N311 Care Plan 3

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Scribner

10/20/2024

Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
10-08-2024	C.S.H	71 years old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Unemployed	Single	None
Code Status	**Height**	**Weight**	
DNR/DNI	185.4cm	90.7kg	

Medical History (5 Points)

Past Medical History: Hypothyroid, metastatic melanoma, mass of colon, and melanoma on left leg.

Past Surgical History: Skin cancer excision on the left leg.

Family History: Nothing to report at this time.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Alcohol use once a week.

Admission Assessment

Chief Complaint (2 points): Patient came in feeling very weak after immunotherapy that morning.

History of Present Illness – OLD CARTS (10 points): The patient came in on 10/08/2024. The patient is experiencing generalized weakness throughout the whole body. Weakness started this morning after immunotherapy. The weakness is aggravated with exertion and relieved with rest. The patient was started on 0.9% NaCl infusion. The severity of weakness is found to be chronic due to patients' cancer diagnosis.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Hyponatremia

Secondary Diagnosis (if applicable): N/A

Pathophysiology

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

Hyponatremia is a sodium level of less than 135 mEq/L (Capriotti, 2024, pg 124). Mild hyponatremia increases the likelihood of a hospital stay and mortality (Adrogué et al., 2022). Severe hyponatremia can cause issues such as seizures, coma, and irreversible neurological damage due to brain swelling that can occur (Capriotti, 2024, pg 124). Hyponatremia can happen due to too much fluid, hypervolemia hyponatremia, or too little fluid, hypovolemic hyponatremia (Capriotti, 2024, pg 124).

Hypovolemic hyponatremia is often caused by losses in the kidney tract such as adrenal insufficiency, osmotic diuresis, diuretic use, and salt-losing nephritis, or by the gastro-intestinal tract due to diarrhea, vomiting, excessive sweating, cystic fibrosis, gastric lavage, fistulas, burns, and wounds (Capriotti, 2024, pg 124). In older adult's electrolyte imbalances, such as hyponatremia, can be caused by side effects of medications, insensitivity of the thirst center, or inadequate hydration (Capriotti, 2024, pg 124). Hypovolemic hyponatremia symptoms are thirst, dry mouth, orthostatic hypotension, tachycardia, high blood urea nitrogen concentration, and low urine output (Capriotti, 2024, pg 124).

Hypervolemic hyponatremia commonly occurs when fluid excretion is impaired and sodium is then diluted within a larger volume of fluid in the bloodstream (Capriotti, 2024, pg 124). Symptoms include headache, lethargy, apathy, confusion, nausea, vomiting, diarrhea, muscle cramps, and muscle spasms (Capriotti, 2024, pg 124). Hyponatremia is part of a drop in the serum total osmolality, which is calculated by 2(Na) mEq/L + serum glucose (mg/dL) / 18 + BUN (mg/dL) / 2.8 (Capriotti, 2024, pg 124). An acute drop in osmolality then neuronal cell swelling occurs because of the fluid shift from the extracellular space to the intracellular space

causing swelling of the brain cells resulting in inhibition to ADH secretion from neurons in the hypothalamus and hypothalamic thirst center, which leads to excess water elimination as dilute urine, or there is an immediate adaptation with loss of electrolytes, and then in the next few days there is a more of a gradual loss of organic intracellular solutes (Capriotti, 2024, pg 124).

Diagnostic tests used to determine hyponatremia include a blood test to check the amount of sodium in the blood. Treatments depend on what is causing hyponatremia (Capriotti, 2024, pg 124). If dehydration is expected, then a slow replacement of sodium and fluid intake would be the easiest method (Capriotti, 2024, pg 124). Slow treatment is important to the patient's health due to rapid correction of serum sodium can cause severe neurological issues (Capriotti, 2024, pg 124). More aggressive measures would be a replacement with normal saline or a hypertonic saline solution (Capriotti, 2024, pg 124).

Pathophysiology References (2) (APA):

Adrogué, H., Tucker, B., & Madias, N. (2022, July 19). *Diagnosis and management of Hyponatremia: A Review*. JAMA. https://jamanetwork.com/journals/jama/article-abstract/2794358

Capriotti, T. (2024). *Pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.10-5.70uL (Epic, 2024)	3.05uL	2.82uL	The low RBC is due to the advanced cancer (Pagana et al., 2023, pg 750)
Hgb	12.0-18.0g/dL (Epic, 2024)	8.7g/dL	7.7g/dL	The low Hgb is due to nutritional deficiency (Pagana et al., 2023, pg

