N431 CARE PLAN #2

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N321: Adult Health II

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Demographics

Date of Admission	Client Initials	Age	Biological Gender
10/09/2024	JB	71	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	retired	divorced	NKA
Code Status	**Height**	**Weight**	
DNR	175 cm	85.600 kg	

Medical History

Past Medical History: DMII, Guillain Barre Syndrome, Hep C, hyperlipidemia, HTN, methicillin resistant staphylococcus aureus, Sarcoidosis

Past Surgical History: Colonoscopy polypectomy w share (01/04/2024), cardiac catheterization (12/09/2020), cardiac pacemaker (11/01/2019), amputation of right toe (date NA)

Family History: No family history noted.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Marijuana, 1-2x weekly (every week to this date), Beer (social occasions), Cigarettes (quite more than 30 days ago)

Education: high school diploma

Living Situation: home alone/independent

Assistive devices: walker

Admission History

Chief Complaint: chest pain

History of Present Illness (HPI)– OLD CARTS

71-year-old man came into ED for a 2-week history of chest pain/pressure. Patient also stated that he has had nausea, dizziness, shivering, fever, diarrhea, and lower left flank pain. No signs of constipation. The patient states this pain is not painful but feels a sensation of pressure on his

central chest. The patient has a pacemaker and said that he did not try anything to make these symptoms go away but he did sit down to rest.

Admission Diagnosis

Primary Diagnosis: Chest pain and Right foot chronic wound

Secondary Diagnosis (if applicable): DMII

Pathophysiology

This patient originally came into the ED for chest pains. After running labs and tests, the doctor was able to roll out any cardiac episodes. After further assessment, nurses and doctors found a wound on his foot that resulted in a foot ulcer from his current diagnosis of diabetes mellitus type 2. The wound was so advanced that it ended up being amputated along with being positive for MRSA.

Type 2 diabetes mellitus (T2DM) is one of the most common metabolic disorders worldwide that is primary developed by two main factors (Garcia et al., 2020). These two main factors are defective insulin secretion by pancreas cells and the inability of insulin-sensitive tissues to respond to insulin (Garcia et al., 2020). Insulin release and action must meet the metabolic demand. Because of the β-cell dysfunction, insulin secretions are reduced (Garcia et al., 2020). This limits the body's capacity to maintain appropriate glucose levels. Insulin resistant patients can also contribute to increased glucose production in the liver and decrease glucose uptake in muscle, liver, and adipose tissue (Garcia et al., 2020). Both factors put the patient at a high risk for developing T2DM.

There has been increasing results in the White American population for being diagnosed with T2DM, which is the ethnicity that this patient is (Garcia et al., 2020). These white

Americans are being diagnosed because of modern lifestyle factors such as socioeconomic, direct genetic predisposition, obesity, and unhealthy diets (Garcia et al., 2020). Some signs and symptoms of type 2 diabetes mellites could be urinating often, feeling thirsty and hungry, extreme fatigue, blurry vision, and tingling, pain, or numbness in the hands/feet (Goyal et al., 2023). Delayed wound healing is a big symptom if T2DM, which is why this patient was admitted to the hospital. This patient also had a low lab value for HDL, which is another factor for this disease.

T2DM is diagnosed by either the patients' hemoglobin A1C, or plasma glucose concentration (Garcia et al., 2020). Plasma glucose concentration is taken by fasting or a 2-hour plasma glucose (Garcia et al., 2020). Fasting plasma glucose is when a blood sample is taken after an 8 hour overnight fast that results in a glucose of 126 mg/dL or higher (Garcia et al., 2020). The 2-hour plasma glucose is measured before and 2 hours after the patient ingests 75 gm of glucose (Garcia et al., 2020). This result would be higher than 200 mg/dL (Garcia et al., 2020). HbA1C is a test that takes the average blood glucose over the last 2-3 months (Garcia et al., 2020). This patient HbA1C was greater than 6.5%, which solidified T2DM.

