

**N321 CARE PLAN #1 resubmission**

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Lakeview College of Nursing

N321: Adult Health I

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### Demographics

<b>Date of Admission</b> 9/18/24	<b>Client Initials</b> R.W	<b>Age</b> 75	<b>Biological Gender</b> M
<b>Race/Ethnicity</b> White or Caucasian	<b>Occupation</b> Retired	<b>Marital Status</b> Divorced/remarried	<b>Allergies</b> Morphine
<b>Code Status</b> Full	<b>Height</b> 5'1	<b>Weight</b> 149lbs	

### Medical History

**Past Medical History:** anemia due to chronic kidney disease, anxiety disorder, BPH with obstruction with lower urinary tract infection symptoms, coronary artery disease, chronic diastolic heart failure, closed T9 spinal fracture, COVID, end stage renal disease on dialysis, fracture of femoral head, GERD, gout, hyperlipidemia, hypertension, melanoma, lumbar stenosis with neurogenic claudication, rib fractures, osteoarthritis, pulmonary hypertension, falls, urinary tract infection, subdermal hematoma, status post balloon dilation of esophageal stricture, traumatic amputation of multiple fingers, vascular dementia with behavior disturbances

**Past Surgical History:** coronary artery bypass graft, HC 66821 after cataract laser surgery, right kidney transplant (1997), right kidney transplant with nephrectomy, orif hip with cannulated screws (3/12/24).

**Family History:** mother is deceased with history of heart disease, father is deceased with history of kidney deceased, 3 sisters are deceased

**Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):**  
No history of tobacco, alcohol, or drug use.

**Education:** Nothing on file, patient unable to give a response when asked about education due to being confused.

**Living Situation:** Lives with wife in Tilton, IL.

**Assistive devices:** Uses walker, wheelchair, and cane at home

### **Admission History**

**Chief Complaint:** altered mental status

**History of Present Illness (HPI)– OLD CARTS:** Patient came in with wife. Secondary source spoke due to patient being confused and having altered mental status and a fever. Confusion started earlier this morning but has gotten worse throughout the day. No specific location, mentally. No characteristics, aggravating/alleviating factors were given since pt is confused and no pain was present. Complaint does not move around. Severity was not rated numerically since no pain was present. I observed and recognized confusion in the patient.

### **Admission Diagnosis**

**Primary Diagnosis:** Urinary tract infection

**Secondary Diagnosis (if applicable):** N/A

### **Pathophysiology**

Lower Urinary Tract Infections are the reason for 6 to 7 million primary care visits per year (Capriotti & Frizzell, 2020, p.551). For all 75% - 90% cases of UTIs, *Escherichia coli* is the most common organism that causes urinary tract infections along with a few other organisms (Capriotti & Frizzell, 2020). According to Capriotti's ~~explanation in the Davis Advantage for Pathophysiology textbook~~, the bacteria involved may have an outer coating that makes them resistant to the acid in the urine. They may also emit cytotoxic necrotizing factor and hemolysins, which raises the possibility of migration up to the bladder (Capriotti & Frizzell, 2020).

*Proteus mirabilis* is an additional gut bacterium that has the capacity to release urease, which lessens the urine's high acidity and increases the bacteria's ability to enter the bladder. (Capriotti & Frizzell, 2020). Capriotti continues with “The bacteria are flagellated and swarm in large groups when migrating to the bladder.” You would commonly know that urinary tract infections occur when bacteria are entered through the urethra and to the bladder (Mayo Clinic, 2022, para. 7).

There are different signs and symptoms that may present you with a UTI. Cleveland Clinic, (2022), displays signs and symptoms that include, a strong urge to urinate, a burning feeling when urinating, cloudiness and dark colored urine, and strong-smelling urine (para 4). There is not a lot to a urinary tract infection when it comes to the signs and symptoms.

Urinalysis and urine culture are used to diagnose a UTI (Capriotti & Frizzell, 2020, p. 552). In the *Davis Advantage for Pathophysiology* textbook, Capriotti explains what would be seen in these tests. When a dipstick urinalysis is performed, red blood cells are often visible along with positive leukocyte esterase, which indicates white blood cells, and nitrates, which indicate bacteria. A clean-catch midstream urine specimen microscopic urinalysis reveals the presence of bacteria, RBCs, and neutrophils. When the number of bacteria in a urine culture is more than  $10^5/\text{mL}$ , it is considered an infection (Capriotti & Frizzell, 2020). The patient was started on antibiotics to help treat the urinary tract infection.

