

**N311 Care Plan 3**

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N311: Foundations of Professional Practice

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### Demographics (5 points)

<b>Date of Admission</b> 10/13/2024	<b>Client Initials</b> DC	<b>Age</b> 72	<b>Gender</b> Female
<b>Race/Ethnicity</b> White	<b>Occupation</b> Disability	<b>Marital Status</b> Single	<b>Allergies</b> Codeine- Hives Dexamethasone- Blood sugar goes very high
<b>Code Status</b> No CPR	<b>Height</b> 5'4"	<b>Weight</b> 256 lbs, 9.9oz	

### Medical History (5 Points)

**Past Medical History: Arthritis, Diabetes mellitus, High cholesterol, hypertension, neuropathy, and thyroid disease.**

**Past Surgical History: Cholecystectomy, anesthesia for ear surgery, hysteroscopy, and colonoscopy.**

**Family History: No relevant family history.**

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

**Patient states she does not smoke, use drugs or drink alcohol.**

### Admission Assessment

**Chief Complaint (2 points): Leg swelling and redness**

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

**Patient states that her leg had started itching and swelling with redness three days ago.**

**Patient states that it is in her lower right leg, she states that the swelling and redness are constant while the itching “comes and goes”. Patient states that weight bearing is extremely difficult, that there is also noting that makes the complaint better. She has not seeked treatment for this before although she is compliment with her medication.**

### Primary Diagnosis

**Primary Diagnosis on Admission (3 points): Cellulitis of right lower extremity**

**Secondary Diagnosis (if applicable): None provided**

### **Pathophysiology**

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

**Any open skin, or breaks in the skin can result in systemic infections like sepsis and local infections like cellulitis. Diabetes, peripheral vascular disease, and intravenous drug use are among the conditions that increase vulnerability to infection (Capriotti 2024).**

**Typically, cellulitis is not that difficult to heal if it is treated correctly, and the conditions stated above are closely controlled and monitored. Making infection harder to obtain and making a bad infection such as sepsis less likely as well. Cellulitis typically manifests as a surface skin infection (Mayo Clinic 2022). Although it can spread to the rest of body via blood and lymph is primary affects the legs. If treatment is not received, the infection can quickly become life-threatening by spreading to the bloodstream and lymph nodes (Mayo Clinic 2022). Signs and symptoms if cellulitis include, Tenderness, swelling, pain, chills, warmth, irritated area of skin and blisters (Mayo Clinic 2022)**

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

**Mayo Foundation for Medical Education and Research. (2022, May 26). *Cellulitis*.**

**Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/cellulitis/symptoms-causes/syc-20370762>**

**Capriotti, T. (2024). *Davis Advantage for 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	3.8-5.3	4.13	3.52	Patient may have high RBC due to the fact that when this test was done she was still on IV fluids putting her at risk for overhydration, especially considering her edema (Pagana 2023).
Hgb	12-15.8	12.9	10.8	
Hct	36-47%	37.3%	32.7%	Patient has low Hct test results linked to having a low RBC can result in the lowering of Hct (Pagana 2023).
Platelets	140-440	337	394	
WBC	4-12	18.6	15.8	Patient has a high white blood count do to the probability of an infection.
Neutrophils	47-73%	80.6%	NA	
Lymphocytes	18-42%	11.7%	NA	Patient may have low lymphocytes related to medications she was taking (Pagana 2023).
Monocytes	4-12%	6%	NA	
Eosinophils	0-5%	1.2%	NA	
Bands	NA	NA	NA	

**Bands are not completed at our facility**

**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-	136-145	132	137	Patient may have a low Na- level do the IV fluids she was on during early admission (Pagana 2023).
K+	3.5-5.1	3.8	4.2	
Cl-	98-107	96	102	Patient may have a low Cl- level do the IV fluids she was on during early admission resulting in

				possible overhydration. (Pagana 2023).
CO2	22-30	22	11	Patient may have a lower CO2 level on today's values related to the staff keeping her diabetes mellitus under more control (Pagana 2023).
Glucose	70-99	118	149	Patient has high glucose levels due to the fact that she has diabetes mellitus.
BUN	10-20	43	17	Patient most likely has a high BUN level related to hypovolemia due to the cellulitis on her lower limb (Pagana 2023).
Creatinine	.6-1.00	2.66	1.30	Patient more than likely has a high creatinine level related to her diabetes (Pagana 2023).
Albumin	3.5-5.0	3.3	NA	Patient has low albumin level related to her cellulitis of the lower leg (Pagana 2023).
Calcium	8.7-10.5	9.4	9.0	
Mag	NA	NA	NA	
Phosphate	NA	NA	NA	
Bilirubin	NA	NA	NA	
Alk Phos	40-150	114	NA	

Urinalysis was only completed once on 10/14/24

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	10/14	Reason for Abnormal
Color & Clarity	Clear, Yellow		Clear Yellow	
pH	5-9		5.5	
Specific Gravity	1.003-1.030		1.012	