The main treatment/management of this disease is diet and exercise. The diet needs to be low in saturated fat, refined carbs, and high fructose corn syrup (Garcia et al., 2020). Aerobic exercise for a duration of 90 to 150 min per week would be beneficial for these patients as well (Garcia et al., 2020). Metformin is the first-line medication that is prescribed to these patients. There are many other oral medications that will be prescribed as well. Such as sulfonylureas, dipeptidyl peptidase-4 inhibitors, glucagon-like peptide-1, etc. (Garcia et al., 2020).

Pathophysiology References (2) (APA):

Galicia-Garcia, U., Benito-Vicente, A., Jebari, S., Larrea-Sebal, A., Siddiqi, H., Uribe, K. B., Ostolaza, H., & Martín, C. (2020, August 30). ***Pathophysiology of type 2 diabetes mellitus*****. International journal of molecular sciences. https://pmc.ncbi.nlm.nih.gov/articles/PMC7503727/#:~:text=Type%202%20Diabetes%20Mellitus%20(T2DM)%20is%20one%20of%20the%20most,respond%20to%20insulin%20%5B1%5D.**

Goyal, R., Singhal, M., & Jialal, I. (2023, June 23). ***Type 2 diabetes*****. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK513253/**

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Calcium	**8.3**	**8.3**	**8.6-10.3**	**This low calcium level could be because of the pt. being 71 and unable to absorb calcium well. We need to educate the patient on how to get enough calcium within their diet to get this level up.**
Albumin	**3.2**	**3.0**	**3.5-5.2**	**This can be because of insulin deficiency. This decreases albumin secretions which makes the value decrease.**
AST	**48**	**40**	**13-39**	**This could be because of the pt. being diagnosed with hepatitis as well. The liver is unable to function like normal.**
Bilirubin	**1.7**	**1.2**	**0.3-1**	**This result is high because of RBC not being produced throughout the body due to the diminished signal**

				to the bone marrow because of inflamed blood vessels (Langmaid, 2024)
HDL	**NA**	**22**	**23-92**	**Being diagnosed with DMII affects the metabolic system. Having low HDL is a sign of DMII.**
Glucose	**204**	**118**	**70-110**	**Pt is currently in the hospital because he has a foot ulcer and is unable to heal in a timely manner because of glucose levels being high.**
RBC	**3.41**	**3.38**	**4.28-5.56**	**Anemia is DM patients are common to see. We could expect this lab because of the presence of nerve damage. This could also cause the pt blood vessels to be inflamed and unable to signal bone marrow to produce more blood cells (Langmaid, 2024)**
Hgb	**10.9**	**10.9**	**13-17**	**This can show a decline in GFR. Pt could be experiencing nephropathy which would decrease this result (Langmaid, 2024)**
Hct	**30.8**	**30.8**	**38.1-48.9**	**There are inflamed blood vessels within this patient that block the signal to bone marrow to produce more RBC with results in Hct to be low as well (Langmaid, 2024)**

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Chest x-ray	**Patient came into the ED with chest pain that reminded him of an MI. Such as pressure, sharp pain, tightness, SOB.**	**No acute pulmonary process – slight enlargement of**

		central pulmonary vascular congestion
CT of abdomen and pelvis without contrast	**Because of the patients' signs and symptoms of chest tightness and pressure, the Dr. needed to check for an aneurysm.**	**Neg for acute CT of abnormalities of the abd or pelvis**
CT **aspiration/abscess/hematoma/cyst**	**Pt. had a foot ulcer that had signs of redness, swelling, and purulent drainage. The nurse needed to get a sample of this drainage to help detect what type of infection the patient was experiencing.**	**Successful and fluid sent to lab. The result came back positive for MRSA.**

Diagnostic Test Reference (1) (APA):

Langmaid, S. (2024, August 19). ***Diabetes and anemia: Know your risks and the warning signs*****. WebMD. https://www.webmd.com/diabetes/diabetes-and-anemia**

