

**N321 CARE PLAN 2**

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Lakeview College of Nursing

N321: Adult Health I

Professor Henry

10/12/24

### Demographics

<b>Date of Admission</b> 10/6/24	<b>Client Initials</b> Y.N	<b>Age</b> 76	<b>Biological Gender</b> Female
<b>Race/Ethnicity</b> White/Caucasian	<b>Occupation</b> Retired	<b>Marital Status</b> Married	<b>Allergies</b> Hydromorphone
<b>Code Status</b> Full	<b>Height</b> 5'10	<b>Weight</b> 103lb	

### Medical History

**Past Medical History:** PAD, hyperlipidemia, Vitamin B12 deficiency anemia, Seizure, Colon CA metastasized to lungs, Hypertension, COPD, Chronic kidney disease, hypothyroidism, chronic idiopathic constipation, and diverticulitis.

**Past Surgical History:** Colon surgery, Abdomen surgery, Central venous catheter, small intestine surgery, cataract removal with implant left and right eyes, femoral enterectomy colostomy, and Lung biopsy

**Family History:** COPD and CHF in father, heart disease and stroke in son, heart disease in brother, and CHF in mother.

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

Client stated she stopped smoking cigarettes 6 years ago she smoked a pack a day, client reports no alcohol use, and states she doesn't use drugs or smokeless tobacco.

**Education:** The client only finished up to 10<sup>th</sup> grade

**Living Situation:** The client resides with her brother who take care of her every day.

**Assistive devices:** The client uses a walker in and outside of the house

### Admission History

**Chief Complaint:** Weakness

**History of Present Illness (HPI)– OLD CARTS**

The patient was admitted to the ED with complaints of weakness all over her body. The patient stated she was experiencing weakness for two days prior to coming in the hospital. The patient stated the weakness felt dull and laying down was her only method for feeling better. The patient states she did not take any medications and the weakness was a 10 on a scale 0-10. The patient received a foley and antibiotics after being admitted, some mild confusion was noted by the healthcare team, however the patient does not remember.

### **Admission Diagnosis**

**Primary Diagnosis:** UTI

**Secondary Diagnosis (if applicable):**

### **Pathophysiology**

UTIs are caused by the invasion of pathogens that enter the urinary system, which includes the bladder, urethra, and kidneys (Hinkle & Cheever, 2019). The most common bacteria *Escherichia coli* enters the urethra then travels through the bladder. The disease process of a UTI starts at the cellular level with bacterial invasion leading to inflammation and a possible systemic infection if not addressed in a timely fashion. “Urinary tract infections (UTIs) often start when bacteria get into the tube through which urine leaves the body, the urethra. Most UTIs involve the lower urinary tract, which includes the bladder and the urethra. Risk factors include being born female, using diaphragms or spermicide for birth control, and having blockages in the urinary tract” (MayoClinic, 2022, p.1). Signs and symptoms of UTIs include frequent urge to urinate, painful or burning feeling while urinating, cloudy appearing urine, foul- or strong-smelling urine, hematuria, fatigue, pelvic pain, and fever. Elderly patients' that obtain UTIs usually experience confusion, agitation, weakness, and loss of appetite This nursing student’s patient experienced pain while urinating, weakness, mild confusion and had cloudy foul-smelling

urine. The patient was diagnosed with a urinary tract infection based upon the patients' mental status, urinalysis which showed presence of bacteria, and CT scan. The provider ordered a foley for the patient, increased IV fluids, and antibiotics. The antibiotic that the client is taking is Rocephin, this antibiotic is used to treat bacterial infections. Increased IV fluids allows the urinary tract to flush out bacteria, and the foley was placed to help drain urine from the bladder due to the patient experiencing pain while urinating.

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

Hinkle, J. L., & Cheever, K. H. (2019). Lippincott Coursepointfor Brunner & Suddarth's Textbook of Medical-Surgical Nursing. Wolters Kluwer.

