N431 CARE PLAN #2

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Lakeview College of Nursing

N321: Adult Health II

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10/24/2024

Demographics

Date of Admission 10/09/2024	**Client Initials** MA	**Age** 79	**Biological Gender** Female
Race/Ethnicity White/Caucasian	**Occupation** Not employed	**Marital Status** Divorced	**Allergies** Sulfa (sulfonamide antibiotics)
Code Status DNR/DNI	**Height** 160 cm (5’3’’)	**Weight** 68.6 kg (151 lbs. 3.8 oz)	

Medical History

Past Medical History: Congestive heart failure, Hypertension, Diabetes mellitus type II, Gastroesophageal reflux disease, Hyperlipidemia, Degenerative joint disease, Gout arthritis, Osteoporosis, Renal failure, Urethral stricture, Dementia, Primary hyperparathyroidism, Breast cancer, Deep vein thrombosis, Vitamin D deficiency, Anemia, Left ventricular tachycardia, Obstructive sleep apnea, Obesity, Depression, Macular edema, Macular pucker, Posterior vitreous detachment, Basal cell carcinoma, Dysplastic skin lesion, Colostomy, Personal history of irradiation

Past Surgical History: Stereotactic core biopsy, Right sentinel node biopsy, Radiation therapy, Bilateral partial mastectomy, Bilateral knee joint replacement, IR tunneled dialysis catheter, Hysterectomy, Hernia repair, Ovarian cystectomy, Eye surgery, Elbow surgery, Colonoscopy, Cholecystectomy, Carpal tunnel release, Heart surgery, Cardiac pacemaker/implantable cardioverter defibrillator placement, Breast lumpectomy, Left areola excisional biopsy, Pacemaker/Implantable cardioverter defibrillator generator exchange, Tooth extraction x2, Cystoscopy/bilateral ureter retro pyelogram, Ureteral stent placement, Left and right cataract removal, Cardiac catheterization stent placement, Rectal/anal exam under anesthesia, Sigmoid

resection with colostomy, Endoscopy/gastroscopy with PEG placement, Hickman catheter placement, Abdominal exploration surgery

Family History: Father – Hypertension, Cancer, Heart disease; Mother – Hypertension; Brother – Hypertension, Coronary heart disease; Two other brothers: Coronary heart disease; Maternal aunt – Breast cancer

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): The client stated she has never smoked or used smokeless tobacco or other nicotine products. She also stated she has never used any drugs either. The client did state she would drink "sometimes" when she was younger but "never enough to be an addict." She did not specify the quantity or duration of use.

Education: The client stated she graduated from college.

Living Situation: The client lived in an assisted living facility.

Assistive devices: The client uses a CPAP machine when she is sleeping.

Admission History

Chief Complaint: Vomiting/abdominal pain

History of Present Illness (HPI)– OLD CARTS

The client presented to the emergency room on 10/09/24 and was brought by ambulance. An interview was attempted with the client; however, due to her impaired cognition, the client could not remember why she had been admitted and what had led to it. The client was prompted with questions in an OLDCARTS order to try to help trigger her memory. The patient was asked, "Do you remember why you were admitted to the hospital?" "Do you remember having pain in your stomach or vomiting when you had your CPAP on?" "Do you know what caused your vomiting

or what made you nauseous?" "Have you been taking any additional medication for any pain or nausea?" The patient would reply to each question with "No," "I don't remember," or "I don't remember that." Based on this interview, the history of present illness was obtained from the client's electronic health record from the emergency room provider's notes. The client was brought in due to vomiting while she had been wearing her CPAP. The client lives at an assisted living facility and the staff were concerned she inhaled the vomit and would develop aspiration pneumonia. When the client was brought in, her colostomy bag was overflowing. The client's abdomen also appeared distended, and she reported abdominal pain near her colostomy. The client was asked how long it had been since she changed her colostomy bag, and she stated she could not remember. The client did not state any urinary tract infection symptoms such as painful urination; however, the urinalysis performed revealed a urinary tract infection.

Admission Diagnosis

Primary Diagnosis: Urinary tract infection

Secondary Diagnosis (if applicable): N/A

Pathophysiology

Urinary tract infection

Urinary tract infections (UTI) are an infection that affects the bladder and urinary tract (Capriotti, 2020). The most common cause of UTIs is *Escherichia coli* (Capriotti, 2020). Other bacteria such as *Enterococci and Staphylococcus epidermidis* can also cause UTIs (Capriotti, 2020). The urinary tract is sterile, and normal flora are usually located only at the urethral opening (Capriotti, 2020). When bacteria enter through the urethra, it enters the bladder and begins to attach and colonize in the urinary tract (Hinkle et al., 2021). The body's immune

system is unable to destroy the bacteria thus leading to an infection (Hinkle et al., 2021). An infection can also occur if urine elimination is impaired causing urine to remain in the bladder and grow bacteria (Capriotti, 2020). The infection will then begin to cause inflammation of the bladder and urinary tract (Hinkle et al., 2021).

The client may present with signs and symptoms of frequency, pain/burning upon urination, urgency and hematuria (Capriotti, 2020). Older adults may not have these symptoms and will instead only present with confusion, malaise or foul-smelling urine (Hinkle et al., 2021). This client did not present to the emergency room with symptoms of a UTI. The history of present illness was unable to be obtained due to the patient's impaired cognition. The emergency provider's notes were used and there was no mention of urinary symptoms. However, diagnostic measures were used to identify the UTI. A urinalysis and urine culture and sensitivity are used to diagnose a UTI (Capriotti, 2020). The urinalysis will show positive leukocyte esterase, increased white blood cells, and granular casts (Capriotti, 2020; Pagana et al., 2023). This patient's urinalysis results showed cloudy urine, a positive leukocyte esterase, 1,082/uL white blood cells, and present granular casts. A urine culture and sensitivity is used to identify the specific organism causing the infection and what antibiotics it is susceptible to (Hinkle et al., 2021). A normal urine culture would be negative, however this client's urine culture results showed 50,000 cfu/mL *Enterococcus raffinosus,* a bacteria that can cause UTIs.

