N311 Care Plan 2

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N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
09/27/2024	S.C.	66	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Meijer Greeter	Married	Lorazepam, Sulfa antibiotics, Cyclobenzaprine
Code Status	**Height**	**Weight**	
Full	5.5”	75.8 kg (167lb 1.6 oz)	

Medical History (5 Points)

Past Medical History: lesion of ulnar nerve, peripheral vascular disease, seizures, vitreous hemorrhage of right eye, arthritis, binocular vision defect, depression, diabetes mellitus, diabetic gastroparalysis, diabetic neuropathy, diplopia, degenerative joint disease, hyperlipidemia, hypertropia of right eye, hypothyroidism, kidney disease

Past Surgical History: right hip arthroplasty, injury Dupuytren cord with enzyme (left), left toe amputation, c-section, hc64718 pro neuroplasty, right carpal tunnel release, gallbladder surgery, colonoscopy, upper gastrointestinal endoscopy, left shoulder surgery, bilateral foot surgery, tibia fracture surgery

Family History: breast cancer in niece and sister, cancer in father and sister, dementia in mother, diabetes in sister, lung cancer in brother and father

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Never smoked, never used smokeless tobacco, does not drink, does not use drugs

Admission Assessment

Chief Complaint (2 points):urinary tract infection

History of Present Illness – OLD CARTS (10 points): Patient reports noticing the onset of symptoms of urgency and frequency pertaining to urination, dysuria, and flank pain on 9/25. The pain while urinating was described as “burning”, while the flank pain was described as “dull”. Symptoms continued to worsen and were joined by tachycardia and a feeling of general malaise. A chest x-ray revealed mild pulmonary congestion, which was a new finding. Changing position and over the counter pain medications provided relief of symptoms for the patient (and continue to do so), while exertion made them worse.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): urinary tract infection

Secondary Diagnosis (if applicable): leukocytosis, sepsis

Pathophysiology

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

The urinary tract, often referred to as the urinary system, consists of the kidneys, ureters, urethra, and bladder (Mayo Clinic, 2022). The kidneys and ureters make up the upper urinary tract, while the urethra and bladder make up the lower urinary tract (Mayo Clinic, 2022). Lower urinary tract infections are far more common, but upper urinary tract infections are much more serious. A lower urinary tract infection occurs when bacteria is introduced to the urinary tract through the urethra and spreads to the bladder (Mayo Clinic, 2022). The most common bacteria found to cause lower urinary tract infections is *Escherichia coli*, but *Proteus, Pseudomonas, Streptococci, Enterococci, Staphylococcus epidermidis, S. saprophyticus,* and *Klebsiella* are frequent culprits as well (Capriotti, 2020). Common symptoms of lower urinary tract infections include feelings of frequency and urgency pertaining to urination, burning while urinating, and

hematuria in intense cases. Lower urinary tract infections are treated with antibiotics, although certain bacteria are building an immunity to these treatments. If lower urinary tract infections are left untreated the bacteria can ascend the ureter entering the kidney causing an infection of the renal pelvis referred to as pyelonephritis (Capriotti, 2020).

Women's anatomy leaves them much more susceptible to lower urinary tract infections because of the proximity of the female urethra to the rectum; but poor hygiene, heavily fragranced bath products, and restrictive clothing increase vulnerability as well (Capriotti, 2020). One of the most reliable ways to prevent a urinary tract infection is to stay hydrated and urinate frequently to keep the movement of bacteria being expelled from the body by the urinary system flowing, because stagnant urine is one of the best breeding grounds for bacteria and any blockage of the outflow of urine will lower the bladder's defenses against infection (Capriotti, 2020).

Urinary tract infections are most often diagnosed by analyzing urine in a lab to identify high levels of pathogenic bacteria, white blood cells, and red blood cells (Mayo Clinic, 2022). A urine culture and sensitivity test is often obtained to tell a provider what bacteria are present, and aide them in identifying the proper antibiotics to prescribe to the patient to help them over come the infection (Pagna, 2023).