Active Orders

Active Orders	Rationale
Assist x 1 with walker	**Pt. had a toe amputation because of an infection. It could be very painful. Until the pt. has successfully demonstrated being able to walk with an assistive device appropriately, he should receive help to reduce the risk of fall.**
PICC catheter care	**Pt. had PICC placed on 10/18. We need to make sure it continues to flush well, no erythema or swelling, and need to make sure the dressing stays dry, clean, and no signs of bleeding or leaking. Doing this will help decrease the risk for infection as well.**
Blood glucose monitoring	**The reason that the pt is still in the hospital is because of the increased glucose levels and decreased wound healing ability. The**

	nurse needs to get these under control. They should be monitored before all meals, and before bed to allow the nurse to administer the correct amount of insulin.
Contact precautions	**The pt. lab tests on the ulcer infection came back positive for MRSA. We do not want to make the infection worse or spread it elsewhere throughout the hospital.**
Heat/ice therapy	**Pt. has been experiencing some pain and discomfort with this toe. This could help relieve pain nonpharmacological.**
Call provider is glucose <100	**Pt provider wants to be informed about glucose levels less than 100 to make sure the pt does not experience a hypoglycemic episode.**
Code Status: DNR	**Pt. wishes to be a "do not resuscitate" in the occurrence of an emergency event.**
Q4 vitals	**Pt. is diagnosed with hypertension. We want to keep the patient BP within normal limits and make sure medications are working. To do that, the nurse will want to monitor vitals frequently.**
Daily weight	**Make sure the patient does not start retaining fluid and kidneys keep functioning as normal.**
Telemetry	**The other chief of complaint when coming into the hospital was chest pain. Continuous monitoring will allow the nurse to see if the heart is functioning normal/abnormal.**

Medications

Home Medications (Must List ALL)

Brand/ Generic	**Aspirin (acetylsalicylic acid)**	**Atorvastatin (Lipitor)**	**Augmentin (amoxicillin, clavulanate potassium)**	**Fluticasone (flonase)**	**Insulin Glargine (afrezza)**	**Isosorbide dinitrate (dilatrate-SR, ISDM (CAN), Isordil Tritradose)**

Classification	**Pharm: salicylate Therapeutic: NSAID (Jones & Bartlett, 2023)**	**Pharm: HMG-CoA reductase inhibitor Therapeutic: antihyperlipidemic (Jones & Bartlett, 2023)**	**Pharm: beta-lactamase inhibitor (Durbin, 2023)**	**Pharm: Corticosteroid Therapeutic: antiasthmatic, anti-inflammatory**	**Pharm: human insulin Therapeutic: antidiabetic**	**Pharm: nitrate Therapeutic: antianginal**
Reason Client Taking	**To relieve mild pain or fever**	**To control lipid levels as adjunct to diet in primary**	**A type of penicillin antibiotic that fights bacteria in the body**	**To prevent asthma attacks, alone or with oral corticosteroid as maintenance therapy**	**To improve glucose control in pt. with diabetes mellitus**	**To prevent angina**
List two teaching needs for the medication pertinent to the client	**1. Pt needs to be educated to take low doses of this med and to not also take ibuprofen to protect the heart of adverse effects. 2. Pt needs to make this med with food or after meals to prevent GI upset (Jones & Bartlett, 2023)**	**1. We need to educate the patient that this drug is just an adjunct for low cholesterol, not a substitute. 2. Pt needs education on taking this med at the same time each day to maintain its effect (Jones & Bartlett, 2023)**	**1. Ed pt to take this med before the start of a meal for best absorption. 2. Pt should not crush or chew the tablet. It needs to be swallowed whole. The med can be broken in half but both halves need to be taken at the same**	**1. Educate the patient to gargle and rinse his mouth after each dose of oral inhaler to prevent dry mouth and throat. 2. Pt needs to understand to use this regularly as prescribed and it is not for acute bronchosp**	**1. Stress the importance of monitoring glucose at home before meals. 2. Pt should understand the importance of not drinking or smoking while using insulin (Jones & Bartlett,**	**1. Pt needs to be educated to recognize signs and symptoms of angina (ex: chest pain, fullness or pressure with nausea and vomiting). 2. Pt. needs to understand not crush or**

