

N431 CARE PLAN #

Ryleigh Wardall

Lakeview College of Nursing

N321: Adult Health II

Dean Lawson

October 24th, 2024

Demographics

Date of Admission 10/05/2024	Client Initials J.E.S	Age 73	Biological Gender Male
Race/Ethnicity White/ Caucasian	Occupation Retired	Marital Status Married	Allergies Iodine- he gets a rash
Code Status Full code	Height 6 foot 2 inches	Weight 264 pounds	

Medical History

Past Medical History: He has a past medical history of Asthma, Coronary Artery Disease (CAD), Cataracts, Colon Cancer, Hypertension, Gastroesophageal Reflux Disease (GERD), Hyperlipidemia, Diabetes Mellitus Type 2, Chronic Kidney Disease Stage 4, Migraine with aura, Obesity, and Spinal Stenosis in the Cervical region.

Past Surgical History: His past surgical includes cataract removal, colonoscopy on 7/30/2020, another colonoscopy on 9/18/21, coronary artery bypass graft on 01/31/2014, an implantable venous access port placement on 10/01/2020, left heart catheterization on 05/24/2019, phacoemulsification of left cataract on 08/01/202, port removal on 02/08/2021, and subtotal colectomy on 009/03/2020.

Family History: His father had prostate cancer. His mother had arthritis, diabetes, glaucoma, macular degeneration, and pneumonia and she suffered complications that caused her death. His maternal grandfather had metastatic skin cancer. His brother has a history of hypertension, stroke, myocardial infarction, and lung cancer. His sister had arthritis and died from ovarian cancer. His son has diabetes and hypertension.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):
He used to smoke a pack a day of cigarettes. He smoked for 5 years and hasn't smoked in 42

years. He used chewing tobacco for several years but has not used it since 2008. He states that he only drinks two times a year. He reports no drug use.

Education: He graduated high school and went to college for a year but did not finish college.

Living Situation: He lives at home with his wife and two cats.

Assistive devices: He uses a walker every day.

Admission History

Chief Complaint: Fatigue and weakness that has worsened significantly.

History of Present Illness (HPI)– OLD CARTS: The patient has had an ongoing weakness for the last two years but it has significantly worsened over the last two weeks. The weakness is everywhere but is worse in his legs. The week of 9/30/24 he started having trouble performing his activities of daily living. He fell on 10/01/24 and has increased lethargy. He states he does not remember the fall when asked about it. He is very weak and can no longer walk. The fall made the weakness worse and he has not been able to walk since the fall. He has not been treated for this before. He is currently in no pain and wants to get back to normal.

Admission Diagnosis

Primary Diagnosis: Acute kidney injury

Secondary Diagnosis (if applicable): Related to chronic kidney disease

Pathophysiology

There are several ways to get an acute kidney injury (AKI). A major cause is decreased renal blood flow, which reduces the glomerular filtration rate (GFR) (Capriotti, 2020). As renal function decreases, nitrogenous waste builds up, and fluid and electrolyte balance become impaired (Capriotti, 2020). AKI can lead to azotemia, increases in serum creatinine levels, and

fluid retention (Capriotti, 2020). There are three classifications of an AKI which include prerenal, intrinsic, and postrenal (Capriotti, 2020).

About 60% of patients diagnosed with an AKI suffer from prerenal disorders (Capriotti, 2020). Decreased blood flow is the most common cause of a prerenal AKI and it is usually reversible (Capriotti, 2020). This type of AKI occurs when there is an extreme drop in blood volume (Capriotti, 2020). Intrinsic AKIs usually occur when there is damage to the kidney tissues (Capriotti, 2020). The damage is often caused by nephrotoxic agents, trauma, or an obstruction (Capriotti, 2020). Lastly, a postrenal AKI usually occurs because of obstruction to urine outflow (Capriotti, 2020). Obstruction can occur for many reasons like prostatic enlargement, bladder disorders, etc. Only 5% of AKIs are postrenal (Capriotti, 2020).

There are four phases of an AKI. The first stage is initial, then oliguria, next is diuresis, and lastly is recovery (Hinkle & Cheever, 2021). The initial phase can last for hours or days. This phase lasts until the oliguria begins which is decreased urine output (Hinkle & Cheever, 2021). The oliguric phase usually presents with a significant decrease in GFR values (Hinkle & Cheever, 2021). Potassium, creatinine, and magnesium levels may be increased due to problems with excreting (Hinkle & Cheever, 2021). Signs of fluid overload and inflammation may begin during this phase. The diuresis stage is flagged by a gradual increase in urine output which means that the GFR is beginning to recover (Hinkle & Cheever, 2021). Even though the urine output is increasing it may not be diluted or concentrated enough yet (Hinkle & Cheever, 2021). Laboratory values should begin to stabilize and eventually decrease. Renal function is recovering but may still be considered abnormal because of the filtration of urea and creatinine (Hinkle & Cheever, 2021). Uremic symptoms may still be present in this stage so medical observation and management may still be needed even if the patient thinks they are getting better. In this stage

signs of dehydration should be monitored closely (Hinkle & Cheever, 2021). Lastly, is the recovery phase that signals improvement of renal function. The full improvement may take 3-12 months (Hinkle & Cheever, 2021). The patient's laboratory values should be back to normal.