MayoClinic. (2022). *Urinary tract infection (UTI) - Symptoms and causes*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/symptoms-causes/syc-20353447?>

[utm\\_source=Google&utm\\_medium=abstract&utm\\_content=Urinary-tract-infection&utm\\_campaign=Knowledge-panel](https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/symptoms-causes/syc-20353447?utm_source=Google&utm_medium=abstract&utm_content=Urinary-tract-infection&utm_campaign=Knowledge-panel)

**Laboratory/Diagnostic Data**

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Potassium	5.4 mmol/L	4.3 mmol/L	3.5-5.0 mmol/L	The patient's potassium level was high due to the

				loss of electrolytes from frequent urination.
Chloride	119 mmol/L	118 mmol/L	98-107mmol/L	The patient's chloride was high due to dehydration caused by the UTI.
CO <sub>2</sub> , venous	9 mmol/L	9 mmol/L	22-30mmol/L	The patients CO <sub>2</sub> venous was low due to the patient having COPD.
BUN	63 mg/dl	60 mg/dl	10-20mg/dl	The patient's BUN was high due to kidney dysfunction.
Creatinine blood	4.57mg/dL	3.92 mg/dl	0.60-1.00mg/dl	The patient's creatinine blood was high due to kidney dysfunction.
GFR estimated	9	11	➤ =60	The patient's GFR estimated was low due to the patient having chronic kidney disease.
Calcium	4.4 mg/dl	4.5 mg/dl	8.7-10.5mg/dl	The patient's calcium is low due to the loss of electrolytes and lack of adequate nutrition.
Albumin	2.9 g/dL	Not drawn	3.5-5.0g/dL	The patient's albumin was

				low due to malnutrition and history of chronic kidney disease
RBC	3.55 10 <sup>6</sup> mL	3.13 10 <sup>6</sup> mL	3.80-5.30 10 <sup>6</sup> mL	The patient's RBC count is low due to the patient having vitamin B12 deficiency.
Hemoglobin	11.3 g/dL	10.1 g/dL	12.0-15.8 g/dL	The patient's hemoglobin is low due to B12 deficiency anemia.
Hematocrit	34.8%	30.1%	36.0-47.0%	The patient's hematocrit is low due to a combination of chronic kidney disease and vitamin B12 deficiency.
Lymphocytes	17.3%	20.0%	18.0-42%	The patient's lymphocytes are low due to the urine tract infection.

<b>Diagnostic Test &amp; Purpose</b>	<b>Clients Signs and Symptoms</b>	<b>Results</b>
US Renal complete	The patient's signs and symptoms were elevated BUN, potassium, and creatinine blood. The purpose of this	Both of the patient's kidneys were normal, but there were

	lab was to view the patients' kidneys to determine any abnormalities from the UTI.	bilateral upper calyceal calcifications and small stones noted.
CT abdomen pelvis w/o contrast	Client signs and symptoms were acute abdominal pain. The purpose of the CT scan was to view organ structure and diagnose the patient if needed.	The CT showed the abdomen and liver to be normal in size, but the patients' gallbladder was distended.

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

Mayo Clinic. (2022, January 6). *CT Scan*. Mayo Clinic. <https://www.mayoclinic.org/tests-procedures/ct-scan/about/pac-20393675>

Hinkle, J. L., & Cheever, K. H. (2019). Lippincott Coursepoint for Brunner & Suddarth's Textbook of Medical-Surgical Nursing. Wolters Kluwer.

### Active Orders

Active Orders	Rationale
General diet	The client is on a general diet because the doctor wants the patient to restore electrolytes and receive all proper nutrients to ensure the client isn't malnourished.
Case management consult	Case management was consulted due to the client not having a POA.
Nephrology consult	Nephrology consult is essential as the client stated she still suffers from peripheral neuropathy causing her pain to be a 10 on a scale 1-10.
OT therapy	The client has an OT therapy order for an ADL evaluation.
Physical therapy	The client has physical therapy as an active order to support the patient with the weakness she has been experiencing.
Continuous telemetry	The client is on telemetry monitoring due to having abnormal potassium level.
Up with assistance	The client is to up with assistance as she is experiencing weakness.
Routine vitals	The client has routine vitals to ensure the patient is not deteriorating.

