N311 Care Plan 3

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N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 10/23/24	**Client Initials** PD	**Age** 73	**Gender** Female
Race/Ethnicity Black	**Occupation** Unemployed	**Marital Status** Widowed	**Allergies** Shellfish
Code Status Full	**Height** 5’ 2” (157.5 cm)	**Weight** 171 LBS (77.6 kg)	

Medical History (5 Points)

Past Medical History: Back pain, COPD, Hypertension, and stroke

Past Surgical History: Colonoscopy, Tibia Fracture surgery, Angio neurol cerebral, hc angiogram carotid cerebral bilat.

Family History: No known problems except renal failure in her mother.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Quit smoking 8 months ago, no smokeless ever, current alcohol use, current drug use of marijuana.

Admission Assessment

Chief Complaint (2 points): Dizziness and weakness, low blood pressure.

History of Present Illness – OLD CARTS (10 points): Patient went to her primary care doctor on 10-23-24 and they sent her to the ED because of how low her blood pressure was. She then presented to the ED with dizziness, weakness, low blood pressure, and lower back pain that had started earlier that week that’s why she had made the original appointment. She felt weak and had an aching pain all over her lower back. Standing and walking make her symptoms worse while sitting and relaxing made them feel better. She also tried pain meds at home that helped a little with her pain. When the pain meds were not working her pain was rated an 8 out of 10 but, with pain meds they said the pain was between a 2 and 4 out of 10.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Acute Kidney Injury

Secondary Diagnosis (if applicable): OSA, hypotension, epistaxis, and COPD exacerbation

Pathophysiology

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

Acute kidney injury previously known as acute renal failure (Capriotti, 2020). “Acute kidney injury is divided into 4 different stages. The stages being stage 1 the initial stage, stage 2 the oliguria stage, stage 3 the diuresis stage, and stage 4 the recovery stage” (Capriotti, 2020). When there is an injury to the kidney there is rapid decrease in renal filtration. Which causes waste to build up in the body. The body’s chemical makeup can get all messed up from this occurring. This ranges from mild to severe. When left untreated it can be fatal to the patient. When treated quickly, it can be reserved, and the patient gets back to normal function of their kidneys.

The most common signs and symptoms of acute kidney injury are oliguria and fluid overload. Other symptoms can be tiredness, less urine output, confusion, pain in the belly, irregular heartbeat, chest pain or pressure, and itching. There are a lot of different signs and symptoms with acute kidney injury. Sometimes there is no sign or symptoms, and lab work is done for other reasons and that’s how it is discovered.

To diagnosis acute kidney injury, a urinalysis, serum electrolytes, serum creatinine, BUN, arterial blood gases, and a CBC are used. Imaging could be used to reveal if there are any kind of obstruction or changes to the size and shape of the kidney. They may even do a renal biopsy to determine the intrarenal etiology of the acute kidney injury (Capriotti, 2020).

To treat acute kidney injury, you first need to determine the cause of it. Diuretics may be used under close observation. You would monitor the electrolytes of your patient. If hyperkalemia develops then you would monitor cardiac output. The goal is to get it under control before it changes from acute to full blown chronic renal failure.

Pathophysiology References (2) (APA):

Mayo Foundation for Medical Education and Research. (2024, July 10). *Acute kidney injury*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/kidney-failure/symptoms-causes/syc-20369048

Theresa Capriotti, 2020, *Chapter 22: Renal Disorders*, In Ed., Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives, pp. 538-540

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	4.96	3.85	
Hgb	12.0-15.8	14.0	11.2	When your kidneys are damaged, they produce less erythropoietin a hormone that signals the creation of blood cells.
Hct	36.0-47.0	43.4	33.6	My patient is in renal failure and the kidneys generate the hematocrit.
Platelets	140-440	284	284	

WBC	4.00-12.00	6.60	9.10	
Neutrophils	47.0-73.0	53.5	62.8	
Lymphocytes	18.0-42.0	33.5	24.1	
Monocytes	4.0-12.0	10.4	10.8	
Eosinophils	0.0-5.0	0.9	1.0	
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	141	139	
K+	3.5-5.1	4.8	4.2	
Cl-	98-107	108	108	Bad kidneys can cause your chloride levels to be high.
CO2	22-30	27	24	
Glucose	70-99	110	88	High waste products in the blood can prevent your pancreas from making insulin the way it should.
BUN	12-20	13	26	Your BUN and creatinine levels go hand and hand.
Creatinine	0.60-1.00	1.00	1.08	Creatinine levels can be high with kidney injury because the kidneys filter out the creatinine and can't when they are damaged, so it causes a buildup.
Albumin	3.5-5.0	3.5	N/A	
Calcium	8.7-10.5	9.7	10.0	
Mag	1.6-2.6	1.9	1.6	
Phosphate	2.8-4.5	N/A	N/A	

Bilirubin	0.2-1.2	0.3	N/A	
Alk Phos	40-150	74	N/A	

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	Clear/yellow	Clear/yellow	N/A	
pH	5.0-9.0	7.5	N/A	
Specific Gravity	1.003-1.030	1.013	N/A	
Glucose	Negative	Negative	N/A	
Protein	Negative	Trace	N/A	With damaged kidneys they let protein leak into your urine (Protein in urine, 2024).
Ketones	Negative	Trace	N/A	When your glucose is messed up it creates ketones in your blood (Ketones in urine, 2024).
WBC	Negative	Negative	N/A	
RBC	Negative	N/A	N/A	
Leukoesterase	Negative	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):

