

N431 CARE PLAN #1

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Lakeview College of Nursing

N321: Adult Health II

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10/10/2024

Demographics

Date of Admission 10/02/2024	Client Initials RG	Age 88	Biological Gender Male
Race/Ethnicity White/Caucasian	Occupation Not employed	Marital Status Married	Allergies Wasp venom, bee pollen
Code Status DNR/DNI	Height 182.9 cm (6'0)	Weight 101.8 kg (224 lbs. 6.9 oz)	

Medical History

Past Medical History: Deep vein thrombosis in the right axillary vein, Gastroesophageal reflux disease, Parkinson's disease, Dementia, Severe obstructive sleep apnea, Congestive heart failure with reduced ejection fraction, Premature ventricular contractures, Left bundle branch block, Chronic obstructive pulmonary disease, Aspiration pneumonia, Chronic cough, Chronic kidney disease stage 3b, Sensorineural hearing loss, Neuropathy, Osteoarthritis, Obesity, Hyperlipidemia, Colon cancer, Chronic ulcerative rectosigmoiditis, Benign prostatic hypertrophy, Iron deficiency anemia, Generalized weakness, Depression, Vertical strabismus, Diplopia, Hypermetropia, Pseudophakia, Malignant lesion of the face

Past Surgical History: Cataract removal, Cataract removal with implant, Right cochlear implant, Colonoscopy, Sigmoidoscopy, Bilateral eye muscle surgery, Strabismus surgery, Exploratory laparotomy with colon resection

Family History: Father: Cancer

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

The client was a former smoker. He smoked cigarettes and chewed tobacco but quit around the 1960's. The client could not remember the exact date, frequency, quantity, or duration of use.

The client also stated he drinks alcohol but did not specify the type, about 2-3 times a week.

Education: High school graduate

Living Situation: The client lives with his daughter and wife. A home health aide comes to their home when the daughter is at work from 7 a.m. to 3 p.m.

Assistive devices: The client has a cochlear implant on the right side and does not use any hearing aids. He also wears glasses every day. The client had been using a rolling walker but has recently needed a wheelchair and transfer chair to get around the house.

Admission History

Chief Complaint: Worsening cough, fever, and labored breathing

History of Present Illness (HPI)– OLD CARTS

The client arrived at the emergency department on 10/02/2024 via EMS. The client's mental status was altered at times during the interview. He could not state what brought him to the emergency department. The client believed he was in the hospital because he "has dementia." When reminded that he was brought in for a worsening cough and fever, the client stated again, "My daughter brought me here cause I have dementia." The client's daughter was not present at the bedside to conduct an interview. In the provider's notes, the client's daughter was with him when he arrived and relayed the information. According to the daughter, the client has had a persistent cough for the past week, but it worsened on 10/01/2024. The cough sounded deeper and rougher. She also stated that the home health aide noted that the client had chills and fever, was breathing quickly, was not eating a lot, and had increased confusion and fatigue. The client did not have any pain, and the daughter did not attempt to treat the symptoms and decided to call an ambulance instead.

Admission Diagnosis

Primary Diagnosis: Pulmonary embolism

Secondary Diagnosis (if applicable): Acute hypoxic respiratory failure/pneumonia

Pathophysiology

Pulmonary embolism

A pulmonary embolism (PE) is a deep vein thrombosis (DVT) that has traveled to the lungs (Capriotti, 2020). A DVT occurs when a blood clot forms in the lower extremity (Capriotti, 2020). Factors that can cause a DVT to form, such as venous stasis, hypercoagulability, and vascular damage (Capriotti, 2020). These three factors are known as Virchow's Triad (Capriotti, 2020). In venous stasis, blood pools in the lower extremities, and the red blood cells become clots due to immobility (Capriotti, 2020). In vascular damage, the damage leads to inflammation, which causes platelet aggregation (Capriotti, 2020). The aggregation of platelets causes the clotting cascade to start forming clots (Capriotti, 2020). When the clot breaks off and travels through the inferior vena cava and eventually into the pulmonary artery, it becomes PE (Capriotti, 2020).

Clients who develop a PE often exhibit signs of dyspnea, chest pain, tachycardia and tachypnea, cough, hypotension, fever, and hemoptysis (Capriotti, 2020; Hinkle et al., 2021). This client exhibited the signs and symptoms of dyspnea, tachycardia, tachypnea, fever, and coughing. A PE can also be asymptomatic; therefore, it cannot be diagnosed with signs and symptoms alone (Capriotti, 2020). A D-dimer test can be used to diagnose a blood clot. The test detects any presence of fibrin clot degradation in the blood (Capriotti, 2020). A CT scan is also used to diagnose PE. A CT scan allows for the visualization of the clot (Capriotti, 2020). This client had a CT scan done, which showed multiple PE in the lungs. A ventilation-perfusion scan

can also be done to identify low circulation in the lungs where the PE is located (Capriotti, 2020).