Straight cath	The client received a straight catheter to obtain a urine sample.
Intake and output	The clients intake and output is an active order to ensure the patient is not going into fluid overload or becoming dehydrated.
Insert and maintain IV	Insert and maintain IV is an order to ensure the client will be able to receive medication and fluids
Bladder scan	The client received a bladder scan to ensure she wasn't retaining urine.
Admission weight	Admission weight is an active order to keep track if the client is retaining fluid and how much weight is being gained or lost.
Nursing night calls	Nursing night calls is an active order to ensure the patient is receiving the things she needs. Night calls involve monitoring clients who may have urgent care needs.
Pulse oximetry	Pulse oximetry is an active order as it ensure the client oxygen levels aren't too low due to the client having COPD.
Notify physician	Notify the physician is an active order due to the client having episodes of bradycardia and ventricular arrhythmias.

### Medications

#### Home Medications (Must List ALL)

<b>Brand/ Generic</b>	Aspirin/ Acetylsalicylic acid 81mg Oral Daily	Gabapentin/ Neurotonin 200mg Oral 2xdaily	Diphenoxylate- Atropine/ Lomotil 2.5mg Oral 4x daily	Pravastatin /pravachol 40mg Oral evening	Regorafenib/stivarga 100mg Oral Daily	Amlodopine/ Norvasc 5mg Oral Daily
<b>Classification</b>	Pharm: Salicylates Ther: antiplatelet agents (Davis's Drug Guide, 2019). (Drugs.com, 2024)	Pharm: GABA analog Ther: Anticonvulsant (Webmd, 2024). (Drugs.com, 2024)	Pharm: Antidiarrheals Ther: antidiarrheal (Webmd, 2024). (Drugs.com, 2024)	Pharm: Antihyperlipidemic Ther: Statins (Webmd, 2024). (Drugs.com, 2024)	Pharm: HMG-CoA reductase inhibitors Ther: Statins (Webmd, 2024). (Drugs.com, 2024)	Pharm: Calcium channel blockers Ther: Antihypertensive (Webmd, 2024). (Drugs.com, 2024)
<b>Reason Client Taking</b>	The client is taking aspirin for pain relief	The client has peripheral neuropathy	The client is taking this to treat diarrhea	The client is taking this med to lower cholesterol levels	This drug is being taken to lower cholesterol levels in the blood	This drug is being taken to treat high blood pressure
<b>Key nursing assessment(s) prior to administration</b>	View client liver function lab and evaluate the client for signs of bleeding (Webmd, 2024).	Assess the clients LOC and vital signs.	Assess client bowel sounds and verify that the patient does not have an allergy to the medication or its components (Webmd, 2024).	Assess client lipid panel and renal function	Assess the patients' electrolyte status, and assess the clients CBC	Assess the clients heart rate, and assess the clients BP prior to administering

<b>Brand/ Generic</b>	Folic acid/folvite 1mg Oral Daily	Temazepam /Restoril 15mg Oral Daily	Clopidogrel /Plavix 75mg Oral Daily	Ofloxacin/ ocuflox 0.3% solution Eye QID	Prednisolo ne acetate/pre d forte Ophthalmi c 1% suspension Daily	Levothyroxi ne/Synthroid 125mcg Oral Daily
<b>Classifi cation</b>	Pharm: B vitamins Ther: Vitamin supplement (Webmd, 2024) (Drugs.com , 2024)	Pharm: benzodiazep ines Ther: benzodiazep ines (Webmd, 2024). (Drugs.com, 2024)	Pharm: Thienopyrid ine antiplatelet Ther: Antiplatelet (Webmd, 2024). (Drugs.com , 2024)	Pharm: fluroquinol one antibiotic Ther: antibiotic (Webmd, 2024). (Drugs.co m, 2024)	Pharm: corticoster oid Ther: anti- inflammat ory (Webmd, 2024). (Drugs.co m, 2024)	Pharm: Thyroid hormones Ther: Thyroid hormone replacement (Webmd, 2024). (Drugs.com, 2024)
<b>Reason Client Taking</b>	The client is taking this for RBC production	The client is taking this for insomnia	To prevent blood clots from forming	To treat bacterial conjunctivi tis	To treat eye inflammati on	The client has hypothyroidi sm
<b>Key nursing assessm ent(s) prior to adminis tration</b>	Assess the client's dietary intake, and liver functioning tests	Assess the clients LOC and heart rate	Assess platelet levels and hemoglobin /hematocrit	Evaluate patient renal function, and history of allergies	Assess patient history for previous reactions to corticoster oids, and evaluate vital signs	Assess patients' cardiac history, and thyroid function tests
<b>Brand/ Generic</b>	Famotidine/ Pepcid 20mg Oral 2xdaily (Webmd, 2024).					