The patient will appear critically ill and lethargic and this patient complained of increased lethargy (Capriotti, 2020). The patient may suffer from drowsiness, headache, and muscle twitching (Capriotti, 2020). This patient complained of headaches but just thought he was getting more migraines. Edema could also be present on the face or extremities. This patient had bilateral lower extremity present which was unusual for them.

There are several things used to diagnose an AKI. A urinalysis, blood draw of serum electrolytes, serum creatinine, BUN, arterial blood gases, and CBCs are used to help diagnose an AKI (Capriotti, 2020). This patient had several abnormalities within his urinalysis, creatinine, electrolytes, BUN, and arterial blood gases. Radiographic imaging may be used to help assess if there is any obstruction or changes in the kidney's size or structure (Capriotti, 2020). This patient had a KUB scan done to help assess their kidneys.

Treatment depends on the underlying cause of the AKI. His electrolytes are being monitored to make sure hyperkalemia does not occur. Cardiac monitoring should also be monitored which the patient was on the cardiac monitors during his stay. This patient was also on hemodialysis because of his chronic kidney disease but this can also help treat his AKI.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory Concepts and Clinical Perspectives*.

Hinkle, J. L., & Cheever, K. H. (2021). *Brunner and Suddarth's Textbook of Medical-Surgical Nursing (2 Vol)*. LWW.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
pH	7.265	N/A	7.310-7.410	This lab could be decreased due to dehydration (Pagana et al., 2022).
PCO ₂	40.3 mmHg	N/A	41-51 mmHg	This lab could be decreased due to his kidneys being impaired (Pagana et al., 2022).
HCO ₃	17.9 mmol/L	N/A	21.5-25.5 mmol/L	This lab could be decreased due to his kidneys being impaired (Pagana et al., 2022).
Sodium	131 mmol/L	133 mmol/L	136-145 mmol/L	This lab could be decreased due to his stage four chronic kidney disease (Pagana et al., 2022).
Potassium	5.2 mmol/L	3.2 mmol/L	3.5-5.1 mmol/L	This could have been elevated upon admission due to dehydration or his

				chronic kidney disease (Pagana et al., 2022). This lab could be decreased on 10/21 because of his clear diet status because he is not able to receive any potassium through dietary intake (Pagana et al., 2022).
CO2	16 mmol/L	26 mmol/L	22-29 mmol/L	This lab could be decreased due to his chronic kidney disease (Pagana et al., 2022).
BUN	103 mg/dL	53 mg/dL	8-26 mg/dL	This lab could be increased because he is dealing with dehydration (Pagana et al., 2022).
Creatinine	10.48 mg/dL	7.28 mg/dL	0.70-1.30 mg/dL	This lab could be increased due to his acute kidney injury (Pagana et al., 2022).
Calcium	8.6 mg/dL	8.7 mg/dL	8.9-10.6 mg/dL	This lab could be decreased due to his

				chronic kidney disease because when the kidneys do not work well the body has a hard time absorbing vitamin D (Pagana et al., 2022).
Albumin	2.2 g/dL	N/A	3.4-4.8 g/dL	This lab could be decreased due to his chronic kidney disease because his kidneys may excrete too much protein (Pagana et al., 2022).
AST	488 u/L	N/A	5-34 u/L	This lab could be increased due to his acute kidney injury because his kidneys are having difficulty filtering waste from the blood (Pagana et al., 2022).
ALT	177 u/L	N/A	0-55 u/L	This lab could be elevated due to his chronic kidney disease (Pagana et al., 2022).

RBC	3.49 uL	2.78 uL	4.10-5.70 uL	This lab could be decreased due to his chronic kidney disease because it is difficult for the kidneys to produce enough erythropoietin (Pagana et al., 2022).
HGB	10.5 g/dL	8.4 g/dL	12-18 g/dL	This lab could be decreased because of his chronic kidney disease which makes it difficult for the kidneys to make erythropoietin (Pagana et al., 2022).
HCT	31.9%	25.7%	37-51%	This lab could be low because of his chronic kidney disease due to chronic inflammation (Pagana et al., 2022).
RDW	14.4%	15.3%	12-15%	This lab could be increased due to increased red blood cell destruction due to chronic kidney

				disease (Pagana et al., 2022).
RDW-SD	47.8 fL	51 fL	36.7-46.1 fL	This lab could be increased due to his diabetes which causes chronic inflammation (Pagana et al., 2022).
Absolute lymphocytes	0.84 uL	0.85 uL	1.00-4.90 uL	This lab could be decreased due to chronic physical stress since he's been dealing with weakness for over two years which can lead to immunosuppression (Pagana et al., 2022).
Creatine kinase total	21,177 u/L	N/A	30-200 u/L	This lab could be increased due to his acute kidney injury (Pagana et al., 2022).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
He has had several x-ray KUBs, which examine the	He was having abdominal pain and abdominal distension. He is also	The results showed that he has had