The first line of treatment for PE is anticoagulants due to the lower risk of bleeding than Warfarin, and they do not need frequent lab monitoring (Capriotti, 2020). This patient was put on Eliquis, an oral anticoagulant. Anticoagulant treatment is continued for at least three months to prevent reoccurrences (Capriotti, 2020). It can also be treated with unfractionated heparin to lyse the blood clots, which this patient had when he was admitted, and should be monitored using aPTT labs (Hinkle et al., 2021). Baseline INR, aPTT, Hct and platelet counts should be ordered before starting heparin infusion (Hinkle et al., 2021). Preventative measures should also be placed to prevent further DVTs from forming (Hinkle et al., 2021). The client should have a sequential compression device to help promote blood flow in the lower extremities (Hinkle et al., 2021). The client should also have anti-embolism stockings (Hinkle et al., 2021). Their legs should be elevated when the client sits to promote venous return (Hinkle et al., 2021). Ambulation should also be encouraged to prevent venous stasis and blood pooling in the lower extremities (Hinkle et al., 2021).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). Chapter 19: Disorders of the venous system. In *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. J. (2021). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
WBC	14.99 $10^3/uL$		4.0-11.0 $10^3/uL$	The white blood cells could be increased due to infection (Pagana et al., 2023).
HCT	51.9%		37-51%	The hematocrit could be elevated due to his COPD and possible fluid overload (Pagana et al., 2023).
Absolute neutrophils	10.89 $10^3/uL$		1.6-7.7 $10^3/uL$	The neutrophils could be elevated due to infection (Pagana et al., 2023).
Calcium	9.6 mg/dL	8.3 mg/dL	8.9-10.6 mg/dL	The calcium could be low due to his heparin infusion and the Lasix (Pagana et al., 2023).
Glucose	102 mg/dL	92 mg/dL	74-100 mg/dL	The glucose could be elevated due to his diuretic therapy (Lasix)

				and chronic kidney disease (Pagana et al., 2023).
Creatinine	1.32 mg/dL	0.96 mg/dL	0.7-1.3 mg/dL	The client's creatinine could be elevated due to his chronic kidney disease and heart failure (Pagana et al., 2023).
Bilirubin, total	2.5 mg/dL		0.2-1.2 mg/dL	The bilirubin could be increased due to diuretic use, infection and possible fluid overload (Pagana et al., 2023).
Urinalysis	Cloudy Leukocyte esterase: Moderate WBC manual exam: >100		Leukocyte esterase: Negative WBC manual exam: 0-5/HPF	Cloudy urine could indicate infection (Pagana et al., 2023). Positive leukocyte esterase could indicate a possible urinary tract infection (Pagana et al., 2023). Elevate white blood cells indicate a bacterial infection (Pagana et al., 2023).

Urine culture	Mixed growth of urogenital flora		Negative: < 10,000 bacteria per milliliter of urine (Pagana et al., 2023).	The urine culture was probably contaminated on collection.
ABG	pH: 7.445 PCO ₂ : 32.8 mmHg PO ₂ : 58 mmHg		pH: 7.310-7.410 PCO ₂ : 41-51 mmHg PO ₂ : 35-45 mmHg	The patient has respiratory alkalosis that may be caused by his rapid breathing and possibly PE (Pagana et al., 2023).
Blood culture	Coagulase-negative staphylococcus		Negative	The infectious disease provider thought this might be a contaminant but could not rule out the possibility of pneumonia.

Lab reference:

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's diagnostic and laboratory test reference* (16th ed.). Elsevier.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Chest X-ray The chest X-ray provided radiographic images of the lungs, surrounding tissues,	The client was having difficulty breathing, worsening cough, and becoming hypoxic.	The results showed congestion of the heart vessels and surrounding edema, which is seen with congestive

and structures (Pagana et al., 2023). It was taken for this client to visualize why the patient may be having difficulty breathing and for possible pneumonia.	He also had a fever, which could be an indication of pneumonia.	heart failure and fluid overload. The providers were unsure if the patient had fluid overload due to him not having any other symptoms of fluid overload.
<p style="text-align: center;">Chest and Abdomen/pelvis CT scan</p> <p>A chest and abdomen/pelvis CT scan is used to diagnose and evaluate conditions affecting the lungs, the intestine, and the urinary tract (Pagana et al., 2023). Due to the patient's history and symptoms, a CT was ordered to rule out the possibility of an embolus.</p>	The patient was having difficulty breathing and worsening cough.	The CT results showed pulmonary emboli in the distal right main pulmonary artery, proximal right upper segmental artery, and right middle lobe segmental artery. The bladder wall was also a little thick, which could indicate a urinary tract infection.
<p style="text-align: center;">Bilateral lower extremity duplex</p> <p>A duplex was done due to the client having a pulmonary embolus and ruling out the possibility of other deep vein thromboses (Pagana et al., 2023).</p>	The patient has pulmonary emboli and a history of deep vein thrombosis.	The results showed a deep vein thrombosis in the right lower extremity femoral vein.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's diagnostic and laboratory test reference* (16th ed.). Elsevier.