Antibiotics are the first line of treatment used to treat UTIs (Capriotti, 2020). Completing the full course of the antibiotic is important to completely kill the bacteria and reduce the risk of antibiotic resistance (Hinkle et al., 2021). The client was started on Flagyl and Rocephin but was later switched to Unasyn. After she completed the Unasyn antibiotic regimen, she took Augmentin for an additional five days. Analgesics can also be given to provide pain relief

(Capriotti, 2020). This client had orders for acetaminophen to be given for pain. Adequate hydration and appropriate hygiene are important interventions that should also be implemented and educated on to the client to prevent future UTIs (Hinkle et al., 2021).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. J. (2021). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Glucose POC	247 mg/dL	131 mg/dL	60-99 mg/dL	The client has type II diabetes (Pagana et al., 2023).
WBC	12.64 10^3/uL	N/A	4-11 10^3/uL	The WBC could be elevated due to her UTI (Pagana et al., 2023).
RDW	17.5%	N/A	12-15%	RDW can be increased due to infection or diabetes (Pagana et al., 2023).
Absolute neutrophils	11.2 10^3/uL	N/A	1.6-7.7 10^3/uL	The absolute neutrophils could also be elevated due to her UTI (Pagana et al., 2023).
Absolute lymphocytes	0.33 10^3/uL	N/A	1-4.9 10^3/uL	The absolute lymphocytes could be decreased due to infection (Pagana et al., 2023).
Calcium	7.5 mg/dL	N/A	8.9-10.6 mg/dL	Calcium level could be decreased due to osteoporosis and heparin injections (Pagana et al., 2023).

Glucose	199 mg/dL	N/A	74-100 mg/dL	Glucose is elevated due to her type II diabetes (Pagana et al., 2023).
BUN	51 mg/dL	N/A	10-20 mg/dL	The BUN could be elevated due to congestive heart failure and renal failure (Pagana et al., 2023).
Creatinine	2.35 mg/dL	N/A	0.7-1.3 mg/dL	Creatinine could be elevated due to congestive heart failure and renal failure (Pagana et al., 2023).
Albumin	3.2 g/dL	N/A	3.4-4.8 g/dL	The albumin can be slightly decreased due to infection (Pagana et al., 2023).
CO2	19 mmol/L	N/A	22-29 mmol/L	CO2 can be slightly decreased due to renal failure or obstructive sleep apnea (Pagana et al., 2023).
Urinalysis	Appearance: Cloudy Protein: 100 Blood: Trace Leukocyte esterase: Moderate WBC: 1,082/uL Urine casts: 7/uL WBC clumps: Present Trans epi: Present Granular casts: Present Hyaline casts: Present	N/A	Appearance: Clear Protein: Negative Blood: Negative Leukocyte esterase: Negative WBC: 0-25/uL Urine casts: 0-2/uL WBC clumps: None seen Trans epi: None seen Granular casts: Not seen Hyaline casts: Not seen	Cloudy appearance could be caused by bacteria (Pagana et al., 2023). Protein present could be due to daily aspirin, congestive heart failure, renal failure or diabetes (Cleveland Clinic, 2022). Trace of blood could be due to infection and inflammation (Pagana et al., 2023). Positive leukocyte esterase indicates a UTI (Pagana et al., 2023). Increased WBC/WBC clumps indicate bacterial UTI and inflammation (Pagana et al., 2023). Granular casts present can indicate a UTI (Pagana et al., 2023). Hyaline casts could be present due to proteinuria

				(Pagana et al., 2023).
Urine culture	50,000 cfu/mL Enterococcus raffinosus	N/A	Negative	Enterococcus is a type of infection and indicates bacterial infection of the urinary tract (Pagana et al., 2023).

Lab reference:

Cleveland Clinic. (2022). *Proteinuria*. https://my.clevelandclinic.org/health/diseases/16428-proteinuria

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

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
10/09: Chest X-ray A chest x-ray helps to evaluate the cardiac and respiratory structures and organs (Pagana et al., 2023). This client had a concern for aspiration so the X-ray would be able to help identify this by showing infiltrates (Pagana et al., 2023).	The client had vomited while she had been wearing her CPAP, and there was a concern for aspiration pneumonia, although she did not present with any respiratory symptoms.	The X-ray revealed an enlarged heart, the patient's pacemaker in the appropriate location, and a probable small amount of bibasilar atelectasis. No signs of aspiration therefore it was ruled out.
10/09: Abdominal/Pelvis CT with contrast An abdominal/pelvis computed tomography (CT) scan is used to evaluate the abdominal and pelvic organs and structures (Pagana et al., 2023). This client experienced abdominal pain near her ostomy site therefore the CT can show if there was any abnormalities or concerns with her bowel.	The client reported abdominal pain and distention when she presented in the emergency room.	The CT revealed a moderate right-side pleural effusion, an enlarged heart, mild bladder wall thickening, and generalized edema.
10/10: Chest X-ray An additional X-ray was	The client had reported shortness of breath.	The CT did not reveal anything significant.

ordered to evaluate the chest cavity due to sudden respiratory symptoms (Pagana et al., 2023).		Her lungs were clear, and her heart still showed enlargement.