<p>kidneys, ureters, and bladder. This is also being done to assess his gastrointestinal system (Pagana et al., 2022).</p>	<p>having loose watery stools. His most recent KUBs were ordered to follow up on his colonic distention.</p>	<p>constant gaseous distention but is improving compared to past KUBs.</p>
<p>He had a chest x-ray done to evaluate his pulmonary and cardiac system (Pagana et al., 2022).</p>	<p>He has been hypoxic and that is why this test was ordered. He has needed two liters of oxygen when his baseline is room air. He has also felt short of breath.</p>	<p>This test showed that he had mild pulmonary congestion. Interstitial markings were also present and were more obvious on the left side compared to the right.</p>
<p>Upon admission, he had a brain computed tomography (CT) done to evaluate if there was any trauma to his head (Pagana et al., 2022).</p>	<p>He had a fall four days before his admission and he did not seek medical treatment. This was done just to make sure there was no existing trauma from that fall to his head.</p>	<p>The results showed that there was no bleeding to the brain. There was also no fluid present.</p>
<p>On October 7th he also had an echocardiography (echo) done which is an ultrasound that evaluates the structures and function of the heart (Pagana</p>	<p>He had a severely elevated creatine kinase level that was 21,177 on his first blood draw and on his last blood draw on October 11th, it was still elevated at 3.225. This laboratory</p>	<p>His echo showed that he had an ejection fraction of 65-70% which can be considered within</p>

et al., 2022).	value usually helps diagnose muscle disease or injury which can commonly affect the heart.	normal ranges. His creatine kinase level was still elevated at 9,564.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2022). *Mosby's® Diagnostic and Laboratory Test reference*. Mosby.

Active Orders

Active Orders	Rationale
Contact isolation with soap and water	He was diagnosed with norovirus and E. Coli.
He is on a clear liquid diet.	He is waiting on clearance from his gastrointestinal team. He was still having loose watery stools and they were not comfortable with giving him whole foods yet.
Intake and output were checked and recorded each shift.	To make sure he has adequate output and adequate intake to prevent dehydration again.
Incentive spirometer each hour.	This is used to help improve his breathing since he was still hypoxic and still on two liters of oxygen even though his baseline is

	room air.
Increase activity as tolerated.	This is important because since his fall he has not been able to walk so it is important to build his strength back up.
Bilateral compression stockings	These are important to have in use due to his activity intolerance. Due to his increased time in bed, the compression stockings will help with blood flow in the legs, help reduce swelling, and help prevent blood clots.
Weights daily before breakfast.	This is done to make sure he is not having any rapid weight gain or weight loss. Daily weights are done to make sure his weights are staying consistent.
Monitor for apnea alarms.	This is important to evaluate any times he stops breathing for several seconds, especially during sleep.
Initiate IV access.	This is important to have in case of emergency scenarios, IV medications, and IV fluids.
Risk assessment for deep vein thrombosis (DVT) or Pulmonary embolism (PE).	This is important to assess because of his activity intolerance he is in bed a lot which increases his risk for a DVT or PE.
Continuous pulse oximetry.	This is done to evaluate his oxygen levels and

	to assess if it is getting better or worse.
Oxygen therapy.	This is done due to his hypoxic state and is needed for improving his oxygen.
Physical therapy evaluation.	This needs to be done because he has not been able to walk since his fall on October 1 st .
Occupational therapy evaluation.	This needs to be done to evaluate the need for occupational therapy since his fall.
Consult case manager.	This needs to be done to arrange outpatient dialysis.

Medications

Home Medications (Must List ALL)

Brand/ Generic	Albuterol HFA/ Ventolin HFA	Aspirin/ acetylsalic ylic acid	Budesonid e glycopyr formoterol/ Breztri aerosphere	Buprenorph ine/ Burtrans	Cetirizine/ Zyrtec	Coenzyme/ CoQ10
Classifica tion	Pharmacol ogic: Adrenergic Therapeuti c: Bronchodil ator (Jones & Bartlett,	Pharmacol ogic: Salicylate Therapeuti c: NSAID, antiplatelet , antipyretic,	Pharmacol ogic: Corticoster oid Therapeuti c: Antiasthma tic and	Pharmacolo gic: Opioid Therapeutic : Opioid analgesic (Jones & Bartlett, 2022).	Pharmacolo gic: Histamine -1 receptor antagonist Therapeut ic:	Pharmacolo gic and therapeutic class: Nutraceutica l products (<i>Coenzyme Q10</i> , 2022).