Active Orders

Active Orders	Rationale
Diet: Regular & thick liquid; 1:1 assist Medications crushed	Provide nutrition and ensure patient doesn't aspirate
Vital signs every 4 hours	Monitor patient status
Input & Output every 4 hours	Monitor due to possible fluid overload
Turn every 2 hours	The patient is prone to moisture associated skin damage and has existing pressure ulcers.
Daily weight before breakfast (client standing)	Possible fluid overload due to heart failure
Increase activity as tolerated: Encourage mobility/ambulation	This helps prevent further DVTs and help facilitate breathing tolerance.
Continuous pulse oximetry: Notify the provider if <90% (sepsis workup)	The patient had hypoxia, possible pneumonia and has existing COPD.
Apply oxygen to maintain SpO2 >92%: Nasal cannula	The patient was hypoxic and had difficulty maintain oxygen saturation above 92% on room air.
Incentive spirometer every hour with assistance	This helps improve lung function.
Notify provider: SBP <90 or >180; Heart rate <50 or >120; Temperature <97 or >100.4; Respiratory rate <10 or >30; SpO2 <92%	Deviation from normal baseline could indicate additional concerns
IV access: insert peripheral 2 IV access (sepsis workup)	This will give access to administer fluids.
Monitor bowel and bladder function	The patient is on antibiotics and this will also ensure he is getting rid of appropriate amount of fluid.
Limit interruptions during 0200-0400 and 1400-1600	This helps the patient relax and have uninterrupted sleep.
Encourage the presence of family at the bedside	This will help patient with anxiety and feel supported.
Ensure the use of hearing aids or glasses if applicable	The patient wears glasses; he needs them to see and not strain their eyes and prevent falls.
Consult infectious disease	The patients blood culture came back positive for coagulase-negative staphylococcus.
Consult wound for evaluation and treatment	The patient had a pressure ulcer near his sacral area and wounds on his heels/ankles.
Wound care and dressing: bilateral	This helps nurse determine when dressing

gluteal/coccyx – apply Mepilex border dressing on the sacrum - Peel back and assess every shift; change every 5-7 days or PRN for soilage and slippage; if more than one dressing change in 24 hours, discontinue; No ointment or cream on the surrounding area; Limit briefs in bed	changes are appropriate and which dressing to use.
Initiate altered thought process care plan	The patient has dementia.
Consult OT/PT	The patient had a decrease in the ability to perform ADLs.
Avoid IM injection while on unfractionated heparin infusion	The patient was on heparin infusion when first admitted due to PE; this avoids the risk of bleeding.
Notify provider PTT panel: PTT >150s, Hgb: decrease greater than or equal to 2 mg/dL from previous result, Hct: decrease greater than or equal to 6 points from previous result; platelet: <100,000 or >50% from baseline; hemocult positive stool urine, or emesis	The patient was on a heparin infusion, and this order will help the nurse determine when to notify the provider about adjusting the heparin therapy.

Medications

Home Medications (Must List ALL)

Brand/ Generic	Vitamin C (ascorbic acid)	Aspirin (acetylsalicylic acid)	Tessalon Perles (benzonatate)	Lasix (furosemide)	Carboxymethylcell-glycerin, PF	Ketoconazole 2%
Classification	Vitamin (Jones & Bartlett Learning, 2023).	Pharmacologic: Salicylate Therapeutic: NSAID (Jones & Bartlett Learning, 2023).	Antitussives (Drugs.com, 2023).	Pharmacologic: Loop diuretic Therapeutic: Antihypertensive, diuretic (Jones & Bartlett Learning, 2023).	Ophthalmic lubricant (WebMD, 2024).	Antifungal (Jones & Bartlett Learning, 2023).
Reason Client	Increase absorption	Blood clot prevention	Relieve coughing	Reduce edema from	Treat dry eyes (WebMD,	Treat fungal