				480)
Hct	37.0-51.0% (Epic, 2024)	27.0%	25.0%	The low Hct is due to dietary deficiency (Pagana et al., 2023, pg 478)
Platelets	140-400uL (Epic, 2024)	804uL	719uL	The high platelets is due to his cancer (Pagana et al., 2023, pg 690)
WBC	4.00-11.00uL (Epic, 2024)	19.49uL	22.43uL	The high WBC is due to inflammation (Pagana et al., 2023, pg 949)
Neutrophils	1.60-7.70uL (Epic, 2024)	16.07uL	19.06uL	The high neutrophils is due to his cancer (Pagana et al., 2023, pg 628)
Lymphocytes	1.00-4.90uL (Epic, 2024)	1.61uL	1.64uL	
Monocytes	0.00-1.10uL (Epic, 2024)	1.24uL	0.97uL	
Eosinophils	0.00-0.50uL (Epic, 2024)	0.04uL	0.18uL	
Bands	N/A	N/A	N/A	

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145mmol/L (Epic, 2024)	125mmol/L	123mmol/L	The low sodium is due to deficient dietary intake (Pagana et al., 2023, pg 805)
K+	3.5-5.1mmol/L (Epic, 2024)	4.0mmol/L	4.2mmol/L	
Cl-	98-107mmol/L (Epic, 2024)	93mmol/L	87mmol/L	The low chloride is due to metabolic alkalosis (Pagana et al., 2023, pg 221)
CO2	22.0-29.0mmol/L (Epic, 2024)	21.0mmol/L	30.0mmol/L	The high carbon dioxide is due to metabolic alkalosis (Pagana et al., 2023, pg 188)
Glucose	74-100mg/dL (Epic, 2024)	99mg/dL	106mg/dL	Glucose is high due to the patient being on continuous tube feed.
BUN	8-26mg/dL (Epic, 2024)	9mg/dL	13mg/dL	
Creatinine	0.70-1.30mg/dL (Epic, 2024)	0.70mg/dL	0.57mg/dL	The creatinine is low due to debilitation (Pagana et al., 2023, pg 297)
Albumin	3.4-4.8g/dL	2.0g/dL	2.4g/dL	The albumin is low due to

	(Epic, 2024)			malnutrition (Cleveland Clinic, 2024)
Calcium	8.9-10.6mg/dL (Epic, 2024)	8.0mg/dL	8.3mg/dL	The low calcium is due to alkalosis (Pagana et al., 2023, pg 181)
Mag	1.6-2.6mg/dL (Epic, 2024)	1.8mg/dL	2.0mg/dL	
Phosphate	3-4.5mg/dL (Pagana et al., 2023, pg 675)	N/A	N/A	
Bilirubin	0.2-1.2mg/dL (Epic, 2024)	0.4mg/dL	0.4mg/dL	
Alk Phos	40-150 IU/L (Epic, 2024)	181 IU/L	244 IU/L	High alkaline phosphate is due to his hypothyroidism (Pagana et al., 2023, pg 25)

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Clear (Epic, 2024)	clear	clear	
pH	4.5-8.0pH (Epic, 2024)	6.0pH	5.5pH	
Specific Gravity	1.003-1.035 arbitrary unit (Epic, 2024)	1.023 arbitrary unit	1.006 arbitrary unit	
Glucose	Negative (Epic, 2024)	Negative	Negative	
Protein	Negative (Epic, 2024)	Negative	Negative	
Ketones	Negative (Epic, 2024)	Negative	Negative	
WBC	0-25uL (Epic, 2024)	11uL	1uL	
RBC	0-20uL (Epic, 2024)	12uL	< 2uL	
Leukoesterase	Negative (Epic, 2024)	Negative	Negative	

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative (Epic, 2024)	N/A	N/A	
Blood Culture	Negative (Epic, 2024)	Negative	Negative	
Sputum Culture	Negative (Epic, 2024)	Positive	N/A	Sputum culture was positive for mixed bacterial flora (Epic, 2024).
Stool Culture	Negative (Epic, 2024)	N/A	N/A	

Lab Correlations Reference (1) (APA):

Epic (10-17-2024) *Carle Foundation Hospital*.

Hypoalbuminemia: Causes, symptoms, treatment & outlook. Cleveland Clinic. (2024, May 1). https://my.clevelandclinic.org/health/diseases/22529-hypoalbuminemia

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Chest X-ray: A chest x-ray allows us to visualize the lungs and surrounding areas (Pagana et al., 2023, pg 214). This was useful to the patient in order to see if they had aspirated in their lungs.

X-ray KUB: A KUB allows us to see the abdomen and this was needed for my patient due to his dobhoff placement. It's used to make sure that it's in the stomach where its supposed to be.

IR US: Ultrasounds are used to examine soft tissue inside the body, and my patient needed one to look for a pleural effusion.

Head MRI: This type of MRI examines the brain and surrounding structures (Pagana et al., 2023, pg 588). It was needed for my patient to assess their response to their immunotherapy.

CT Simulation: This type of CT scan was used to look at the brain and make a 3D model of the patient's brain (Epic, 2024). This was done for my patient to be able to assess their treatment to the immunotherapy.

Diagnostic Imaging Reference (1) (APA):

Epic (10-17-2024) *Carle Foundation Hospital*.

