N311 Care Plan 3

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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10/31/2024

Demographics (5 points)

Date of Admission 10/23/2024	**Client Initials** E. M.	**Age** 57 y/o	**Gender** Female
Race/Ethnicity White/Caucasian	**Occupation** Retired LPN/Disability	**Marital Status** Single	**Allergies** Amoxicillin Ampcillin Azithromycin Codiene Cefuroxime Erythromycin Honey Bee Venom Hydrocodone Penicillins Prednisone
Code Status Full Code	**Height** 5’8”	**Weight** 174 lb 6.1 oz	

Medical History (5 Points)

Past Medical History: Patients past medical history includes asthma diagnosis, lumbar radiculopathy with degenerative disease and Covid-19 around November 2020

Past Surgical History: Past surgical history includes appendectomy, and bilateral breast implants dating back to 1996 and 2000.

Family History: Patients mother died of CHF and diabetic complications. Patient has two sisters with breast cancer.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient was a daily pack smoker for 30 years, but recently quit 90 days ago. Patient denies any illicit drug use, but drinks whiskey occasionally.

Admission Assessment

Chief Complaint (2 points): Tongue swelling / sore throat

History of Present Illness – OLD CARTS (10 points): Patient presented to the emergency department with a sore throat and swelling of the tongue that began around 10/20/2024. Patient stated the location of her pain is directly around her throat and that the pain is constant. Certain characteristics of her pain include the swelling and burning of her throat. When asked about alleviating factors, the patient stated that the only thing that helps is phenol throat numbing spray. She also stated that the pain sometimes radiates down to her chest, but not often. No prior treatments were attempted before coming into the emergency room, other than the patient trying to sleep it off. The patient stated the severity of her pain was 10 out of 10 before arriving to the hospital, as her throat was completely swollen but after receiving medical treatment, the severity was down to a 3 out of 10.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Neutropenia

Secondary Diagnosis (if applicable): N/A

Pathophysiology

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

Neutropenia, a type of leukopenia, is known as a deficiency in the number of neutrophils in the blood. It is common for many patients with neutropenia to have an autoimmune disorder, because the body attacks its own white blood cells. Patients with less than 1500 neutrophils/mcL are often diagnosed. Some of the common causes of Neutropenia include infections or more specifically viral infections, birth disorders, certain vitamin deficiencies and radiation therapy (Capriotti, 2024).

Patients diagnosed with neutropenia often must be placed on isolation precautions, due to the significant decrease in their immune system. Neutrophils help to fight off infections in the

body by destroying viruses and bacteria, and when a patient is diagnosed with an abnormally low neutrophil count, it can leave them at a greater risk of developing infections (Cleveland Clinic, 2024). There are three different ways to classify neutropenia, and it is dependent on the number of neutrophils found during a blood test. Mild neutropenia is anywhere from 1,000 to 1,500 neutrophils/mcL, moderate neutropenia is 500-1,000 neutrophils/mcL, and severe cases are found in patients with less than 500 neutrophils/mcL (Cleveland Clinic, 2024).

Signs and symptoms of patients presenting with Neutropenia include swollen lymph nodes, severe sore throat, diarrhea, fatigue and fever. (Cleveland Clinic, 2024). Some patients may not develop many symptoms if they are mild and sometimes even if they have moderate neutropenia. Each patient can differ greatly in how they present with symptoms. My patient presented to the hospital with a severe sore throat and swelling of her tongue, to the point where water would come out of her nostrils if she chose to take a sip of water.

The most common diagnostic test for neutropenia is a Complete Blood Count which can give providers the exact amount of WBC, neutrophils and more. My patient in the hospital was having regular CBC draws so the provider could monitor her level of neutrophils to see if they might increase or decrease. If the provider is concerned, they may even take a bone marrow sample. Not all patients will receive this test, however it can further provide information on what the main cause is and help to come up with treatment.