Pathophysiology References (2) (APA):

References:

Capriotti, T. (2020). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* F.A. Davis.

Mayo Clinic Staff. (2022, September 14th). *Urinary Tract Infection (UTI).* *https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/diagnosis-treatment/drc-20353453*

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2023). *Mosby's Diagnostic & Laboratory Test Reference.* Elsevier.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1530	80 B/P/M	134/38 mmHg	21 B/P/M	97.9 ℉	97% Room Air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1510	1-10	Urethra Flank	8-9	Urethra – burning	Positioning Pain

				Flank - dull	medications Antibiotics

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
9/30 360 ml of drink PO 1000 ml of saline per Iv infusion	9/30 600 ml of urine

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 urge urinary incontinence as evidenced by the patient experiencing an increase in urgency to void.	Patient is experiencing urgency and frequency of urination while also moving slower due to pain and weakness.	**1.** Administer pain medications and monitor effectiveness to reduce pain when urinating to encourage patient to void. 2.Reduce obstacles	**1**. Patient will not be fearful of pain when feeling the urgent need to urinate, increasing fluid intake and output, by this evening.	Patient was grateful to feel relief from burning while urinating.

		between the patient and the bathroom to reduce risk of falls, increase independence, and increase mobility.		
2. Risk for increased infection as evidenced by the patient's elevated white blood cell count, reduced mobility, and inability to independently perform acts of daily hygiene.	Increased risk of incontinence and reduced mobility place patient at a greater risk for skin breakdown and poor hygiene.	**1.** Encourage patient to increase fluid intake to reduce stagnant urine in the bladder and increase voiding of pathogens. 2. Culture urine and monitor white blood cell count to be aware of elevations or depressions in the patient's risk for infection.	**1.** Patient's lab results will show a decrease in elevated white blood cells and presence of pathogens due to more frequent voiding by the end of the day tomorrow.	Patient showed less signs of fatigue and malaise with an increase in independence when performing activities of daily living.

Other References (APA):

Phelps, L.L. (2023) *Nursing Diagnosis Reference Manual.* Wolters Kluwer.

Concept Map (23 Points):

Subjective Data

The patient's chief complaint was a UTI, they presented with symptoms of a dull flank pain, burning with urination, frequency and urgency

Objective Data

Pulse: 80 B/P/M
Blood Pressure: 134/38mmHg
Respiratory Rate: 21 B/P/M
Temperature: 97.9 ℉
Oxygen: 97% Room Air
Greater than 100,000 CFU/ml *Escherichia Coli*
WBC: 2.75
WBC Esterase: 3+
WBC (urine): packed
RBC: 21-20
Protein (random): 3+
Urine BBC's: 6-10
Urine Ketones: trace
Urine Color: dark yellow
Urine Clarity: Turbid
Ampicillin Resistant

Patient is a 66-year-old female who complains of flank pain, dysuria, frequency and urgency. Admitted to hospital for a UTI.

Client Information

Initials: SB.
DOA: 09/27/2024
Gender: Female
Race: Caucasian
Marital Status: Married
Code Status: Full
Height: 5'5
Weight: 75.8 kg

Nursing Diagnosis/Outcomes

Risk of urge urinary incontinence as evidenced by the patient experiencing an increase in the urgency to void.

Risk for infection as evidenced by patient's elevated white blood cell count, reduced mobility, and inability to independently provide adequate daily hygiene.

Nursing Interventions

Administer pain medications and monitor effectiveness to relieve pain while urinating.
Remove all obstacles between the bed and the bathroom to reduce risks of falls and allow patient to make it to the toilet in a timely manner.
Encourage patient to increase fluid intake to reduce stagnant urine being held in the bladder.
Culture urine to identify pathogens present.
Monitor white blood cell count and report elevations immediately.
Promote patient independence with performing daily hygiene tasks but aiding when necessary to ensure proper hygiene is achieved.