N311 Care Plan 2

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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Demographics

Date of Admission 10/1/2024	Client Initials JW	Age 72	Gender Male
Race/Ethnicity White	Occupation Retired	Marital Status Married	Allergies Butorphanol- hallucinations and shortness of breath Daptomycin- unknown Tigecycline- anxiety
Code Status Full Code	Height 195.6 cm	Weight 111 kg	

Medical History

Past Medical History: Diabetes Mellitus type 2 4/24/2012, Stage 3 chronic kidney disease 10/31/2018, Coronary Artery Disease involving bypass graft of native heart without angina pectoris 12/06/2018, Hypertension 8/8/2020, Hyperkalemia 8/8/2020, Hyperlipidemia 8/8/2020, Myocardial Infarction 10/31/2018, Prostate Cancer 1999.

Past Surgical History: Non-ST elevation (NSTEMI) Myocardial Infarction 10/31/2018, Cardiac Catheterization 11/2022, Amputation of 5th metatarsal on the right foot, rectourethral fistula s/p salvage prostatectomy with ileal vasectomy and omental patching with urostomy and colostomy (date unknown.)

Family History: Diabetes Mellitus- mother, Retinal Detachment- daughter.

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

Former cigarette smoker- quit 11/09/1983

Admission Assessment

Chief Complaint (2 points): Abdominal pain

History of Present Illness: JW was brought into the emergency department via ambulance on 10/1/2024 for abdominal pain and nausea. JW stated “he had been having pain since earlier that morning and it had continued throughout the entire day.” He was unable to describe his pain and nausea to medical professionals. JW also reported there was notable decrease in output in one of his ostomy bags, however, it was unclear which ostomy he was referring to, as he has a colostomy and urostomy bag. He did state he feels “distended”, which appears to be more correlated to the colostomy bag.

Primary Diagnosis

Primary Diagnosis on Admission: Acute Cystitis with Hematuria

Secondary Diagnosis: Wound on anterior lateral eminence of sole on left foot

Pathophysiology

Acute cystitis with hematuria is broken down to a quick onset urinary tract infection (UTI) of the bladder with blood in the urine. Cystitis is the most common type of UTI and occurs when a certain bacterium manages to enter the urinary tract, most commonly through the urethra. Cappriotti stated the following:

> A healthy urinary tract is sterile, and bacterial flora are normally confined to the urethral opening…. The most common bacterium to cause a UTI is *Escherichia coli* which originates from the bowel, but there are many that can invade the urinary tract…. When host defenses are overcome, urine can act as a medium for bacterial growth. Uropathogenic bacteria can adhere, proliferate, and resist host defenses when in the bladder. The bacteria frequently have resistant outer capsules that can resist the acid in

the urine and can also secrete hemolysins and cytotoxic necrotizing factor, which can enhance their migration up to the bladder." (pg. 567).

These bacteria can quickly overtake the lower urinary tract. Captiotti goes on to explain how the bacteria release an enzyme raising the Ph to a more basic level which allows for the bacteria to grow further and provides the perfect breeding ground for overgrowth, allowing bacteria to migrate from the urethra to the bladder and eventually into the kidneys. A UTI infection becomes much more serious when it reaches the kidneys, which can lead to permanent damage if left untreated. (p. 567).

There are many symptoms of UTI. According to the Center for Disease Control (CDC) (2024), the most common symptoms include pain or burning while urinating, frequent urination, feeling the need to urinate despite having an empty bladder, bloody urine, pressure or cramping in the groin or lower abdomen, fever, chills, lower back pain or pain in the side of your back, and nausea or vomiting. Another very common symptom of a UTI is the sudden urge to urinate with the inability to hold it in resulting in an episode of incontinence. This symptom accompanied with the pain are early indicators for a lot of people that they have a UTI.