Taking	of iron (Jones & Bartlett Learning, 2023).	(Jones & Bartlett Learning, 2023).	(Drugs.com, 2023).	heart failure (Jones & Bartlett Learning, 2023).	2024).	infection (Jones & Bartlett Learning, 2023) due to moisture-associated skin damage
List two teaching needs for the medication pertinent to the client	Take with iron daily and take as prescribed (Jones & Bartlett Learning, 2023).	Education of bleeding precautions due to high risk of bleeding and educate on risk for ulcers (Jones & Bartlett Learning, 2023).	Do not suck or chew capsule and take at the same time every day (Drugs.com, 2023).	Educate on alcohol use increasing hypotensive effects and weight/diet (Jones & Bartlett Learning, 2023).	May cause blurry vision temporarily and do not use if cloudy (WebMD, 2024).	Apply as prescribed and adhere to regimen to ensure fungal infection is fully treated (Jones & Bartlett Learning, 2023).
Key nursing assessment(s) prior to administration	Ensure the maximum dose has not been reached (Jones & Bartlett Learning, 2023).	Assess for signs of bleeding (Jones & Bartlett Learning, 2023).	Assess respirator (Drugs.com, 2023).	Assess potassium levels (Jones & Bartlett Learning, 2023).	Assess solution for cloudiness and assess eye (WebMD, 2024).	Assess for open wounds and worsening infection (Jones & Bartlett Learning, 2023).
Brand/ Generic	Nuplazid (pimavanserin)	Nilstat (nystatin powder/nystatin triamcinolone cream)				
Classification	Pharmacologic: Serotonin 5-HT	Antifungal (Jones & Bartlett Learning,				

	receptor inverse agonist antagonist Therapeutic: Atypical antipsychotic (Jones & Bartlett Learning, 2023).	2023).				
Reason Client Taking	Treat delusions associated with Parkinson's disease (Jones & Bartlett Learning, 2023).	Fungal infection of skin (Jones & Bartlett Learning, 2023).				
List two teaching needs for the medication pertinent to the client	Alert all providers that they are on this medication and do not take any OTC drugs without notifying the provider first (Jones & Bartlett Learning, 2023).	Apply to the area as directed and adhere to the time regimen to ensure the infection is fully treated (Jones & Bartlett Learning, 2023).				
Key nursing assessment(s) prior to administration	Monitor EKG for QT prolongation (Jones & Bartlett Learning,	Assess for open wounds and worsening infection (Jones &				

	2023).	Bartlett Learning, 2023).				
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Hospital Medications (Must List ALL)

Brand/ Generic	Tylenol (acetaminophen)	Eliquis (apixaban)	Tums (calcium carbonate)	Sinemet (carbidopa-levodopa)	Ceftriaxone	Aricept (donepezil)
Classification	Pharmacologic: Nonsalicylate, para-aminophenol derivative Therapeutic: Antipyretic, nonopioid analgesic (Jones & Bartlett Learning, 2023).	Pharmacologic: Factor Xa inhibitor Therapeutic: Anticoagulant (Jones & Bartlett Learning, 2023).	Pharmacologic: Calcium salts Therapeutic: Antacid (Jones & Bartlett Learning, 2023).	Dopamine antiparkinsonism agents (Drugs.com, 2023).	Pharmacologic: Third-generation cephalosporin Therapeutic: Antibiotic (Jones & Bartlett Learning, 2023).	Pharmacologic: Acetylcholinesterase inhibitor Therapeutic: Antidementia (Jones & Bartlett Learning, 2023).
Reason Client Taking	As needed for pain or fever (Jones & Bartlett Learning, 2023).	Prevent DVT and PE (Jones & Bartlett Learning, 2023).	As needed for reflux symptoms (Jones & Bartlett Learning, 2023).	Parkinson's disease (Drugs.com, 2023).	Treat possible pneumonia and possible UTI (Jones & Bartlett Learning, 2023).	Treat dementia (Jones & Bartlett Learning, 2023).
List two teaching needs for the medication pertinent to the client	Educate on the importance of not surpassing the recommended dose and signs of hepatotoxicity (Jones &	Educate on risk of bleeding and taking exactly as prescribed (Jones & Bartlett	Educate alcohol may decrease absorption and take 1-2 hours after meals	Take at regular interval to ensure steady amount remains in body and do not stop	Educate on adherence to antibiotic therapy and monitor for	Take before bed and may cause dizziness so fall/safety precautions should be taught (Jones & Bartlett

