

N311 Care Plan 2

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N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 09-23-2024	Client Initials DR	Age 56	Gender Female
Race/Ethnicity Caucasian	Occupation Social Worker	Marital Status Single	Allergies Lisinopril
Code Status Full Code	Height 5'6" (167.7 cm)	Weight 230 lbs (104.3 kg)	

Medical History (5 Points)

Past Medical History: Depression, Hyperlipidemia, Hypertension, Obstructive Sleep Apnea (OSA)

Past Surgical History: Refractive Eye Surgery (Bilateral), Eye Muscle Surgery (Right eye)

Family History: *Paternal:* Hypertension, Obstructive Sleep Apnea. *Maternal:* no known problems - electronic health record does not mention anything.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient denies smoking, drinks rarely on special occasions. Lives alone in a single family home in Savoy, IL, and works as a Social Worker at an extended care facility.

Admission Assessment

Chief Complaint (2 points): Abdominal pain

History of Present Illness – OLD CARTS (10 points): Patient presented to the ED on 09/22 complaining of lower abdominal pain. Upon talking to the patient, she stated she was traveling in Florida and thought she ate something that upset her stomach, with the pain starting on 09/14. They completed a CT of the abdomen which was negative, so the team sent her home. Patient returned the following day on 09/23 complaining of worsening pain and loose stools. A subsequent CT of the Abdomen & Pelvis with contrast was performed, which showed diverticulitis with perforation and a possible abscess. Her pain is relieved with pain medication.

No other related symptoms, alleviating or aggravating factors noted in the chart. The team consulted surgery, which saw the patient on 09/24.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Diverticulitis with perforation and abscess

Secondary Diagnosis (if applicable): No secondary diagnosis noted on electronic health record

Pathophysiology

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

Diverticular disease (diverticulitis) is a condition where small pouches (diverticula) form in the wall of the colon and can become inflamed or infected. According to Strate & Morris (2019), diverticulitis can result from a dietary fiber deficiency. This deficiency in fiber results in small-caliber stools, increased intra-colonic pressures, and herniation of the colonic mucosa. Studies have shown that around 12% of patients develop complications, with phlegmon or abscess as the most common (Strate & Morris, 2018).

The bowel musculature is lined with blood vessels and when there is weakness present along the colonic musculature, branches of blood vessels may enter the colonic wall creating protruding diverticula pockets. When intestinal contents are unable to be cleared from the diverticula, obstruction and irritation leads to diverticulitis. Chronic diverticula can result in abscess formation, where bacteria grow and require treatment either through oral antibiotics or surgical intervention. Symptoms of an abscess caused by diverticulitis can present as changes in bowel habits (constipation, diarrhea, etc), left lower quadrant abdominal pain, fever, and nausea (Capriotti, 2024).

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Davis Advantage for Pathophysiology* (3rd ed.). F. A. Davis Company.

<https://fadavisreader.vitalsource.com/books/9781719650533>

Strate, L. L., & Morris, A. M. (2019). Epidemiology, Pathophysiology, and Treatment of Diverticulitis. *Gastroenterology*, *156*(5), 1282–1298.e1.

<https://doi.org/10.1053/j.gastro.2018.12.033>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0745	74	137/63	17	98.2	96% on RA

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0830	Word (0-10)	Left Abdomen near incision	4	Incisional site/Grabbing pain	Acetaminophen given, Pillow support, quiet environment, relaxation techniques

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1200 mL total 1000 mL NS bolus, 200 mL water by mouth documented in EHR	4 occurrences of urine output, 3 occurrences of loose stool documented in EHR in 24 hour period

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation <ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? <ul style="list-style-type: none"> • Client response, status of goals and outcomes, modifications to plan.
1. Pain related to surgical incision as evidenced by reported pain rating of 4/10 and facial grimacing.	Chosen because abdominal pain was the reason she chose to seek care, and is important to monitor post surgery.	1. Assess pain using the 0-10 Word pain scale. 2. Administer prescribed pain medication and reassess for effectiveness.	1. Patient will report a decrease in pain level over the course of 12 hours.	Patient’s pain decreased after pain medication was administered.
2. Risk of fluid volume deficit related to diarrhea as evidenced by dark colored urine.	Chosen given the frequency of loose stools and administration of IV fluids inpatient.	1. Monitor frequency of output and measure in mL of urine and stool. 2. Regularly assess vital signs and monitor for signs of dehydration.	1. Patient will maintain adequate hydration status, evidenced by stable vital signs, clear yellow urine, and normal lab values.	After receiving a bolus of fluids, the patient’s vital signs were stable, showing no signs of fluid volume deficit.

Other References (APA):

Concept Map (23 Points)

Subjective Data

Patient complains of left lower quadrant abdominal pain and diarrhea.

Pain stated 7/10 on the word scale in the ER, and 4/10 on inpatient floor

Nursing Diagnosis/Outcomes

1. Pain related to surgical incision as evidenced by reported pain rating of 4/10 and facial grimacing.
2. Risk of fluid volume deficit related to diarrhea as evidenced by dark colored urine.

Objective Data

CT A&P with contrast shows diverticula with abscess

Tenderness with palpation to abdominal wall

Frequent loose stools, unmeasured in EHR

Client Information

Patient initials D.R., 56 year old single caucasian female, social worker, full code status, allergy to Lisinopril

Ht: 167.6 cm

Wt. 104.3 kg

Nursing Interventions

Assess pain using the Word 0-10 pain scale

Administered prescribed pain medication

Monitor frequency and measure output of loose stool and urine

Regularly assess vital signs and look for signs of dehydration

