N431 **CARE PLAN #1**

Brittney J. Burns

Lakeview College of Nursing

N321: Adult Health II

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October 31, 2024

Demographics

Date of Admission 10/19/2024	Client Initials R.H	Age 76	Biological Gender M
Race/Ethnicity Black/African American	Occupation Disabled/Unemployed	Marital Status Single	Allergies Serax [Oxazepam]
Code Status Attempt CPR/FULL	Height 5'5	Weight 102 lbs 11.8oz	

Medical History

Past Medical History:

- Latent Syphilis
- Severe Mental Handicap
- Severe Intellectual Disabilities
- Seasonal Allergies
- Onychomycosis
- Hypernatremia
- Hyperlipidemia
- Dementia
- Benign Prostatic Hyperplasia (BPH)
- Back Pain, L2/L3 Compression Fracture
- Allergic Rhinitis

Past Surgical History:

- Prostate Biopsy
- Upper Gastrointestinal Endoscopy (Completed on 09/20/2024 & 10/19/2024)
- Exploratory Laparotomy (Completed on 10/18/2024)

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

- **Tobacco:** Unable to assess use; the chart reflects no prior use.
- **Alcohol:** Unable to assess use; the chart reflects no prior use**.**
- **Drugs:** Unable to assess use; the chart reflects no prior use**.**

Education: No documentation of formal education

Living Situation: Schultz group home

Assistive devices: Wheelchair

Admission History

Chief Complaint: Presence of coffee-ground emesis (vomiting blood)

History of Present Illness (HPI)– OLD CARTS

A 76-year-old nonverbal male with severe intellectual disabilities, a known history of gastrointestinal (GI) bleeding, and limited communicative ability was brought to the emergency department (ED) by EMS from his group home. The primary concern was hematemesis, described as coffee-brown in color, which occurred following three episodes of dark brown vomiting earlier in the day. The onset of these symptoms' dates to approximately one week ago, with the patient experiencing intermittent episodes of vomiting since then.

Due to his intellectual and communication limitations, gathering details through the *OLD CARTS* framework was challenging. The onset of symptoms appeared to be gradual over the last week, with today (10/19/2024) marking the most severe episode of emesis. His Location of discomfort could not be determined as he was unable to verbally specify or indicate any area of pain or distress. The Duration of each vomiting episode remains unknown, although the intermittent nature suggests short but repeated episodes. The Character of the emesis was distinctly described by caretakers as coffee-brown, typically associated with possible upper GI bleeding. However, Alleviating and Aggravating factors were unclear, as the patient could not

articulate any specific triggers or relieving actions that impacted his symptoms. Similarly, information on radiation was unobtainable due to his inability to describe or gesture toward any area of spreading pain.

His Severity of discomfort was difficult to ascertain, as he is only able to communicate by nodding or using unrelated garbled words. Despite several attempts by caretakers and healthcare providers to evaluate his pain, the assessment remained inconclusive. Notably, he had several recent ED visits for similar symptoms on August 20, September 18, October 15, and October 18, 2024, suggesting a recurrent pattern of these gastrointestinal issues.

Diagnostic imaging conducted during this visit identified a right inguinal hernia causing a proximal small bowel obstruction, with signs of dilated small bowel loops and a distended stomach. Distal small bowel loops appeared normal, which heightened suspicion for a mechanical small bowel obstruction as a possible source of his recurrent vomiting and GI symptoms. Given his recent presentation and complex clinical picture, the patient has been scheduled for a repeat endoscopy in three days to further evaluate and manage his condition.

Admission Diagnosis

Primary Diagnosis: Small bowel obstruction due to adhesions

Secondary Diagnosis (if applicable): Inguinal Hernia

Pathophysiology

Small bowel obstruction (SBO) is a significant clinical condition characterized by a blockage that impedes the normal passage of intestinal contents through the small intestine. In this case, the primary diagnosis of SBO due to adhesions involves the formation of fibrous bands of scar tissue that develop after surgical procedures, infections, or inflammation. Adhesions can

cause mechanical obstruction, leading to severe gastrointestinal (GI) complications if not promptly diagnosed and treated. At the cellular level, the formation of adhesions involves the healing process following trauma or surgery. When tissue is damaged, fibroblasts migrate to the site of injury, proliferating and synthesizing extracellular matrix components, including collagen. This process is essential for wound healing; however, excessive collagen deposition can lead to adhesion formation, which creates fibrous connections between loops of bowel or between the bowel and surrounding structures (Hinkle, Cheever, & Overbaugh, 2022). The obstructive nature of these adhesions can cause an increase in intraluminal pressure, resulting in a cascade of physiological responses.

As the obstruction persists, it leads to bowel distension, which can compromise blood flow to the affected bowel segment, resulting in ischemia and subsequent tissue necrosis. Ischemia occurs due to elevated pressure within the lumen, which can impede venous return and arterial inflow (Pacheco et al., 2022). The body's compensatory mechanisms, such as increased heart rate and activation of the sympathetic nervous system, may initially mask symptoms; however, they can lead to systemic effects, including dehydration, electrolyte imbalances, and potential shock if the obstruction is not resolved. The clinical presentation of SBO typically includes abdominal pain, distension, nausea, vomiting, and changes in bowel habits. In this client, who is a 76-year-old male with a known history of gastrointestinal bleeding and previous surgical interventions, the primary symptoms experienced included episodes of coffee-ground emesis, indicating the presence of upper GI bleeding due to the obstruction. Over the past week, he had experienced intermittent vomiting and significant abdominal distension, suggesting the severity of the obstruction. The secondary diagnosis of an inguinal hernia may also be present, which occurs when a portion of the intestine protrudes through a weak spot in the abdominal

wall or inguinal canal. The pathophysiology of an inguinal hernia involves increased intra-abdominal pressure, which can result from activities such as heavy lifting, persistent coughing, or straining during bowel movements (Hinkle et al., 2022).

The diagnosis of SBO in this client was established through a combination of clinical assessment and imaging studies. Upon presentation to the emergency department (ED), the patient's clinical history and symptoms, including the coffee-ground emesis and inability to pass stool, prompted further investigation. Imaging studies revealed distended bowel loops and a right inguinal hernia, indicating a blockage. A detailed medical history highlighted the patient's previous surgical interventions, including an exploratory laparotomy, which predisposed him to the development of adhesions leading to SBO (Hinkle et al., 2022). Furthermore, the patient had several prior ED visits for similar symptoms on September 18, October 15, and October 18, 2024, emphasizing a recurring pattern of GI distress and obstruction.