	2022).	and nonopioid analgesic (Jones & Bartlett, 2022).	anti-inflammatory (Jones & Bartlett, 2022).		Antihistamine (Jones & Bartlett, 2022).	
Reason Client Taking	As needed for wheezing and coughing (Jones & Bartlett, 2022)..	Taken as needed for mild fever and to help relieve pain.	Helps with the patient's asthma.	To help with severe pain management.	Helps treat allergy symptoms .	This medication can help prevent migraines and lower blood pressure (Coenzyme Q10, 2022).
List two teaching needs for the medication pertinent to the client	Teach the patient how to use an inhaler. Teach the patient how to clean their inhaler and rinse their mouth after each use of their inhaler (Jones & Bartlett, 2022).	Take the medication with food to prevent GI upset. Advise the patient to avoid alcohol while taking it to decrease the risk of ulcers (Jones & Bartlett, 2022).	The patient will need to be taught to "prime" their inhaler by twisting the device fully to the right and then left until it clicks. The patient should rinse their mouth after each use of the oral inhaler (Jones & Bartlett, 2022).	The patient should assess how this medication affects them before driving or operating heavy machinery. The patient should avoid alcohol or CNS depressants while on this medication (Jones & Bartlett, 2022).	The patient should not drive until they know how the drug affects them. The patient should not drink alcohol while taking this drug (Jones & Bartlett, 2022).	This medication should be taken with a full glass of water. The patient should learn how to take their blood pressure and make sure it is within normal limits for them (Coenzyme Q10, 2022).
Key nursing assessment(s) prior to administration	Assess the patient's breathing effort, respiratory rate, and	Assess the patient's pain level or temperature.	Assess the patient's work of breathing, respiratory rate, and	Assess the patient's medical, psychiatric, and substance	The patient's allergy symptoms should be assessed	Assess the patient's blood pressure before giving this

ation	lung sounds.		lung sounds.	use history. The patient's vital signs should also be assessed to determine baseline before the medication is given.	and their baseline should be assessed as well. Their respiratory status should also be assessed to check if they are having wheezing or shortness of breath.	medication and record the baseline.
Brand/ Generic	Cyanocobalamin/ Vitamin B-12	Duloxetine / Cymbalta	Finasteride / Proscar	Finerenone/ Kerendia	Fluticasone umeclidin vilanterol/ Trelegy	Gabapentin/ Neurontin
Classification	Pharmacologic and therapeutic: Vitamins (Jones & Bartlett, 2022).	Pharmacologic: Selective serotonin and norepinephrine reuptake inhibitor Therapeutic: Antidepressant, neuropathic, and musculoskeletal pain reliever (Jones & Bartlett, 2022).	Pharmacologic: 5-alpha reductase inhibitor Therapeutic: Benign prostatic hyperplasia agent, hair growth stimulant (Jones & Bartlett, 2022).	Pharmacologic: nonsteroidal mineralocorticoid receptor antagonist Therapeutic: selected steroid blocker (Jones & Bartlett, 2022).	Pharmacologic: Corticosteroid Therapeutic: Antiasthmatic, anti-inflammatory (Jones & Bartlett, 2022).	Pharmacologic: 1-amni-methylcyclohexane acetic acid Therapeutic: Anticonvulsant (Jones & Bartlett, 2022).
Reason	Helps treat	This can	This treats	To help	To help	To help treat

Client Taking	and prevent a lack of vitamin B12.	help treat nerve pain associated with diabetes (Jones & Bartlett, 2022).	symptoms of benign prostatic hyperplasia (Jones & Bartlett, 2022).	treat their worsening kidney disease (Jones & Bartlett, 2022).	prevent asthma attacks (Jones & Bartlett, 2022).	nerve pain (Jones & Bartlett, 2022).
List two teaching needs for the medication pertinent to the client	This medication should be taken whole and should not be crushed, broken, or split. This patient should also be educated on the signs of hypokalemia so they can know when they should go to the hospital and report the signs (Jones & Bartlett, 2022).	This medication should not be stopped abruptly. The patient should be aware that this medication may take two full weeks to start working (Jones & Bartlett, 2022).	This medication should be taken at the same time every day. This medication should be taken with food to prevent GI upset (Jones & Bartlett, 2022).	The patient needs to understand the importance of periodic blood work. The patient should not eat grapefruit or drink grapefruit juice (Jones & Bartlett, 2022).	The patient should be aware that symptoms may improve within two days but may not fully improve for 1-2 weeks. The patient should wait at least a minute between inhalation (Jones & Bartlett, 2022).	The patient should know how the medication affects them before driving. The patient should have good oral care and routine dental care to prevent gingivitis (Jones & Bartlett, 2022).
Key nursing assessment(s) prior to administration	The patient's laboratory values should be checked specifically potassium because this	The patient's blood pressure should be assessed and documented because this	The patient's urine habits should be assessed prior to medication administration to make sure	The patient's potassium levels and GFR levels should be assessed.	The patient's respiratory status should be assessed before administration of this	This medication can cause suicidal thoughts. The client should be asked if they are having any suicidal