### **Pathophysiology References (2) (APA):**

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2<sup>nd</sup> ed.). F.A. Davis Company

Cleveland Clinic. (2023). *Urinary Tract Infections* . Cleveland Clinic.

<https://my.clevelandclinic.org/health/diseases/9135-urinary-tract-infections>

Mayo Clinic. (2022, September 14). *Urinary tract infection (UTI) - Diagnosis and treatment* -

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

### Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Chloride	108 mmol/L high	N/A	98-107 mmol/L	High levels of chloride could indicate a few things. MedlinePlus states that kidney disease and metabolic acidosis could be reasons why chloride levels could be elevated (MedlinePlus, 2022). This patient could have high levels due to his past medical history of kidney disease. He is also on a medication that helps treat hyperacidity. The levels could also be abnormal due to metabolic acidosis.
Creatinine	1.55 mg/dl high	N/A	0.70-1.30 mg/dL	There are different reasons your creatinine levels could be high. In this patient, it is most likely due to the fact he has past medical history of kidney disease and has had a transplant along with indication of an infection (MedlinePlus, 2020).
GFR	46 low	N/A	>=60	This lab is abnormal due to patient having chronic

				kidney disease. Low numbers indicate that your kidneys are not working as well as they should (National Kidney Disease, 2024). This would make sense for the patient since he does have kidney disease and has had a transplant in the past.
Albumin	2.9 g/dL low	N/A	3.5-5.0 g/dL	Decreased albumin levels are common in people who have kidney disease (Cleveland Clinic, 2022). Cleveland clinic also mentions multiple other reasons on other causes of low albumin levels. It makes sense that this patient has low levels due to having a past medical history of chronic kidney disease and heart failure.
Troponin I	205 ng/L high	N/A	<=35 ng/L	When the kidneys are not functioning properly, troponin levels can rise (Braghieri et al., 2023). Patient has decreased kidney function which is causing these levels to rise.
WBC	15.60 mcL high	N/A	4.00-12.00 mcL	Leukocytes in your urine are most likely caused by an infection in your urinary system (Watson, 2022). Any time you get an infection, your immune system works harder and produces more of these cells to fight off the bacteria. This was indicating a UTI.
Urine protein	1+	N/A	Negative	Protein is present in the urine due to the UTI (Cleveland Clinic, 2020). UTI's can cause

				inflammation in the urinary tract which is another reason you may see an elevated protein level. It is also aware that this patient has past history with kidney problems so that can also play a role in the positive protein in the urine.
Urine blood	2+	N/A	Negative	When blood cells infiltrate into urine from the kidneys or other urinary tract organs, this disease occurs (Mayo Clinic, 2023). Bacteria in the bladder grow. Urine may appear reddish, pink, or brown due to bleeding caused by UTIs.
Urine RBC	11-20	N/A	Negative	When blood cells infiltrate into urine from the kidneys or other urinary tract organs, this disease occurs (Mayo Clinic, 2023). Bacteria in the bladder grow. Urine may appear reddish, pink, or brown due to bleeding caused by UTIs.
WBC esterase	Trace	N/A	Negative	Leukocytes in your urine are most likely caused by an infection in your urinary system (Watson, 2022). Any time you get an infection, your immune system works harder and produces more of these cells to fight off the bacteria. This was indicating a UTI.
Bacteria	Moderate	N/A	Negative	Bacteria in the urinary tract is reasoning and indication of a urinary tract infection (UCSF Health, 2019). You will

				see this abnormal lab value.
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Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Chest X-ray (9/18/24)	<p>Patient presented with altered mental status and a fever. Some cases you do imagining scans based on the suspected cause. He also had abnormal labs that could have been a reasoning for the X-ray.</p> <p>(Cleveland Clinic, 2022).</p>	<p>Mild pulmonary vascular congestion accompanied with cardiomegaly. Indications of a prior sternotomy. Right side many previous healed rib fractures. No pneumothorax. Left side pleural thickening to some extent</p>
XR abdomen Kub flat plate (9/19/24)	<p>No specific signs or symptoms were noted. Abnormal labs that could indicate UTI. This imaging shows the urinary tract and with the patient having kidney disease and a past kidney transplant, this may have been done (National Kidney Disease, 2024).</p>	<p>Nonspecific intestinal gas pattern, some deposits in the left pelvic that may be phleboliths and retained feces in the colon. 9.7 mm calcifications in the right lumbar region; the type is unclear, and ureteric calculus cannot be ruled out. Kidney transplant RLQ. Right hip after surgery, with metallic hardware installed.</p>
Chest X-ray (9/25/24)	Follow up	<p>Cardiomegaly. Thoracic area: ectactic tortuous area. Mild obstruction of the pulmonary arteries. There is some right CP angle blunting. There have been improvements.</p>
X-ray left shoulder (9/30/24)	Patient was complaining and in a lot of pain in their left shoulder area.	No results were in yet

**Diagnostic Test Reference (1) (APA):**

Braghieri, L., Badwan, O. Z., Skoza, W., Fares, M., & Menon, V. (2023). Evaluating troponin elevation in patients with chronic kidney disease and suspected acute coronary syndrome. *Cleveland Clinic Journal of Medicine*, 90(8), 483–489.