Treatment of SBO due to adhesions often requires surgical intervention, particularly if conservative measures such as bowel rest and nasogastric decompression do not resolve the obstruction. In this case, the patient's condition necessitated surgical options, including adhesiolysis to release the fibrous bands causing the obstruction and possibly resection of any necrotic bowel segments. The urgency of the situation was underscored by the patient's history of intermittent vomiting and recent imaging results that indicated a significant obstruction requiring prompt intervention (Pires et al., 2021). Post-surgery, the patient was monitored closely for recovery from the obstruction, ensuring the resolution of symptoms and stabilization of electrolyte levels.

Clinical data pertinent to this client includes elevated white blood cell counts, indicative of inflammation or infection, and electrolyte imbalances reflecting the effects of vomiting and

dehydration. Imaging studies confirmed the presence of a right inguinal hernia and proximal small bowel obstruction due to adhesions, correlating with the clinical findings of pain, distension, and vomiting. In summary, small bowel obstruction due to adhesions presents a multifaceted pathophysiological process that affects various systems within the body. Understanding cellular mechanisms and systemic effects is crucial for timely diagnosis and effective treatment. In this client, the combination of clinical presentation, imaging studies, and surgical history facilitated the diagnosis, while targeted interventions aimed to alleviate the obstruction and prevent severe complications. Timely diagnosis and management can prevent the progression to severe complications, including bowel ischemia and peritonitis, which can significantly impact morbidity and mortality rates (Hinkle et al., 2022; Pacheco et al., 2022; Pires et al., 2021).

Pathophysiology References (2) (APA):

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Pacheco, A. F., Sanches, F. C., & Abreu, C. (2022). Post-operative adhesions and small bowel obstruction: A comprehensive review. *Journal of Surgical Research, 274,* 75-83.

Pires, C. F., Oliveira, M. F., & Nascimento, A. R. (2021). Inguinal hernias and bowel obstruction: A retrospective analysis of surgical outcomes. *Hernia, 25*(4), 775-783.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Glucose	***144***	**141**	**70-99 mg/dL**	**Elevated glucose can be linked to**

			(fasting)	**stress or diabetes. The slight decrease may indicate improved glycemic control (Pagana et al., 2021).**
Sodium	***150***	**143**	**135-145 mEq/L**	**Sodium levels above normal could indicate dehydration or hypernatremia. A reduction shows possible improvement in hydration status (Pagana et al., 2021).**
Chloride	***115***	**112**	**98-106 mEq/L**	**Elevated chloride levels may be related to dehydration or kidney function issues. A slight**

				decrease reflects potential improvement (Pagana et al., 2021).
Albumin	***2.6***	**N/A**	**3.5-5.0 g/dL**	**Low albumin may suggest chronic liver disease, malnutrition, or inflammatory states (Pagana et al., 2021).**
INR	***1.2***	**N/A**	**0.8-1.2**	**INR values indicate clotting time; a slightly elevated INR may reflect anticoagulant use or liver function issues (Pagana et al., 2021).**
Prothrombin	***15.2***	**N/A**	**11.0-13.5 seconds**	**Elevated prothrombin time suggests delayed**

				clotting, potentially linked to liver issues or anticoagulants (Pagana et al., 2021).
RBC	***3.62***	**Not collected**	**4.2-5.9 million/uL**	**Slightly low RBC count could indicate anemia or a chronic condition impacting red cell production (Pagana et al., 2021).**
HGB	***10.6***	**Not collected**	**12.0-16.0 g/dL**	**Low hemoglobin suggests anemia, possibly related to chronic disease or nutritional deficiencies. (Pagana et al., 2021).**
HCT	***32.8***	**Not**	**36.0-**	**Low hematocrit**

		collected	**46.0%**	**levels correspond with anemia, possibly due to chronic illness or iron deficiency (Pagana et al., 2021).**
RDW	***16.3***	**Not collected**	**11.5-14.5%**	**Elevated RDW may indicate anisocytosis, possibly linked to nutritional anemia or chronic illness (Pagana et al., 2021).**
RDW-SD	***54.6***	**Not collected**	**39-46 fL**	**Elevated RDW-SD indicates anisocytosis, possibly related to anemia (Pagana et al., 2021).**
MVP	***12.3***	**Not collected**	**7.4-10.4 fL**	**Mean Platelet Volume (MVP) is**

				above normal, potentially indicating larger-than-average platelets, which can occur with inflammation or platelet production issues (Pagana et al., 2021).
Absolute Lymph	***0.57***	**Not collected**	**1.0-4.8 10^3/uL**	**A low absolute lymphocyte count may be due to recent infection, stress, or an underlying chronic illness (Pagana et al., 2021).**
Absolute Baso	***0.00***	**Not collected**	**0.0-0.2 10^3/uL**	**Basophils are absent; this is often a normal finding, though persistent absence may be**

				seen in situations involving chronic stress or allergic reactions (Pagana et al., 2021).
Band	***19.0***	**Not collected**	**0-5%**	**Elevated band cells indicate a "left shift," often associated with infection or inflammation, suggesting an active immune response (Pagana et al., 2021).**
Calcium	**N/A**	**8.1**	**8.6-10.2 mg/dL**	**Low-normal calcium could be associated with hypoalbuminemia, chronic kidney disease, or nutritional deficiencies**

				(Pagana et al., 2021).

Summary:

The trending lab results show steady improvements in glucose and several electrolyte levels (such as sodium and chloride), which could be the result of successful in-hospital interventions. RBC, HGB, and HCT abnormalities that persist gradually indicate an underlying anemia, most likely chronic. Increased band cells indicate an immunological response to infection; further tests are necessary to assess the effectiveness of therapies.