			time (Durbin, 2023)	**asm. They need to have a rescue inhaler accessible (Jones & Bartlett, 2023)**	**2023)**	**chew these tablets, let them dissolve under the tongue (Jones & Bartlett, 2023)**
Key nursing assessment(s) prior to administration	**1. We need to be aware to stop this med 5-7 days before the patient has surgery. 2. Need to be aware of toxicity, because of this patient being 71, he is at higher risk. Need to ask about tinnitus (Jones & Bartlett, 2023)**	**1. Need to monitor pt blood glucose levels closely because this drug can affect those levels. 2. Need to monitor the pt. liver function. Since pt. consumes alcohol, this med can increase risk of liver dysfunction (Jones & Bartlett, 2023)**	**1. Pt are at high risk for developing Cdiff while on this med, along with kidney disfunction. Nurse needs to monitor the pt I&O. 2. Nurse should also assess the pt. bili level. This med can cause the pt to become jaundice (Durbin, 2023)**	**1. This drug causes immunosuppression; the pt needs to be monitored for symptoms of infection. 2. Nurse needs to know if the pt takes a systemic corticosteroid, expect to taper dosage by no more than 2.5 mg daily at weekly intervals, starting 1 week after fluticasone therapy begins (Jones & Bartlett, 2023)**	**1. Pt needs to be monitored for symptoms of hypoglycemia. 2. Pt. potassium levels need to be monitored because this puts pt. at a higher risk for hypokalemia (Jones & Bartlett, 2023)**	**1. It is common for pt on this med to experience daily headaches, need to give acetaminophen to relieve this pain. 2. Need to monitor blood pressure in elderly taking this med because of the risk for hypotension (Jones & Bartlett, 2023)**

Brand/ Generic	**Lisinopril (Prinivil, Qbrelis, Zestril)**	**Loratadine (alavert, Claritin)**	**Metformin (glucophage, glumetza, riomet)**	**Metoprolol succinate (Kapspargo Sprinkle, Toprol-XL)**	**Novalog (insulin aspart)**	**Ozempic (semaglutide injection)**
Classification	**Pharm: angiotensin-converting enzyme (ACE) inhibitor Therapeutic: antihypertensive**	**Pharm: antihistamine**	**Pharm: biguanide Therapeutic: antidiabetic**	**Pharm: beta-adrenergic blocker Therapeutic: antianginal, antihypertensive**	**Pharm: insulin**	**Pharm: incretin mimetics (GLP-1 Agonists)**
Reason Client Taking	**To treat hypertension**	**To help treat allergy symptoms. For example, sneezing, runny nose, watery eyes (Entringer, 2024)**	**As adjunct to reduce blood glucose level in type 2 diabetes**	**To manage hypertension**	**Fast acting insulin, improve blood sugar control**	**To improve pt with DMII to improve blood sugar levels and reduce the risk for stroke/heart attack (Puckey, 2024)**
List two teaching needs for the medication pertinent to the client	**1. Ed that this med helps to control but does not cure hypertension. 2. Advise pt to take this med at the same day**	**1. Ed pt to take this med as directed by provider. 2. Advise pt to not crush, chew, or break the regular**	**1. Pt. ed to take med exactly how it is prescribed and not to change the dosage or frequency unless instructed. 2. Stress**	**1. Pt should take med with or immediately after the same meal every day. 2. If pt is unable to swallow capsule,**	**1. Call provider immediately is showing symptoms of swelling, rapid weight gain, or feeling**	**1. Advise the pt to eat meals slowly and consume smaller meals to avoid GI being upset. 2. Need to**