	medication can cause hypokalemia.	medication can cause hypertension.	there have been no changes to their stream, color, smell, or feeling of emptying their bladder.		medication.	thoughts before administration.
Brand/ Generic	Glucosamine/ Cidaflex	Losartan/ Cozaar	Metoprolol / Lopressor	Omeprazole/ Prilosec	Phenylephrine/ Sudafed	Rosuvastatin / Crestor
Classification	Pharmacologic and therapeutic: Nutraceutical products (<i>Chondroitin and Glucosamine</i> , 2024).	Pharmacologic: Angiotensin II receptor blocker Therapeutic: Antihypertensive (Jones & Bartlett, 2022).	Pharmacologic: Beta-adrenergic blocker Therapeutic: antianginal and antihypertensive (Jones & Bartlett, 2022).	Pharmacologic: proton pump inhibitor Therapeutic: antiulcer (Jones & Bartlett, 2022).	Pharmacologic and therapeutic: decongestant and vasopressor (Jones & Bartlett, 2022).	Pharmacologic: HMG-CoA reductase inhibitor Therapeutic: Antilipemic (Jones & Bartlett, 2022).
Reason Client Taking	This medication can help with joint pain (<i>Chondroitin and Glucosamine</i> , 2024).	To help manage hypertension (Jones & Bartlett, 2022).	This can be used with other antihypertensives to treat hypertension (Jones & Bartlett, 2022).	To help treat the symptoms of GERD (Jones & Bartlett, 2022).	This medication is used to help relieve sinus pressure or nose congestion (Jones & Bartlett, 2022).	This is used to treat hyperlipidemia (Jones & Bartlett, 2022).
List two teaching needs for the medication	This medication should be taken with meals.	The patient should avoid potassium-containing	The patient should take this medication with food	The patient should take this medication whole and	This medication should be taken with food.	The patient should be instructed to follow a low-fat and

n pertinent to the client	This medication can affect glucose levels. The patient should monitor their glucose levels closely on this medication (<i>Chondroitin and Glucosamine</i> , 2024).	salt substitutes because they may increase their risk of hyperkalemia. The patient should avoid alcohol while taking this medication (Jones & Bartlett, 2022).	at the same time every day. The patient should learn how to take their pulse and report if it falls below 60 beats per minute (Jones & Bartlett, 2022).	should not crush, chew, or split them. The patient should avoid alcohol with this medication (Jones & Bartlett, 2022).	This medication should be taken at the same time every day (Jones & Bartlett, 2022).	low-cholesterol diet. The patient should test their blood glucose regularly (Jones & Bartlett, 2022).
Key nursing assessment(s) prior to administration	The patient's pain level should be assessed.	The patient's blood pressure should be assessed.	The patient's blood pressure and pulse should be assessed.	An important assessment is an abdominal assessment because the patient should report diarrhea and abdominal pain right away when taking this medication.	The patient's sinus pain should be assessed if they are congested .	The nurse should assess if the patient is having any joint, muscle pain, or weakness.

Hospital Medications (Must List ALL)

Brand/ Generic	Acetaminophen/	Azithromycin/	Bisacodyl/ Dulcolax	Calcium carbonate/	Dextrose 40%	Guaifenesin/ Mucinex
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	paracetamol	Zithromax		Tums	glucose	
Classification	Pharmacologic: nonsalicylate, para-aminophenol derivative Therapeutic: antipyretic, nonopioid analgesic (Jones & Bartlett, 2022).	Pharmacologic: macrolide Therapeutic: antibiotic (Jones & Bartlett, 2022).	Pharmacologic and therapeutic: laxative (Jones & Bartlett, 2022).	Pharmacologic and therapeutic: antacids (Jones & Bartlett, 2022).	Pharmacologic and therapeutic: glucose elevating agents (Jones & Bartlett, 2022).	Pharmacologic and therapeutic: Expectorants (Jones & Bartlett, 2022).
Reason Client Taking	To help relieve moderate pain or a fever.	This can be used to help treat his E. Coli infection (Jones & Bartlett, 2022).	This medication can help treat constipation (Jones & Bartlett, 2022).	This is a dietary supplement that can help replace calcium in the body (Jones & Bartlett, 2022).	This is used to help treat hypoglycemic events (Jones & Bartlett, 2022).	Helps treat chest congestion (Jones & Bartlett, 2022).
List two teaching needs for the medication pertinent to the client	The patient should understand the maximum dosage they can take and should not exceed. The patient should be taught to recognize signs of hepatotoxicity (Jones & Bartlett, 2022).	The patient should watch for signs of superinfection like white spots in their mouth. This medication should not be taken with food (Jones & Bartlett, 2022).	The patient should have a bowel movement within 6-12 hours after taking this medication. Do not crush, chew, or break this medication.	This medication should be taken with a full glass of water. The patient should also try to include more calcium in their diet (Jones & Bartlett, 2022).	The patient should check their blood sugar and know what levels indicate a need for this medication. This medication can be	This medication should be taken with food. The patient should also drink lots of fluids to help loosen the congestion (Jones & Bartlett, 2022).