Pathophysiology References (2) (APA):

Neutropenia: What it is, types, symptoms & causes. Cleveland Clinic. (2024, May 1). https://my.clevelandclinic.org/health/diseases/21058-neutropenia

Capriotti, T. (2024). Basic Concepts of White Blood Cell Pathophysiology (p. 243-245). F.A. Davis Company.

Laboratory Data (20 points)

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

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80-5.30 10(6)/mcL	3.78 10(6)/mcL	3.67 10(6)/mcL	Related to patient's chronic illness, neutropenia.
Hgb	12.0-15.8 g/dL	12.4 g/dL	11.7 g/dL	Patient has a low RBC count.
Hct	36.0-47.0%	35.0%	34.8%	Hematocrit closely reflects the hemoglobin and RBC values. (*Mosby's Diagnostic and Laboratory Test Reference* 2023)
Platelets	140-440 10(3)/mcL	317 10(3)/mcL	478 10(3)/mcL	
WBC	4.0-12.0 10(3)/mcL	0.6 10(3)/mcL	7.80 10(3)/mcL	Patient has Neutropenia that correlates to low WBC count.
Neutrophils	47.0-73.0 10(3)/mcL	0.9 10(3)/mcL	14.0 10(3)/mcL	Patient's Neutropenia directly affects her low Neutrophil count.
Lymphocytes	18.0-42.0%	76.9%	79.0%	Patients WBC count was very low, which can also cause lymphocytes to be low.
Monocytes	4.0-12.0%	16.6%	6.0%	Monocyte abnormalities relate back to the lab values for WBC being low.
Eosinophils	0.0-5.0%	5.6%	N/A	Eosinophils also correlate to the low WBC count, as they are differentials of WBC's.
Bands	0.0-3.0%	N/A	N/A	

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145 mmol/L	138 mmol/L	142 mmol/L	
K+	3.5-5.1 mmol/L	3.3 mmol/L	3.5 mmol/L	Could be related to patients' inability to intake water/fluids from her sore throat.

Cl-	98-107 mmol/L	107 mmol/L	109 mmol/L	Increased levels of chloride can be a result of hypokalemia.
CO2	22-30 mmol/L	22 mmol/L	24 mmol/L	
Glucose	70-99 mg/dL	139 mg/dL	126 mg/dL	Patient was receiving IV fluids, which can elevate glucose levels. (*Mosby's Diagnostic and Laboratory Test Reference* 2023)
BUN	10-20 mg/dL	15 mg/dL	10 mg/dL	
Creatinine	0.60-1.00 mg/dL	0.85 mg/dL	0.63 mg/dL	
Albumin	3.5-5.0 g/dL	3.7 g/dL	3.0 g/dL	Low albumin levels can indicate acute infection or side effect of certain medications (*Mosby's Diagnostic and Laboratory Test Reference* 2023).
Calcium	8.7-10.5 mg/DL	9.6 mg/dL	8.5 mg/dL	Low levels of neutrophils can also correlate to low calcium in the blood.
Mag	1.7-2.2 mg/dL	N/A	N/A	
Phosphate	2.5-4.5 mg/dL	N/A	N/A	
Bilirubin	0.2-1.2 mg/dL	2.6 mg/dL	0.2 mg/dL	High bilirubin levels could be an effect of the hospital medications this patient was ordered to receive.
Alk Phos	40-150 U/L	71	63	

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

Lab Test	**Normal Range**	**Value on Admission**	**Today's Value**	**Reason for Abnormal**
Color & Clarity	Pale and clear	N/A	N/A	
pH	4.5-8	N/A	N/A	
Specific Gravity	1.005-1.030	N/A	N/A	
Glucose	0-0.8 mmol/L	N/A	N/A	

Protein	< 150mg	N/A	N/A	
Ketones	< 0.6 mmol/L	N/A	N/A	
WBC	2-5 wbc/npf	N/A	N/A	
RBC	4 or less rbc/hpf	N/A	N/A	
Leukoesterase	0-5/field	N/A	N/A	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	N/A	N/A	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