<https://doi.org/10.3949/ccjm.90a.23012>

Cleveland Clinic. (2022, March 18). *Hypoalbuminemia: Causes, Symptoms, Treatment & Outlook*. Cleveland Clinic. <https://my.clevelandclinic.org/health/diseases/22529-hypoalbuminemia>

Cleveland Clinic. (2022, June 2). *Altered Mental Status (AMS): Causes, Symptoms & Treatment*. Cleveland Clinic. <https://my.clevelandclinic.org/health/diseases/23159-altered-mental-status-ams>

Cleveland Clinic. (2020, February 23). *Test for Protein in Urine*. Cleveland Clinic. <https://my.clevelandclinic.org/health/diagnostics/12983-urine-protein-test>

Mayo Clinic. (2023, January 7). *Blood in urine (hematuria) - Symptoms and causes*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/blood-in-urine/symptoms-causes/syc-20353432>

Medline Plus. (2022, April 8). *Chloride Blood Test: MedlinePlus Lab Test Information*. Medlineplus.gov. <https://medlineplus.gov/lab-tests/chloride-blood-test/>

MedlinePlus. (2020, December 22). *Creatinine Test: MedlinePlus Lab Test Information*. Medlineplus.gov. <https://medlineplus.gov/lab-tests/creatinine-test/>

(2024). Kidney.org. <https://www.kidney.org/kidney-failure-risk-factor-estimated-glomerular-filtration-rate-egfr>

UCSF Health. (2019). *Urinary Tract Infections*. Ucsfhealth.org.

<https://www.ucsfhealth.org/conditions/urinary-tract-infections>

### Active Orders

Active Orders	Rationale
Dysphagia II diet	Patient pockets food, safety measures to make sure patient doesn't aspirate
X-ray on left shoulder	Due to having lots of pain
Intake and output	Monitor patient for records
Strict I/O	Patient had urinary retention, monitor how much is being outputted. Intake is strict due to the dysphagia diet and safety of patient
Notify physician	Notify physician with changes in patient, vitals, route locations
Insert IV/maintain	Monitors patient, push medications
Up with assistance	Patient is a high fall risk
Vitals	Monitor patient, being aware of vitals for different medications
Discharge	Patient and wife need extra help at home, patient improvement at hospital
Insert foley catheter	Urinary retention

## Medications

## Home Medications (Must List ALL)

<b>Brand/Generic</b>	aspirin (Ecotrin) 325mg tablet daily	sodium bicarbonate (Sellymin) 650mg tablet 2x daily	albuterol sulfate 1-2 puffs (ProAir) every 4 hours PRN	amitriptyline hydrochloride (Elavil) 75mg tablet nightly	pravastatin (Pravachol) 20mg tablet every evening	cyclospori ne (Neoral) 25mg capsule 2x daily every 12 hours
<b>Classification</b>	<b>Pharmacologica l class: Salicylate</b>  <b>Therapeutic class: NSAID</b>  (Jones and Bartlett, 2023).	<b>Pharmacologica l class: Electrolyte</b>  <b>Therapeutic class: Antacid, electrolyte replenisher, systemic and urinary alkalizer</b>  (Jones and Bartlett, 2023).	<b>Pharmacolo gical class: Adrenergic</b>  <b>Therapeutic class: bronchodila tor</b>  (Jones and Bartlett, 2023).	<b>Pharmacologic al class: tricyclic antidepressant</b>  <b>Therapeutic class: Antidepressant</b>  (Jones and Bartlett, 2023).	<b>Pharmacologic al class: HMG- CoA reductase inhibitor (statin)</b>  <b>Therapeutic class: Antilipemic</b>  (Jones and Bartlett, 2023).	<b>Pharmac ological class: polypepti de</b>  <b>Therapeu tic class: Antipsori atic, antirheu matic, immunos uppressa nt</b>  (Jones and Bartlett, 2023).
<b>Reason Client Taking</b>	<b>To relieve pain</b>	<b>To treat hyperacidity</b>  (Jones and Bartlett, 2023).  <b>Pt has history of renal disease which can cause metabolic acidosis</b>  ("Metabolic Acidosis," 2024)	<b>Cough, wheezing,</b>	<b>To relieve depression when accompanied by anxiety and insomnia</b>  (Jones and Bartlett, 2023).  <b>Pt has past medical history of anxiety disorder</b>	<b>Fats in the blood</b>  <b>To treat hyperlipidemia</b>  (Jones and Bartlett, 2023).	<b>To prevent or treat organ rejection in heart, kidney, and liver allogenic transplan tation</b>  (Jones and Bartlett, 2023).
<b>Key nursing</b>	<b>Assess pt for</b>	<b>Monitor sodium</b>	<b>Monitor</b>	<b>Use cation if pt</b>	<b>Monitor liver</b>	<b>Ask</b>