Glucose	Negative		.2+	Patient has glucose in urine related to the poorly managed diabetes
Protein	Negative		Trace	Patient has protein in urine related to the diagnoses of diabetes mellutis (Pagana 2023).
Ketones	Negative		Negative	
WBC	Negative, 0-5		6-10	Patient has a high white blood count in her urine do to the probability of an infection.
RBC	Negative, 0-2		0-2	
Leukoesterase	NA		NA	

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	Negative	Not Completed	
Blood Culture	Negative	Negative	Not Completed	
Sputum Culture	Not Completed	Not completed	Not Completed	
Stool Culture	Not Completed	Not Completed	Not Completed	

Lab Correlations Reference (1) (APA):

Pagana, K., Pagana, T., & Pagana, T. (2023). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Diagnostic Imaging

**All Other Diagnostic Tests (10 points): XR tibia + fibula right 10/16/2024**

**Diagnostic Imaging Reference (1) (APA): An X-ray was completed to ensure that the cellulitis of the leg had not affected the bone around or in the area (Pagana 2023). X-ray was confirmed to come back clear of a bone infection.**

**Pagana, K., Pagana, T., & Pagana, T. (2023). *Mosby's Diagnostic and Laboratory Test Reference*. 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.

<p><b>GENERAL:</b></p> <p><b>Alertness: Normal x4</b></p> <p><b>Orientation: Normal X4</b></p> <p><b>Distress: No</b></p> <p><b>Overall appearance: Obese</b></p>	
<p><b>INTEGUMENTARY:</b></p> <p><b>Skin color: Pale, Fair</b></p> <p><b>Character: Dry, Normal</b></p> <p><b>Temperature: Warm</b></p> <p><b>Turgor: Normal</b></p> <p><b>Rashes: Red leg redness</b></p> <p><b>Bruises: No</b></p> <p><b>Wounds: lower right leg</b></p> <p><b>Braden Score: slightly limited</b></p> <p><b>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b></p>	<p><b>The patient is having rashes and wounds in her right lower leg related to cellulitis and is having a hard time getting around due to the infection.</b></p>

<b>Type:</b>	
<b>HEENT:</b> <b>Head/Neck:</b> Supple, Soft <b>Ears:</b> No abnormality noted <b>Eyes:</b> Conjunctiva clear <b>Nose:</b> no abnormalities noted <b>Teeth:</b> Good, oral cavity pink, moist, clear	
<b>CARDIOVASCULAR:</b> <b>Heart sounds:</b> No murmur, gallop, or rub S1, S2, S3, S4, murmur etc. S1, S2 <b>Cardiac rhythm (if applicable):</b> Tachycardic, normal <b>Peripheral Pulses:</b> All are palpable <b>Capillary refill:</b> Less a 3 seconds <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Edema</b> <b>Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b> <b>Location of Edema:</b> Lower right leg	Patient has edema and tachycardic rhythm do the cellulitis in her right lower leg.
<b>RESPIRATORY:</b> <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Breath Sounds:</b> Location, character <b>Bilateral equal</b>	
<b>GASTROINTESTINAL:</b> <b>Diet at home:</b> Normal/no diet <b>Current Diet:</b> Diabetic diet <b>Height:</b> 5'4" <b>Weight:</b> 256 lb 9.9 oz <b>Auscultation Bowel sounds:</b> present, normal <b>Last BM:</b> 10/13/2024	

<p><b>Palpation: Pain, Mass etc.: No tender, distention, and soft</b></p> <p><b>Inspection:</b></p> <p><b>Distention: No</b></p> <p><b>Incisions: No</b></p> <p><b>Scars: No</b></p> <p><b>Drains: No</b></p> <p><b>Wounds: No</b></p> <p><b>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b></p> <p><b>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b></p> <p><b>Size:</b></p> <p><b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b></p> <p><b>Type:</b></p>	
<p><b>GENITOURINARY:</b></p> <p><b>Color: Yellow</b></p> <p><b>Character: Clear non cloudy</b></p> <p><b>Quantity of urine: Regular</b></p> <p><b>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b></p> <p><b>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b></p> <p><b>Inspection of genitals: As expected</b></p> <p><b>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b></p> <p><b>Type:</b></p> <p><b>Size:</b></p>	
<p><b>MUSCULOSKELETAL:</b></p> <p><b>Neurovascular status: Normal</b></p> <p><b>ROM: Normal except mobility</b></p> <p><b>Supportive devices: walker</b></p> <p><b>Strength: genderized weakness</b></p> <p><b>ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b></p>	<p>Patient has generalized weakness and needs assistants doing daily activities and moving around due to her elderly age.</p>

