N431 **CARE PLAN #2**

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Lakeview College of Nursing

N321: Adult Health II

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10/14/2024

Demographics

Date of Admission	**Client Initials**	**Age**	**Biological Gender**
10/9/2024	DLL	73	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Messenger at Sara Bush	married	Compazine
Code Status	**Height**	**Weight**	
Full	157 cm	63.8 kg	

Medical History

Past Medical History: MDRO, hyperlipidemia, hypertension

Past Surgical History: appendectomy laparoscopic- March 2024; hernia repair umbilical- December 2018; Urinary bladder structure- 1968; colonoscopy- 2010; removal of ovaries- 1995

Family History: Father- lung cancer; Mother- TIA

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): N/A; patient said she has never used any alcohol, drugs, or tobacco

Education: high school diploma

Living Situation: patient lives with her son in a house

Assistive devices: no assistive devices

Admission History

Chief Complaint: diarrhea and cramping

History of Present Illness (HPI)– OLD CARTS

The patient has a chief complaint of diarrhea and abdominal cramping. The patient says that she has the urge to defecate often and has stomach cramps. The patient said it started on October 9, 2024. The patient says that “the diarrhea comes and goes, but the cramping is continuous.” The patient said that sometimes she gets nauseas from the cramping. The patient

also said that the medications will help relieve the cramping and the nausea. The patient has had treatment in the past for clostridium difficile at Sara Bush Lincoln Hospital.

Admission Diagnosis

Primary Diagnosis: Recurrent Clostrium Difficile

Secondary Diagnosis (if applicable): n/a

Pathophysiology

My patient is hospitalized due to her recurrent Clostridium difficile. My patient had this infection about a month ago and was not compliant with her medication and hygiene education, so it came back. Clostridium difficile " is a spore-forming, toxin-secreting anaerobic bacteria" (Capriotti & Frizzell, 2020, pg, 191). A person initially ingests these spores and then multiply within the patient in their small and large intestines (Capriotti & Frizzell, 2020). These organisms produce toxins within the intestines that "disrupt the intestinal mucosa, erode the intestinal epithelial cells, and form pseudomembranes that contain necrotic tissue, WBCs, and mucus" (Capriotti & Frizzell, 2020, pg.191). These organisms will continue to grow in number and produce more toxins without proper treatment. Clostridium difficile is spread by feces (Capriotti & Frizzell, 2020). If the feces with this bacterium touch any surface, it can "serve as a reservoir for the C. difficile spores" (Capriotti & Frizzell, 2020, pg, 191). Healthcare professionals must follow the hospital's precautions when caring for Clostridium difficile patients. This will prevent the risk of transmitting this infection. Anyone positive for Clostridium difficile is placed under contact precaution, so the healthcare team must wear a gown and gloves (Capriotti & Frizzell, 2020).

There are multiple signs and symptoms that are portrayed with Clostridium difficile. These include excessive diarrhea, abdominal pain and cramping, nausea, fever, and dehydration (Swaringen & Wright, 2019). My patient presented with diarrhea, abdominal cramping, and nausea. My patient was diagnosed with this infection from a positive stool culture that showed Clostridium difficile bacteria. The treatment for this infection includes antibiotics. My patient was prescribed the antibiotic fidaxomicin. The patient could also have been ordered metronidazole and vancomycin (Capriotti & Frizzell, 2020). It is also essential to educate the patient to help prevent the infection from reoccurring. This includes medication compliance. The patient should be instructed to take their medication daily for ten days (Capriotti & Frizzell, 2020). The patient should not avoid the medication even if symptoms subside. The patient should also be educated on proper hygiene. The patient should be taught how to wash their hands and how often to wash them. The patient should also be trained to wipe from front to back when cleaning their perineal and perianal area. This will help prevent the spread of bacteria (Capriotti & Frizzell, 2020). The low electrolyte, red blood cell, and glomerular filtration rate levels all help correlate to the symptoms of Clostridium difficile.