<b>Classification</b>	Pharm: H2 receptor antagonists Ther: Acid reducer (Webmd, 2024).					
<b>Reason Client Taking</b>	The client is taking this to treat acid reflux					
<b>Key nursing assessment(s) prior to administration</b>	Assess renal and assess client vitals.					

### Hospital Medications (Must List ALL)

<b>Brand/ Generic</b>	Acetaminophen/Tylenol 650mg Oral Q4	Amlodipine/Norvasc 5mg Oral Daily REPEAT MED	Aspirin/ acetylate 81mg Oral Daily REPEAT MED	Atenolol/ Tenormin 100mg Oral Daily	Calcium carbonate/tums 1000mg Oral daily	Nicotine/ nicoderm 1 patch Transdermal Daily/pm
<b>Classification</b>	Pharm: antipyretics Ther: analgesics (Webmd, 2024). (Drugs.com, 2024)			Pharm: Beta blocker Ther: antihypertensives (Webmd, 2024)	Pharm: antacids Ther: electrolyte replacements (Webmd, 2024) (Drugs.com,	Pharm: smoking cessation agents (Drugs.com, 2024). Ther: smoking

				(Drugs.com, 2024)	2024)	cessation agents (Drugs.com, 2024)
<b>Reason Client Taking</b>	The client is taking this for mild pain			The client is taking this to lower blood pressure	The client is taking this to control calcium levels	The client is taking this because she has a history of smoking cigarettes this reduces the nicotine craving.
<b>Key nursing assessment(s) prior to administration</b>	Assess patient liver status, and for alcohol history			Assess clients blood pressure, and assess heart rate for bradycardia	Assess patient calcium levels, and renal function	Assess patients' heart rate and cardiovascular issue
<b>Brand/ Generic</b>	Ceftriaxone/rocephin 2g Injection IV Q24	Mag sulfate premix 2g IV Once daily	Dextrose 5%-0.45% sodium chloride 100ml/hr. IV continuous	Heparin/ Porcine 5000 units SUBQ 3xdaily	Famotidine/ Pepcid 20mg Oral Daily REPEAT MED	Melatonin/ Melatonina 6mg Oral Nightly prn
<b>Classification</b>	Pharm: cephalosporin antibiotic Ther: antibiotic (Webmd, 2024). (Drugs.com, 2024)	Pharm: electrolyte supplement Ther: mineral supplement (Webmd, 2024). (Drugs.com, 2024)	Pharm: parenteral carbohydrate Ther: hypotonic fluid (Webmd, 2024). (Drugs.com,	Pharm: anticoagulant Ther: antithrombotic (Webmd, 2024). (Drugs.com, 2024)		Pharm: sleep aid Ther: hypnotic (Webmd, 2024). (Drugs.com, 2024)

			2024)			
<b>Reason Client Taking</b>	The client is taking this to treat UTI.	The client is taking this manage seizures.	The client is taking this to provide electrolyte balance.	To prevent blood clots.		The client is taking this to promote sleeping throughout the night.
<b>Key nursing assessment(s) prior to administration</b>	Assess client's renal function and patient allergy history to ensure there is no reactions to cephalosporins.	Assess client LOC and heart rate.	Assess client's fluid status and electrolyte levels.	Assess the client's platelet counts and APTT		Assess client history for sleep disorders, and assess clients LOC.
<b>Brand/ Generic</b>	Clopidogrel/ Plavix 75mg Oral Daily REPEAT MED	Maghydroxide/Milk of magnesia 400mg/5ml 30ml Oral Daily prn (Webmd, 2024). (Drugs.com, 2024)	Diphenoxylate atropine Lomotil 2.5mg Oral 4xdaily REPEAT MED	Folic acid/Folvite 1mg Oral Daily REPEAT MED	Levothyroxine/Synthroid 125mcg Oral Every morning before breakfast REPEAT MED	Temazepam/Restoril 7.5mg Oral Nightly PRN REPEAT MED
<b>Classification</b>		Pharm: laxative Ther: antacid				
<b>Reason Client Taking</b>		The client is taking this to relieve constipation				
<b>Key nursing</b>		Assess client				

