

N311 Care Plan 2

Taylor Lowe

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Linda Scribner

October 6, 2024

Demographics (5 points)

Date of Admission October 1, 2024	Client Initials RA	Age 63	Gender Female
Race/Ethnicity White	Occupation Disability but used to be a community service worker	Marital Status Single	Allergies -Azithromycin -Lamotrigine -Adhesive Tapes (silicones) -Bactrim (sulfamethoxazole-trimethoprim) -Definity (perflutren lipid trimethoprim) Vancomycin -Iodinated Contrast Media
Code Status Attempt CPR/Full treatment	Height 162.6 cm (5'4)	Weight 226.8 kg (500 lbs.)	

Medical History (5 Points)

Past Medical History: Affective disorder. Anxiety disorder. Asthenia. Asthma. Back pain.

Bipolar disorder. Bundle branch block, right. Cyst of left kidney. Cystitis follicularis.

Depression. Diabetes mellitus. Fatty liver. Hypertension. Hypercholesteremia. Hypertrophy of salivary gland. Hypothyroid. Morbid obesity. Murmur. Pain of right breast. Sleep apnea syndrome. Unsteadiness. Urinary incontinence. Uterine cancer. Glaucoma.

Past Surgical History: Dilation and Curettage, hysteroscopy. Hysterectomy. Median nerve neuroplasty. PR appendectomy. Ureter stent placement. Skin cancer excision. Ureteral stone surgery. Wisdom tooth extraction.

Family History: Father had cancer, heart problems, and epilepsy. Maternal grandmother had cancer. Paternal grandfather and paternal grandmother had heart issues.

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

Patient was a former smoker that quit in 2008 who used to smoke half a pack a day. Patient does not drink with the exception of “maybe 2 drinks of wine or liquor per year.” Patient did smoke marijuana about 25-30 years ago. Even then, patient reported it was less than six times throughout that period.

Admission Assessment

Chief Complaint (2 points): Polyuria, dysuria, and bowel incontinence

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

Patient was admitted to the Emergency Room after her primary doctor sent her because of the issues she was having in her follow up appointment. Patient stated that “she was surprised to find out that she had a UTI.” She did say that she has been excessively peeing for about a year now. If her sugar is low, it helps her to not urinate as much. If her blood sugar is too high, she finds herself urinating a lot. Patient has also been having bowel incontinence issues. She said that normally she will feel the urge to go. However, this past week, she has been feeling a slight urge but unbeknownst to her, she has not been able to make it to the toilet. She stated that “she will walk to the bathroom and poop just keeps dropping on the ground.” She said that raw vegetables give her diarrhea the most, and that not eating vegetables, makes it better. She also said that eating carbs, like bread, does help her stool not to be so watery, which in turn raises her sugar and then she urinates more. These factors intertwined make up her aggravating, relieving, and treatment all at the same time. For further treatment, she was put on antibiotics.

Primary Diagnosis**Primary Diagnosis on Admission (3 points):** Pyuria**Secondary Diagnosis (if applicable):** N/A

Pathophysiology: Pyuria

Pyuria is a term that simply means that there are white blood cells, specifically neutrophils, in the urine. Water, electrolytes, and urea are the main components of urine (Capriotti, 2024, pg. 565). When white blood cells are in the urine, that is often an indicator of a urinary tract infection (UTI).

Urinary tract infections affect women primarily because of how close the rectum is in comparison to the urethra. The bacteria have easy access to the urinary system. It is very surprising that bacteria are even able to colonize in the urinary tract because of the body's natural line of defense. First, the urine itself is able to kill off the bacteria. Second, immunoglobulin A, which is secreted by the white blood cells, decreases the bacteria's ability to attach to the bladder wall. However, the bacteria are able to proliferate in the tract, not because of the lack of defense of the body, but because of the natural abilities of the bacteria. Some of the bacteria have resistant outer coverings that the urine is not able to destroy. Some even secrete urease, which diminishes the effect of the acid in the urine (Capriotti, 2024, pg. 567).