Pathophysiology References (2) (APA):

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

Swaringen, P. L., & Wright, J. D. (2019). All-in-one nursing care planning resource: medical surgical, pediatric, maternity, and psychiatric-mental health. St. Louis, MO: Elsevier

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Calcium	8.2	8.4	8.6-10.3	It is common for electrolytes to be decreased in a patient with Clostridium difficile (Hinkle & Cheever, 2022). The patient is having a lot of diarrhea which causes a loss of these electrolytes (Hinkle & Cheever, 2022). This is the reason why the calcium levels are low.
Sodium	130	133	136-145	The patient's sodium is low also because of the diarrhea (Hinkle & Cheever, 2022). The sodium could also be low due to the diet the patient is on. The patient is on a full-liquid diet; therefore, they are not receiving any sodium through their nutrition (Hinkle & Cheever, 2022).
Potassium	3.2	3.4	3.5-5.1	The patient's potassium is low also because of the excessive diarrhea and diet status (Hinkle & Cheever, 2022).
RBC	3.52	3.25	3.8-5.41	The low red blood cell level could be low also due to their diarrhea with the Clostridium difficile. The patient is not only losing electrolytes, but also fluid (Hinkle & Cheever, 2022). This can cause a loss of blood volume which results in anemia (Hinkle & Cheever, 2022).
GFR	74	88	>90	The patient's GFR levels

				are likely low due to their dehydration from Clostridium difficile (Hinkle & Cheever, 2022). The patient has diarrhea which leads to fluid loss and dehydration (Hinkle & Cheever, 2022). This will lower the GFR because the blood flow to the kidneys is decreased with low fluid volume (Hinkle & Cheever, 2022).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
CT of the abdomen and pelvis without contrast	The patient was ordered this diagnostic test due to her abdomen pain and cramping.	The results of the CT scan showed mild small bowel dysmotility.

Diagnostic Test Reference (1) (APA):

Hinkle, J. L., & Cheever, K. H. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

Active Orders

Active Orders	Rationale
Full liquid diet	The patient is placed on this diet to help with the symptoms of Clostridium difficile (Hinkle & Cheever, 2022). This is gentler for the intestines, and it will help promote hydration (Hinkle & Cheever, 2022).
Intake and output	This is an order placed by the doctor so the patient's fluid balance can be monitored

	(Hinkle & Cheever, 2022). This will help the provider know if the patient is losing an excessive amount of fluid (Hinkle & Cheever, 2022).
Contact isolation	The patient is placed on this to prevent transmission of the infection (Hinkle & Cheever, 2022). This requires the healthcare professionals to wear a gown and gloves when they are caring for the patient.
BMP daily	This is ordered for the client to measure their levels and fluid balance (Hinkle & Cheever, 2022). My patient has diarrhea with their infection. This will help monitor the levels, so the provider knows if any of the electrolytes are below the normal range (Hinkle & Cheever, 2022).

Medications

Home Medications (Must List ALL)

Brand/Generic	acetaminophen/Tylenol	lisinopril-hydrochlorothiazide/Lithane				
Classification	Pharmacologic class-Nonsalicylate, para-aminophenol derivative Therapeutic class-antipyretic, nonopioid analgesic (Jones & Bartlett Learning, 2022)	Pharmacologic class-angiotensin-converting enzyme inhibitor Therapeutic class-antihypertensive (Jones & Bartlett Learning, 2022)				
Reason Client Taking	The client is taking this medication to help relieve some of her pain (Jones & Bartlett Learning, 2022).	The client is taking this medication for high blood pressure (Jones & Bartlett Learning, 2022). The patient has a history of hypertension.				
List two teaching needs for the medication pertinent to the client	1.The patient should be taught not to exceed the maximum amount (Jones & Bartlett Learning, 2022). The patient should not take more than 4,000 mg a day (Jones & Bartlett	1.The patient should take this medication at the same time every day (Jones & Bartlett Learning, 2022). This is preferred to take in the morning (Jones & Bartlett Learning, 2022). 2.The patient should also be				

	Learning, 2022). 2.The patient should be taught the side effects of toxicity for this medication. This includes bleeding, bruising, and weakness (Jones & Bartlett Learning, 2022).	taught on compliance with this medication (Jones & Bartlett Learning, 2022). The patient needs to take this medication everyday even if they do not feel sick (c Jones & Bartlett Learning, 2022ite)				
Key nursing assessment(s) prior to administration	The nurse needs to check the patient's pain level before administering this medication (Jones & Bartlett Learning, 2022). The nurse does not want to give this medication if the patient is not in any pain.	The nurse needs to take the patient's blood pressure before administering the medication (Jones & Bartlett Learning, 2022). The nurse does not want to give this medication to the patient if their blood pressure is low because it can cause hypotension (Jones & Bartlett Learning, 2022).				