Diagnostic Test Reference (1) (APA):

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

Active Orders

Active Orders	Rationale
Regular diet	Provide regular nutrition
Weight – daily before breakfast	Possible fluid overload due to congestive heart failure- the patient did not resume her diuretic until 10/16/24.
Vital signs every four hours	Monitor client's status
Strict input and output	Monitor for fluid overload and ensure the client is urinating sufficiently
Activity – up as tolerated	The client has been having trouble ambulating and tires easily, however she should still try to be up and moving as much as she can to prevent lung/breathing complications and DVTs.
Incentive spirometer every hour with assistance	This helps improve the client's lung function while she is lying in bed.
Continuous pulse ox per OSA orders – at night and during daytime napping	The client has obstructive sleep apnea which can cause her oxygen saturation to drop while she is sleeping. Continuous pulse ox will help monitor that her saturation doesn't drop below 92%.
Monitor apnea alarms, Satsec alarms, and apnea symptoms	Ensure the client's CPAP machine is working properly, and the client doesn't experience apnea symptoms while sleeping.
Notify the hospitalist if apnea alarm/Satsec trends and apnea symptoms indicate significant ongoing OSA	The nurse should notify the provider because this means the client's CPAP machine may not be working, or the client has some underlying cause that is causing her apnea

	symptoms to worsen.
Resume home CPAP	Possibly could be that the client can resume using her CPAP machine with the same settings that she used while at home.
AutoPAP known OSA – RT to follow AutoPAP OSA order	Respiratory therapy is to follow their orders for using an AutoPAP which is a different machine that adjusts automatically to the patient's breathing patterns.
Patient to contact provider who ordered home CPAP for any ongoing concerns about CPAP	The provider that ordered the client's CPAP will be more knowledgeable on the CPAP she has and the settings.
Oxygen therapy – Nasal cannula: titrate to keep above 92%	The nurse can administer oxygen to the client with a nasal cannula should her oxygen saturation drop below 92%.
Notify provider: SBP <90 or >180 Heart rate <50 or >120 Temperature <97 or >100.4 Respiratory rate <10 or >30 SpO2 <92%	The nurse should notify the provider of vitals that are abnormal because it could mean the client's condition may be worsening.
Pneumatic compression stockings bilateral (moderate risk) – on at all times while in bed	This is to prevent DVTs from forming while the client is immobile.
Pain PRN medication substitution – Patient may have pain medication prescribed for a lower pain rating for a higher rated pain level	This allows the nurse to give pain medication such as acetaminophen for a pain score higher than prescribed if the client requests it.
Blood glucose level – Before meals & at bedtime (Column 2)	The client has type II diabetes therefore her blood sugars need to be monitored.
Insulin sliding scale instructions – • Advance to next highest column if glucose >250 two times in 24 hours or all readings >160 • Call provider if already in column 4 • RN to call provider to consider insulin infusion • Reduce to next lowest column if <100 twice in 24 hours	This gives the nurse additional instructions on how to proceed with the insulin based on the client's blood sugar.
Wound care/dressing change every shift – Peristomal skincare • Clean peristomal skin with warm water, pat dry, wipe the skin with skin	This helps the nurse care for the ostomy and how to properly clean and dress it.

barrier wipe, apply stoma barrier powder to red skin, cover powdered area with small piece of saline-impregnated gauze, and cover with thin hydrocolloid dressing • Apply stoma paste around the stoma and apply stoma ring, fill gaps with extra paste and powder • Apply bag and place abdomen binder over the abdomen with a cut oping for bag • Apply activity apron to redirect patient from pulling appliance	
Pressure injury prevention – • Turn every two hours • Limit sitting time to one hour three times a day • Inspect and protect skin under positioning devices • Float heels off bed with pillow or offloading boots	These interventions prevent further pressure injuries. The patient has a pressure ulcer on her coccyx and other moisture associated skin damage that could lead to ulcers.
PT evaluate and treat	The client has had difficulties ambulating.
OT evaluate and treat	The client has had difficulty performing activities of daily living.

Medications

Home Medications (Must List ALL)

Brand/ Generic	Tylenol (acetaminophen)	MAALOX EXTRA Strength (alum-mag hydroxide simethicone)	Vitamin C (ascorbic acid)	Aspirin (acetylsalicylic acid)	Dulcolax (bisacodyl)	Vitamin D3 (cholecalciferol)
Classification	Pharmacologic: Nonsalicylate, para-aminophenol derivative	Pharmacologic: Antacid combo Mineral Therapeutic: Stomach	Pharmacologic: Vitamin Therapeutic: Nutritive	Pharmacological: Salicylate Therapeutic: NSAID (Jones &	Pharmacologic: Diphenylmethane derivative Therapeutic	Pharmacologic: Vitamin Therapeutic: Nutritive agent (Jones & Bartlett