Protein in urine (proteinuria) causes, symptoms, tests & treatments. American Kidney Fund. (2024a, August 26). https://www.kidneyfund.org/all-about-kidneys/other-kidney-problems/protein-urine#what-causes-protein-in-the-urine

Understanding your lab values and other CKD health numbers. National Kidney Foundation. (2024, October 21). https://www.kidney.org/kidney-topics/understanding-your-lab-values-and-other-ckd-health-numbers#:~:text=If%20you%20have%20chronic%20kidney,a%20marker%20of%20kidney%20failure.

U.S. Department of Health and Human Services. (n.d.). *Anemia in chronic kidney disease - niddk*. National Institute of Diabetes and Digestive and Kidney Diseases. https://www.niddk.nih.gov/health-information/kidney-disease/anemia#:~:text=When%20your%20kidneys%20are%20damaged,to%20your%20organs%20and%20tissues.

U.S. National Library of Medicine. (n.d.). *Ketones in urine: Medlineplus medical test*. MedlinePlus. https://medlineplus.gov/lab-tests/ketones-in-urine/

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Chest X-ray, EKG scan, EKG 12 Lead, ultrasound abdomen, CT-chest, abdomen, and pelvis without contrast.

My patient had her EKG test to look at her heart to check for signs of irregular heart rhythms. Her chest X-ray and the CT of the chest looked at her lungs and made sure they were functioning correctly. Then the ultrasound of the abdomen viewed all the abdominal organs. Looking for any abnormalities in her case, taking a good look at her kidneys.

Diagnostic Imaging Reference (1) (APA):

12 lead electrocardiogram (EKG). Carteret Health Care. (n.d.). https://www.carterethealth.org/patient-education/cardiopulmonary/12-lead-electrocardiogram-ekg-/#:~:text=The%2012%20Lead%20Electrocardiogram%20(EKG,and%2For%20dangerous%20heart%20beats.

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:** Alert and responsive **Orientation:** Person, place, situation, time **Distress:** Pain **Overall appearance:** Clean, well dressed, well groomed	
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:**	

Wounds: . **Braden Score:** 22 **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**	.
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:** Yellow **Character:** clear **Quantity of urine:** normal/ non measurable **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** N/A **Size:** N/A	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:**	.

Strength: **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 69** **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):** Talking to a loved one **Developmental level:** patient can read and write, can make a fully formed sentence **Religion & what it means to pt.:** patient is not religious **Personal/Family Data (Think about home environment, family structure, and available family support):** Patient has a great support system and family structure at home.	.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

15:00	85 bpm	127/65mmHg	20 bpm	96.7 F	99%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
15:00	0-10	N/A	N/A	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Coffee= 8oz=240 mL Milk carton=8 oz=240 mL Water=8 0z=240 mL	1 unmeasurable urine

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

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

this client				
1. Risk for infection related elevating white blood cell count as evidence of WBC count being higher than the date of admission .	This nursing diagnosis was chosen because patients WBC count was climbing.	**1.**washing hands before and after providing care **2.**wearing gloves while providing care.	**1**. Patient's WBC count and differential will stay within normal range.	Patient and family were both okay with the plan to help prevent infection.
2. Risk for unstable blood pressure related to coming in with low BP as evidence of blood pressure bouncing around while being admitted to the unit.	This nursing diagnosis was chosen because patient came in with low BP then BP bounced from higher numbers to lower numbers.	**1.** Provide patient with modifiable risks factors. **2.**Treat episodes of high or low blood pressure promptly	**1.** Patient's vital signs will remain within normal range.	Patient and family were both okay with the plan to help prevent infection.

Other References (APA):

Phelps, linda. (n.d.). In *Nursing diagnosis reference manual* (12th ed., pp. 57-59 and 363-367).

essay.

Concept Map (20 Points):

Subjective Data

The chief complaint was dizziness, weakness, low BP and back pain. Rated an 8 out of 10. Back pain got worse when walking around or standing. It also got better with sitting and relaxing.

Nursing Diagnosis/Outcomes

1. Risk for infection related elevating white blood cell count as evidence of WBC count being higher than the date of admission.
   Outcome-patient's WBC count and differential remains within normal range.
2. Risk for unstable blood pressure related to coming in with low BP as evidence of blood pressure bouncing around while being admitted to the unit.
   Outcome-patient's vital signs will stay within normal limits.

Objective Data

BP-127/65

Temp-96.7 ^{0}, Temporal

Pulse-85

RR-20

SaO2-99%

Pain-8, Back

Client Information

73-year-old female with complaints of back pain, weakness, and low BP is admitted in the ED for acute kidney injury

DOA:10/23/2024

Initials: PD

<u>Demographics:</u>

Gender: female

Race: black

Occupation: unemployed

Marital Status: widowed

Code Status: Full Code

Nursing Interventions

washing hands before and after providing care.

wearing gloves while providing care.

Provide patient with modifiable risks factors.

Treat episodes of high or low blood pressure promptly