Hospital Medications (Must List ALL)

Brand/Generic	enoxaparin/ Lovenox	dicyclomine hydrochloride/ Bentyl	fidaxomicin/Dificid	ondansetron/Zofran	pantoprazole/ Protonix
Classification	Pharmacologic class- Low-molecular-weight heparin Therapeutic class- anticoagulant (Jones & Bartlett Learning, 2022)	Pharmacologic class- anticholinergic Therapeutic class- antispasmodic (Jones & Bartlett Learning, 2022)	Pharmacologic class- Macrolide Therapeutic class- antibiotic (Jones & Bartlett Learning, 2022)	Pharmacologic class- selective serotonin receptor antagonist Therapeutic class- antiemetic (Jones & Bartlett Learning, 2022)	Pharmacologic class- proton pump inhibitor Therapeutic class- antiulcer (Jones & Bartlett Learning, 2022)
Reason Client Taking	The patient is taking this medication to prevent blood clots from forming in the hospital (Jones & Bartlett Learning, 2022).	The patient is taking this PRN to help relieve their abdomen cramping (Jones & Bartlett Learning, 2022).	The patient is taking this antibiotic to help treat their Clostridium difficile (Jones & Bartlett Learning, 2022).	The patient is taking this medication PRN for their nausea (Jones & Bartlett Learning, 2022)	The patient is taking this medication to treat and prevent any gastric acid reflux (Jones & Bartlett Learning, 2022).
List two teaching needs for the medication pertinent to the client	1. The patient needs to be educated in avoiding injury. This medication is a blood thinner, so they need to prevent bleeding as much as possible (Jones & Bartlett Learning, 2022).	1.The patient should take this medication 30-60 minutes after eating a meal (Jones & Bartlett Learning, 2022). 2. The patient should also be informed "not take an antacid or an antidiarrheal within 2	1. The patient should be educated on swallowing the pill whole (Jones & Bartlett Learning, 2022). 2. The patient should be educated on taking this medication every day	1.The patient should be educated on letting this medication dissolve on their tongue before swallowing it (Jones & Bartlett Learning, 2022). 2. The patient should also be educated on	1.Educate the patient to take this medication 30 minutes before a meal (Jones & Bartlett Learning, 2022). 2. The patient should also be educated on swallowing the pill whole (Jones & Bartlett Learning, 2022). The patient should not crush or chew the medication (Jones & Bartlett

	2. The patient also should be educated on not taking any NSAIDS or over the counter drugs because these can increase the risk for bleeding (Jones & Bartlett Learning, 2022). The patient should only take these if their provider prescribed them.	hours of dicyclomine" (Jones & Bartlett Learning, 2022, pg. 383).	for ten days (Jones & Bartlett Learning, 2022).	notifying their provider of signs of hypersensitivity (Jones & Bartlett Learning, 2022). These include rash or chest pain (Jones & Bartlett Learning, 2022).	Learning, 2022).
Key nursing assessment(s) prior to administration	1.The nurse should implement safety precautions to avoid injury and bleeding (Jones & Bartlett Learning, 2022). 2. The nurse should also hold the site where the medication was given to decrease the bleeding (Jones & Bartlett Learning, 2022).	1.The nurse should take the patient's pulse before administering this medication because it can cause an increase in the heart rate (Jones & Bartlett Learning, 2022)	1. The nurse should make sure the client is not taking a different antibiotic at the same time as this medication (Jones & Bartlett Learning, 2022). The drug is most effective if it is the only antibiotic being taken (Jones & Bartlett Learning, 2022).	The nurse should check the potassium and magnesium levels before administration of this medication because it should not be given if they are below the normal levels (Jones & Bartlett Learning, 2022).	1.The nurse should monitor if there is a decrease in urine output for the patient (Jones & Bartlett Learning, 2022). This medication can cause acute tubulointerstitial nephritis (Jones & Bartlett Learning, 2022). 2.The nurse needs to give this medication to the patient at least 30 minutes before they eat (Jones & Bartlett Learning, 2022).

Brand/ Generic	acetaminophen/ Tylenol **This is listed above in the home medications.**	lisinopril-hydrochlorothiazide/ Lithane **This is listed above in the home medications.**
Classification		
Reason Client Taking		
List two teaching needs for the medication pertinent to the client		
Key nursing assessment(s) prior to administration		