	Therapeutic: Antipyretic, nonopioid analgesic (Jones & Bartlett Learning, 2023).	acid neutralizer, Bloating/gas relief (Drugs.com, 2023).	agent (Jones & Bartlett Learning, 2023).	Bartlett Learning, 2023).	: Stimulant laxative (Drugs.com , 2023).	Learning, 2023).
Reason Client Taking	As needed for pain (Jones & Bartlett Learning, 2023).	As needed for GERD symptoms (Drugs.com, 2023).	Increase absorption of iron (Jones & Bartlett Learning, 2023).	Blood clot prevention (Jones & Bartlett Learning, 2023).	As needed for constipation (Drugs.com , 2023).	Treat vitamin D deficiency (Jones & Bartlett Learning, 2023).
List two teaching needs for the medication pertinent to the client	Educate on maximum daily dose and complications that may occur with surpassing maximum dose such as hepatotoxicity (Jones & Bartlett Learning, 2023).	Take as prescribed and contact provider if symptoms are not relieved (Drugs.com, 2023).	Take with full glass of water and take with iron to increase absorption (Jones & Bartlett Learning, 2023).	Educate on risk of bleeding/bleeding precautions and take with food to avoid GI upset (Jones & Bartlett Learning, 2023).	Educate on avoiding overuse and notify provider if bowel movement is not present after taking (Drugs.com , 2023).	Take as prescribed and take with food (Drugs.com, 2024).
Key nursing assessment(s) prior to administration	Pain level and liver function labs (Jones & Bartlett Learning, 2023).	Assess GERD symptoms and magnesium levels (Drugs.com, 2023).	Assess maximum daily amount (Jones & Bartlett Learning, 2023).	Assess for bleeding and tinnitus, this is a sign of salicylate toxicity (Jones & Bartlett Learning, 2023).	Assess colostomy output (Drugs.com , 2023).	Assess calcium and Vitamin D levels (Drugs.com, 2024).
Brand/ Generic	Sensipar (cinacalcet)	Celexa (citalopram	Temovate (clobetaso	Tridesilon (desonide	Robitussin DM	Aricept (donepezil)

		hydrobromide)	l 0.05%)	0.05%)	(dextromethorphan-guaifenesin)	
Classification	Pharmacologic: Calcimimetic Therapeutic: Calcium reducer (Jones & Bartlett Learning, 2023).	Pharmacologic: Selective serotonin reuptake inhibitor Therapeutic: Antidepressant (Jones & Bartlett Learning, 2023).	Pharmacologic: Corticosteroid Therapeutic: Anti-inflammatory and anti-pruritic (Jones & Bartlett Learning, 2023).	Pharmacologic: Corticosteroid Therapeutic: Anti-inflammatory and anti-pruritic (Jones & Bartlett Learning, 2023).	Pharmacologic: NMDA receptor antagonist Therapeutic: Antitussive and Expectorant (Drugs.com, 2024).	Pharmacologic: Acetylcholinesterase inhibitor Therapeutic: Antidementia (Jones & Bartlett Learning, 2023).
Reason Client Taking	Treat hyperparathyroidism (Jones & Bartlett Learning, 2023).	Treat depression (Jones & Bartlett Learning, 2023).	Treat symptoms of dermatoses (Jones & Bartlett Learning, 2023).	Treat symptoms of dermatoses (Jones & Bartlett Learning, 2023).	As needed to treat cough and chest congestion (Drugs.com, 2024).	Treat dementia (Jones & Bartlett Learning, 2023).
List two teaching needs for the medication pertinent to the client	Take with food and may worsen heart failure and will need additional monitoring of heart failure (Jones & Bartlett Learning, 2023).	Do not take OTC cold, allergy or cough medicine without contacting provider due to increased risk of adverse effects and do not stop taking suddenly (Jones & Bartlett Learning, 2023).	Apply thin layer to affected area and monitor blood sugar (Drugs.com, 2023).	Monitor blood sugar levels and do not cover area with bandage or covering (Drugs.com, 2023).	Use as prescribed and educate on hydrating to also help with congestion (Drugs.com, 2024).	Take before bed and may cause abdominal pain and diarrhea or constipation, contact provider if side effects occur due to effect it may have on colostomy (Jones & Bartlett Learning, 2023).
Key	Assess for	Assess for	Assess for	Assess	Assess	Assess heart

nursing assessment(s) prior to administration	hypocalcemia (Jones & Bartlett Learning, 2023).	suicidal ideation and SIADH signs (Jones & Bartlett Learning, 2023).	open lesions and blood sugar level (Drugs.com, 2023).	skin and blood sugar levels (Drugs.com, 2023).	respiratory status and secretions (Drugs.com, 2024).	rate and rhythm for bradycardia or arrythmias Assess respiratory status due to OSA, may cause bronchoconstriction (Jones & Bartlett Learning, 2023).
Brand/ Generic	Ferosul (ferrous sulfate)	Lantus (insulin glargine)	Humalog (insulin lispro)	Combivent Respimat (ipratropium-albuterol)	Milk of magnesium (magnesium hydroxide)	
Classification	Pharmacologic: Hematinic Therapeutic: Antianemic, nutritional supplement (Jones & Bartlett Learning, 2023).	Pharmacologic: Long-acting insulin Therapeutic: Blood glucose regulator (Jones & Bartlett Learning, 2023).	Pharmacologic: Rapid-acting insulin Therapeutic: Blood glucose regulator (Jones & Bartlett Learning, 2023).	Pharmacologic: Adrenergic Therapeutic: Bronchodilators (Jones & Bartlett Learning, 2023).	Pharmacologic: Mineral Therapeutic: Electrolyte replacement (Jones & Bartlett Learning, 2023).	
Reason Client Taking	Treat anemia (Jones & Bartlett Learning, 2023).	Treat type II diabetes (Jones & Bartlett Learning, 2023).	Treat type II diabetes (Jones & Bartlett Learning, 2023).	As needed for difficulty breathing and prevention of bronchospasm (Jones & Bartlett	As needed for constipation (Jones & Bartlett Learning, 2023).	