<p><b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><b>Activity/Mobility Status:</b> Impaired mobility</p> <p>Independent (up ad lib) <input type="checkbox"/></p> <p><b>Needs assistance with equipment</b> X <input type="checkbox"/></p> <p><b>Needs support to stand and walk</b> X <input type="checkbox"/></p>	
<p><b>NEUROLOGICAL:</b></p> <p><b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p><b>Orientation:</b> Normal</p> <p><b>Mental Status:</b> Good</p> <p><b>Speech:</b> Good</p> <p><b>Sensory:</b> Good</p> <p><b>LOC:</b> Normal</p>	
<p><b>PSYCHOSOCIAL/CULTURAL:</b></p> <p><b>Coping method(s):</b> Watching Television</p> <p><b>Developmental level:</b> Normal</p> <p><b>Religion &amp; what it means to pt.:</b> Para galactic</p> <p><b>Personal/Family Data (Think about home environment, family structure, and available family support):</b> patient did not want to talk about family</p>	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	110	132/74	16	97.9	94

**Pain Assessment, 1 set (5 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
	RASS				

**Patient does not have any pain, has not had any pain during the entire admission time.**

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
1320 PO	1600 Urine

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis\***

<b>Nursing Diagnosis</b>	<b>Rationale</b>	<b>Interventions (2 per dx)</b>	<b>Outcome Goal (1 per dx)</b>	<b>Evaluation</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>	<ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>			<ul style="list-style-type: none"> <li>• How did the client/family respond to the nurse’s actions?               <ul style="list-style-type: none"> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul> </li> </ul>
1. Patient is at risk for impaired skin integrity related to cellulitis	<b>Nursing diagnoses was chosen because this cellulitis the skin could get really inflamed or</b>	<b>1. Inform client about good hand washing, factors that making infection more likely, and</b>	<b>1. Patient will keep cellulitis clean and use proper wound dressings on effected area to prevent farther impaired skin</b>	<b>Client agreed to keeping the affected area dry and clean and explained the importance of hygiene to prevent a farther</b>

of the right lower limb as evidence by edema, red color, and yellow drainage.	<b>irritated and start peeling and exposing red, new skin that has not been exposed to the “outside world”.</b>	<b>signs if an infection early on (Phelps).  2. Instruct client to wash hands before and after assessing the affected area (Phelps)</b>	<b>integrity.</b>	<b>skin infection.</b>
2. Patient is a risk for falls related to cellulitis as evidence by pain in lower limb and pain when weight bearing.	<b>Nursing diagnoses was chosen since walking or being mobile cause, the patient pain making it evident that they will be at risk for falling.</b>	<b>1. Help the client to be able to identify factors that may result in falling, such as pain, tripping hazards, now using walker. (Phelps)  2. Help client improve environmental safety factors (Phelps).</b>	<b>1. Patient will not have any falls.</b>	<b>Client agreed to have help with being mobile, states that she will “use her walker”. Secondly, she agreed to having the nursing home staff assist her with ADLs to prevent falls.</b>

**Other References (APA):**

**Phelps, L. L. (n.d.). *Nursing Diagnosis Reference Manual, Twelfth Edition.***

**Vitalsource Bookshelf Online.**

**[https://wolterskluwer.vitalsource.com/reader/books/9781975201609/epubcfi/](https://wolterskluwer.vitalsource.com/reader/books/9781975201609/epubcfi/6/34[%3Bvnd.vst.idref%3Da16_chapter09]!/4/636/4/4/6[page_364]/1:0[%2Cp.%20)**

**[6/34\[%3Bvnd.vst.idref%3Da16\\_chapter09\]!/4/636/4/4/6\[page\\_364\]/1:0\[%2Cp.%20](https://wolterskluwer.vitalsource.com/reader/books/9781975201609/epubcfi/6/34[%3Bvnd.vst.idref%3Da16_chapter09]!/4/636/4/4/6[page_364]/1:0[%2Cp.%20)**

**Concept Map (20 Points):**

Subjective Data

Nursing Diagnosis/Outcomes

Patient has itching at sight of cellulitis  
Patient does not have very good hygiene  
Patient has pain when weight bearing  
Patient used a walker

Objective Data

Patient is a 72 year old woman  
Patient is at risk for impaired skin integrity related to cellulitis of the right lower limb as evidenced by edema, red color, and yellow drainage.  
Patient will keep cellulitis clean and use proper wound dressings on affected area to prevent farther impaired skin integrity.  
Patient is a risk for falls related to cellulitis as evidenced by pain in lower limb and pain when weight bearing.  
Patient will not have any falls.  
Client Information  
Patient struggles with hygiene making cellulitis not unexpected.

1. Inform client about good hand washing, factors that making infection more likely, and signs if an infection early on (Phelps). 2. Instruct client to was hands before and after assessing the affected area (Phelps)
2. 1. Help the client to be able to identify factors that may result in falls as evidenced by pain in lower limb and hazards, now using walker. (Phelps) 2. Help client improve environmental safety factors (Phelps).