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1.enoxaparin	I chose this medication because I thought it was very important. If this medication is not taken, then the patient can develop a clot. This will cause difficulties with blood circulation (Hinkle & Cheever, 2022). A clot could eventually travel to the patient's lungs and cause even bigger complications (Hinkle & Cheever, 2022).	1. This medication can cause diarrhea (Jones & Bartlett Learning, 2022). This is important for my client because they are already having excessive diarrhea with their infection. 2. This medication can also cause anemia (Jones & Bartlett Learning, 2022). This is important for my patients because their red blood cell levels have already decreased.
2. fidaxomicin	I also chose to prioritize this medication. This medication is very important because it is an antibiotic that is going to help rid the patient of their Clostridium difficile infection (Jones & Bartlett Learning, 2022). This is important because if the patient does not take this medication, then they can continue to have excessive diarrhea. This will cause a major imbalance in the patient's fluid and electrolyte levels (Hinkle & Cheever, 2022). This could lead to major complications such as dysrhythmias, seizures, and shock (Hinkle & Cheever, 2022).	1. This medication can cause abdominal pain (Jones & Bartlett Learning, 2022). This is important for my patients because they are already experiencing abdominal pain, and this can make it worse. 2.This medication can also cause a GI hemorrhage (Jones & Bartlett Learning, 2022). This is important for my patient because they are already at risk for fluid deficit and decreased red blood cells (Hinkle & Cheever, 2022).
3.lisinopril-	This medication is also important to prioritize. This	1. This medication can cause orthostatic hypotension

hydrochlorithiazide	helps keep the patient's blood pressure level within the normal range (Jones & Bartlett Learning, 2022). If the patient's blood pressure is not controlled, it can cause extra straining of the heart (Hinkle & Cheever, 2022).	(Jones & Bartlett Learning, 2022). This is important for my patients because they are ad lib. This means that they could get up without help from healthcare workers and experience a decrease in blood pressure. 2. This medication can also cause hyponatremia (Jones & Bartlett Learning, 2022). This is important for my patient because their sodium levels are already decreased.

Medications Reference (1) (APA):

Hinkle, J. L., & Cheever, K. H. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

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

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	The patient is alert and oriented times 4. The patient is not showing any signs of distress. The patient has an appropriate appearance for age. The patient is on contact precautions for positive Clostridium difficile. The client has a complaint of abdominal cramping in the lower quadrants. The patient also wanted to talk to the doctor to see if she could have her diet move from full liquids to soft foods.
VITAL SIGNS: **Temp:** 36.4 degrees Celsius **Resp rate:** 18 **Pulse:** 71 **B/P:** 122/72 **Oxygen:** 96	Vital signs are listed on the left.

Delivery Method: room air	
PAIN ASSESSMENT: **Time:** 0900 **Scale:** 6 on a 0-10 scale **Location:** abdominal cramping **Severity:** patient said that the cramping was really bothering her, and she wanted some medication; rated it a 6 on a 0-10 scale **Characteristics:** cramping in the lower quadrants of the abdomen **Interventions:** patient was given 2 tablets of acetaminophen for the pain	Pain assessment is listed on the left.
IV ASSESSMENT: **Size of IV:** 20 gauge **Location of IV:** right forearm **Date on IV:** 10/12/2024 **Patency of IV:** IV flushes well **Signs of erythema, drainage, etc.:** n/a **IV dressing assessment:** no abnormalities **Fluid Type/Rate or Saline Lock:** saline lock	IV assessment listed on the left.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	The patient's skin color was appropriate for her ethnicity. The skin was intact with no open sores. The patient's skin was warm to touch with proper skin turgor. The patient did not have any rashes. The patient had a bruise on their left forearm; the patient did not know where it came from. The patient had blanchable redness in their perianal area. The patient's Braden score was 14. There were no drains present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patient did not have any abnormalities with their head. The head and face were symmetrical. The patients had a full range of motion in their neck and trachea was midline. The patient's vision was good with no glasses or contacts. The patient could hear and understand me well. There was no drainage from the patient's eyes, ears, or nose. The patient was missing four front teeth in their mouth.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:**	The patient had a normal sinus rhythm; S1 and S2 were heard; no murmurs present; pulses were +2; the cap refill time was <3 seconds; there was no edema on the patient; no neck vein distention

Capillary refill: **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	The patient had regular respirations; clear lung sounds bilaterally; no use of accessory muscle use
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating Diet?** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	The patient's diet at home was regular; in the hospital their diet was full liquids; the patient is tolerating their diet; the patient's height is 157 cm and weight is 63.8 kg; bowel sounds were active in all four quadrants; the patient's last BM was 10/14; the patient had tenderness in their lower quadrants when I was palpating their abdomen; no distention, incisions, scars, drains, or wounds present on the patient
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	The patient's urine is dark yellow; 150 urine output when I took the patient to the bathroom; the patient did not have any pain with urinating; no abnormalities of the patient's genitals; no catheter or dialysis for this patient