	Bartlett Learning, 2023).	Learning, 2023).	(Jones & Bartlett Learning, 2023).	suddenly can cause withdrawal symptoms (Drugs.com, 2023).	watery, bloody stools (Jones & Bartlett Learning, 2023).	Learning, 2023).
Key nursing assessment(s) prior to administration	Liver function test results Pain level and temperature (Jones & Bartlett Learning, 2023).	Assess for signs of bleeding (Jones & Bartlett Learning, 2023).	Assess calcium levels Assess for reflux symptoms (Jones & Bartlett Learning, 2023).	Assess tremors and mental status (Drugs.com, 2023).	Assess for signs of nephrotoxicity and assess bowel pattern (Jones & Bartlett Learning, 2023).	Assess respiratory status due to COPD (Jones & Bartlett Learning, 2023).
Brand/ Generic	Vibramycin (doxycycline hyclate)	Iron (ferrous sulfate)	Proscar (finasteride)	Fluticasone propionate spray	Vitamin B9 (folic acid)	Mucinex (guaifenesin)
Classification	Pharmacologic: Tetracycline Therapeutic: Antibiotic (Jones & Bartlett Learning, 2023).	Pharmacologic: Hematinic Therapeutic: Antianemic, nutritional supplement (Jones & Bartlett Learning, 2023).	Pharmacologic: 5-alpha reductase inhibitor Therapeutic: Benign prostatic hyperplasia agent (Jones & Bartlett Learning, 2023).	Pharmacologic: Corticosteroid Therapeutic: Antiasthmatic, anti-inflammatory (Jones & Bartlett Learning, 2023).	Vitamin	Expectorant (Drugs.com, 2024).
Reason Client Taking	Help treat possible pneumonia caused by coagulase-negative staphylococcus	Iron deficiency anemia (Jones & Bartlett Learning, 2023).	Treat benign prostatic hypertrophy (Jones & Bartlett Learning,	Help treat stuffy nose as needed	Help treat iron deficiency anemia (Jones & Bartlett Learning,	Help clear mucus (Drugs.com, 2024).

	(Jones & Bartlett Learning, 2023).		2023).		2023).	
List two teaching needs for the medication pertinent to the client	Do not take at same time as Tums and may turn urine dark yellow (Jones & Bartlett Learning, 2023).	Take on empty stomach and stools will be black or green (Jones & Bartlett Learning, 2023).	Noncompliance may affect PSA results and periodic urologic evaluation due to high risk of developing prostate cancer (Jones & Bartlett Learning, 2023).	Shake well before use and proper administration of nasal spray (Jones & Bartlett Learning, 2023).	Take with iron daily and take without food (Jones & Bartlett Learning, 2023).	Drink extra fluids to loosen secretions and check ingredients before taking other cough medications (Drugs.com, 2024).
Key nursing assessment(s) prior to administration	Assess liver function tests (Jones & Bartlett Learning, 2023).	Hgb levels (Jones & Bartlett Learning, 2023).	PSA levels (Jones & Bartlett Learning, 2023).	Assess respiratory status (Jones & Bartlett Learning, 2023).	Folic acid levels (Jones & Bartlett Learning, 2023).	Assess respiratory status and secretions (Drugs.com, 2024).
Brand/ Generic	Norco (acetaminophen and hydrocodone)	Melatonin	Namenda (memantine)	Monistat (miconazole 2%)	Remeron (mirtazapine)	Zofran (ondansetron)
Classification	Narcotic analgesic combination (Drugs.com, 2023).	Mineral and electrolyte (Drugs.com, 2023).	Pharmacologic: N-methyl-D-aspartate receptor antagonist Therapeutic	Antifungal (Jones & Bartlett Learning, 2023).	Pharmacologic: Tetracyclenic antidepressant Therapeutic:	Pharmacologic: Selective serotonin receptor antagonist Therapeutic: Antiemetic (Jones &

			ic: Antidementia agent (Jones & Bartlett Learning, 2023).		Antidepressant (Jones & Bartlett Learning, 2023).	Bartlett Learning, 2023).
Reason Client Taking	Moderate to severe pain (Drugs.com, 2023).	Help sleep; insomnia (Drugs.com, 2023).	Treat dementia (Jones & Bartlett Learning, 2023).	Treat fungal infection (Jones & Bartlett Learning, 2023) caused by moisture associated skin damage (Jones & Bartlett Learning, 2023).	Treat depression (Jones & Bartlett Learning, 2023).	As needed for nausea and vomiting (Jones & Bartlett Learning, 2023).
List two teaching needs for the medication pertinent to the client	Take exactly as prescribed and educate on possibility of addiction and misuse (Drugs.com, 2023).	Will cause them to become drowsy and avoid caffeine (Drugs.com, 2023).	Take exactly as prescribed and can cause suicidal thoughts; therefore, educate the caregiver as well (Jones & Bartlett Learning, 2023).	Apply powder liberally and adhere to the regimen to treat the infection completely (Jones & Bartlett Learning, 2023).	Educate on avoiding alcohol consumption and do not discontinue abruptly (Jones & Bartlett Learning, 2023).	Educate on reporting chest pain and decreased bowel movements (Jones & Bartlett Learning, 2023).
Key nursing assessment(s) prior to administration	Assess respiratory status (Drugs.com, 2023).	Assess LOC (Drugs.com, 2023).	Assess suicidal ideation (Jones & Bartlett Learning, 2023).	Assess for open wounds and worsening infection (Jones &	Assess sodium levels and suicidal ideation (Jones & Bartlett	Assess potassium and magnesium labs and ECG (Jones & Bartlett