				Learning, 2023).		
List two teaching needs for the medication pertinent to the client	Take on empty stomach and avoid dairy and high fiber foods because they decrease absorption (Jones & Bartlett Learning, 2023).	Do not mix with another type of insulin and rotate subcutaneous injection sites to prevent lipodystrophy (Jones & Bartlett Learning, 2023).	Educate on when to administer (15 minutes before meal or immediately after) and rotate injection sites to prevent lipodystrophy (Jones & Bartlett Learning, 2023).	Educate on proper inhaler use and use as prescribed (Jones & Bartlett Learning, 2023).	Educate of laxative abuse and ways to prevent constipation such as increasing fluids and dietary fiber (not too much) (Jones & Bartlett Learning, 2023).	
Key nursing assessment(s) prior to administration	Assess iron levels, stool color and hemoglobin (Jones & Bartlett Learning, 2023).	Assess blood sugar levels and administer appropriate dose as needed (Jones & Bartlett Learning, 2023).	Assess blood sugar levels and administer appropriate dose as needed (Jones & Bartlett Learning, 2023).	Assess potassium levels can cause hypokalemia (Jones & Bartlett Learning, 2023).	Assess magnesium levels (Jones & Bartlett Learning, 2023).	
Brand/ Generic	Diamode (loperamide)	Maox/Mag-200 (magnesium oxide)	Namenda (memantine)	Toprol XL (metoprolol succinate)	Nystop (nystatin powder)	Prilosec (omeprazole)
Classification	Pharmacologic: Peripheral opioid receptor agonist	Pharmacologic: Mineral Therapeutic: Electrolyte replacement (Jones &	Pharmacologic: N-methyl-D-aspartate receptor antagonist	Pharmacologic: Beta1-adrenergic blocker Therapeuti	Pharmacologic: Polyene Therapeutic: Antifungal (Drugs.com	Pharmacologic: Proton pump inhibitor Therapeutic: Antiulcer

	Therapeutic: Antidiarrheals (Drugs.com, 2024).	Bartlett Learning, 2023).	Therapeutic: Antidementia agent (Jones & Bartlett Learning, 2023).	c: Antianginal, antihypertensive (Jones & Bartlett Learning, 2023).	, 2023).	(Jones & Bartlett Learning, 2023).
Reason Client Taking	As needed for diarrhea or reduction of stool for clients with ostomies (Drugs.com, 2024).	Treat magnesium deficiency caused by hyperparathyroidism Or constipation (Jones & Bartlett Learning, 2023).	Treat dementia (Jones & Bartlett Learning, 2023).	Treat hypertension (Jones & Bartlett Learning, 2023).	Treat fungal infection (Drugs.com , 2023).	Treat symptoms of GERD (Jones & Bartlett Learning, 2023).
List two teaching needs for the medication pertinent to the client	Take exactly as prescribed, too much can lead to death and serious heart issues and educate on importance of hydration (Drugs.com, 2024).	Take with a full glass of water and educate on signs of hypermagnesemia (Jones & Bartlett Learning, 2023).	Avoid diet excessively high in fruits and vegetables, cause alkalotic urine and it can interfere with clearance of medication and monitor for suicidal ideations (Jones & Bartlett Learning, 2023).	Take with meal at same time every day and monitor blood sugar levels (Jones & Bartlett Learning, 2023).	Do not cover area with covering and do not share medication with others (Drugs.com , 2023).	Educate on monitoring urine output and reduction of risk for fractures due to osteoporosis and do not take with medications or foods that increase gastric secretions such as ibuprofen (Jones & Bartlett Learning, 2023).
Key	Assess stool	Assess	Assess	Assess	Assess for	Assess urine

nursing assessment(s) prior to administration	for blood or black in color Assess for fever (Drugs.com, 2024).	magnesium levels and signs of magnesium toxicity (Jones & Bartlett Learning, 2023).	urine for alkalinity and for suicidal ideations (Jones & Bartlett Learning, 2023).	blood pressure and blood sugar Assess for worsening heart failure (Jones & Bartlett Learning, 2023).	open lesions and area of infection (Drugs.com, 2023).	output and bone fractures due to client having osteoporosis (Jones & Bartlett Learning, 2023).
Brand/ Generic	Crestor (rosuvastatin)	Baking soda (sodium bicarbonate)	Demadex (torsemide)	Desitin (zinc oxide-cod liver oil)		
Classification	Pharmacologic: HMG-CoA reductase inhibitor Therapeutic: Antilipemic (Jones & Bartlett Learning, 2023).	Pharmacologic: Electrolyte Therapeutic: Antacid (Jones & Bartlett Learning, 2023).	Pharmacologic: Loop diuretic Therapeutic: Antihypertensive and diuretic (Jones & Bartlett Learning, 2023).	Pharmacologic: Emollient Therapeutic: Skin protectant (Drugs.com, 2023).		
Reason Client Taking	Treat hyperlipidemia (Jones & Bartlett Learning, 2023).	As needed for heart burn and indigestion (Jones & Bartlett Learning, 2023).	Treat edema due to heart failure (Jones & Bartlett Learning, 2023).	As needed for rash or dry, irritated skin (Drugs.com, 2023).		
List two teaching needs for the medication	Educate on switching to a low fat and cholesterol diet and	Do not drink with large amount of dairy and wait more	Monitor blood sugar levels and educate on signs	Apply only to surface of skin and do not apply if		

pertinent to the client	monitor blood sugar levels (Jones & Bartlett Learning, 2023).	than 2 hours to drink if other oral medications were just taken (Jones & Bartlett Learning, 2023).	of excessive fluid loss and gain (Jones & Bartlett Learning, 2023).	infected or area is near an infected skin area (Drugs.com, 2023).		
Key nursing assessment(s) prior to administration	Assess lipoprotein level and monitor liver enzymes (Jones & Bartlett Learning, 2023).	Assess sodium levels (Jones & Bartlett Learning, 2023).	Assess electrolyte levels such as low potassium and magnesium Assess edema and input/outpour (Jones & Bartlett Learning, 2023).	Assess skin for infection and open lesions or injury (Drugs.com, 2023).		