Intake (in mLs) **Output (in mLs)**	Intake: 1,080 mL Output: 150 mL (the patient could have used the restroom more times when I was not in the room)
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	The patient's nail beds showed no signs of cyanosis; temperature was warm; patient had full range of motion in all four extremities; the patient's strength was an +5 in all four extremities; the patient did not use any supportive devices; the patient was up ad lib; the patient's fall score was 40
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is MAEW and PERLA; the patient has equal strength; the patient is alert and oriented to person, place, situation, and time; the patient's cognitive level is appropriate; the patient is not slurring words or speech; the patient's speech is clear
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	The patient said that she talks to her son when she has a problem to cope with. She says this helps her feel better about her issues. The patient's developmental level is appropriate for her age. The patient said she was Christian and goes to church when she can. The patient can make decisions on her own. The patient has her son for her support person. The patient's husband is in a nursing home.

Discharge Planning

Discharge location: The patient will get discharged back to her home with her son.

Home health needs: The patient does not need any home health needs. She can take care of herself and make her own decisions.

Equipment needs: There is no equipment needed for this patient.

Follow up plan: The follow up plan is for the patient to get rid of the infection and finish all their antibiotics.

Education needs: The patient needs to be educated on medication compliance for her antibiotic. The patient also needs to be educated on proper hygiene to prevent a reoccurring Clostridium difficile.

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. Risk for fluid volume deficit related to fluid loss from excessive diarrhea as evidenced by a low GFR and electrolyte levels.	I chose this nursing diagnosis because I thought it was very important. If the patient loses too much fluid and electrolytes, this could place them at risk for more	The goal for this nursing diagnosis is for the patient's electrolyte and GFR levels to go back within their normal range within the next 48	1. Assess the patient's vital signs every 4 hours to check any abnormal levels related to fluid volume deficit (Swaringen & Wright, 2019). This can include	I was unable to see the results of the interventions, but I would expect to see the patient's levels to increase back within their normal range.

	severe complications such as shock (Swaringen & Wright, 2019).	hours.	hypotension (Swaringen & Wright, 2019). 2. Encourage the patient to drink fluids (Swaringen & Wright, 2019)	
2. Risk for skin breakdown related to "irritation caused by frequent stooling" as evidenced by redness on the patient's butt (Swaringen & Wright, 2019, pg. 632).	This diagnosis is chosen so that the nursing care can prevent excessive skin breakdown and open sores.	The goal for this nursing diagnosis is for the patient's skin around their perianal area to stay intact and blanchable throughout their hospital stay.	1. Assess the perianal areas for any redness or signs of skin breakdown every shift (Swaringen & Wright, 2019). 2. Educate the patient on avoiding wipes that have alcohol or cause irritation on the skin (Swaringen & Wright, 2019).	I was unable to see these interventions placed, but I would expect to see the patient's bottom stay intact and the redness decrease.
3. Risk for knowledge deficit related to prevention of infection and good hand hygiene as evidenced by the patient having recurring Clostridium difficile.	I chose this diagnosis so that the patient can get rid of the infection and prevent it from happening again.	The goal for this nursing diagnosis is for the patient to demonstrate how to perform proper hygiene before being discharged from the hospital.	1.Educate the patient on medication compliance. The patient needs to be educated to take the antibiotic everyday until the pills are gone (Swaringen & Wright, 2019). 2. Educate the patient on proper	I was unable to see the nurse educate the patient, but I would expect the patient to show the nurse how to properly wash her hands and cleanse their body.

			hygiene techniques (Swaringen & Wright, 2019). This includes washing hands correctly and wiping their perianal and perineal areas from front to back to avoid infection (Swaringen & Wright, 2019).	
4. Risk for acute pain related to abdominal cramping from the Clostridium difficile as evidenced by the patient ranking their pain higher than a 5 on a 0-10 pain scale.	I chose this diagnosis due to the pain that my patient was having. It is important for nurses to help alleviate our patients from pain as much as possible.	The goal for this nursing diagnosis is for the patient's pain level to decrease an hour after the interventions are implemented.	1. Assess the patient's pain level every 4 hours (Swaringen & Wright, 2019). 2. Administer pain medications as ordered if the patient is in pain (Swaringen & Wright, 2019).	I was able to see the interventions implemented. The patient's pain did decrease after they were given acetaminophen.

Other References (APA):

Swaringen, P. L., & Wright, J. D. (2019). All-in-one nursing care planning resource: medical surgical, pediatric, maternity, and psychiatric-mental health. St. Louis, MO: Elsevier