				Bartlett Learning, 2023).	Learning, 2023).	Learning, 2023).
Brand/ Generic	Compro (prochlorperazine)	Zoloft (sertraline)	Flomax (tamsulosin)			
Classification	Pharmacologic: Piperazine phenothiazine Therapeutic: Antiemetic (Jones & Bartlett Learning, 2023).	Pharmacologic: Selective serotonin reuptake inhibitor Therapeutic: Antianxiety, antidepressant (Jones & Bartlett Learning, 2023).	Pharmacologic: Alpha-adrenergic antagonist Therapeutic: Benign prostatic hyperplasia agent (Jones & Bartlett Learning, 2023).			
Reason Client Taking	As needed for mild to moderate nausea and vomiting (Jones & Bartlett Learning, 2023).	Treat depression (Jones & Bartlett Learning, 2023).	Treat benign prostatic hypertrophy (Jones & Bartlett Learning, 2023).			
List two teaching needs for the medication pertinent to the client	Educate on avoiding alcohol and reporting signs of involuntary movements/restlessness (Jones & Bartlett Learning, 2023).	Educate on increased risk of bleeding due to taking aspirin and Eliquis and monitor for suicidal	Educate on slow position changing and take at the same time everyday (Jones & Bartlett Learning, 2023).			

		ideation (Jones & Bartlett Learning, 2023).				
Key nursing assessment(s) prior to administration	Assess blood pressure (Jones & Bartlett Learning, 2023).	Assess suicidal ideation and GI bleeding (Jones & Bartlett Learning, 2023).	Assess blood pressure and respiratory status (Jones & Bartlett Learning, 2023).			

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Eliquis	I chose this medication because the client was admitted for a pulmonary embolism and has a DVT in the right leg. It is essential to administer Eliquis to help prevent blood clots.	<ol style="list-style-type: none"> 1. Excessive bleeding (Jones & Bartlett Learning, 2023). 2. Elevate bilirubin (Jones & Bartlett Learning, 2023).
2. Ceftriaxone	I chose this medication because the client has a possible pneumonia infection and UTI due to the blood culture coming back positive for coagulase-negative staphylococcus	<ol style="list-style-type: none"> 1. Nephrotoxicity (Jones & Bartlett Learning, 2023). 2. Dyspnea (Jones & Bartlett Learning, 2023).
3. Sinemet	I chose this medication because the client could be at an increased risk for falls due to his Parkinson's disease. It will also affect his ability to	<ol style="list-style-type: none"> 1. Depression (Drugs.com, 2023). 2. Double vision (Drugs.com, 2023).

	perform ADLs.	
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Medications Reference (1) (APA)

Drugs.com. (2023, August 14). *Benzonatate*. <https://www.drugs.com/benzonatate.html#before-taking>

Drugs.com. (2024, May 6). *Guaifenesin*. <https://www.drugs.com/guaifenesin.html>

Drugs.com. (2023, June 2). *Melatonin*. <https://www.drugs.com/melatonin.html>

Drugs.com. (2023, August 7). *Norco*. Drugs.com. <https://www.drugs.com/norco.html>

Drugs.com. (2023, August 15). *Sinemet*. <https://www.drugs.com/sinemet.html#side-effects>

Jones & Bartlett Learning. (2023). *NDH: Nurse's drug handbook*. Jones & Bartlett Learning.

WebMD. (2024). *Carboxymethylcell-Glycerin (PF) dropperette-Uses, side effects and more*.

<https://www.webmd.com/drugs/2/drug-151378/carboxymethylcellulose-glycerin-pf-ophthalmic-eye/details>

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

<p>GENERAL: Alertness: Alert Orientation: Oriented x3 Distress: None Overall appearance: Well-groomed and appropriate Infection Control precautions: None Client Complaints or Concerns: None</p>	<p>During the assessment, the client is alert and oriented x3 to person, place, and time. He has dementia, and his mental status was altered at times throughout the assessment. He did not appear to be in any distress, and he was well-groomed.</p>
<p>VITAL SIGNS: Temp: 97.8 F (36.6 C) Oral Resp rate: 18 Pulse: 83 B/P: 132/72 Oxygen: 93% Delivery Method: Nasal cannula 2 liters</p>	
<p>PAIN ASSESSMENT: Time: 1640</p>	<p>The client stated he is not having any pain at the moment and rated his pain as a 0 on a scale of 0</p>