	everyday (Jones & Bartlett, 2023)	**tablet. Pill needs to be swallowed whole (Entringer, 2024)**	**the importance of monitoring glucose level regularly, controlling weight, exercise regularly, and follow the prescribed diet (Jones & Bartlett, 2023)**	**they can open the capsule and sprinkle it over soft foods (Jones & Bartlett, 2023)**	**short of breath, pt is experiencing cardiac adverse effects. 2. Once med is taken, the pt needs to be sure they eat a meal within 5 to 10 min to avoid hypoglycemia (Puckey, 2024)**	**monitor for swelling or a lump in neck, trouble swallowing, a hoarse voice, or feeling SOB because of possible development of a thyroid tumor (Puckey, 2024)**
Key nursing assessment(s) prior to administration	**1. Pt BP needs to be monitored often, especially if they are just starting this medication. 2. Monitor for dehydration, that could lead to hypotension if pt is experiencing nausea or vomiting (Jones &**	**1. Monitor pt for headache, drowsiness, and fast or pounding heartbeat in case of an overdose. 2. Look at the pt med list for any prescriptions, over the counter meds, vitamins, and herbal products**	**1. Pt. blood glucose needs to be monitored to evaluate drug effectiveness. 2. Nurse needs to check for any renal impairments before administering this med, this med should not be given to those pt**	**1. If pt is expected to undergo a noncardiac surgery, she should not receive a high dose of this drug because it could cause bradycardia or hypotension. 2. Pt. needs to be monitored**	**1. Need to make sure the med is clear and colorless before administering and do not administer if it has changed colors or has particles in it. 2. Make sure to check**	**1. Monitor pt. with symptoms of severe pain the upper stomach spreading to their back, nausea with or without vomiting and tachycardia for the development of pancreati**

	Bartlett, 2023)	**for drug interaction (Entringer, 2024)**	**(Jones & Bartlett, 2023)**	**for bronchospasm and dyspnea because of this med smoothing muscles (Jones & Bartlett, 2023)**	**blood sugar before administering to avoid hypoglycemia (Puckey, 2024)**	**tis. 2. Need to get a complete personal and family history of medullary thyroid carcinoma because of the side effect of this drug being a thyroid tumor (Puckey, 2024)**
Brand/ Generic	**Ticagrelor (brilinta)**					
Classification	**Pharm: P2Y platelet inhibitor Therapeutic: antiplatelet**					
Reason Client Taking	**To reduce the rate of thrombotic cardiovascular events, such as myocardial infarction (Jones & Bartlett, 2023)**					
List two teaching needs for	**1. Ed pt to not discontinue**					

the medication pertinent to the client	**this med abruptly because of the increased risk of life-threatening adverse effects. 2. Ed pt that are unable to swallow the tablet whole to crush it and mix with water immediately before taking drug (Jones & Bartlett, 2023)**					
Key nursing assessment(s) prior to administration	**1. Need to be aware that aspiring doses above 100 mg may decrease effectiveness and need to be limited to 75-100 mg. 2. Need to monitor for bleeding. Pt. increase risk for bleeding while taking this med (Jones**					

	& Bartlett, 2023)					

Hospital Medications (Must List ALL)

Brand/Generic	**Nitro-Dur (nitroglycerin)**	**See home meds.**				
Classification	**Pharm: nitrate Therapeutic: antianginal, vasodilator**	**All meds he is prescribed at home the patient was receiving in the hospital.**				
Reason Client Taking	**To prevent angina attacks due to coronary artery disease**					
List two teaching needs for the medication pertinent to the client	**1. Ed pt that this med commonly causes headaches, which typically resolves after a few days of continuous therapy. 2. Ed pt to notify provider immediately with symptoms of blurred**					

	vision, dizziness, and severe headache (Jones & Bartlett, 2023)					
Key nursing assessment(s) prior to administration	**1. Vital signs need to be monitored before every dosage adjustment and often during med therapy. 2. Assess pt for evidence of overdose, such as confusion, diaphoresis dyspnea, etc. (Jones & Bartlett, 2023)**					

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. **Nitroglycerin**	**Even though the patient had no signs of a cardiac event, the patient could experience this event again and we want to prevent cardiac issues.**	**1. 2.**
2. **Metformin**	**This patient's glucose levels are high. This med is the first-line med to help get glucose levels under control.**	**1. 2.**
3. **Ticagrelor**	**This med helps with**	**1.**

	decreasing the risk for thrombosis by being an antiplatelet. This med will keep the patient from having a possible MI with already having a history of hypertension.	**2.**

Medications Reference (1) (APA)

Durbin, K. (2023, August 23). *Augmentin (uses, dosage, side effects, warnings)*. Drugs.com. https://www.drugs.com/augmentin.html

Entringer, S. (2024, September 30). *Loratadine uses, Dosage & Side Effects Guide*. Drugs.com. https://www.drugs.com/loratadine.html

Jones & Bartlett Learning. (2023). *2023 Nurse's Drug Handbook*.