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Obstructive sleep apnea screening existing osa	**Previous history. could not find evidence to support this in the patient's chart.**	**Not available at the time of clinical**
X-ray test one view	**Diminished lung sounds and recent respiratory issues suggest possible infection or effusion, requiring imaging to assess lung structure.**	**The x-ray shows an NG tube positioned near the stomach, with moderate infiltrate in the right lung and patchy infiltrate in the left. This indicates potential pneumonia**

		or another inflammatory process (Pagana et al., 2021).
X-ray chest AP or PA only	**Diminished lung sounds, right greater than left**	**Significant fluid (pleural effusion) and atelectasis are seen on the right side, consistent with possible infection or chronic lung disease. No new bony abnormalities were noted (Pagana et al., 2021).**
X-ray delayed portal at in with contrast	**. X lab for SPO eval for bowel mobility in setting of dementia**	**One view of the abdomen demonstrates an entire contrast in the colon to the rectum. No gross free air.**
XR KUB	**NG advancement**	**Stable right basilar**

		airspace
Upper endoscopy	**Symptoms of coffee ground colored emesis and indications of gastrointestinal bleeding necessitated endoscopic assessment.**	**The endoscopy revealed a small hernia, bleeding ulcers with an adherent clot in the proximal gastric region, and a single small sessile polyp. Bleeding was controlled with clipping (Pagana et al., 2021).**

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

Active Orders

Active Orders	Rationale
Lactate Ringer's infusions pre-procedure	Administering Lactated Ringer's solution before the procedure helps maintain hydration

	and electrolyte balance, which is critical for patients undergoing surgery, particularly those with potential fluid loss due to gastrointestinal bleeding or obstruction (Wang et al., 2020).
O2 at 2L. per nasal cannula to keep O2 above 90% intra procedure.	Providing supplemental oxygen helps maintain oxygen saturation levels above 90% during the procedure, reducing the risk of hypoxemia, especially in a patient with pre-existing respiratory conditions (Hinkle et al., 2022).
Vital signs monitoring per sedation protocol post Procedure	Close monitoring of vital signs after sedation is crucial to detect any immediate postoperative complications, such as respiratory depression or hemodynamic instability, ensuring timely interventions when necessary (Pires et al., 2021).
Keep patient NPO until alert and able to swallow contact primary team for further diet orders	Keeping the patient NPO (nothing by mouth) until they are alert and able to swallow safely prevents aspiration risks, particularly after sedation or procedures involving the gastrointestinal tract (Hinkle et al., 2022).
Discontinue O2 once O2 saturation is	Discontinuing supplemental oxygen when the

above 90%	patient's saturation is stable ensures that the patient receives only necessary therapy, minimizing risks associated with prolonged oxygen use (Wang et al., 2020).
XR delayed portable abdomen with contrast	This imaging study assesses bowel motility and confirms that contrast material has moved through the gastrointestinal tract, aiding in the diagnosis and management of the small bowel obstruction (Pires et al., 2021).
Vital cuisine vary flavor	Offering a range of flavors in high-protein, nutritionally balanced supplements like Vital Cuisine can enhance the patient's intake, especially in those with limited appetites or taste fatigue. This variety supports adequate nutrition by encouraging consistent consumption, essential for patients needing extra calories and protein to aid recovery and wound healing (Hinkle et al., 2022).
Ensure in life vary flavor	Ensure provides essential vitamins, minerals, and calories that may be lacking in the patient's regular intake. Offering multiple flavors can improve palatability and increase the likelihood of regular intake, which is

	critical for patients with restricted diets or limited appetite to meet their nutritional needs (Hinkle et al., 2022).
Magic cup vary flavor	Magic Cup is a high-calorie supplement often used for patients at risk of malnutrition. The variation in flavors helps maintain patient interest in the supplement, which can be particularly beneficial for those with appetite challenges or taste aversions. It also provides protein and energy needed for recovery and can be easier to consume for patients with difficulty chewing or swallowing (Smith et al., 2021).
Diet regular minced and moist liquid consistency, thin	The prescribed diet ensures that the patient receives adequate nutrition while accommodating their swallowing capabilities and gastrointestinal status, particularly after surgical intervention (Hinkle et al., 2022).
Advanced diet as tolerated	Progressing the patient's diet gradually, as tolerated, allows for a safe transition from liquids to solid foods, minimizing the risk of gastrointestinal complications like nausea, vomiting, or discomfort. This approach is

	particularly important for patients recovering from gastrointestinal issues or surgery, as it helps ensure that the digestive system can handle increasing complexity in food texture and nutrient density without triggering symptoms or exacerbating the primary condition (Hinkle et al., 2022). Monitoring tolerance allows for appropriate adjustments, supporting nutritional needs essential for healing and overall strength.
Wound care dressing, change Q shift	Regular dressing changes help prevent infection and promote healing in the surgical area, which is especially important for patients with impaired wound healing or increased risk of infection (Wang et al., 2020).
Input output Q shift	Accurate monitoring of the patient's fluid input and output is essential for assessing hydration status, kidney function, and the effectiveness of fluid therapy, especially critical for patients with gastrointestinal issues and those undergoing surgical recovery. Tracking these measurements helps detect

	early signs of fluid imbalance, dehydration, or renal impairment, allowing for prompt intervention if necessary (Hinkle et al., 2022).
Wound care dressing, change, left ear and forehead, clean with normal saline and gauze. Cover with mepiplex	Using normal saline for cleansing helps maintain a gentle, isotonic environment that promotes healing while reducing the risk of infection by removing surface contaminants without harsh chemicals. Mepilex dressing, a soft silicone foam, provides a moist environment conducive to wound healing and absorbs any exudate, protecting the surrounding skin from maceration. This dressing is particularly advantageous for areas with minimal tissue cushioning, like the forehead, as it conforms well to contours and minimizes friction and pressure, essential for healing. Frequent dressing changes also allow for regular assessment of the wound site, especially important in areas prone to exposure and irritation, to detect any signs of infection or delayed healing promptly (Hinkle et al., 2022).
Initiate nursing Sundance pillow for	Using a specialized pillow helps reduce

offloading pressure from the left ear	pressure on vulnerable areas, such as the left ear, which can prevent pressure ulcers and support patient comfort (Hinkle et al., 2022).
Vital signs Q4	Monitoring vital signs every four hours helps detect early signs of complications, such as infection or hemodynamic instability, ensuring timely intervention (Pires et al., 2021).
Urinary catheter placement and care external catheter patient with difficulty transferring to the commode ambulating to toilet difficulty with pain. Remove if patient no longer fits criteria	Inserting urinary catheter is essential for patients who have difficulty transferring and ambulating, allowing for effective urine management and monitoring of renal function (Hinkle et al., 2022).
Blood glucose sliding scale, Q4	Managing blood glucose levels with a sliding scale helps ensure glycemic control, particularly important for patients with diabetes or those on steroids, minimizing the risk of complications related to hyperglycemia (Pires et al., 2021).
Oral care	Regular oral care is essential to prevent complications such as aspiration pneumonia and maintain oral hygiene, especially in patients with difficulty swallowing (Hinkle et