<p>Scale: Numeric scale Location: None Severity: None Characteristics: None Interventions: Positioning</p>	<p>to 10, 0 being none and 10 being the worst.</p>
<p>IV ASSESSMENT: Size of IV: 20G Location of IV: Left upper anterior arm and Right anterior hand Date on IV: 10/02/2024 Patency of IV: Patent Signs of erythema, drainage, etc.: None IV dressing assessment: Transparent dressing and tape Fluid Type/Rate or Saline Lock: Saline lock</p>	<p>The client has two 20-gauge peripheral IV lines. One is located at the left upper anterior arm and the other at his right anterior hand. Both IV lines were patent and had no signs of infection or infiltration. The IV at his left upper anterior arm was secured with a transparent Tegaderm dressing. The IV at his right anterior hand was also secured with a transparent Tegaderm dressing but had extra tape to ensure it did not slip out. Both dressings were clean and intact, although the tape slightly came off his right hand from movement.</p>
<p>INTEGUMENTARY: Skin color: Pink/fair Character: Thin, rough/crusty Temperature: Warm Turgor: Normal Rashes: None Bruises: Present Wounds: Present Braden Score: 16 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Skin color is fair and pink, with purple ecchymoses noted on the right anterior distal forearm, right upper arm, and left forearm, consistent with thin tissue. Rough, crusty patches were noted throughout the arms and face. Skin is dry and warm to touch, and skin turgor returns normally. A Band-Aid was noted on the central chest, and the dressing was left intact, so the wound was not evaluated at this time. The client stated he did not know what wound it was or how it happened. Stage I gluteal pressure injury was noted on the client's chart; however, when the area was assessed, the sacral area had a Mepilex dressing in place, so the wound was not assessed. Mepilex dressings were noted to bilateral ankles/heels; dressings were left intact and were not evaluated at this time. The client could not state if bilateral ankle/heel wounds were pressure injuries. The client also had moisture associated skin damage to the groin area. Two IV lines noted at the left anterior upper arm and right anterior hand. The client has a Braden score of 16, which indicates a mild risk for developing pressure ulcers.</p>
<p>HEENT: Head/Neck: Symmetrical Ears: Symmetrical with no lesions Eyes: PERRLA, symmetrical with no</p>	<p>The head and neck are symmetrical, and the trachea is midline. Lymph nodes are nonpalpable and nontender. Carotid pulses palpable 2+ bilaterally. Eyes are symmetrical, with no lesions</p>

<p>lesions or drainage Nose: No lesions or drainage Teeth: Decay and few missing teeth</p>	<p>or drainage present. Sclerae are white, corneas clear, and conjunctiva moist and pink. PERRLA and EOMS intact bilaterally. The client wears glasses. The septum is midline, and no lesions or drainage are present. Bilateral ears are symmetrical with no lesions. The client has a cochlear implant on the right side but is still hard of hearing. The client's lips were slightly chapped but intact. The oral mucosa was moist and pink. Some teeth decay and missing teeth were noted.</p>
<p>CARDIOVASCULAR: Heart sounds: Clear S1/S2 S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Palpable Capillary refill: Less than 3 seconds Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema: Bilateral lower extremities</p>	<p>Auscultated clear S1 and S2 heart sounds with no murmurs or extra beats. Normal rate and rhythm. Peripheral pulses were palpable +2 throughout, except bilateral dorsalis pedis pulses were +1. Capillary refill was less than three seconds in all extremities. No jugular vein distention noted. Edma present in the bilateral lower extremities, +2 in the legs and +1 in the ankle and feet.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Symmetrical respirations and normal rate and rhythm. Lung sounds diminished throughout all fields. Crackles heard in bilateral lower lobes. Productive cough noted.</p>
<p>GASTROINTESTINAL: Diet at home: Regular Current Diet: Regular with thin liquids and 1:1 assist Is Client Tolerating Diet? Yes Height: 182.9 cm (6'0) Weight: 101.8 kg (224 lbs. 6.9 oz) Auscultation Bowel sounds: Active Last BM: 10/07/2024 Palpation: Pain, Mass etc.: None Inspection: Noted Distention: None Incisions: None Scars: Present Drains: None Wounds: None Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>The client is on a regular diet with thin liquids and 1:1 feeding assistance. Bowel sounds were normoactive. The abdomen was soft and nontender upon palpation. No pain or masses noted. The client has a midline abdominal scar consistent with previous exploratory laparotomy.</p>

