N311 Care Plan 2

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N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 9/24/2024	Client Initials JB	Age 64	Gender Female
Race/Ethnicity White/non Hispanic	Occupation Disability/Retired CNA	Marital Status Married	Allergies Chlorine- SOB, hives Cephalexin-hives Contrast iodinated-hives Cortisone-hives Hydralazine- chest pain Iodine-itching Latex-rash Levofloxacin- hives Sodium hypochlorite-rash Sulfa Antibiotics-rash Tape/adhesive tape-rash Codeine- rash
Code Status Full	Height 5'9"	Weight 291.1 LBS	

Medical History (5 Points)

Past Medical History: Arthritis, cardiac murmur, COPD, Diabetes mellitus, DVT, Gastroesophageal reflex disease, high cholesterol, PE, hypertension, Neuropathy peripheral arterial disease, pulmonary embolism, sleep apnea, ulcerative colitis, vitamin D deficiency

Past Surgical History: Below knee amputation, hysterectomy

Family History: Mother and father both had hypertension, father also had coronary artery disease and a stroke

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): No history of tobacco, alcohol, or drugs

Admission Assessment

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

History of Present Illness – OLD CARTS (10 points): Patient states that the would started draining slowly about a week ago. Drainage is in the second toe of the right foot, patient states that since drainages has started it has not stopped. Toe is draining green/yellow slime, red/black skin condition, has an odor. Patient states that there are no aggravating or reliving factors associated with the toe/foot as they have zero feeling in the leg. Patient has not ever seeked treatment for this condition before but informed us that she is going to have it amputated later today.

Primary Diagnosis

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

Secondary Diagnosis (if applicable): None provided

Pathophysiology

Pathophysiology of the Disease, APA format (20 points): Many cases of osteomyelitis, a bone tissue infection, are linked to diabetes mellitus. Contiguous osteomyelitis is brought on by direct bacterial invasion through trauma or localized growth. Since diabetic foot ulcers can get infected, those with diabetic neuropathy are more likely to develop contiguous spread osteomyelitis. Peripheral vascular dysfunction may be the cause of osteomyelitis resulting from a localized infection. When diabetes affects the immune system, macrovascular and microvascular blood supply, and both, it is especially serious. As part of an inflammatory response, the invasive pathogen induces vascular swelling, edema, leukocyte accumulation, and exudate generation. When the inflammatory process begins, blood vessels thrombose, and exudate diffuses into the cortex. The cortex is

disrupted, which weakens the bone and increases the risk of pathological fracture. Chronic osteomyelitis can result from an infection that stays in the bone for several weeks or months. Necrotic bone has no living blood vessels and is breaking down. The avascular, anoxic necrotic bone is an ideal environment for bacteria, particularly anaerobic ones. Many types of bacteria, such as Clostridium, are ubiquitous in nature and prefer low oxygen conditions. These resilient, spore-forming bacteria emit toxins that cause neighboring tissue to break down and release gas. Clostridium perfringens is a widespread type of bacteria that secretes toxins, creates gas, and develops on necrotic tissue. Also, it results in gas gangrene. Gangrene requires amputation. (Capriotti, 2024) The signs and symptoms include changes in skin temperature, open wounds on the foot that drain or heal slowly, changes in skin tone, ingrown toenails or fungal infections in toenails, and unusual or recurring foot odor.

Pathophysiology References (2) (APA): Capriotti, T. (2024). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.

Seed, S. (2024, August 1). *Diabetic foot problems: Symptoms, treatment, and care*. WebMD. https://www.webmd.com/diabetes/foot-problems

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0741	71	149/86	16	97.7	96

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0709	**0-10 word**	**NONE**	**0**	**NONE**	**NONE**

Patient states that they have zero pain because they have no feeling in the extremity.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
400 IV intake patient is NPO	**850mL**

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 for falls related to impaired mobility as evidence by	**I chose this nursing diagnosis because patient is not able to get up and move freely on**	**1. Patient and family identify and eliminate safety hazards in their surroundings**	**1. patient will not have any falls due to hazards around the house/room.**	**Patient was able to move any hazards to the there mobility to reduce the risk of falls, and get used to her new envirnmnet**

below the knee amputation	**their own.**	**2. improve environmental safety, Orient patient to environment.**		
2. Patient is at risk for infection related to diabetes mellitus as evidence by already having an infection due to decreased feeling in the lower limb	**I decided on this diagnosis because patient is at risk for infection due to not being able to feel the wound and already getting an infection.**	**1. Patient will receive teaching on how to clean a wound and what signs to look for.** **2. Patient will be able to properly take care of the foot with corrective items**	**1. patient will not get, and infection related to not having hygiene knowledge.**	**Client states that they will try there best to no receive an infection.**

Other References (APA): Phelps, L. L. (n.d.). *Nursing Diagnosis Reference Manual, Twelfth Edition*. VitalSource Bookshelf Online.

https://wolterskluwer.vitalsource.com/reader/books/9781975201609/epubcfi/6/34[%3Bvnd.vst.idref%3Da16_chapter09]!/4/636/4/4/6[page_364]/1:0[%2Cp.%20

Concept Map (23 Points):

Subjective Data

Patient states that she has trouble walking due to her condition, she states that she scoots around on the floor

Objective Data

Client is an older woman who is married, and has a support system. She also has 3 dogs at home who she loves very much. She has receinced an infection do to the lack of knowledge to be able to keep her wounds clean do to no feeling her in legs

Client Information

Nursing Diagnosis/Outcomes

Risk for falls related to impaired mobility as evidence by below the knee amputation/ **patient will not have any falls due to hazards around the house/room.**

Patient and family identify and eliminate safety hazards in their surroundings

2.

improve environmental safety, Orient patient to environment.

Patient is at risk for infection related to diabetes mellitus as evidence by already having an infection due to decreased feeling in the lower limb. / **infection related to not having hygiene knowledge.**

Patient will receive teaching on how to clean a wound and what signs to look for.

2.

Patient will be able to properly take care of the foot with corrective items

Nursing Interventions

Patient will not get, and