Hospital Medications (Must List ALL)

Brand/ Generic	Tums (calcium carbonate)	Heparin (heparin sodium)	Mag tab SR (magnesium lactate)	Circadin, Ceyesto, OLLY Sleep (melatonin)	Zofran (ondansetron)	Protonix (pantoprazole)
Classification	Pharmacologic: Calcium slats Therapeutic: Antacid (Jones & Bartlett Learning, 2023).	Pharmacologic: Anticoagulant Therapeutic: Anticoagulant (Jones & Bartlett Learning, 2023).	Pharmacologic: Mineral Therapeutic: Electrolyte replacement (Jones & Bartlett Learning,	Pharmacologic: Mineral Therapeutic: Sedative/hypnotic (Drugs.com, 2024).	Pharmacologic: Selective serotonin receptor antagonist Therapeutic: Antiemetic (Jones	Pharmacological: Proton pump inhibitor Therapeutic: Antiulcer, Decrease stomach acid (Jones & Bartlett

			2023).		& Bartlett Learning, 2023).	Learning, 2023).
Reason Client Taking	As needed for reflux symptoms (Jones & Bartlett Learning, 2023).	Prevent venous thrombosis (Jones & Bartlett Learning, 2023).	As needed for constipation or magnesium deficiency (Jones & Bartlett Learning, 2023).	Treat difficulty sleeping (Drugs.com, 2024).	As needed for nausea and vomiting (Jones & Bartlett Learning, 2023).	Treat symptoms of GERD (Jones & Bartlett Learning, 2023).
List two teaching needs for the medication pertinent to the client	Avoid caffeine and high fiber food when taking, can decrease absorption of calcium and take after 2 hours of taking other oral medication (Jones & Bartlett Learning, 2023).	Educate on increased risk of bleeding and safety precautions such as using an electric razor and a soft bristle toothbrush (Jones & Bartlett Learning, 2023).	Educate on taking with full glass of water and do not take if experiencing abdominal pain or nausea/vomiting (Jones & Bartlett Learning, 2023).	Avoid tasks that require alertness such as driving after taking and avoid taking caffeine products after due to decrease in effects (Drugs.com, 2024).	Educate that drowsiness may occur and educate on signs of serotonin syndrome (Jones & Bartlett Learning, 2023).	Educate on symptoms of vitamin B12 deficiency and monitoring urine output (Jones & Bartlett Learning, 2023).
Key nursing assessment(s) prior to administration	Assess calcium levels and reflux (Jones & Bartlett Learning, 2023).	Assess PTT and signs of bleeding (Jones & Bartlett Learning, 2023).	Assess magnesium levels and confusion or decreased DTR Assess blood pressure	Assess LOC and drowsiness/lethargy (Drugs.com, 2024).	Assess levels of potassium and magnesium, low levels can cause prolonged QT interval	Assess urine input/output, reflux symptoms and magnesium/ vitamin B12 levels (Jones & Bartlett Learning,

			(Jones & Bartlett Learning, 2023).		(Jones & Bartlett Learning, 2023).	2023).
Brand/ Generic	Miralax (polyethylene glycol)	Compazine (prochlorperazine)	Senokot (senna glycoside)			
Classification	Pharmacologic: Osmotic laxative Therapeutic: Laxative (Drugs.com, 2024).	Pharmacologic: Piperazine phenothiazine Therapeutic: Antiemetic (Jones & Bartlett Learning, 2023).	Pharmacologic: Sennosides, stimulant laxative Therapeutic: Laxative, herbal supplement (Drugs.com, 2023).			
Reason Client Taking	As needed for constipation (Drugs.com, 2024).	As needed for severe nausea and vomiting (Jones & Bartlett Learning, 2023).	As needed for constipation (Drugs.com, 2023).			
List two teaching needs for the medication pertinent to the client	Educate that the client should have bowel movement in 1-3 days and educate on importance of using as prescribe	Educate on avoiding excessive sun exposure and monitor for signs of involuntary repetitive movements or muscle contractions (Jones & Bartlett Learning, 2023).	Educate on consulting provider before taking herbal supplements and educate on importance of not overusing (Drugs.co			

	d and not to overuse (Drugs.com, 2024).		m, 2023).			
Key nursing assessment(s) prior to administration	Assess abdomen and signs of bowel obstruction Assess stools, do not administrate if they are too frequent or too watery (Drugs.com, 2024).	Assess for abnormal involuntary movements and blood pressure, can cause hypotension/orthostatic hypotension (Jones & Bartlett Learning, 2023).	Assess for hypokalemia and stool output (Drugs.com, 2023).			

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Heparin	The patient is at moderate risk of developing venous thrombosis and she has a history of deep venous thrombosis. She is also mainly in her bed and only up as tolerated.	**1.** Excessive bleeding (Jones & Bartlett Learning, 2023). **2.** Nausea/vomiting (Jones & Bartlett Learning, 2023).
2. Zofran	The patient was brought in due to vomiting. She is also decreased self-care deficit and could possibly aspirate if she were to vomit again.	**1.** Hypotension (Jones & Bartlett Learning, 2023). **2.** intestinal obstruction (Jones & Bartlett Learning, 2023).
3. Protonix	The patient's reflux symptoms may agitate her	**1.** Hypomagnesemia (Jones & Bartlett Learning, 2023).

	nausea and vomiting.	**2.** Dizziness (Jones & Bartlett Learning, 2023).