	2022).		n (Jones & Bartlett, 2022).		taken again within ten minutes if their levels are still low (Jones & Bartlett, 2022).	
Key nursing assessment (s) prior to administration	The patient's pain level should be assessed as well as their temperature .	The patient's bowel movement habits and characteristics should be assessed before giving this medication .	The date of the patient's last bowel movement should be obtained.	The patient's calcium levels should be monitored and assessed.	The patient's blood glucose levels should be assessed.	The patient's respiratory status, cough, and lung sounds should be assessed.
Brand/ Generic	Heparin	Hydrocodone/ Hysingla ER	Insulin lispro/ Humalog	Ipratropium albuterol/ Combivent	Loratadine / Claritin	Melatonin
Classification	Pharmacologic and therapeutic: anticoagulant (Jones & Bartlett, 2022).	Pharmacologic: opioid Therapeutic: opioid analgesic controlled substance class II (Jones & Bartlett, 2022).	Pharmacologic and therapeutic: insulin (Jones & Bartlett, 2022).	Pharmacologic: Anticholinergic Therapeutic: bronchodilator (Jones & Bartlett, 2022).	Pharmacologic and therapeutic: antihistamines (<i>Loratadine</i> , 2024).	Pharmacologic and therapeutic : minerals and electrolytes, sedatives, and, hypnotics (<i>Melatonin</i> , 2024)
Reason Client Taking	To help prevent venous thrombosis (Jones &	To help manage severe pain (Jones & Bartlett,	To help manage diabetes and glucose	To help treat the patient if they are short of breath	To help treat allergy symptoms.	To help with insomnia.

	Bartlett, 2022).	2022).	levels (Jones & Bartlett, 2022).	(Jones & Bartlett, 2022).		
List two teaching needs for the medication pertinent to the client	Educate the patient on their increased risk of bleeding. The patient should wear or carry appropriate medical identification (Jones & Bartlett, 2022).	The patient should avoid alcohol while on this medication. The patient should consume plenty of fluids to help prevent constipation (Jones & Bartlett, 2022).	The patient should be taught how to administer the medication. The medication should be given 15 minutes before a meal or right after (Jones & Bartlett, 2022).	The patient should be taught how to track their canister contents. The patient should rinse their mouth out after using this medication (Jones & Bartlett, 2022).	This medication should be taken whole, it should not be chewed, crushed, or broken. This medication is used to temporarily relieve symptoms (Loratadine, 2024).	The patient should avoid driving after taking this medication. The patient should avoid drinking alcohol with this medication (Melatonin, 2024).
Key nursing assessment (s) prior to administration	Their heparin levels should be monitored and checked prior to administration.	The patient's pain level should be assessed.	The patient's glucose levels should be checked.	The patient's lung sounds and respiratory status should be assessed.	The patient's allergy symptoms should be assessed before this medication is given like runny nose, sneezing, watery eyes, etc.	The nurse should assess the patient's sleep habits before administering.
Brand/ Generic	Ondansetron/ Zofran	Pantoprazole/ protonix	Polyethylene glycol/ MiraLAX	Prochlorperazine/ Compazine	Sennoside s/ Senokot	Tiotropium bromide/ Spiriva Respimat
Classification	Pharmacologic:	Pharmacologic:	Pharmacologic and	Pharmacologic:	Pharmacologic and	Pharmacologic:

	Selective serotonin receptor antagonist Therapeutic : antiemetic (Jones & Bartlett, 2022).	proton pump inhibitor Therapeutic: antiulcer (Jones & Bartlett, 2022).	therapeutic: Laxatives (Jones & Bartlett, 2022).	Piperazine Therapeutic: Antiemetic (Jones & Bartlett, 2022).	therapeutic: Laxatives (Jones & Bartlett, 2022).	Anticholinergic Therapeutic: bronchodilator (Jones & Bartlett, 2022).
Reason Client Taking	To help with nausea and vomiting	To help treat GERD (Jones & Bartlett, 2022).	Helps treat constipation.	Helps treat nausea and vomiting.	Used to help treat constipation.	Used for long-term maintenance of asthma (Jones & Bartlett, 2022).
List two teaching needs for the medication pertinent to the client	The patient should report chest pain right away because this medication can cause low blood supply to the heart. The patient should also monitor if this medication makes them dizzy (Jones & Bartlett, 2022).	This medication might take up to two weeks to relieve symptoms. The patient should monitor their genitourinary status (Jones & Bartlett, 2022).	This medication should be mixed with 4-8 ounces of a cold beverage. The patient should have a bowel movement within 1-3 days (Jones & Bartlett, 2022).	The patient should rise slowly while changing positions to prevent orthostatic hypotension. The patient should report any involuntary movements (Jones & Bartlett, 2022).	This medication should be taken at bedtime. This medication should be taken with a full glass of water (Jones & Bartlett, 2022).	This medication should not be used more than once within 24 hours. The patient should rinse their mouth after using the medication (Jones & Bartlett, 2022).
Key nursing assessment (s) prior to administration	The nurse should assess if the patient is experiencing nausea or	The patient's magnesium and calcium levels	The nurse should assess when the patient's last bowel	The nurse should assess if the patient is feeling nauseous.	The nurse should assess when the patient's last bowel	