<b>assessment(s) prior to administration</b>		bowel sounds, and electrolytes				
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### Prioritize Three Hospital Medications

<b>Medications</b>	<b>Why this medication was chosen</b>	<b>List 2 side effects. These must correlate to your client</b>
1. Rocephin	This medication is crucial as it helps get rid of bacteria from the UTI.	1. Diarrhea 2. itching
2. Heparin	This medication prevents blood clots, and due to the patient staying in bed and not ambulating, the risk for blood clots increases.	1. Bruising 2. Bleeding
3. Gabapentin	This medication was chosen because the patient suffers from peripheral neuropathy, the patient stated the pain is	1. Drowsiness 2. Difficulty with balance

	intense.	
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### Medications Reference (1) (APA)

Drugs.com. (2024a). *Drugs.com | Prescription Drug Information, Interactions & Side Effects.*

Drugs.com; Drugs.com. <https://www.drugs.com>

### 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>	Patient is alert and oriented x3 The patient does not appear to be in distress, and she looks well-groomed overall. The patient is not on any infection control precautions. The patient did complain about her peripheral neuropathy while assessing, patient stated she can't feel her toes.
<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>	9:00 am vitals 97.4 F temporal 18 respirations 78 pulse rate 149/65 BP 97 oxygen  Noon vitals: patient was eating lunch and preferred to wait for vital signs to be checked.
<b>PAIN ASSESSMENT:</b> <b>Time:</b> <b>Scale:</b> <b>Location:</b> <b>Severity:</b> <b>Characteristics:</b> <b>Interventions:</b>	9:00 am 0-10 No pain stated by the client  Noon Client stated she is experiencing neuropathy in her toes. Client rated pain a 10 on a scale 1-10 nurse was notified.
<b>IV ASSESSMENT:</b> <b>Size of IV:</b> <b>Location of IV:</b> <b>Date on IV:</b> <b>Patency of IV:</b>	22g Anterior right forearm 10/6/24 IV is patent blood return noted There were no present signs or erythema, or

<b>Signs of erythema, drainage, etc.:</b> <b>IV dressing assessment:</b> <b>Fluid Type/Rate or Saline Lock:</b>	drainage noted, patient does have some slight bruising due to IV placement. Iv is clean, dry, and intact.
<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:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b>	The patients' skin is white, dry and warm. The patient has normal skin turgor meaning the skin is not dry, there are no rashes or wounds observed. The patient does have bruising in her left arm from IV insertion. The patients Braden score is 17 and there are no drains present.
<b>HEENT:</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	The patients' head and neck is symmetrical with the rest of the patients' body, ears are normally shaped with no drainage or abnormalities observed. Sclera is white no drainage noted, the patients' eyes are a bit dry but there aren't any serious abnormalities noted, the patients' septum is midline no polyps observed, and the patient has all her teeth, dentation appears normal. Overall mucosa is pink and moist.
<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:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Location of Edema:</b>	The patients' heart sounds were within normal limits, S1 and S2 heard with no murmurs. Or gallops noted. The patients' pulses were 3+, cap refills were <3secs, no neck vein distension or edema noted.
<b>RESPIRATORY:</b> <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Breath Sounds: Location, character</b>	No accessory muscle use noted, breath sounds were heard anteriorly and posteriorly. Lung sounds are normal no crackles or wheezing was heard.
<b>GASTROINTESTINAL:</b> <b>Diet at home:</b> <b>Current Diet:</b> <b>Is Client Tolerating Diet?</b> <b>Height:</b> <b>Weight:</b> <b>Auscultation Bowel sounds:</b> <b>Last BM:</b>	The patient has a poor diet at home, the patient stated that she takes a couple bites of food and then she isn't hungry anymore. The patient said her diet consists of sandwiches and finger foods. The patient is currently on a regular diet and has eaten all of her breakfast and lunch. The patients' height is 5'10 and weight are 103lbs