<b>assessment(s) prior to administration</b>	<p>any signs of bleeding</p> <p><b>Perform vitals, listen to lung sounds, and assess pain</b></p> <p>(Jones and Bartlett, 2023).</p>	<p>intake of patient</p> <p><b>Monitor urine pH</b></p> <p>(Jones and Bartlett, 2023).</p>	<p>respiratory rate, O<sub>2</sub>, and lung sounds</p> <p>(Jones and Bartlett, 2023).</p>	<p>has history of urinary retention</p> <p><b>Monitor BP for hypotension and hypertension</b></p> <p><b>Check allergies</b></p> <p><b>Monitor behavior changes</b></p> <p>(Jones and Bartlett, 2023).</p>	<p>enzymes</p> <p><b>Obtain baseline data like vitals</b></p> <p>(Jones and Bartlett, 2023).</p>	<p>about allergies</p> <p><b>Obtain baseline data</b></p> <p><b>Monitor liver and renal function tests</b></p> <p>(Jones and Bartlett, 2023).</p>
<b>Brand/Generic</b>	carvedilol (Coreg) 6.25mg tablet 2x daily	cefdinir (Omnicef) 300mg capsule 2x daily	prednisone (Rayos) 5mg tablet daily	allopurinol (Zyloprim) 100mg tablet 2x daily	ferrous sulfate 325mg tablet daily	magnesium oxide (Mag-ox 400) 240mg tablet daily
<b>Classification</b>	<p><b>Pharmacological class: Nonselective beta blocker and alpha-I blocker</b></p> <p><b>Therapeutic class: Antihypertensive, heart failure treatment adjunct</b></p> <p>(Jones and Bartlett, 2023).</p>	<p><b>Pharmacological class: Third-generation cephalosporin</b></p> <p><b>Therapeutic class: Antibiotic</b></p> <p>(Jones and Bartlett, 2023).</p>	<p><b>Pharmacological class: Glucocorticoid</b></p> <p><b>Therapeutic class: Immunosuppressant</b></p> <p>(Jones and Bartlett, 2023).</p>	<p><b>Pharmacological class: Xanthine oxidase inhibitor</b></p> <p><b>Therapeutic class: Antigout</b></p> <p>(Jones and Bartlett, 2023).</p>	<p><b>Pharmacological class: Hematinic</b></p> <p><b>Therapeutic class: Antianemia, nutritional supplement</b></p> <p>(Jones and Bartlett, 2023).</p>	<p><b>Pharmacological class: Mineral</b></p> <p><b>Therapeutic class: Electrolyte replacement</b></p> <p>(Jones and Bartlett, 2023).</p>
<b>Reason Client Taking</b>	High blood pressure	Treat pneumonia	To treat adrenal insufficiency	Treat gout	Anemia	Correct magnesium