<p>GENITOURINARY: Color: Yellow/dark Character: Clear Quantity of urine: 600 mL Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: No lesions, edema, redness Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: External catheter Size:</p>	<p>The client has an external catheter in place. Genitals were inspected when the external catheter was assessed with the client's permission. No lesions, edema, or redness were noted. The client's urine was dark yellow and clear. When asked if the client experiences any pain, burning, or interruption while urinating, the client did not answer the questions.</p>
<p>Intake (in mLs) Output (in mLs)</p>	<p>Intake: Oral 480 mL; no IV fluids Output: 600 mL urine; bowel movement x1</p>
<p>MUSCULOSKELETAL: Neurovascular status: Hyperlipidemia ROM: Slightly diminished Supportive devices: Walker, gait belt Strength: Equal but diminished ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 34 Activity/Mobility Status: 2 assist Activity Tolerance: up as tolerated Independent (up ad lib) Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p>	<p>The client's range of motion is slightly diminished. Hand grips and pedal pushes were equal but diminished in strength. The client needs a two-person assist with ambulation and uses a gait belt and walker. Gait could not be assessed at this time. The client requires assistance with some activities of daily living, such as eating. The client has hyperlipidemia. The client has a fall score of 34, indicating he is a high fall risk.</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Noted Mental Status: Altered Speech: Clear Sensory: Normal LOC: Alert and responsive</p>	<p>The client is alert, responsive, and oriented to person, place, and time. MAEW and PERRLA present. Strength is equal but diminished bilaterally. His mental status is altered at times due to his dementia. His speech is clear and understandable, and he can follow commands.</p>
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Wife, daughter, and son Developmental level: Integrity vs Despair</p>	<p>The client lives with his wife and daughter who help care for him. They have a home health aide that comes during the day. The client states he is</p>

Religion & what it means to pt.: Catholic Personal/Family Data (Think about home environment, family structure, and available family support): Wife, daughter, son	Catholic and participates in prayer but has not gone to church “in a while.”
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Discharge Planning

Discharge location: The client will be discharged into a skilled nursing facility pending acceptance and availability.

Home health needs: The client has no home health needs as he will be discharged into a skilled nursing facility. However, the skilled facility could perform daily skilled therapy.

Equipment needs: The client will need a walker and possibly a wheelchair when discharged.

Follow up plan: The client was recommended daily skilled therapy to help improve his motor skills at least 4-5 days a week for 1-3 hours.

Education needs: The client needs to be educated on the importance of taking his Eliquis to prevent blood clots. He should also be educated on the importance of finishing his antibiotic therapy. The client is prone to moisture-associated skin damage, so education should be provided on reducing moisture to at-risk areas and frequently changing positions to prevent further pressure ulcers.

Nursing Process

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

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 	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
1. Impaired gas exchange related to pulmonary embolism as evidenced by abnormal ABGs, diminished breath sounds and hypoxia (Phelps, 2023).	I chose this diagnosis because it directly related to why he was admitted and to the ABCs of nursing. The client has a difficulty time breathing and keeping his O2 saturation up without oxygen.	The client will have normal breath sounds before discharge (Phelps, 2023).	1. Administer anticoagulants (Phelps, 2023). 2. Administer oxygen (Phelps, 2023).	The client was started on Eliquis and is on 2 liters on oxygen which helps to keep his oxygen above 92%.
2. Ineffective airway clearance related to secretions as evidenced by productive cough (Phelps, 2023).	I chose this diagnosis because the secretions could impair the client’s ability to oxygenate adequately and he was having difficulty expelling secretions (Phelps, 2023).	The client will expectorate mucus appropriately every shift (Phelps, 2023).	1. Turn client every 2 hours (Phelps, 2023). 2. Suction as ordered to clear airways (Phelps, 2023).	The client was turned every 2 hours to prevent pressure ulcers, but this also helped to mobilize the secretions (Phelps, 2023). If the client were to be suctioned, the nurse would monitor the respiratory status while this was being done (Phelps, 2023).
3. Impaired skin integrity related to excessive	I chose this diagnosis because the	The client will have improved	1. Turn client every 2 hours (Phelps,	The client was turned every 2 hours to help

moisture as evidenced by moisture-associated skin damage to the groin area (Phelps, 2023).	client was prone to this type of skin damage, and it could lead to infections or possible pressure ulcers.	wounds by discharge (Phelps, 2023).	2023). 2. Inspect skin every 8 hours or sooner and ensure areas prone to moisture are dry (Phelps, 2023).	alleviate pressure to his skin and minimize skin breakdown. The client's skin would be monitored for any new erythema, breakdown or for moisture (Phelps, 2023).
4. Impaired physical mobility related to decrease in muscle strength and control as evidenced by decrease in gross and fine motor skills (Phelps, 2023).	I chose this because the client was having difficulties performing ADLs, and this could cause him to stay in bed longer, putting him at risk for more DVTs.	The client will have an increase in muscle strength and ROM by discharge (Phelps, 2023).	1. Perform ROM exercises (Phelps, 2023). 2. Encourage independence as much as possible (Phelps, 2023).	The nurse would help the client perform PROM exercises to prevent atrophy. The client could perform some ADLs by himself, such as reaching for a cup or using a tissue for secretions.

Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.