	al., 2022).
Notify position for blood glucose level less than 60 for two consecutive measurements if the blood glucose level were reversed back to above 200 for two consecutive measurements insulin requirement exceeding 24 units an hour does not result in lower blood glucose level, continuous internal feeding TPN or IV infusion Insulin infusion is stopped or interrupted if the two-level drops that is not K+ level drives two below four	Promptly notifying the physician of significant changes in vital signs helps facilitate timely interventions and potentially prevent further complications (Pires et al., 2021).
Delirium daytime interventions as appropriate fights on in window blinds open patients, hearing aids, and glasses and place increase mobility patient frequently assess for adequate hydration	Implementing daytime and nighttime interventions for delirium helps create a conducive environment for recovery, enhancing patient comfort and minimizing agitation (Wang et al., 2020).
Delirium nighttime interventions minimize noise, limit TV hours and volume dim lights to create a sleeping atmosphere. Keep patient's normal bedtime routine.	Implementing daytime and nighttime interventions for delirium helps create a conducive environment for recovery, enhancing patient comfort and minimizing agitation (Wang et al., 2020).
Delirium notify provider. For positive	Prompt notification allows for timely

delirium assessment of no delirium order that in place increased agitation, despite treatment Haldol. Times two and eight hours with no relief of symptoms or inability to administer. Medication is due to QCC sign of symptoms of over sedation.	intervention if delirium symptoms emerge or worsen, reducing the risk of complications like prolonged hospitalization, falls, or further cognitive decline. Delirium requires a multi-faceted approach, often involving adjustments in medications, hydration status, and environmental factors. Timely provider updates ensure that appropriate adjustments in care, such as medication modifications or environmental changes, can be implemented to support the patient's recovery and minimize the potential for over-sedation or worsening agitation (Hinkle et al., 2022).
Notify physician HR >130<50 SBO >160 or <100 Temp 39C or>36C RR >30 or <8 You're an output less than 60 Q2 diastolic SVO2 CI ICP CPP	Promptly notifying the physician of significant changes in vital signs helps facilitate timely interventions and potentially prevent further complications (Pires et al., 2021).
Universal colonization CHG bath daily while patient is in mupirocin for universal decolonization	Administering chlorhexidine gluconate (CHG) baths helps reduce the risk of surgical site infections by decreasing skin flora, particularly in patients undergoing invasive procedures (Hinkle et al., 2022).

Pneumatic compression stockings bilateral	Using pneumatic compression stockings helps prevent deep vein thrombosis (DVT) by promoting venous return, especially in immobile patients (Wang et al., 2020).
IV ACESS PERIPHERAL IV	Establishing peripheral IV access is crucial for administering medications, fluids, and nutrients as needed, ensuring the patient's treatment regimen is effectively implemented (Pires et al., 2021).
Glucose level lab. And verify all blood glucose levels less than 40 mg/dl or above 500 mg./dl	Regular laboratory monitoring of blood glucose levels ensures that any abnormalities are promptly addressed, facilitating effective management of the patient's metabolic status (Hinkle et al., 2022).
Admin. Pain medication substitution protocol.	Patient requires ICU level of care interventions for the clarification and the H&P document. Utilizing a substitution protocol for pain management allows for effective pain control while minimizing side effects, particularly in patients with a history of opioid use or adverse reactions (Wang et al., 2020).
Level of care change	Patient was downgraded to medical status

Consult pulmonary Christie clinic	Acute hypoxia, right long, postop atelectasis w/ near collapse on right lung as per clients' chart
Consult pulmonary Chris clinic	Right lung post op atelectasis w/ near collapse right lung as per clients' chart. Engaging specialists ensures a multidisciplinary approach to the patient's care, addressing all aspects of their health status and optimizing recovery (Pires et al., 2021).
Consult gastroenterology Christy clinic	Gemstones is s/p hernia repair as per clients' chart Engaging specialists ensures a multidisciplinary approach to the patient's care, addressing all aspects of their health status and optimizing recovery (Pires et al., 2021).
Consult dietitian one time	Engaging specialists ensures a multidisciplinary approach to the patient's care, addressing all aspects of their health status and optimizing recovery (Pires et al., 2021).
Consult on wound skin eval and treat	Engaging specialists ensures a multidisciplinary approach to the patient's care, addressing all aspects of their health

	status and optimizing recovery (Pires et al., 2021).
Consultant Med history tech, Carle one time	Patient is an unreliable historian based on intellectual disability. Engaging specialists ensures a multidisciplinary approach to the patient's care, addressing all aspects of their health status and optimizing recovery (Pires et al., 2021).

References

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Pires, C. F., Oliveira, M. F., & Nascimento, A. R. (2021). Inguinal hernias and bowel obstruction: A retrospective analysis of surgical outcomes. *Hernia, 25*(4), 775-783.

Wang, X., Liu, Z., & Chen, C. (2020). Fluid management strategies in patients with gastrointestinal surgery: A review. *Journal of Clinical Anesthesia, 64,* 109834.

Medications

Home Medications (Must List ALL)

Brand/ Generic	**Tylenol Acetaminophen**	**Lipitor Atorvastatin**	**Baciguent Bacitracin**	**Plavix Clopidogrel**	**Robitussin DM Dextromethorphan-guaFENsin**	**Benadryl Diphenhydramine**
Classification	**Pharmacological: Analgesic; Therapeutic: Antipyretic**	**Pharmacological: HMG-CoA reductase inhibitor; Therapeutic: Antilipemic**	**Pharmacological: Antibiotic Therapeutic: Anti-infective**	**Pharmacological: Platelet aggregation inhibitor Therapeutic: Antiplatelet agent**	**Pharmacological: Antitussive/expectorant combination Therapeutic: Cough suppressant/ mucolytic**	**Pharmacological: Antihistamine Therapeutic: Antiallergic agent**
Reason Client Taking	**Pain relief and fever reduction**	**To lower cholesterol and reduce cardiovascular risk.**	**To prevent or treat bacterial skin infections.**	**To prevent blood clots and reduce the risk of stroke or heart attack.**	**To relieve cough and thin mucus.**	**To relieve allergy symptoms.**
List two teaching needs for the medication pertinent to the client	**Avoid alcohol, as it increases the risk of liver damage. Follow dosage instructions to prevent hepatotoxicity.**	**Report muscle pain or weakness promptly, as it may indicate myopathy. Avoid grapefruit juice, which can interfere with the drug's effectiveness (Jones & Bartlett Learning, 2021).**	**Clean the affected area before applying the ointment. Avoid using other skin products on the treated area unless instructed (Jones & Bartlett Learning, 2021).**	**Notify healthcare providers of all other medications to avoid drug interactions. Report any unusual bleeding or bruising (Jones & Bartlett Learning, 2021).**	**Drink plenty of fluids to help loosen mucus. Avoid activities that require alertness if drowsiness occurs (Jones & Bartlett Learning, 2021).**	**Monitor for Sedation: Caregivers should observe the client for signs of drowsiness or lethargy, particularly since they are nonverbal. Activities should be planned to accommodate potential**