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

Assessment

Physical Exam (18 points) – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

General, Psychosocial/Cultural, and ONE focused assessment specific to the client is required.

The student and instructor may complete these assessments together.

GENERAL: **Alertness:** Patient is awake and alert. **Orientation:** person, place, date, and why they're there. **Distress:** No signs of distress. **Overall appearance:** Well groomed	
INTEGUMENTARY: **Skin color:** Cream **Character:** **Temperature:** warm **Turgor:**	

Rashes: **Bruises:** **Wounds:** . **Braden Score:** 15 **Drains present: Y☐ N ☐** **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐ Edema Y ☐ N ☐** **Location of Edema:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** Wheeze bilaterally upper lobes.	.

GASTROINTESTINAL: **Diet at home:** Regular **Current Diet:** Regular diet with continuous tube feeds **Height:** 185.4cm **Weight:** 90.7kg **Auscultation Bowel sounds:** **Last BM:** 10/16/2024 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☒ N ☐** **Type:** Feeding tube (dobhoff)	.
GENITOURINARY: **Color:** Yellow **Character:** clear **Quantity of urine:** 500mL **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** Normal findings **Catheter: Y ☒ N ☐** **Type:** External Catheter	

Size: N/A	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 18 **Activity/Mobility Status:** Hoyer **Independent (up ad lib)** ☐ **Needs assistance with equipment ☒** **Needs support to stand and walk☒**	.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** A&O x4 **Mental Status:** **Speech:** gravel **Sensory:** **LOC:** Alert	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Talking with family **Developmental level:** Appropriate **Religion & what it means to pt.:** Christianity and to them means having hope and faith. **Personal/Family Data (Think about home environment, family structure, and available**	.

family support): The patient has the support of their sister and other family. The Sister is a nurse, so the patient relies more on her.	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:08am	109	121/78	22	98.1F Oral	92% optiflow 50L/min 40% ox concentration

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:40am	0-10 number scale	N/A	0-No pain	N/A	PRN pain medications

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
535mL Vancomycin 480mL Tube feed	500mL urine

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and	• Explain why the nursing diagnosis			• How did the client/family respond to the nurse's

"as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	was chosen			actions? • Client response, status of goals and outcomes, modifications to plan.
1. Imbalanced nutrition: Less than body requirements related to difficulty swallowing evidenced by generalized weakness (Phelps, 2023, pg444).	I chose this nursing diagnosis because the patient has trouble swallowing and retaining liquids in mouth.	**1.** Monitor the patient's electrolytes and abnormal lab values (Phelps, 2023, pg 446). **2.** Keep the patient on continuous tube feeds (Phelps, 2023, pg 446).	**1.** The patient does not develop adverse reactions to tube feedings such as aspirating this shift (Phelps, 2023, pg 447).	The patient agrees with the goals and interventions that we talked about. The goal was successful. The patient did not show signs of aspirating during my shift.
2. Risk for aspiration related to enteral nutrition displacement (Phelps, 2023, pg 1541).	I chose this nursing diagnosis because the patient is on tube feeds.	**1.** Assess respirations every 4 hours (Phelps, 2023, pg 1563). 2. Keep suction set up and available at the bedside (Phelps, 2023, pg 1571).	**1.** The patient shows no signs of aspirating this shift (Phelps, 2023, pg 1598).	The patient agrees with the goals and interventions we have discussed. The goal was successful. The patient did not show signs of aspirating during my shift.

Other References (APA):

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

Concept Map (20 Points):

Subjective Data

- Weakness after immunotherapy on the morning of October 8th.
- Generalized weakness throughout their whole body that is made worse with exertion and better with rest.
- No pain on a 0-10 pain scale

Objective Data

- Hyponatremia
- Na- values: 123mmol/L
- Cl- values: 87mmol/L
- Bilateral wheezes in upper lobes of lungs.
- Respiration rate: 22
- Pulse: 108
- Oxygen saturation: 92%
- Patient on Optiflow 50L/min, 40% oxygen concentration.
- Braden score: 15
- Fall score: 18

Client Information

- Initials: C.S.H
- 71-year-old male with a history of metastatic melanoma is admitted for weakness and abnormal lab results.
- DNR/DNI
- A&O x4
- Unemployed
- White
- Single
- 185.4cm tall
- 90.7kg

Nursing Diagnosis/Outcomes

- Imbalanced nutrition: Less than body requirements related to difficulty swallowing evidenced by generalized weakness.

  Goal: The patient does not develop adverse reactions to tube feedings such as aspirating this shift.

- Risk for aspiration related to enteral nutrition displacement.

  Goal: The patient shows no signs of aspirating this shift.

Nursing Interventions

- Monitor the patient's electrolytes and abnormal lab values and keep the patient on continuous tube feeds.
- Assess respirations every 4 hours and Keep suction set up and available at the bedside.