Medications Reference (1) (APA):

Drugs.com. (2023, August 3). *Aluminum hydroxide, magnesium hydroxide, and simethicone.* https://www.drugs.com/mtm/aluminum-hydroxide-magnesium-hydroxide-and-simethicone.html

Drugs.com. (2023, November 3). *Desitin topical application.* https://www.drugs.com/cons/desitin.html

Drugs.com. (2023, October 1). *Dulcolax laxative.* https://www.drugs.com/dulcolax.html

Drugs.com. (2024, May 7). *Loperamide.* https://www.drugs.com/loperamide.html

Drugs.com. (2024, October 24). *Melatonin.* https://www.drugs.com/melatonin.html

Drugs.com. (2024, March 22). *Miralax.* https://www.drugs.com/miralax.html

Drugs.com. (2023, July 28). *Nystatin topical.* https://www.drugs.com/mtm/nystatin-topical.html

Drugs.com. (2024, April 9). *Robitussin cough + chest congestion DM.* https://www.drugs.com/mtm/robitussin-cough-chest-congestion-dm.html

Drugs.com. (2023, October 24). *Senokot.* https://www.drugs.com/mtm/senokot.html

Drugs.com. (2023, November 13). *Temovate.* https://www.drugs.com/mtm/temovate.html

Drugs.com. (2023, August 4). *Tridesilon.* https://www.drugs.com/mtm/tridesilon.html

Drugs.com. (2024, January 17). *Vitamin D3*. https://www.drugs.com/mtm/vitamin-d3.html#uses

Jones & Bartlett Learning. (2023). *NDH: Nurse's drug handbook* (23rd ed.). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL:	The client was alert but lethargic and oriented to

Alertness: Alert but lethargic **Orientation:** Oriented x3 **Distress:** None **Overall appearance:** Well-groomed/appropriate **Infection Control precautions:** None **Client Complaints or Concerns:** None	person, place, and time. She has dementia and her cognition was impaired throughout the assessment. She was not in distress and had an appropriate appearance.
VITAL SIGNS: **Temp:** 98.2 F (36.8 C) – Oral **Resp rate:** 16 **Pulse:** 70 **B/P:** 118/70 **Oxygen:** 96% **Delivery Method:** Room air	
PAIN ASSESSMENT: **Time:** 1628 **Scale:** Numeric (0-10) **Location:** N/A **Severity:** N/A **Characteristics:** N/A **Interventions:** Positioning	When asked if she could rate her pain, the client stated she did not have any pain and it was a 0 on a scale from 0 to 10 at the time of the assessment.
IV ASSESSMENT: **Size of IV:** 20g **Location of IV:** Anterior lower right forearm **Date on IV:** 10/20/24 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Transparent **Fluid Type/Rate or Saline Lock:** Saline lock	The client had a 20g IV line located on her anterior lower right forearm. The IV line was patent and had no signs of erythema, drainage, or infiltration. The IV was secured with a Tegaderm dressing and had a saline lock.
INTEGUMENTARY: **Skin color:** Fair **Character:** Thin **Temperature:** Cool **Turgor:** Normal **Rashes:** None **Bruises:** Present **Wounds:** Present **Braden Score:** 18 **Drains present:** **Y☐** **N ☒** **Type:**	Fair color with large purple ecchymoses noted on the right elbow and right hand. A smaller purple ecchymosis was noted on the left hand. Small scabs noted throughout the patient's arms. Skin is thin and cool to touch, and turgor returns normally. Scars noted on chest, abdomen, and bilateral knees. She had moisture associated skin damage to the right hip area. The client had a stage I pressure ulcer on her coccyx noted on her chart, however when asked to turn to assess, she stated she was tired and didn't want to turn. An IV line was noted on the anterior lower right forearm. The client's Braden score is 18, indicating a mild risk for pressure ulcers.

HEENT: **Head/Neck:** Symmetrical **Ears:** Symmetrical, no lesions **Eyes:** PERRLA, symmetrical with no lesions or drainage **Nose:** No lesions or drainage **Teeth:** Two missing molars	Head and neck are symmetrical, and trachea is midline. No lymph nodes palpable or tender. Sinuses nontender. Carotid pulses palpable bilaterally +2. Eyes are symmetrical with PERRLA and EOMS intact bilaterally. Sclerae white, corneas clear, and conjunctiva pink. No lesions or drainage noted. Septum midline with no lesions or drainage noted. Ears symmetrical with no lesions or drainage. Hearing is intact. Lips were chapped and dry. Oral mucosa pink and moist. Two molars missing from left side.
CARDIOVASCULAR: **Heart sounds:** Clear **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** Palpable **Capillary refill:** Less than 3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	Clear S1 and S2 auscultated. No murmurs or gallops. Normal rate and rhythm. The client does have a pacemaker/defibrillator. Peripheral pulses palpable 2+ bilaterally in all extremities. Capillary refill less than three seconds. No neck vein distention or edema noted.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Lung sounds clear anteriorly in all fields, unable to auscultate posteriorly due to the client stating she was tired and did not want to move. Normal rate and rhythm.
GASTROINTESTINAL: **Diet at home:** Regular **Current Diet:** Regular **Is Client Tolerating Diet?** Yes **Height:** 160 cm (5'3'') **Weight:** 68.6 kg (151 lbs. 3.8 oz) **Auscultation Bowel sounds:** Active **Last BM:** Colostomy last emptied around 0700 **Palpation: Pain, Mass etc.:** None **Inspection:** **Distention:** None **Incisions:** None **Scars:** Present **Drains:** None **Wounds:** None **Ostomy: Y ☒ N ☐** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒**	The client is on a regular diet and is tolerating it well. Bowel sounds normoactive and abdomen is soft and nontender. Right lower quadrant colostomy noted. Colostomy bag had stool present and was leaking, so chuck pads were placed around it. Scar noted on abdomen from previous abdominal surgery.