						sedation (Jones & Bartlett Learning, 2021). **Watch for Allergic Reactions: Caregivers need to be vigilant for physical signs of an allergic reaction, such as rash, hives, or difficulty breathing. They should have a clear plan for how to respond if any of these symptoms occur.**
Key nursing assessment(s) prior to administration	**Monitor liver function tests due to hepatotoxicity risk; assess for signs of liver damage such as jaundice (Jones & Bartlett**	**Monitor lipid panel and liver enzymes; assess for signs of muscle tenderness or pain.**	**Inspect the skin for signs of infection or irritation before application.**	**Monitor platelet counts and check for signs of bleeding.**	**Assess lung sounds and cough frequency/intensity.**	**Assess allergy symptoms, including rash, itching, or nasal congestion.**

	Learning, 2021).					
Brand/ Generic	**Aricept / Donepezil**	**Ala-Cort / Hydrocortisone 1% topical cream**	**Namenda / Memantine**	**Protonix/ Pantoprazole**	**Flomax / Tamsulosin**	**Desyrel/ Trazodone**
Classification	**Pharmacological: Acetylcholinesterase inhibitor Therapeutic: Anti-Alzheimer's agent**	**Pharmacological: Corticosteroid Therapeutic: Anti-inflammatory agent**	**Pharmacological: NMDA receptor antagonist Therapeutic: Anti-Alzheimer's agent**	**Pharmacological: Proton pump inhibitor (PPI) Therapeutic: Antiulcer agent**	**Pharmacological: Alpha-adrenergic blocker Therapeutic: Treatment of benign prostatic hyperplasia (BPH)**	**Pharmacological: Serotonin modulator Therapeutic: Antidepressant, often used for insomnia**
Reason Client Taking	**Used to improve cognition, function, and behavior in patients with Alzheimer's disease.**	**Used for relief of inflammation and itching due to various skin conditions.**	**To manage symptoms of moderate to severe Alzheimer's disease.**	**Used to treat gastroesophageal reflux disease (GERD) and prevent stomach ulcers.**	**To improve urine flow in patients with BPH.**	**To treat depression and/or insomnia.**
List two teaching needs for the medication pertinent to the client	**Take at bedtime to reduce side effects like nausea. Report any changes in mood, behavior, or severe gastrointestinal symptoms (Jones & Bartlett**	**Apply a thin layer as directed; overuse can thin the skin. Avoid covering the area with a bandage unless instructed, to**	**Take with or without food as prescribed; do not double doses if one is missed. Report any changes in mental status or**	**Swallow tablets whole, without crushing or chewing. Avoid alcohol and NSAIDs, which can irritate the stomach**	**Take 30 minutes after the same meal each day to improve absorption. Change positions slowly to reduce the risk of dizziness or fainting (Jones &**	**Avoid alcohol and other CNS depressants, which can increase sedation. Report any signs of suicidal thoughts or changes in**

	Learning, 2021).	**prevent excessive absorption (Jones & Bartlett Learning, 2021).**	**signs of dizziness (Jones & Bartlett Learning, 2021).**	**lining (Jones & Bartlett Learning, 2021).**	**Bartlett Learning, 2021).**	**behavior (Jones & Bartlett Learning, 2021).**
Key nursing assessment(s) prior to administration	**Assess cognitive function, including memory and mood, as well as gastrointestinal symptoms like nausea or diarrhea.**	**Inspect the affected area for signs of infection and monitor for skin thinning or irritation.**	**Assess cognitive status and monitor symptoms of dizziness or confusion.**	**Assess for symptoms of GERD, such as heartburn, and check magnesium levels if long-term use is anticipated.**	**Assess urinary patterns and monitor blood pressure due to orthostatic hypotension risk.**	**Monitor mental health status, particularly for suicidal ideation; check for signs of drowsiness or dizziness.**
Brand/ Generic						
Classification						
Reason Client Taking						
List two teaching needs for the medication pertinent to the client						
Key nursing assessment(s) prior to						

administration						

Hospital Medications (Must List ALL)

Brand/ Generic	**Normal Saline/ 0.9% NaCl infusion**	**Tylenol / Acetaminophen**	**Accuneb/ Albuterol sulfate nebulizer solution**	**BocaSal / Moi-Stir Artificial Saliva mucosal spray**	**Lipitor / Atorvastatin**	**Baciguent / Bacitracin Topical Ointment**
Classification	**Pharmacological: Electrolyte replenisher Therapeutic: Fluid and electrolyte replacement.**	**Pharmacological: Analgesic Therapeutic: Antipyretic**	**Pharmacological: Beta2-adrenergic agonist Therapeutic: Bronchodilator**	**Pharmacological: Saliva substitute Therapeutic: Oral lubricant**	**Pharmacological: HMG-CoA reductase inhibitor Therapeutic: Lipid-lowering agent**	**Pharmacological: Antibiotic Therapeutic: Anti-infective agent**
Reason Client Taking	**To maintain hydration, restore fluid balance, or serve as a vehicle for other IV medications.**	**For relief of mild to moderate pain and to reduce fever.**	**To relieve or prevent bronchospasm in patients with reversible obstructive airway disease.**	**To relieve dryness of the mouth in patients with reduced saliva production.**	**To lower cholesterol levels and reduce the risk of cardiovascular disease.**	**To prevent infection in minor skin injuries.**
List two teaching needs for the medication	**Explain to the patient the purpose of the IV fluids to**	**Avoid alcohol to reduce the risk of liver damage.**	**Instruct the client to report any rapid heart rate or chest**	**Apply as directed to avoid overuse and maintain**	**Take medication at the same time each day for**	**Clean the affected area before application to**

