

N311 Care Plan 1

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 09/18/2024	Client Initials R.W.	Age 75 y/o	Gender M
Race/Ethnicity Not Hispanic / White	Occupation Retired	Marital Status Divorced	Allergies Morphine
Code Status No CPR - Select	Height 5'1"	Weight 67.6kg (149lbs)	

Medical History (5 Points)

Past Medical History: Patient has a past medical history of heart disease and Hyperlipemia.

Past Surgical History: Patient's surgical history includes Kidney Transplant and Cardiac Surgery.

Family History: Patient's family history includes heart disease in his mother and kidney disease in his father.

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

Patient denies the use of drugs and/or smoking. Patient also denies the use of alcohol products.

Admission Assessment

Chief Complaint (2 points): Patient presented to the emergency department with a fever.

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

Patient has had a reoccurring UTI that started around 9/14/2024. Location is all over the patient's body. Not localized to one area. Patient also presented with general malaise and fever. Due to mild confusion, the specific location was difficult to determine. Patients' symptoms have been going on for about a week and a half. Patient was admitted to the hospital four days prior to admission for another UTI. He noted that the pain is dull, aching and persistent. Alleviating factors for the patient were unable to be determined due to patient's mild confusion. Patients also presents with other symptoms such as fever, malaise, and radiating leg pain. This patient was brought into the emergency department on 9/14 and treated with antibiotics a week prior. Patient rates pain as 5 out of 10.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): UTI that is reoccurring and persistent.

Secondary Diagnosis (if applicable): N/A

Pathophysiology

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

Urinary Tract Infections (UTI's) are a very common bacterial infection in patients of all ages and genders. Women are more likely to develop a UTI because of their biological difference from men. There are several different bacteria that can cause urinary tract infections, and no two of them are the same. Common signs and symptoms that may present with a UTI include painful urination, unpleasant urine odor, cloudy or bloody urine and even nausea. In older adults, however, UTI's can be more dangerous in older adults, causing other symptoms such as confusion and fever. There are multiple different diagnostic tests that can be done to diagnose a UTI, these include urinalysis, ultrasounds, and CT scans. These can give a more clear picture of what is happening within the urinary system and what types of treatment would be best recommended.

Escherichia coli (E. coli) is the bacteria main bacteria responsible for causing UTI's. E. Coli is considered a gram-negative bacterium, because of its color and possible resistance to certain antibiotics. E. Coli is already present in the human body, remaining in the gastrointestinal tract but humans can develop an overgrowth of the bacteria from wiping improperly after using the restroom, drinking contaminated liquids or eating contaminated foods. Some other gram negative bacteria that could be responsible for causing a UTI includes Klebsiella pneumoniae, Proteus mirabilis and Pseudomonas aeruginosa (Walsh & Collyns, 2020).

Gram-positive bacteria tend to have a thicker cell wall than gram-negative, and some of these may also help to cause UTI's. Staphylococci is one species of bacteria that can cause UTI's, and it can be divided up into three separate categories, however there are two that are the

most common: Staphylococcus aureus and staphylococcus saprophyticus. Staphylococcus saprophyticus is the second most common cause of UTI's, right behind E. Coli and infects young, sexually active women, but rarely effects men and older women. The other Staphylococcus species is Staphylococcus epidermidis and will generally infect patients in the hospital with an indwelling catheter. This species of Staphylococcus can attach to foreign items, such as a urinary catheter and form a biofilm that causes infection (Walsh & Collyns, 2020).

Pathophysiology References (2) (APA):

Walsh, C., & Collyns, T. (2020, March 6). *Pathophysiology of urinary tract infections*.

ELSEVIER. https://www.sciencedirect.com/science/article/pii/S0263931920300235?casa_token=yUlkP7OMf2QAAAAA:SGwqfP0e2np6-yRwt0Oo4mP4T7GG-hY7hYhdw6zSqMbyK6UOHOQAUIlxUw0H8cBPeguwYxc506o

Capriotti, T. (2024). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (3rd ed.). F.A. Davis Company.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1500	75bpm	135/40	18	97.7F	93%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions

1735	0-10	Throat and Stomach	5/10	Stabbing and Throbbing, pain when breathing	Nurse will be notified of pain and give medication, if needed.
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