			and acute and chronic inflammatory and immunosuppressive disorders.  (Jones and Bartlett, 2023).			deficiency or restricted diet  (Jones and Bartlett, 2023).
<b>Key nursing assessment(s) prior to administration</b>	<b>Monitor respiratory rate</b> <b>Take apical pulse</b>  <b>Monitor BP</b>  (Jones and Bartlett, 2023).	<b>Check allergies</b>  <b>Assess pt infection</b>  (Jones and Bartlett, 2023).	<b>Monitor for hypertension</b>  <b>Fluid intake and output and daily weight</b>  (Jones and Bartlett, 2023).	<b>Obtain baseline CBC and uric acid levels, renal and liver function tests</b>  (Jones and Bartlett, 2023).	<b>Assess pt nutritional status and bowel function</b>  (Jones and Bartlett, 2023).	<b>Obtain baseline data (temp, pulse, respirations, BPP, O2)</b>  (Jones and Bartlett, 2023).
<b>Brand/Generic</b>	<b>potassium and sodium phosphates (Phos NAK) 250mg 1 packet daily</b>	<b>methenamine (Hiprex) 1gm tablet 2x daily</b>	<b>tamsulosin (Flomax) 0.4mg capsule 2x daily</b>	<b>ascorbic acid (Acerola C) 500mg tablet daily</b>	<b>cholecalciferol (Vitamin D3) 1.35mg tablet every 30 days</b>	
<b>Classification</b>	<b>Pharmacological class:</b>  <b>Therapeutic class:</b>	<b>Anti-infectives</b>  (Mayo Clinic, n.d.)	<b>Pharmacological class:</b> <b>Alpha-adrenergic antagonist</b>  <b>Therapeutic class:</b> <b>Benign prostatic hyperplasia agent</b>	<b>Pharmacological class:</b> <b>Organic compound</b>  <b>Therapeutic class:</b> <b>Antioxidants</b>	<b>Vitamin D analogs</b>  (Could not find this in my drug book, and this is all google would give me)  (MedlinePlus, 2020)	

<b>Reason Client Taking</b>	<b>Prevent and treat low phosphorus in the body and helps out UTI medication work better</b>  <b>(Cleveland Clinic, n.d.).</b>	<b>Eliminates bacteria related with urinary tract infection</b>  <b>(MedlinePlus, n.d.)</b>	<b>Reduce symptoms of an enlarged prostate by relaxing muscle around bladder to pee easier.</b>  <b>(“About tamsulosin,” 2023).</b>	<b>Dietary supplement from lack of vitamin C in diet.</b>  <b>Ascorbic deficiency and malabsorption problems from kidney disease.</b>  <b>(MedlinePlus, 2020)</b>	<b>Vitamin D deficiency</b>  <b>Pt has past medical history of osteoarthritis along with multiple past fractures of bones</b>  <b>(MedlinePlus, 2020).</b>	
<b>Key nursing assessment(s) prior to administration</b>	<b>Monitor HR</b>  <b>Monitor renal function</b>  <b>(Sinha, 2019)</b>	<b>Check allergies</b>  <b>Assess UTI symptoms</b>  <b>Check past medical history</b>  <b>(MedlinePlus, n.d.)</b>	<b>Assess and monitor orthostatic blood pressure</b>  <b>(Ernstmeyer and Christman, 2023).</b>	<b>Check allergies or ingredients in medication</b>  <b>(MedlinePlus, 2020)</b>	<b>Check allergies</b>  <b>Check medications that could interact with this one</b>  <b>Assess blood levels &amp; the 25-hydroxy vitamin D test</b>  <b>(MedlinePlus, 2020)</b>	

**Hospital Medications (Must List ALL)**

<b>Brand/Generic</b>	acetaminophen (Tylenol) 650mg tablet 3x daily	allopurinol (Zyloprim) 100mg tablet 2x daily	amlodipine (Norvasc) 10mg tablet daily	ascorbic acid 500mg tablet daily	aspirin (Ecotrin) 325mg tablet daily	Carvedilol (Coreg) 12.5mg tablet 2x daily
<b>Classification</b>	<b>Pharmacological class:</b> Nonsalicylate, para-aminophenol derivative  <b>Therapeutic class:</b> Antipyretic, nonopioid analgesic  (Jones and Bartlett, 2023).	<b>Pharmacological class:</b> Xanthine oxidase inhibitor  <b>Therapeutic class:</b> Antigout  (Jones and Bartlett, 2023).	<b>Pharmacological class:</b> Calcium channel blocker  <b>Therapeutic class:</b> Antianginal, antihypertensive  (Jones and Bartlett, 2023).	<b>Pharmacological class:</b> Organic compound  <b>Therapeutic class:</b> Antioxidants (MedlinePlus, 2020)	<b>Pharmacological class:</b> Salicylate  <b>Therapeutic class:</b> NSAID  (Jones and Bartlett, 2023).	<b>Pharmacological class:</b> Nonselective beta blocker and alpha-I blocker  <b>Therapeutic class:</b> Antihypertensive, heart failure treatment adjunct  (Jones and Bartlett, 2023).
<b>Reason Client Taking</b>	Treat pain	Treat gout	Control hypertension	Dietary supplement from lack of vitamin C in diet.  Ascorbic deficiency and malabsorption problems from kidney disease.  (MedlinePlus, 2020)	To relieve pain	High blood pressure
<b>Key nursing assessment(s) prior to administration</b>	Monitor liver function tests, AST, ALT,	Obtain baseline CBC and uric acid levels, renal	Monitor blood pressure	Check allergies or ingredients in	Assess pt for any signs of bleeding	Monitor respiratory rate Take apical

