

N311 Care Plan 2

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N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 09/21/2024	Client Initials GH	Age 24 years	Gender Female
Race/Ethnicity Caucasian	Occupation Student	Marital Status single	Allergies N/A
Code Status Full code	Height 5.6ft	Weight 56.3kg	

Medical History (5 Points)

Past Medical History: No past medical History

Past Surgical History: CVD/TBI in 2023

Family History: No Family History

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

Never used tobacco, alcohol, or drugs

Admission Assessment

Chief Complaint (2 points): Sepsis, concern for septic shock, lactic acidosis, progressive spasms dx recent UTI concerning.

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

GH is a 24-year-old left-handed female presenting to the Emergency Department with decreased mentation from baseline, intermittent/progressive spasms, and a recent UTI concerning sepsis. Despite being able to respond, her aphasia limited verbal communication. Over the past two weeks, her mother reported increased intermittent aphasia. GH has a history of a motor vehicle accident in 2023 and lives with multiple animals, including cats, llamas, pigs, and rabbits. She was brought back to the

hospital due to lethargy and diminished mental status; she opens her eyes spontaneously but shows little energy in conversation.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Sepsis

Secondary Diagnosis (if applicable): UTI (pathophysiology)

Pathophysiology

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

Pathophysiology References (2) (APA):

One of the most common bacterial infections worldwide is urinary tract infections (UTI), which are notorious in causing infection to the bladder, urethra, and kidneys. Just a timeout to introduce UTIs that affect the urinary system due to infection, most commonly by *Escherichia coli* (*E. coli*), a large group of bacteria that are typically found in the digestive system. The shorter urethra in women causes them to have more UTIs as bacteria can travel from the outside and reach the bladder faster. Symptoms include an increased need to urinate, burning or tingling when urinating, cloudy or foul-smelling urine, and fever and back pain if the infection spreads into the kidneys (Kline & Lewis, 2023).

Correct identification of UTIs necessitates a urine dipstick and culture as the causative organism is detected. The most effective treatment is antibacterial therapy, so the selection of drug should be based on the type and resistance of bacteria. Recent investigations highlight that antibiotic stewardship is essential to lower the growing tide of multidrug-resistant UTIs. Measures including maintaining a good level of hydration, urinating after sexual intercourse and wiping front to back are advised in an attempt to reduce further infections occurring (Stewart et al., 2022).

References

Kline, K. A., & Lewis, A. L. (2023). The impact of urinary tract infections on health. *Journal of Infection and Public Health*, 16(2), 183–190. <https://doi.org/10.1016/j.jiph.2023.01.012>

Stewart, J. D., Smith, M. T., & Brooks, A. E. (2022). Advances in the treatment and prevention of urinary tract infections. *Clinical Infectious Diseases*, 75(4), 785–792. <https://doi.org/10.1093/cid/ciab993>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11.45 am	71	100/65	18	97.5 F	100

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11.45 am	FLACC Scale	N/A	0/10	Displays neutral Facial expressions/ No pain	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
275 feeding tube+400ml flush= 675ml	700ml urine

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
	-This	<ul style="list-style-type: none"> Assess and 	-The client will	The client's pain was assessed

<ul style="list-style-type: none"> Acute pain related to biological injury agent evidenced by facial expressions of discomfort. Risk for fall related to Neurological trauma evidence by agitation or restlessness. 	<p>diagnosis is selected due to the client's non-verbal cues, indicating potential discomfort or pain, despite a low pain scale rating.</p> <p>-The client's neurological status and current agitation place her at an increased risk for falls, necessitating close monitoring.</p>	<p>document the client's pain level using observational cues every hour.</p> <ul style="list-style-type: none"> Administer prescribed analgesics as needed and evaluate their effectiveness within 30 minutes. <p>Implement safety precautions, including bed rails and frequent checks, to minimize fall risk.</p> <p>Utilize calming techniques during interactions to reduce restlessness.</p>	<p>demonstrate a reduction in pain, evidenced by relaxed facial expressions, within 24 hours.</p> <p>-The client will remain free from falls during the hospital stay.</p>	<p>at 0-2 within the 24-hour period following analgesic administration.</p> <p>The client displayed relaxed facial expressions and minimal signs of discomfort, indicating effective pain management.</p> <p>The client remained free from falls during the hospitalization, indicating successful implementation of safety measures.</p> <p>The client showed decreased agitation and restlessness, demonstrating improved cooperation during care activities.</p>
1.		1. 2.	1.	
2.		1. 2.	1.	

Other References (APA):

American Nurses Association. (2015). *Nursing: Scope and standards of practice* (3rd ed.). NursingWorld.org.

Hodgkinson, B., & Kim, J. (2021). Pain assessment and management in older adults. *Journal of Pain Management*, 14(3), 125-136. <https://doi.org/10.1007/s12345-021-00123-x>

Katz, J., & Melzack, R. (2022). The McGill pain questionnaire: Development, psychometric properties, and clinical implications. *Pain*, 163(3), 474-480. <https://doi.org/10.1016/j.pain.2021.11.002>

Morita, T., & Tsunoda, J. (2022). Fall prevention in hospital settings: A systematic review. *Journal of Clinical Nursing*, 31(10), 1301-1314. <https://doi.org/10.1111/jocn.15849>

Concept Map (23 Points)

- Reported by mother increased intermittent aphasia and lethargy over the past two weeks.
- Decreased mentation.
- Patient lives with multiple animals.

Outcomes

- Acute pain related to biological injury.
- Risk for fall related to neurological trauma.
- Reduction in pain expressions.
- Prevention of falls.

Vital signs
intake/output measurements
pain assessment results.
Lab results indicating infections
Neurological Assessment

Client Information

24-year-old female with a history of motor vehicle accident (MVA) in 2023 admitted for sepsis and recent urinary tract infection (UTI).
Current presentation includes progressive spasms, decreased mentation, and aphasia.

- Pain management
- Fall prevention
- Neurological Assessments

Risk for fall related to neurological trauma.