Puckey, M. (2024, July 26). *Novolog: Usage, side effects, doses*. Drugs.com. https://www.drugs.com/novolog.html

Puckey, M. (2024, October 15). *Ozempic: Uses, dose, side effects, instructions*. Drugs.com. https://www.drugs.com/ozempic.html

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	**Alert and orientated to self, time, and place.** **Pt. does not seem to be in pain or discomfort as this time.** **Pt. is groomed appropriately for age.** **Overall, pt. seems comfortable currently.** **Contact precautions.** **Pt is just worried about when wound care will be around to change his dress on his foot.**

VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	**36.7 C** **16 RR** **60 P** **146/64** **96% RA**
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	**4/10 pain @ 0828 with numeric pain scale.** **He is complaining of back pain from laying in bed.** **Pain is tight and achy, nothing sharp or nagging.** **Assisted pt in repositioning to try and help relieve some of the back pain that he is experiencing.**
IV ASSESSMENT: **Size of IV:** **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **Fluid Type/Rate or Saline Lock:**	**PICC in RVA** **Date: 10/18/2024** **Clean, dry, flushes well** **No signs or erythema or drainage** **Sodium chloride 0.9% running at 100 mL/hr.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Skin: appropriate for pt. ethnicity** **Character: dry, intact** **Temp: warm** **Turgor: recoils immediately** **Rashes: none** **Bruises: none** **Wounds: Right toe amputation, open wound, along with positive for MRSA. Redness, swelling, pain, and warmth noted at the site.** **No drainage currently.** **Braden score: 18**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head neck: normocephalic, no obvious abnormalities, hair distributed symmetrically, no enlarged thyroid and trachea midline. **Ears: no discharge, erythema, or swelling bilaterally** **Eyes: PERRLA, conjunctiva/cornea clear bilaterally. EOMs are intact bilaterally.** **Nose: nares intact, septum midline, no drainage** **Teeth: intact, no cracks or deformities.**
CARDIOVASCULAR:	**Regular rate and rhythm, S1 and S2 normal,**

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:**	**no abnormal sounds heart. Peripheral pulses +2 bilaterally on all extremities, cap refill <3 sec. No edema noted.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds clean, no crackles. **Chest rises and falls with respirations equally bilaterally.** **No signs of dyspnea or retractions.** **No signs of SOB.**
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:**	Home diet: does not watch what he eats. Also drinks alcohol and smokes marijuana **Current diet: 225 g carb diet** **Height: 175 cm** **Weight: 85.600 kg** **Bowel sounds: bowel sounds active in all four quadrants** **Last BM: 10/21** **Palpation: no pain, or masses during palpation on the abdomen.** **Inspection: No distention, scars or abnormalities. No drainage or wounds noted.**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Yellow** **Clear** **Odorless** **Output: 500 mL before 1200.** **Genitals: dry, intact, redness and irritation noted. Topical powder was applied.** **Uses urinal at the bedside.**

Intake (in mLs) **Output (in mLs)**	**Intake: 100 mL/hr = 500 plus water = 100mL** **Output: voided a total of 500 mL in 5 hours.**
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**	**Circulation and nerve function of extremities are intact, no abnormalities.** **Active ROM** **Walker, and urinal at bedside** **Strength grip and grasp equal bilaterally** **Fall score: 85 – high risk** **Activity/mobility: out of bed with walker and at least 1 assistive personnel** - **Pt. is tolerating mobility and therapy well. He was able to walk a whole lap around the unit with therapy without any extra assistance.** **Assistive device: walker** **Support: he is independent, just assisting with getting used to using a walker along with his toe being amputated.**
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	A&O x 4. Self-aware, cranial nerves and sensory function intact with no abnormalities. **Alert and orientated to time, place, and self.** **Speech: clear, no slurs** **Sensory: intact** **LOC: no barriers**
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):**	Pt. states working on coping methods. He understands that his health is important and wants to get better. He is open and understanding to the education that is presented to him. **Development: appropriate for age** **Religion: not religious** **Pt. has friends that he can lean on to help him cope. No family.**