	<b>bilirubin and creatinine levels.</b>  <b>Monitor renal function</b>  (Jones and Bartlett, 2023).	<b>and liver function tests</b>  (Jones and Bartlett, 2023).	<b>Assess pt for chest pain</b>  (Jones and Bartlett, 2023).	<b>medication (MedlinePlus, 2020)</b>	<b>Perform vitals, listen to lung sounds, and assess pain</b>  (Jones and Bartlett, 2023).	<b>pulse</b>  <b>Monitor BP</b>  (Jones and Bartlett, 2023).
<b>Brand/Generic</b>	cyclosporine (Neoral) 50mg capsule 2x daily	empagliflozin (Jardiance) 10mg tablet daily	ferrous sulfate 325mg tablet daily	heparin (Porcine) injection 5,000 unites 3x daily	magnesium oxide (MAG-OX) 400mg tablet daily	
<b>Classification</b>	<b>Pharmacological class: polypeptide</b>  <b>Therapeutic class: Antipsoriatic, antirheumatic, immunosuppressant</b>  (Jones and Bartlett, 2023).	Pharmacological class: Sodium glucose cotransporter 2 inhibitor  Therapeutic class: Antidiabetic  (Jones and Bartlett, 2023).	<b>Pharmacological class: Hematinic</b>  <b>Therapeutic class: Antianemia, nutritional supplement</b>  (Jones and Bartlett, 2023).	<b>Pharmacological class: Anticoagulant</b>  <b>Therapeutic class: Anticoagulant</b>  (Jones and Bartlett, 2023).	<b>Pharmacological class: Mineral</b>  <b>Therapeutic class: Electrolyte replacement</b>  (Jones and Bartlett, 2023).	
<b>Reason Client Taking</b>	<b>To prevent or treat organ rejection in heart, kidney, and liver allogenic transplantation</b>	<b>Adjunct to diet and heart failure</b>  (Jones and Bartlett, 2023).	<b>Anemia</b>  (Jones and Bartlett, 2023).	<b>To prevent and treat pulmonary embolism</b>  (Jones and Bartlett, 2023).	<b>Correct magnesium deficiency or restricted diet</b>  (Jones and Bartlett, 2023).	

	(Jones and Bartlett, 2023).					
<b>Key nursing assessment(s) prior to administration</b>	<b>Ask about allergies</b>  <b>Obtain baseline data</b>  <b>Monitor liver and renal function tests</b>  (Jones and Bartlett, 2023).	Obtain serum creatinine level prior to starting medication because it can cause adverse renal effects  <b>Assess pt volume status</b>  (Jones and Bartlett, 2023).	<b>Assess pt nutritional status and bowel function</b>  (Jones and Bartlett, 2023).	<b>Monitor pt hematocrit</b>  <b>Keep protamine on hand</b>  <b>Monitor pt</b>  (Jones and Bartlett, 2023).	<b>Obtain baseline data (temp, pulse, respirations, BPP, O2)</b>  (Jones and Bartlett, 2023).	
<b>Brand/Generic</b>	<b>pantoprazole (Protonix) injection 40mg daily IV</b>	<b>prednisone (Deltasone) 5mg tablet daily with breakfast</b>	<b>vancomycin (Vancocin) 125mg capsule every 6 hours</b>	<b>hydrocodone-acetaminophen (Norco) 325mg tablet daily</b>		
<b>Classification</b>	<b>Pharmacological class: Proton pump inhibitor</b>  <b>Therapeutic class: Antiulcer</b>  (Jones and Bartlett, 2023).	<b>Pharmacological class: Glucocorticoid</b>  <b>Therapeutic class: Immunosuppressant</b>  (Jones and Bartlett, 2023).	<b>Pharmacological class: Glycopeptide</b>  <b>Therapeutic class: Antibiotic</b>  (Jones and Bartlett, 2023).	<b>Pharmacological class: Therapeutic class:</b>  (Jones and Bartlett, 2023).		
<b>Reason Client Taking</b>	<b>Treat GERD</b>  (Jones and Bartlett, 2023).	<b>To treat adrenal insufficiency and acute and chronic inflammation</b>	<b>To treat infection</b>  (Jones and Bartlett, 2023).	<b>Relieve pain</b>  (Jones and Bartlett, 2023).		