The National Institute of Health (NIH) (2024) explained a health care professional will do a medical history, physical examination, and likely order tests. A urinalysis test checks for white blood cells and nitrites which show infection and blood in the urine. A urine culture will identify the type of bacteria present, and this will determine which antibiotics are needed to fight these bacteria based on a culture and sensitivity test. They may also order blood tests, imaging or other tests depending on the location, cause, and severity of the infection, but these are far less common.

According to NIH (2024) there are many risk factors associated with UTI development including being a female, sexual activity, menopause, certain types of birth control, previous history of UTI, having difficulty emptying your bladder completely, urinary catheters, having a urinary blockage like a kidney stone or enlarged prostate, abnormalities in the urinary tract, diabetes, or problems with your immune system.

Pathophysiology References:

Capriotti, T. (2024). Davis Advantage for Pathophysiology (3rd ed.). F. A. Davis Company. https://fadavisreader.vitalsource.com/books/9781719650533

Centers for Disease Control and Prevention. (2024 January). *Urinary tract infection basics*. Centers for Disease Control and Prevention. https://www.cdc.gov/uti/about/index.html

U.S. Department of Health and Human Services. (2024 April). *Bladder infection (urinary tract infection-UTI) in adults - niddk*. National Institute of Diabetes and Digestive and Kidney Diseases. https://www.niddk.nih.gov/health-information/urologic-diseases/bladder-infection-uti-in-adults

Vital Signs

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:36	**74**	**114/59**	**20**	**36.7 C**	**93% on 3 L nasal canula**

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
7:36 a.m.	**Numeric**	**Throat**	**1 on a 1/10 scale**	**Dry, Sore, Scratchy**	**Humidity applied to nasal canula**

Intake and Output

Intake (in mL)	**Output (in mL)**
There was no input recorded at the time we left	**270 mL**

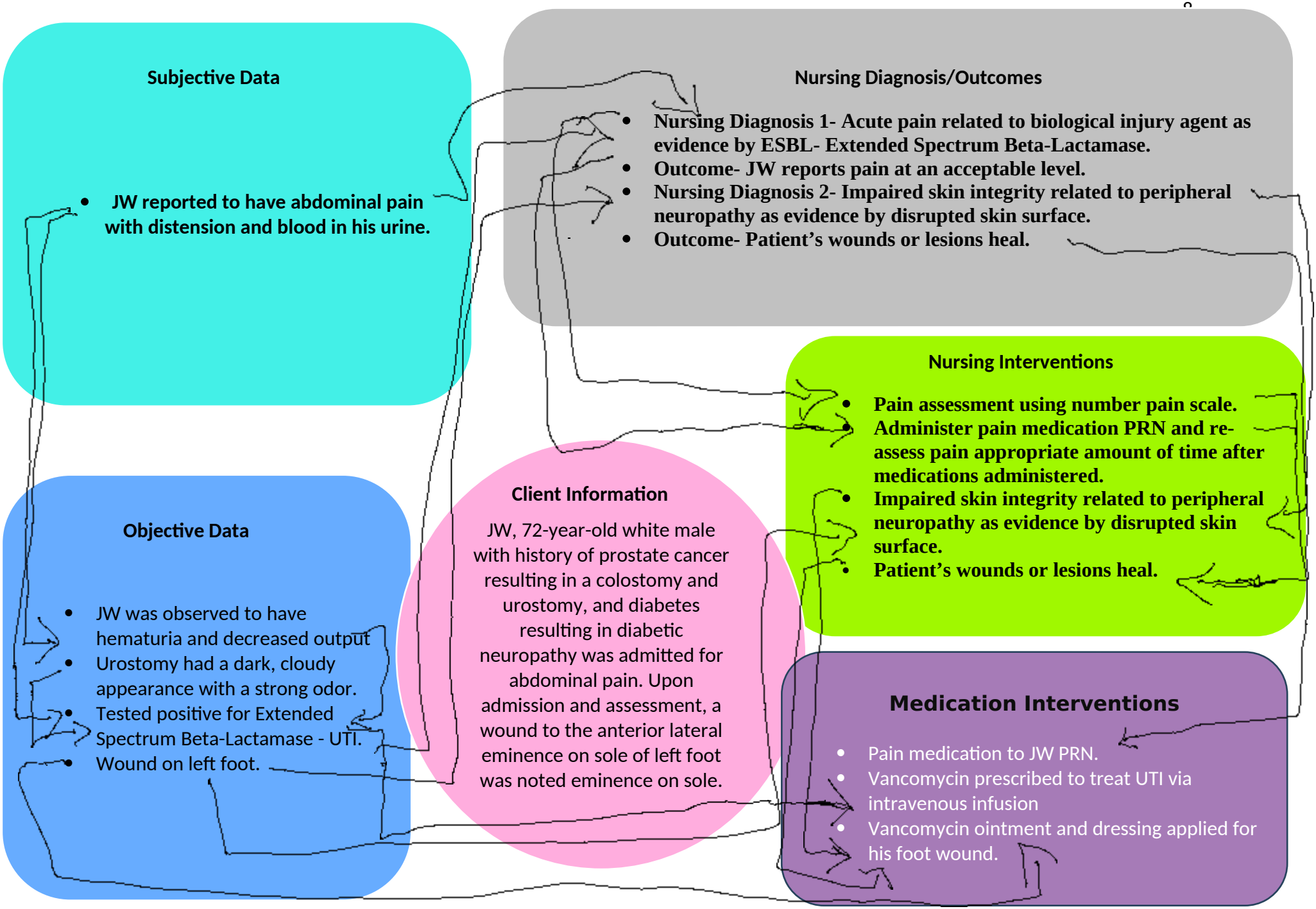
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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. Acute pain related to biological injury agent as evidence by ESBL-Extended Spectrum Beta-Lactamase	**JW cc was ABD pain and urine culture was ESBL positive**	**1. Pain assessment using number pain scale.** **2. Administer pain medication PRN and re-assess pain appropriate amount of time after medications administered.**	**1. Patient reports pain at an acceptable level.**	**Patient reported no pain.**
2. Impaired skin	**JW presented**	**1. Perform prescribed**	**1. Patient's wounds or**	**Patient reported that was a great**