	has vomited recently.	should be monitored and checked before administration of this medication .	movement was.		movement was	
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Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Ipratropium albuterol/ Combivent	I chose this medication because airway and breathing clearance is one of the most important things for a patient. If this patient becomes short of breath or has trouble breathing this medication should help them.	1. Constipation (Jones & Bartlett, 2022). 2. Low potassium (Jones & Bartlett, 2022).
2. Azithromycin/ Zithromax	I chose this medication because of his current infection of E. Coli. The infection needs to be treated as soon as possible.	1. Hyperglycemia (Jones & Bartlett, 2022). 2. Diarrhea (Jones & Bartlett, 2022).
3. Insulin lispro/	I chose this medication	1. Swelling in hands and feet (Jones & Bartlett, 2022).

Humalog	because he has type two diabetes. Throughout his hospital stay his glucose levels have been elevated and it is important to try and control them.	2. Injection site reactions (Jones & Bartlett, 2022).
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Medications Reference (1) (APA)

Chondroitin and glucosamine. (2024). drugs.com. Retrieved October 24, 2024, from

<https://www.drugs.com/mtm/chondroitin-and-glucosamine.html>

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Learning, J. & B. (2022). *2023 Nurse's drug handbook*. Jones & Bartlett Learning.

Loratadine. (2024). drugs.com. Retrieved October 24, 2024, from

<https://www.drugs.com/loratadine.html>

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Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress: Overall appearance: Infection Control precautions: Client Complaints or Concerns:	He is alerted to person, place, and time in no acute distress. He is in contact isolation with soap and water for E. Coli and Norovirus. He is feeling better he just wants to build his strength back up and go back home.
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VITAL SIGNS: Temp: Resp rate: Pulse: B/P: Oxygen: Delivery Method:	Temperature: 97.5 F Respirations: 20 Pulse: 63 Blood pressure: 156/73 Oxygen: 97% by 2 liters nasal cannula
PAIN ASSESSMENT: Time: Scale: Location: Severity: Characteristics: Interventions:	His pain was assessed during our 0800 assessment. He stated that he was in no pain when asked on a 0-10 pain scale.
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:	He has a 20 gauge in his right antecubital fossa (AC). He has an 18 gauge in his left AC. He has a 20 gauge in his left upper arm. They were placed on the 17 th of October. All of these IVs were clean, dry, and intact, they were also able to flush easily. All of the IVs were saline-locked. He also had a hemodialysis (HD) catheter that was clean, dry, and intact.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	His skin was an olive color and was warm and dry upon palpation. He has a stage one pressure injury present on his left coccyx. He also had a red scab on top of his head. Around the umbilicus area, he had light bruising and redness from his insulin injections. He had no other rashes, lesions, or bruising present. His skin turgor was slow to recoil. His capillary refill was less than three seconds and there was no clubbing or cyanosis bilaterally. His Braden score was a 15.
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	His head and neck are symmetrical. His trachea is midline with no deviation. His bilateral carotid pulses are palpable 2+. He has bilateral hearing aids. There are no deformities to his ears. His sclera is white, cornea clear, conjunctiva pink, and no drainage bilaterally. There are no lesions on his eyelids. PERLA was present bilaterally. His septum is midline and nares are clear with no bleeding bilaterally. He reported no pain while his sinuses were palpated. All of his teeth were present.
CARDIOVASCULAR:	He had a clear S1 and S2 without murmurs,

<p>Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>gallops, or rubs. His PMI was palpable at the 5th intercostal space at MCL. He had a normal rate and rhythm. All of his pulses were weak and +1. His capillary was less than three seconds on his fingers and toes bilaterally. He had edema present on his lower extremities bilaterally which was a +1.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>He had a normal rate and pattern of respiration. His respirations were symmetrical and non-labored. His lung sounds were diminished in all lung fields anteriorly and posteriorly. There were no wheezes, crackles, or rhonchi noted.</p>
<p>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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>He is currently on a clear liquid diet. He stated that at home he usually follows a regular diet. He is ready for his clear diet to be over. He stated multiple diets while we were in the room that he was ready for real food. He still ate all of his food while we were in the room. He is 6 foot and 2 inches tall and weighs 264 lbs. His abdomen was soft and non-tender in all four quadrants. His bowel sounds are hyperactive. His last bowel movement was at 0615 am on October 21st and the stool was loose and watery.</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>His urine was a light-yellow clear color with no odor present. He was using the urinal independently. He voided 200 mL during the morning hours. We documented it before he went to dialysis at 0930. He reported no pain with urination and no changes in his urination habits.</p>