<b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>if no -</b> <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/> <b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	mental speech and sensory status is within normal limits. The patients' LOC is normal no deficits observed. The patient was able to thoroughly explain how she is currently feeling and was able to follow directions.
<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>	Client stated she copes by watching television and talking to her brother. Client completed up to 10 <sup>th</sup> grade and just worked regular jobs. The client can speak fluently and is coherent. The client depends on her 3 sons and her brother for support. The client stated they take good care of her.

### Discharge Planning

**Discharge location:** The client will be discharged back home with her brother.

**Home health needs:** The client stated she does not acquire any home health needs, however; this nursing student believes that the patient would benefit from having a caretaker to assist with ADLS and to provide companionship.

**Equipment needs:** The client does not have any equipment needs; the client uses her walker.

**Follow up plan:** The client does not currently have a follow up plan in place. but the client should reach out to her provider with an update regarding her health status, after she is discharged from the hospital.

**Education needs:** The client needs to be educated on the importance of incentive spirometry, proper nourishment, activity tolerance, medication reminders, proper hygiene practices, hydration, teach client to recognize symptoms, and ensure the client understands how important it is to take prescribed medications.

### 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 priority – highest priority to lowest priority pertinent to this client</li> </ul>	<b>Rationale</b> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<b>Outcome Goal (1 per dx)</b>	<b>Interventions (2 per goal)</b>	<b>Evaluation of interventions</b>
<b>1.</b> Acute pain related to infection of the urinary tract as evidenced by complains of pain while urinating.	This nursing diagnosis was chosen for the patient because the patient stated she was still feeling some mild discomfort while urinating	The patient will not make complaints regarding pain while urinating.	<b>1.</b> Monitor patient for signs and symptoms  <b>2.</b> Assess patient pain level	The patients' pain will be controlled.
<b>2.</b> Risk for fluid overload related to impaired renal function as evidenced by electrolyte imbalances	This nursing diagnosis was chosen for the patient because the patient has abnormal potassium and calcium levels.	The patients' renal function will improve.	<b>1.</b> Assess patients' weight every morning  <b>2.</b> Monitor kidney function tests	The patient will not go into fluid overload and renal function will be wnl.
<b>3.</b> Knowledge deficit related to diet as evidenced by patient stating she does not	This nursing diagnosis was chosen for the patient because the patient suffers from	The patients' electrolytes will be normal, and the	<b>1.</b> Consult the hospital nutritionist  <b>2.</b> Educate the client on	The patient will explain and understand the importance of maintaining a healthy diet.

eat healthy or enough food.	Vitamin B12 deficiency anemia. It is essential for the patient to eat foods high in B12 to maintain proper nutrients and ensure the patients anemia doesn't deteriorate.	patients' CBC will be within normal limits	proper diet to prevent vitamin b12 deficiency.	
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### Other References (APA):

Davis's Drug Guide. (2019). *Aspirin (Acuprin, Aspergum) | Davis's Drug Guide*.

Drugguide.com.

<https://www.drugguide.com/ddo/view/Davis-Drug-Guide/109284/all/aspirin?q=Aspirin>

Drugs.com. (2024a). *Drugs.com | Prescription Drug Information, Interactions & Side Effects*.

Drugs.com; Drugs.com. <https://www.drugs.com>

Drugs.com. (2024b). *Nicoderm CQ Advanced Patient Information*. Drugs.com.

<https://www.drugs.com/cons/nicoderm-cq.html>

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MayoClinic. (2022). *Urinary tract infection (UTI) - Symptoms and causes*. Mayo Clinic.

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infection&utm\_campaign=Knowledge-panel

Webmd. (2024). *WebMD Drugs & Medications - Medical information on prescription drugs, vitamins and over-the-counter medicines*. Webmd.com.

<https://www.webmd.com/drugs/2/search?type=drugs&query=temazepam>