integrity related to peripheral neuropathy as evidence by disrupted skin surface.	**with a pressure ulcer on his left foot.**	**treatment regimen for the skin condition involved.** **2. Maintain infection control standards to help minimize the risk of infection.**	**lesions heal.**	**plan and was very excited to get onboard with this plan.**

Other References (APA):

Concept Map:


Subjective Data
JW reported to have abdominal pain with distension and blood in his urine.
Nursing Diagnosis/Outcomes
Nursing Diagnosis 1- Acute pain related to biological injury agent as evidence by ESBL- Extended Spectrum Beta-Lactamase.
Outcome- JW reports pain at an acceptable level.
Nursing Diagnosis 2- Impaired skin integrity related to peripheral neuropathy as evidence by disrupted skin surface.
Outcome- Patient's wounds or lesions heal.
Nursing Interventions
Pain assessment using number pain scale.
Administer pain medication PRN and re-assess pain appropriate amount of time after medications administered.
Impaired skin integrity related to peripheral neuropathy as evidence by disrupted skin surface.
Patient's wounds or lesions heal.
Objective Data
JW was observed to have hematuria and decreased output
Urostomy had a dark, cloudy appearance with a strong odor.
Tested positive for Extended Spectrum Beta-Lactamase - UTI.
Wound on left foot.
Client Information
JW, 72-year-old white male with history of prostate cancer resulting in a colostomy and urostomy, and diabetes resulting in diabetic neuropathy was admitted for abdominal pain. Upon admission and assessment, a wound to the anterior lateral eminence on sole of left foot was noted eminence on sole.
Medication Interventions
Pain medication to JW PRN.
Vancomycin prescribed to treat UTI via intravenous infusion
Vancomycin ointment and dressing applied for his foot wound.