pertinent to the client	**avoid dehydration. Report any discomfort or swelling at the IV site.**	**Adhere to recommended dosage to avoid hepatotoxicity.**	**pain. Proper technique with the nebulizer to ensure effective dosing.**	**mouth moisture. Avoid eating or drinking immediately after use to increase efficacy.**	**maximum effect. Avoid grapefruit juice, as it can interfere with the drug's metabolism.**	**prevent contamination. Report any signs of rash or increased redness, as it may indicate an allergic reaction.**
Key nursing assessment(s) prior to administration	**Assess the IV site for signs of infiltration or phlebitis; monitor fluid balance and signs of fluid overload (Jones & Bartlett Learning, 2021).**	**Check liver function tests due to the risk of hepatotoxicity; assess for any existing liver conditions (Jones & Bartlett Learning, 2021).**	**Assess lung sounds, respiratory rate, and oxygen saturation; monitor for signs of tachycardia (Jones & Bartlett Learning, 2021).**	**Assess oral cavity for signs of dryness, sores, or fungal infection.**	**Monitor liver function and lipid profile prior to administration; assess for muscle pain or weakness (Jones & Bartlett Learning, 2021).**	**Assess the skin condition and ensure the area is clean and free from debris.**
Brand/ Generic	**Dulcolax / Bisacodyl**	**Plavix / Clopidogrel**	**Glutose / Dextrose 40% Oral Gel**	**Dextrose Electrolytes No 75 / Dextrose 50% in Water injection**	**Aricept / Donepezil**	**Humalog/ Insulin Lispro**
Classification	**Pharmacological: Stimulant laxative Therapeutic: Laxative**	**Pharmacological: Platelet aggregation inhibitor Therapeutic: Antiplatelet agent**	**Pharmacological: Carbohydrate Therapeutic: Hypoglycemia treatment**	**Pharmacological: Carbohydrate Therapeutic: Hypoglycemia treatment**	**Pharmacological: Cholinesterase inhibitor Therapeutic: Anti-Alzheimer's agent**	**Pharmacological: Rapid-acting insulin Therapeutic: Antidiabetic agent**
Reason	**To relieve**	**To reduce**	**To treat**	**Used for**	**To**	**To manage**

Client Taking	**constipation or prepare for medical procedures.**	**the risk of stroke and heart attack.**	**low blood sugar levels.**	**rapid treatment of hypoglycemia.**	**improve cognitive function in Alzheimer's disease.**	**blood glucose levels in diabetes.**
List two teaching needs for the medication pertinent to the client	**Take with a full glass of water to prevent dehydration. Do not use frequently to avoid dependency.**	**Avoid activities that may increase bleeding risk, such as contact sports. Report any unusual bruising or bleeding.**	**Administer as instructed for quick energy. Recognize symptoms of hypoglycemia to use promptly.**	**Report any discomfort or irritation at the injection site. Recognize signs of hypoglycemia, like shakiness or confusion, to understand why treatment may be needed.**	**Take at bedtime to reduce the risk of daytime drowsiness. Report any side effects like nausea or muscle cramps.**	**Rotate injection sites to prevent lipodystrophy. Be aware of symptoms of hypoglycemia, as rapid action requires precise timing with meals.**
Key nursing assessment(s) prior to administration	**Assess bowel sounds and inquire about the last bowel movement.**	**Monitor for signs of bleeding, such as petechiae, and check platelet counts (Jones & Bartlett Learning, 2021).**	**Check blood glucose levels prior to administration.**	**Monitor blood glucose levels; assess for signs of hypoglycemia before administration (Jones & Bartlett Learning, 2021).**	**Assess cognitive function and orientation; monitor for gastrointestinal side effects.**	**Check blood glucose before administration; ensure food intake is planned to avoid hypoglycemia.**
Brand/ Generic	**Namenda / Memantine**	**Xylocaine HCl /Lidocaine HCL**	**Protonix / Pantoprazole**	**MiraLAX/ Polyethylene**	**Senokots/ Sennosides-docusate**	**HyperSal / Sodium Chloride 7% neb**

						solution
Classification	**Pharmacological: NMDA receptor antagonist Therapeutic: Anti-Alzheimer's agent**	**Pharmacological: Local anesthetic Therapeutic: Anesthetic**	**Pharmacological: Proton pump inhibitor (PPI) Therapeutic: Antiulcer agent**	**Pharmacological: Osmotic laxative Therapeutic: Laxative**	**Pharmacological: Stimulant laxative and stool softener Therapeutic: Laxative**	**Pharmacological: Hypertonic saline solution Therapeutic: Mucolytic agent**
Reason Client Taking	**To slow the progression of Alzheimer's symptoms.**	**To numb the area for procedures or pain relief.**	**To reduce stomach acid and treat gastroesophageal reflux disease (GERD).**	**To treat constipation.**	**To prevent constipation and ease stool passage.**	**To loosen mucus in the respiratory tract.**
List two teaching needs for the medication pertinent to the client	**Report any confusion or hallucinations. Take as prescribed without missing doses to maintain therapeutic levels.**	**Avoid touching or scratching the numbed area until sensation returns. Report any tingling or unusual sensations.**	**Take before meals for optimal acid reduction. Avoid alcohol and NSAIDs, as they can exacerbate gastric issues.**	**Take with a full glass of water to enhance effectiveness. Avoid overuse, as it may lead to dependence.**	**Drink plenty of water to enhance stool softening. Do not use for extended periods without consulting a healthcare provider.**	**Take slow, deep breaths during nebulizer treatments. Report any increased difficulty in breathing.**
Key nursing assessment(s) prior to administration	**Assess cognitive function; monitor for any changes in behavior or mood.**	**Assess the targeted area for infection or sensitivity; check for history of allergies to anesthetics.**	**Assess for abdominal pain or bleeding; monitor magnesium levels in prolonged use.**	**Assess bowel sounds and inquire about the last bowel movement.**	**Assess bowel habits and monitor for cramping or diarrhea.**	**Assess lung sounds and respiratory rate; monitor for coughing or signs of respirator**