		<p>y and immunosuppressive disorders.</p> <p>(Jones and Bartlett, 2023).</p>				
<p><b>Key nursing assessment(s) prior to administration</b></p>	<p><b>Monitor PT and INR</b></p> <p>(Jones and Bartlett, 2023).</p>	<p><b>Monitor for hypertension</b></p> <p><b>Fluid intake and output and daily weight</b></p> <p>(Jones and Bartlett, 2023).</p>	<p><b>Monitor vancomycin concentration</b></p> <p><b>Assess for adverse effects</b></p> <p>(Jones and Bartlett, 2023).</p>	<p><b>Monitor renal function</b></p> <p><b>Monitor AST, ALT, liver function tests</b></p> <p>(Jones and Bartlett, 2023).</p>		

### Prioritize Three Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
<p><b>1. methenamine (Hiprex) 1gm tablet 2x daily</b></p>	<p><b>Patient was diagnosed with a UTI, so they are currently treating the diagnosis which is the main focus.</b></p>	<p><b>1. upset stomach</b></p> <p><b>2. diarrhea</b></p> <p><b>(MedlinePlus, n.d.)</b></p>
<p><b>2. acetaminophen (Tylenol) 650mg tablet 3x daily</b></p>	<p><b>I chose this medication because this helps with relieving his pain. It is important to get pain under control so the patient can be relaxed and comfortable.</b></p>	<p><b>1. dysphagia</b></p> <p><b>2. dark urine</b></p> <p><b>(Mayo Clinic, 2024).</b></p>

<b>3. cyclosporine (Nearal) 50mg capsule 2x daily</b>	I chose this medication because the patient has past medical history of kidney disease and I recognized that a lot of labs were because of the kidney problems.	<b>1. fever 2. abdominal pain</b>
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### Medications Reference (1) (APA)

*Acetaminophen (Oral Route, Rectal Route) Side Effects - Mayo Clinic.* (2024, March 1).

Www.mayoclinic.org. <https://www.mayoclinic.org/drugs-supplements/acetaminophen-oral-route-rectal-route/side-effects/drg-20068480>

Jones & Bartlett Learning. (2022). *2023 Nurse's drug handbook* (22nd ed.).

MedlinePlus. (2020, October 15). *Ascorbic Acid (Vitamin C): MedlinePlus Drug Information.*

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### Physical Exam

#### HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

<b>GENERAL:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b> <b>Infection Control precautions:</b> <b>Client Complaints or Concerns:</b>	A/O x1 to himself and sometimes to place. Patient seems to be in some distress due to experiencing pain. Appeared agitated and confused. Well groomed. Patient on contact precautions. Complained of pain in the left shoulder
<b>VITAL SIGNS:</b> <b>Temp:</b> <b>Resp rate:</b> <b>Pulse:</b> <b>B/P:</b> <b>Oxygen:</b> <b>Delivery Method:</b>	0800: B/P 144/57, Temp 97.3 F, Pulse 82, O2 97%, Resp 14  1100: B/P 118/60, Temp 97.2 F, Pulse 65, O2 98%, Resp 14
<b>PAIN ASSESSMENT:</b> <b>Time:</b> <b>Scale:</b> <b>Location:</b> <b>Severity:</b> <b>Characteristics:</b> <b>Interventions:</b>	1025: Patient is in no pain. 1-10 on the scale patient said 0. No severity or characteristics were noted due to no pain.
<b>IV ASSESSMENT:</b>	IV was clean, dry, and intact. Transparent