Pagana. (2023). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): A CT of the chest with contrast was ordered to rule out any tumors, cysts, lesions, enlarged lymph nodes or pleural effusion related to the patients swollen tongue and sore throat (*Mosby's Diagnostic and Laboratory Test Reference* 2023). With the contrast inserted, certain areas of the chest are highlighted to make abnormalities easier to visualize. Due to some of the patients' labs, the physician also ordered a CT soft tissue of the neck to check for any injury or trauma to the airway and soft tissue of the throat. A CT of the neck can also help to determine size and shape of any tumors present (*Mosby's Diagnostic and Laboratory Test Reference* 2023).

Diagnostic Imaging Reference (1) (APA):

Pagana. (2023). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Assessment

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

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

The student and instructor may complete these assessments together.

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is A/O x4, well groomed, no signs of acute distress. Overall appearance is clean.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:**	.

Teeth:	
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐ Edema Y ☐ N ☐** **Location of Edema:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Patients respiratory rate and rhythm were equal, and no retractions were noted. Breath sounds clear bilaterally. No crackles, wheezes or rhonchi noted.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	.

Ostomy: Y ☐ N ☐ **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	.
NEUROLOGICAL:	.

MAEW: Y ☐ N☐ **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	
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):**	Coping methods included smoking, however, patients quit smoking 90 days ago. No other coping methods were discussed. Patient is Lutheran and has been her whole life. Patient also stated she has a lot of family and home support including her boyfriend, siblings and friends.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1615	89 bpm	126/57mmHg	18	96.9F	99%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1635	1-10	Throat	3	Burning	Patient was given Sudafed

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
N/A	1g Meropenem

480 mL	100mL Volume

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for infection related to leukopenia, as evidenced by lab values	Patient's labs show very low WBC count and low potassium.	**1.** Continue to monitor the WBC count. **2.** Assess nutrition status.	**1.** Patient's WBC count will return to normal.	Patient was made aware of low WBC and agreed to the projected outcomes.
2. Ineffective Protection, related to low neutrophil count, as evidenced by fatigue.	Patient's labs show low neutrophils and evidence supporting her diagnosis of Neutropenia.	**1.** Assess patient's needs for assistive devices. **2.** Instruct patient on how to avoid dangerous situations.	**1.** Patient will be educated about diagnosis and managing pain.	Patient and family will respond by acknowledging the understanding of material taught.

Other References (APA):

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

Concept Map (20 Points):

Subjective Data

Patient stated her throat was so sore that she could not swallow.

Patient rated her pain 3 out of 10.

Nursing Diagnosis/Outcomes

1. **Risk for Infection** related to leukopenia, as evidenced by lab values.
   - ➔ **Outcome:** Patients WBC count will return to normal.

2. **Ineffective Protection** related to low neutrophil count, as evidenced by fatigue and lab results.
   - ➔ **Outcome:** Patient will be educated about diagnosis and managing pain.

Objective Data

Temp: 96.9F
Pulse: 89
B/P: 126/57
Resp rate: 20
O2 Sat: 99%
RBC: 3.78 10(6)/mcL
Hgb: 12.4 g/dL
Hct: 35.0%
Platelets: 317 10(3)/mcL
WBC: 0.6 10(3)/mcL
Na-: 138 mmol/L
K+: 3.3 mmol/L
CL-: 107 mmol/L

Client Information

57 y/o retired LPN. Presented to the emergency department with a swollen tongue and sore throat.

Admission: 10/23/2024
Ethnicity: White/Caucasian
Heigh: 5'8"
Weight: 174lb 6.1oz
Gender: Female
Code Status: Full Code

Nursing Interventions

1. Continue to monitor WBC count and note any changes.
2. Assess nutritional status for any deficiencies.

1. Assess patient's needs for assistive devices.
2. Instruct patient on how to avoid dangerous situations.