Unfortunately, once the bacteria are able to make it past the body's defenses and begin to colonize, painful signs and symptoms are bound to follow. Some common signs and symptoms are that people frequently urinate, pain or burning sensation when urinating, having the urge to go suddenly, and some will even have blood in their urine. Also, during the infection, the bladder truly never empties, which is why so many people will constantly feel like they need to go, but either get very little or no urine to come out (Capriotti, 2024, pg. 568).

To diagnose this condition, a urinalysis and urine culture are done. An analysis of the urine tests to see if there are any red or white blood cells in it. The culture tells the doctor what the bacteria is and what type of antibiotics will be the most beneficial for the patient. If some

people get chronic urinary tract infections, doctors may decide to run scans on the anatomy or use a scope to look inside the tract (Mayo Clinic, 2022).

References

Capriotti, Theresa. (2024). *Pathophysiology introductory concepts and clinical perspectives*.

Suzanne Toppo.

Mayo Clinic. (2022, September 14). *Urinary tract infection (UTI)*.

<https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/diagnosis-treatment/drc-20353453>.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0758	61 bpm	166/74	18	36.4 °C	91%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:50	Number chart	Back and chest	Rated a four but now a two	Pain on spine that travels upwards to chest where it leaves pressure. It makes her heart feel fluttery. This only lasts about 30 seconds	Tylenol

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
680 mL of coffee, water, and diet starry	<p>Patient said she “peed about two or three times today.”</p> <p>Patient stated that she was super gassy this morning but by the third time on the toilet, she had a bowel movement.</p>

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. Impaired urinary elimination related to pyuria as evidenced by urinary incontinence and dysuria.	This diagnosis was picked because she is at risk for confusion and cognitive dysfunction (374).	<ol style="list-style-type: none"> 1. Develop better hygiene to actually clean her vulva and anus. 2. Take the prescribed medicine. 	1. Patient will understand instructions and will keep a clean regime of their self from here on out.	1. Patient took the education well. She admitted that she does need to buy the stool aid brush. She plans on buying one. She also noted that she is good about taking her antibiotics when administered to her.
2. Impaired bowel incontinence related to inadequate dietary habits as evidenced by not making it to the bathroom.	This diagnosis was picked because she is at risk for becoming dehydrated.	1. The patient should develop a regular bowel routine. After eating or drinking, she should wait a set amount of time and then go sit on the toilet, even if she does not feel that she has to go (65).	1. Patient will be able to incorporate toileting time where there are one or zero stool accidents before she leaves the hospital.	1. Patient thought the regular bowel development was a great idea. She was appreciative that I gave her that suggestion. She seemed indifferent when I mentioned the food journal of foods that upset

		2. Understand the foods that are contributing to the diarrhea (65).		her GI.
--	--	--	--	---------

Subjective Data

Nursing Diagnosis/Outcomes

- **Chief Complaint:** polyuria, dysuria, and bowel incontinence
- **Signs and Symptoms:** excessive urination and uncontrollable bowel movements
- **Urinalysis:** showed WBC's
- **Relieving/aggravating/treatment:** Was on antibiotics. Eating carbs helps her stool to become more formed but this raises her sugar and makes her urinate frequently. If she does not eat carbs, her stool is watery
- **Started antibiotics**

Objective Data

Urinary

- Admitted: 10/1/24
- Initials: R/S
- Age: 63
- Gender: Female
- Ethnicity: White
- Occupation: Disabled
- Marital status: Single
- ICD-10 code: Full code
- Height: 174 cm
- Weight: 500 lbs.

Client Information

- Allergies: None
- Medications: Lamotrigine, Bacrimin, Definity, Vancomycin

Urinary

1. **Diagnosis:** Impaired urinary elimination related to pyuria as evidenced by development of better hygiene to clean actual perineum.

1. **Outcome:** Patient will understand instructions and will keep a clean perineum of their self from here on out.

Stool

Diagnostics: Impaired bowel continence

1. **Outcome:** Patient will be able to incorporate toileting time where there are one or zero stool accidents before she leaves the hospital.

Nursing Interventions

- The patient should develop a regular bowel routine after eating or drinking, she should wait a set amount of time and then go sit on the toilet, even if she does not have a stool.
- Understand the foods that are contributing to her diarrhea.