<p>Intake (in mLs)</p> <p>Output (in mLs)</p>	<p>He had an intake of 95% of his food. He had an output of 200 mL.</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Activity Tolerance: Independent (up ad lib) Needs assistance with equipment Needs support to stand and walk</p>	<p>He has full range of motion in all extremities. His hand grips and pedal pushes and pulls demonstrate normal and equal strength. He has an unsteady gait and has difficulty walking. He uses a walker but states he has not been able to walk since his fall on October 1st. He has been doing physical therapy but states it is not helpful because when he starts, he gets tired very quickly and cannot continue. He is not independent. His fall score is 85.</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>He is oriented to time, place, and person. He does not remember his fall but other than that his mental status is intact. His speech is normal. His level of consciousness has been normal besides not remembering his fall. He states that he has some tingling in his hands that is a new onset.</p>
<p>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):</p>	<p>His Piaget's stage is formal operation. His Erikson's is integrity vs. despair. He was emotional while we were assessing him. He was talking about God and how he is thankful for each breath. He identifies with the Christian religion and it is very important to him. He also was crying about how much he missed his cats and talked about how his cats are one of his coping methods. He says that playing with them helps relieve his stress and helps him clear his mind. He also talked about his wife and how she helps him with coping. He said that his wife has been a great support system while he's been in the hospital.</p>

Discharge Planning

Discharge location: He is waiting on placement at an extended care facility to help with physical rehabilitation.

Home health needs: He may need a caregiver to help him with his activities of daily living. His home health needs depend on how his rehabilitation goes at his extended care facility. He may need someone to inspect his home and make sure there is no existing clutter to prevent another fall.

Equipment needs: He needs his walker at all times. He may need more accessible things at home. For example, he may need a handicap-accessible shower when he comes home.

Follow-up plan: Case management is going to help arrange outpatient dialysis for him. He should also attend physical and occupation therapy.

Education needs: He needs to be educated on his fall risk. His house should be clear of clutter, rugs, and cords to help prevent falls. He should also be educated on how to care for his pressure injury and how to prevent another one.

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
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 			

<p>1. Ineffective tissue perfusion related to inadequate blood flow as evidenced by edema and weak pulses (Phelps, 2022).</p>	<p>I chose this because circulation throughout the body is very important for the patient's health. This patient's perfusion is being affected and needs to be assessed and treated.</p>	<p>The patient's skin will not worsen throughout his stay. His pulses will get stronger with better perfusion (Phelps, 2022).</p>	<p>1. Apply compression stockings (Phelps, 2022). 2. Increase fluid intake to help blood flow (Phelps, 2022).</p>	<p>The patient tolerated the compression stockings well. Besides his existing pressure injury, his skin was warm and dry upon palpation. He was drinking lots of fluids but his pulses were still weak.</p>
<p>2. Impaired skin integrity related to physical immobilization as evidence by stage one pressure injury on coccyx (Phelps, 2022).</p>	<p>I chose this diagnosis because he has a stage one pressure injury that has shown up recently.</p>	<p>The patient's pressure injury will not get worse (Phelps, 2022).</p>	<p>1. Frequent skin care and keeping his skin clean and dry (Phelps, 2022). 2. Assistance with active range of motion or passive range of motion (Phelps, 2022).</p>	<p>The patient's pressure injury has stayed at stage one. No other pressure injuries have appeared. The patient does not always tolerate active range of motion because he tires easily but he is open to doing passive range of motion when he cannot continue active range of motion.</p>
<p>3. Electrolyte imbalance related to diarrhea as evidenced by numbness, tingling, and laboratory values (Phelps, 2022).</p>	<p>I chose this diagnosis because a lot of his laboratory values were abnormal. His sodium, potassium, calcium, and bicarbonate were abnormal.</p>	<p>The patient will maintain adequate hydration and a normal sinus rhythm (Phelps, 2022).</p>	<p>1. The patient will be weighed daily (Phelps, 2022). 2. The patient's vital signs will be monitored (Phelps, 2022).</p>	<p>The patient has not had any rapid weight loss or gain during his hospital stay. The patient has had high blood pressure but has a history of hypertension his other vitals have been within his baseline.</p>

<p>4. Impaired physical mobility related to a fall on October 1st as evidenced by the inability to walk without assistance (Phelps, 2022).</p>	<p>I chose this diagnosis because he stated multiple times while we were in the room that since his fall, he has not been able to walk and he does not understand why.</p>	<p>The patient will begin to build his strength by participating in physical therapy, occupation therapy, and activities of daily living (Phelps, 2022).</p>	<p>1. Set small goals to try and complete every day (Phelps, 2022). 2. Schedule activities around rest periods (Phelps, 2022).</p>	<p>I asked the patient to come up with a small goal to try and complete each day. He wanted his goal to be to try and smoothly move to the edge of the bed by himself. He was open to setting a goal each day. The patient stated that he tires very easily so the hope is scheduling activities around rest periods will help him have more energy to participate in activities.</p>
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Other References (APA):

Phelps, L. (2022). *Nursing Diagnosis Reference Manual*. LWW.