Discharge Planning

Discharge location: Matton rehab facility

Home health needs: Needs to get 6-8 weeks of antibiotics which is why he will be going to a assisted living.

Equipment needs: Walker

Follow up plan: After antibiotics are finished, pt will visit his primary provider for a follow up.

Education needs: Patient needs education on using his walker appropriately, low carb diet, exercise

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. Ineffective tissue perfusion related to elevated blood glucose levels as evidenced by delayed wound healing (Wagner, 2023)	**Pt. came in with a foot ulcer that resulted in a toe amputation and is still in the hospital to help with healing the wound.**	**Pt. will be able to maintain blood sugar levels within limits to allow the pt to not experience any other complications of ineffective perfusion,**	**1.Monitor pt glucose levels and get them under control while educating pt on how to keep his glucose levels controlled.** **2.Need to**	**The patients' glucose will be under control and back within normal limits before discharge without any signs of nerve damage in the lower extremities.**

		such as infection, or amputation (Wagner, 2023)	**assess for discomfort or reduced sensations in the lower extremities for possible nerve damage because of hyperglycemia (Wagner, 2023)**	
2. Impaired skin integrity is related to poor glycemic control as evidenced by the open wound on the pt foot (Wagner, 2023)	**Because of this pt being diagnosed with DMII, he is a higher risk for skin ulcers, and he does not have his glucose levels controlled.**	**Pt will be able to heal wounds in a timely manners with education and demonstration on how to take care of his skin and his glucose.**	**1. The nurse needs to assist with debridement of the wound. He needs to understand how to take care of it so it can heal without other complications.** **2.The patients heal/feet need to be floated when lying in bed to help decrease risk for other pressure ulcers to form. The pt will also need to be a Q2 turn if lying in bed for long periods of time (Wagner, 2023)**	**The pt will be able to demonstrate interventions, including proper skin care that promotes the healing of diabetic foot ulcers (Wagner, 2023)**
3. Risk for	**Pt came in**	**The pt will be**	**1. The pt**	**Pt will be able**

unstable blood glucose levels related to inadequate blood glucose monitoring as evidence by hyperglycemia and poor diet (Wagner, 2023)	**with a glucose level greater than 250 mg/dL.**	**able to keep his hemoglobin A1c less than 7% (Wagner, 2023)**	**glucose needs to be taken before every meal, and before he goes to bed to get the appropriate amount of insulin administered.** **2. After insulin is administered, the nurse needs to monitor for signs of hypoglycemia. For example, shakiness, dizziness, sweating, and confusion (Wagner, 2023)**	**to verbalize the understanding of glucose monitoring along with medications and appropriate diet (Wagner, 2023)**
4. Impaired physical mobility related to pain and discomfort as evidenced by the open wound from amputation (Wagner, 2023)	**The patient came into the ED for an ulcer on his foot that resulted in amputation of his toe.**	**Pt will be able to use assistive devices and perform ADLs independently (Wagner, 2023)**	**1. The nurse should encourage the patient to perform range of motion exercises daily to keep strength as he is healing .** **2. Education needs to be given to the patient on how to use assistive devices to help**	**The patient will be able to demonstrate the appropriate way to use a walker to help with daily activities before he is discharged.**

			mobilize independently (Wagner, 2023)	

Other References (APA):

Wagner, M. (2023, October 10). ***Diabetic foot ulcer: Nursing diagnoses & care plans*****. NurseTogether. https://www.nursetogether.com/diabetic-foot-ulcer-nursing-diagnosis-care-plan/**