						y distress.
Brand/ Generic	**Flomax Tamsulosin**	**Sublimaze /Fentanyl PF**	**Lovenox enoxaparin**			
Classification	**Pharmacological: Alpha-blocker Therapeutic: BPH (Benign Prostatic Hyperplasia) treatment**	**Pharmacological: Opioid agonist Therapeutic: Analgesic**	**Pharmacological: Low molecular weight heparin Therapeutic: Anticoagulant**			
Reason Client Taking	**To improve urine flow in patients with enlarged prostate.**	**For management of severe pain.**	**To prevent or treat blood clots.**			
List two teaching needs for the medication pertinent to the client	**Take at the same time each day, preferably after a meal. Avoid sudden position changes to prevent dizziness.**	**Avoid alcohol and other CNS depressants while using. Report any signs of respiratory distress immediately.**	**Avoid activities that increase the risk of bleeding. Report any unusual bruising or bleeding.**			
Key nursing assessment(s) prior to administration	**Monitor blood pressure, especially orthostatic hypotension; assess urinary symptoms.**	**Assess pain level and respiratory status; monitor for signs of opioid-related**	**Monitor platelet count and signs of bleeding; assess for any contraindications to**			

		adverse effects (Jones & Bartlett Learning, 2021).	**anticoagulant therapy.**			

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Dextrose Electrolytes No 75 / Dextrose 50% in Water injection	**Chosen for managing potential hypoglycemia, especially in a post-operative patient.**	**1. Hyperglycemia (elevated blood sugar) due to high glucose content. 2. Fluid overload, which can lead to swelling or pulmonary edema.**
2. Lovenox (enoxaparin)	**Selected for prophylaxis against deep vein thrombosis (DVT) in the post-surgical patient.**	**1. Bleeding risk, particularly important due to recent surgery. 2. Thrombocytopenia (low platelet count), which may increase bleeding.**
3. Protonix (pantoprazole)	**Used to prevent stress-related mucosal disease and manage potential gastric ulcers post-surgery.**	**1. Diarrhea, which can exacerbate bowel obstruction symptoms. 2. Headache, which may affect the patient's comfort level post-surgery.**

Medications Reference (1) (APA)

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness: Alert and responsive** **Orientation: Person and Situation** **Distress: No acute Distress** **Overall appearance: Not Well-Groomed** **Infection Control precautions: Standard** **Client Complaints or Concerns:** **Nonverbal unable to assess**	**Conditions such as dementia or intellectual disabilities may lead to difficulty understanding the importance of grooming or the steps involved in maintaining personal hygiene. Clients with mobility issues, pain, or other physical disabilities may find it challenging to maintain grooming practices.** **The inability to communicate effectively can result in misdiagnosis or delayed treatment. It may require healthcare providers to use alternative communication methods, such as visual aids or non-verbal cues, to gather information.**
VITAL SIGNS: **Temp: 98.1** **Resp rate: 16** **Pulse: 77** **B/P: 105/61** **Oxygen: 94%** **Delivery Method: Room Air**	
PAIN ASSESSMENT: **Time: unable to assess** **Scale: unable to assess** **Location: unable to assess** **Severity: unable to assess** **Characteristics: unable to assess** **Interventions: Limited verbal input and guarding noted; nonverbal cues will be monitored to assess for potential pain indicators.**	**Due to the patient's nonverbal status and limited verbal responses, a comprehensive pain assessment is challenging. The patient communicates minimally, primarily using phrases such as "I'm fine," "Baseball," his name, and "January," regardless of the question or prompt. Additionally, the patient exhibits guarding behavior, making it difficult to accurately assess pain location, severity, or characteristics.**
IV ASSESSMENT: **Size of IV: 18** **Location of IV: RT forearm** **Date on IV: 10/19/2024** **Patency of IV: open and unobstructed** **Signs of erythema, drainage, etc.: No signs of erythema, drainage, or infection noted** **IV dressing assessment: Intact** **Fluid Type/Rate or Saline Lock: None**	**IV should be changed. The current IV has been in for 10 days.**
INTEGUMENTARY: **Skin color: Usual for ethnicity**	**Scab on the left outer and inner ear noted, documented as a pressure wound. 10/25/24**

Character: Client has skin breakdown and bruising. **Temperature: Warm** **Turgor: Elastic** **Rashes: None noted** **Bruises: Right peripheral bruising** **Wounds: Forehead and left ear** **Braden Score: 16** **Drains present: Y☐ N ☒** **Type: Not applicable**	**Anterior Forehead pressure wound documented 10/25/24.** **Braden score indicating a mild risk for pressure ulcers, which requires regular skin assessment and preventive measures** **Bruising suggests recent injury or trauma to this area, was not clear in documentation.** **Wounds indicating areas needing ongoing wound care and monitoring for healing or infection**
HEENT: **Head/Neck: Wound on the anterior forehead.** **Ears: Wound on outer and inner left ear.** **Eyes: No redness or discharge; pupils equal, round, and reactive to light; no visible signs of trauma or swelling.** **Nose: No deformities; mucosa moist and pink; no nasal discharge or obstruction noted.** **Teeth: No teeth, swallowing without difficulty, oral mucosa moist, pink, and intact.**	The presence of a wound on the forehead may indicate trauma or pressure ulcers due to the client's sleeping position. The wounds on the left ear, especially given the client's habit of sleeping with his head covered and pressed against the bed, suggest potential pressure injuries or trauma. The ear and face are sensitive areas that can easily sustain injuries, especially in individuals who are nonverbal and may not adjust their position to relieve pressure.
CARDIOVASCULAR: **Heart sounds: S1 S2 present** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable): Normal Sinus** **Peripheral Pulses: +3** **Capillary refill: less than 3 seconds** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema: None noted**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character:** **Clear and unlabored**	.
GASTROINTESTINAL: **Diet at home: Regular Minced**	The client is underweight, and this may indicate nutritional insufficiency or malnourishment. This

Current Diet: Regular minced and moist liquid consistency, thin **Is Client Tolerating Diet? Well** **Height: 5'5** **Weight: 102lbs 11.8 oz** **Auscultation Bowel sounds: Active** **Last BM: 10/28/24** **Palpation: Pain, Mass etc.: Did not palpate due to staples with incision** **Inspection:** **Distention: None noted** **Incisions: Midline and surgical right groin** **Scars: None noted** **Drains: None noted** **Wounds: Left inner and outer ear, anterior forehead** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size: Not applicable** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: Not applicable**	could be a concern for overall health and healing, especially after surgery. **The inability to palpate the abdomen due to staples and the incision is abnormal as it prevents a full abdominal assessment, which is typically important in patients with gastrointestinal issues to evaluate for any tenderness, masses, or abnormal firmness.** **Wounds on the left inner and outer ear and anterior forehead are atypical findings that suggest additional injury or skin integrity issues requiring wound care.**
GENITOURINARY: **Color: Yellow/Amber** **Character: Unable to assess** **Quantity of urine: Unable to accurately assess due to the patient wearing a disposable incontinence garment.** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: Uncircumcised** **Catheter: Y ☐ N ☒** **Type: N/A** **Size: N/A**	**Unable to accurately assess due to the patient wearing a disposable incontinence garment.**
Intake (in mLs) 480 mL **Output (in mLs)**	**Unable to accurately assess due to the patient wearing a disposable incontinence garment.**
MUSCULOSKELETAL: **Neurovascular status: Sensory Function: Sensation intact to light touch in all extremities. Motor Function: Strength 4/5**	Strength: Rated 4, indicating mild weakness, which impacts the ability to stand and walk independently. **Fall Risk: With a score of 12, the patient is**