Type:	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** Not assessed **Catheter: Y ☐ N ☒** **Type:** **Size:**	The client is incontinent and wears absorbent brief/diaper. Genital area was not assessed and urine was unable to be assessed. The client denied pain, burning, or frequency when urinating.
Intake (in mLs) **Output (in mLs)**	Intake: Oral - 360 mL; no IV fluids Output: Incontinent x1; stool 425 mL from colostomy bag
MUSCULOSKELETAL: **Neurovascular status:** Hyperlipidemia **ROM:** **Supportive devices:** Roller-walker, gait belt **Strength:** Equal **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 33 **Activity/Mobility Status:** 1 assist **Activity Tolerance:** Up as tolerated **Independent (up ad lib)** **Needs assistance with equipment ☒** **Needs support to stand and walk ☒**	The client's range of motion could not be assessed completely due to the client stating she was tired. She does have full range of motion in her neck and hands/feet. Hand grips and pedal pushes/pulls are equal in strength. She has generalized weakness and requires a one person assist with a gait belt and roller walker. Gait could not be assessed. She requires assistance with her ADLs. Fall risk score is 33, a high fall risk score.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** Person, place, time **Mental Status:** Altered **Speech:** Clear **Sensory:** Normal **LOC:** Alert but lethargic	The client is alert but lethargic. She is oriented to person, place, and time. Strength is equal in all extremities. Her cognition is impaired at times. Her speech is clear and she understands/follows commands.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Attending church and	The client enjoys attending church and playing the organ. When asked about the church and

playing organ **Developmental level:** Integrity vs Despair **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	religion, she stated "I guess I'm religious" because she attends church to play the organ. She stated that she has a son, but she does not see him often.

Discharge Planning

Discharge location: The client was going to be discharged back to her assisted living facility; however, the facility refused her readmission, stating that the client needed more advanced care than they could provide. The client is now waiting for placement to be discharged to a skilled nursing facility.

Home health needs: The client has no home health needs since she will be discharged to a skilled nursing facility.

Equipment needs: The client needs a roller-walker.

Follow-up plan: The client was recommended intermittent skilled therapy 2-3 days per week by occupational therapy. The occupational therapist also recommended the client have supervision with performing activities of daily living and mobility due to impaired cognition.

Education needs: The client needs education on self-care, what she can perform herself, and when to ask for assistance. She could also be educated on when to notify the nurse if her ostomy needs to be changed or emptied.

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

Nursing Diagnosis	Rationale	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by	• Explain why the nursing diagnosis was chosen			

priority – highest priority to lowest priority pertinent to this client				
1. Toileting self-care deficit related to impaired cognition as evidenced by recurrent hospitalizations for urinary tract infections (Phelps, 2023).	The client's dementia has progressed, and she is no longer able to care for herself in an assisted living facility. She has been hospitalized before for a UTI which shows that she is not properly cleansing herself and may not be receiving the assistance she needs.	The client will not have a urinary tract infection by discharge.	**1.** Provide perineal care (Phelps, 2023). **2.** Provide assistance with toileting (Phelps, 2023).	The patient's perineal area would be cleaned appropriately to prevent further infections from occurring and assistance with toileting will ensure client is performing/receiving appropriate toileting hygiene like wiping front to back.
2. Impaired skin integrity related to excessive moisture and decreased mobility as evidenced by incontinence, moisture associated skin damage on right hip, generalized weakness, and pressure ulcer on coccyx	I chose this nursing diagnosis because the client is at risk of developing pressure ulcers and further infections from incontinence. Also, her colostomy was leaking which could further cause	The client will have improved/healed wounds by discharge (Phelps, 2023).	**1.** Turn the client every two hours (Phelps, 2023). **2.**Frequently change the client's absorbent brief to prevent her from laying in excessive moisture (Phelps, 2023).	The client was repositioned every two hours using pillows by the techs. The client's brief was also checked every 2 hours when repositioned and changed as needed.

(Phelps, 2023).	skin infections.			
3. Impaired urinary elimination related to impaired cognition impacting activities of daily living and decreased physical mobility as evidenced by incontinence (Phelps, 2023).	I chose this diagnosis because the client's dementia has progressed, and she can no longer do activities of daily living without some assistance. Also, she has generalized weakness and her mobility has also decreased affecting her ability to reach the bathroom.	The client will have fewer incontinent episodes by discharge.	**1.** Encourage client to call for assistance when she needs to use the bathroom (Phelps, 2023). **2** Encourage client to wear absorbent brief (Phelps, 2023).	The client was wearing an absorbent brief. If the client did call for when she had to use the bathroom, the tech or nurse would come assist them to ambulate.
4. Powerlessness related to impaired cognition as evidenced by loss of independence in performing activities of daily living (Phelps, 2023).	The client's dementia has progressed, and she can no longer perform activities without assistance.	The client will make decisions about care and participate in self-care activities by discharge.	**1.** Encourage the client to make decisions regarding what activities she would like to perform (Phelps, 2023). **2.** Encourage client to participate in self-care activities such as	The client would be provided with different choices, and she would be able to pick which activity she would like to do. She would also actively participate in activities and try to accomplish some parts independently.

			helping with bathing and eating (Phelps, 2023).	

Other References (APA):

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