit well, it can add to the damaging effects diabetes has. "The pathophysiology of diabetic ulcers involves metabolic causes, neuropathy, angiopathy, and changes in the immune system" (Yeungnam, 2023). When all of the mentioned above start communicating and interacting, diabetic foot infections start progressing and becoming an issue which can then lead to what is known as diabetic neuroarthropathy. Diabetes is dangerous to patients because it reduces the nerves' blood supply to the patient. It is important to understand the pathophysiology of diabetic foot infections so that patients can be helped and treated early on rather than waiting until it progresses and an infection forms. Knowing how to manage this disease can help nurses to help patients in their individualized care, improving their patients' health, helping to

prevent further harm and damage to the patient, and having fewer complications to deal with.

References:

Journal of Yeungnam Medical Science. (2023, October 5). ***The pathophysiology of diabetic foot: A narrative review*****. Journal of Yeungnam Medical Science. https://www.e-jyms.org/journal/view.php?number=2810**

Murphy-Lavoie, H. M. (2023, July 4). ***Diabetic foot infections*****. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK441914/**