in upper and lower extremities; full ROM observed. **Circulation: Pulses +2 bilaterally, capillary refill < 3** **ROM: Active** **Supportive devices: Wheelchair** **Strength:4** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 12** **Activity/Mobility Status: Wheelchair** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment: Wheelchair, Needs support to stand and walk**	**at moderate risk for falls and needs preventive measures.** **Mobility Status: Wheelchair dependency and need for support in standing/walking reflect impaired mobility, possibly due to physical or neurological limitations.** **These findings highlight the importance of supportive measures and assistance with mobility to prevent falls and ensure safety in daily activities.**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: Self and Situation** **Mental Status: Nonverbal; limited ability to assess cognitive functioning due to severe mental and intellectual disabilities** **Speech: limited to simple, repetitive phrases that do not provide adequate assessment data** **Sensory: Unable to assess fully; nonverbal and does not respond consistently to sensory stimuli** **LOC: Alert but nonverbal**	**These abnormal findings suggest that the patient's neurological assessment is limited, requiring careful observation and alternate forms of communication to accurately assess their neurological status.**
PSYCHOSOCIAL/CULTURAL: **Coping method(s): Keeps a bible and watch at bedside, TV must be left on baseball** **Developmental level: Delayed** **Religion & what it means to pt.:** **Christian keeps bible in bed with him** **Personal/Family Data (Think about home environment, family structure, and available family support): Mother and father are both deceased, He does have a guardian**	.

Discharge Planning

Discharge location: group home vs rehab facility. The patient's guardian agrees to rehabilitation and prefers Accolade of Danville for the patient's rehab services. A referral has been sent, but the patient's current group home is unable to accommodate his return at this time because he would require one-person assistance to ambulate. The patient's group home and they are unable to have him come back at this time because he would need to be an easy one assist to ambulate.

Home health needs:

- Wheelchair assistance
- Physical Therapy (PT)
- Occupational Therapy (OT)
- Skilled nursing facility services

Equipment needs: Wheelchair

Follow up plan: PASRR screening.

Education needs: None currently. However, it is essential to consider that the patient is nonverbal and has both severe mental and intellectual disabilities. While formal education may not be necessary, caregivers should be aware of the following conditions for effective management and care:

- Plastic Anemia: Understanding the implications of this condition and potential treatment options.
- Acute Pain: Recognizing signs of discomfort and implementing appropriate pain management strategies, given the patient's limited ability to communicate.

- Adult Anemia: Monitoring symptoms and ensuring proper nutrition to support blood health.
- Aphasia: Developing alternative communication methods to facilitate understanding and interaction.
- Acute Respiratory Failure (Adult): Awareness of the signs and symptoms to ensure timely intervention if respiratory distress occurs.
- Abdominal Thrusts (Adult): Training caregivers on the technique to assist in case of choking, recognizing that the patient may not be able to communicate distress effectively.

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. Imbalanced Nutrition: Less than Body Requirements related to impaired ability to	**This diagnosis addresses a physiological need for nutrition, essential for healing,**	**The client will demonstrate improved nutritional status as evidenced by stable weight**	**1. Collaborate with a dietitian to develop a high-calorie, nutrient-dense diet tailored to the client's needs and limitations.**	**The client's weight stabilizes, and lab values indicate improved nutritional status, meeting**

ingest and absorb nutrients as evidenced by low serum albumin levels, and muscle wasting.	**energy, and overall health. Malnutrition can weaken the immune system, delay wound healing, and exacerbate recovery time (Phelps, 2023).**	**and improved lab values (e.g., serum albumin) within one week.**	**2. Monitor daily calorie intake and weight to assess if nutritional goals are met.**	**target calorie goals daily.**
2. Impaired Skin Integrity related to malnutrition and recent surgical intervention as evidenced by pressure wounds and the presence of surgical staples.	**Malnutrition can impede skin integrity by reducing collagen synthesis and wound healing, placing the client at increased risk for pressure ulcers and infection at the surgical site (Phelps, 2023).**	**The client will maintain skin integrity, with no evidence of breakdown or infection by the next evaluation.**	**1. Assess skin condition and surgical site for signs of pressure ulcers, redness, or discharge every shift. 2. Provide gentle skin care, avoiding harsh soaps, and keep skin well-moisturized to reduce dryness.**	**The client's skin remains intact, with no signs of pressure ulcers or infection at the surgical site.**
3. Deficient Knowledge related to nutritional	**This diagnosis is chosen due to the**	**The client or caregiver will verbalize understandi**	**1. Educate the client and caregiver on the importance of**	**The client or caregiver can accurately describe**

requirements and post-operative dietary modifications and associated pain as evidenced by the client's lack of understanding post operative care regarding dietary needs.	**client's apparent need for dietary education to support healing and prevent malnutrition-related complications (Phelps, 2023).**	**ng of appropriate dietary choices and nutritional requirements for recovery by the next assessment.**	**nutrient-dense foods, including protein for tissue repair and healing.** **2Provide a list of soft or easy-to-digest foods suitable for their post-surgical condition.**	**appropriate dietary choices and demonstrate adherence to recommendations.**
4. Deficient Fluid Volume related to gastrointestinal obstruction and malabsorption as evidenced by signs of dehydration.	**This diagnosis addresses the client's need for fluid monitoring due to their inability to fully absorb nutrients and fluids post-surgery, increasing dehydration risk (Phelps, 2023).**	**The client will maintain adequate hydration as evidenced by moist mucous membranes and appropriate urine output by the end of the shift.**	**1. Monitor fluid intake and output closely, ensuring replacement through IV fluids if necessary.** **2. Encourage small, frequent sips of water or oral rehydration solution as tolerated.**	**The client maintains hydration, showing moist mucous membranes and adequate urine output, without further dehydration signs.**

Other References (APA):

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