<b>Size of IV:</b> <b>Location of IV:</b> <b>Date on IV:</b> <b>Patency of IV:</b> <b>Signs of erythema, drainage, etc.:</b> <b>IV dressing assessment:</b> <b>Fluid Type/Rate or Saline Lock:</b>	dressing. 9/18/24 was the date on IV. 10 cm IV.
<b>INTEGUMENTARY:</b> <b>Skin color:</b> <b>Character:</b> <b>Temperature:</b> <b>Turgor:</b> <b>Rashes:</b> <b>Bruises:</b> <b>Wounds: .</b> <b>Braden Score:</b> <b>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Type:</b>	Skin was warm to touch. Skin appearance was appropriate for patient. Bruises were present on the abdomen due to Heparin shots. Patient had a scratch on his face under the right eye. Edema present on ankles and feet. Braden score is 15. No drains present.
<b>HEENT:</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	Head is symmetrical and normocephalic. No tenderness or visible or palpable masses. Hair is of normal texture and evenly distributed. Conjunctivae are clear. EOM are intact, PERRLA. Nasal mucosa is pink and moist. Nasal septum is midline. Poor oral hygiene. Has missing teeth.
<b>CARDIOVASCULAR:</b> <b>Heart sounds:</b> <b>S1, S2, S3, S4, murmur etc.</b> <b>Cardiac rhythm (if applicable):</b> <b>Peripheral Pulses:</b> <b>Capillary refill:</b> <b>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Location of Edema: N/A</b>	Regular heart sounds between 60-100 bpm. S1 and S2 present with normal rhythm. Peripheral pulses present and equal bilaterally. Capillary refill was difficult to assess. No color change when pushed on fingernail bed. No edema present. No neck vein distention.
<b>RESPIRATORY:</b> <b>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Breath Sounds: Location, character</b>	No abnormal breath sounds. Normal breathing pattern. No use of accessory muscles.
<b>GASTROINTESTINAL:</b> <b>Diet at home:</b> <b>Current Diet:</b> <b>Is Client Tolerating Diet?</b> <b>Height:</b> <b>Weight:</b>	Patient does not have specific diet at home. Secondary source spoke as she is the one who takes care of patient and patient would not respond to all questions being asked. Patient is currently on a dysphagia II diet and is tolerating well. Patient is 5'1 and 149 pounds. Bowel



<b>NEUROLOGICAL:</b> <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>Strength Equal:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input checked="" type="checkbox"/> <b>Both</b> <input type="checkbox"/> <b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	Patient moves extremities well that were assessed. Pupils are equal, round, reactive to light. Patient has stronger upper extremities compared to lower. A/O x1 to himself, sometimes to place. Patient had altered mental status and difficulty speaking. Only said a few words. Normal sensation. Patient was confused.
<b>PSYCHOSOCIAL/CULTURAL:</b> <b>Coping method(s):</b> <b>Developmental level:</b> <b>Religion &amp; what it means to pt.:</b> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>	Patient was unable to respond to these questions asked. In the electronic chart, it mentioned patient was catholic. He has a wife who takes care of him at home. All kids deceased.

### Discharge Planning

**Discharge location:** Back home to residence with wife in Tilton, IL

**Home health needs:** Palliative care, wife needs assistance caring for husband

**Equipment needs:** Wheelchair, walker, commode, catheter if needed.

**Follow up plan:** Appointment closer to discharge

**Education needs:** Pain management, psychosocial care, and overall care for the patient

to keep them comfortable

### Nursing Process

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

<b>Nursing Diagnosis</b> <ul style="list-style-type: none"> <li>Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>Listed in order by</li> </ul>	<b>Rationale</b> <ul style="list-style-type: none"> <li>Explain why the nursing diagnosis was chosen</li> </ul>	<b>Outcome Goal</b> <b>(1 per dx)</b>	<b>Interventions</b> <b>(2 per goal)</b>	<b>Evaluation of interventions</b>

priority – highest priority to lowest priority pertinent to this client				
1. Impaired urinary elimination related to infection as evidence by pt diagnosed with urinary tract infection (Phelps, 2023)	I chose this nursing diagnosis because treating the UTI is important and it is their primary diagnosis. The pt has also had reoccurring UTI's.	Patient demonstrate effective urinary elimination patterns a day before discharge	1.Educate the patient on bladder training  2.Encourage fluid intake	Patient was confused but secondary source understood since she was the one to help out. He did repeat certain words that showed he was listening to what I was saying.
2. Knowledge deficit regarding prevention of UTI's related to patient inability to describe preventive measures as evidence by reoccurring UTI's (Phelps, 2023)	I chose this nursing diagnosis because I feel that it is important for the patient to understand and gain knowledge about a problem that continues to come back. If the problem is not treated correctly, it can cause worse problems in the future.	Patient will understand the importance of how to prevent a UTI and completing the antibiotic course before next scheduled meds.	1. Educate patient on UTI causes and prevention  2.Educate patient on importance of completing the antibiotic course	Patient did well with taking antibiotics. He normally would not want to take them and pocket them. It showed me he was listening without saying anything back.
3. Acute pain related to discomfort in lower abdomen as evidence by groans and "ouch" when palpating abdomen.	I chose this nursing diagnosis because UTI's can cause pain, and it is important to control pain within the pt.	Patient will be relieved of pain by at least an hour and a half after taking pain medication.	1.Administer pain medication to patient  2. Monitor patient symptoms and vitals	Patient wanted the pain medication and was more relaxed and comfortable after receiving the meds.

(Phelps, 2023)				
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**Other References (APA):**

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