N311 Care Plan 3

Shelby Powell

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Henry

10/31/24

Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
10/24/24	E.C.	63	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Retired	Divorced	Contrast/ iodinated contrast media
Code Status	**Height**	**Weight**	
Full	5'3"	131.5kg	

Medical History (5 Points)

Past Medical History: Congestive heart failure, Chronic obstructive pulmonary disease, Hypertension, Morbid obesity (60.0-69.9), and Sleep apnea.

Past Surgical History: Hernia repair (2014)

Family History: Congestive heat failure- Sister; Coronary artery disease- Father; Heart disease- Brother and Sister; Hypertension- Daughter, Father, Sister.

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

Client stated to have never smoked cigarettes, never used smokeless tobacco, never used alcohol, however she did state that she has a past use of marijuana, yet no longer uses this substance.

Admission Assessment

Chief Complaint (2 points): Lower Left extremity swelling and pain

History of Present Illness – OLD CARTS (10 points):

The patient stated that pain and swelling in her left lower extremity stated about a week prior to admission. Upon inspection, the left lower extremity was red and had two very large yellow, weeping blisters which covered half of her left calf. Patient stated that there was no treatment prior to admission because she wasn't sure what was happening with her leg. Relieving factors after admission includes antibiotics, narcotics treatment including oxycodone.

Aggravating factors include putting pressure on the sore areas or moving too much in the bed. Patient rated the severity of pain as 7/10.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Cellulitis

Secondary Diagnosis (if applicable): N/A

Pathophysiology

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

Cellulitis is a bacterial infection that is typically caused by streptococcus or staphylococcus bacteria entering through a weak point in the skin such as a scratch, or dry/broken skin (Mayo Clinic, 2022). It is usually found in the lower extremities but can be found in upper extremities and in the face as well (Mayo Clinic, 2022). The affected area is red, swollen, warm, and painful to touch (Mayo Clinic, 2022). It is caused by bacteria entering the skin through broken down skin (Mayo Clinic, 2022). Cellulitis can be extremely dangerous, if left untreated it can spread to lymph nodes or even into the bloodstream (Mayo Clinic, 2022).

Signs and symptoms of cellulitis include swelling, tenderness, warmth, blisters, fevers, chills, pain. spots, and dimpling (Mayo Clinic, 2022). Some factors that can increase your risk for getting cellulitis are skin conditions that weaken the integrity of your skin, injuries to the skin, weakened immune system of any kind such as having diabetes, HIV/AIDS, or even Leukemia (Mayo Clinic, 2022). Other risk factors are past cellulitis diagnosis, lymphedema, chronic swelling, and being overweight (Mayo Clinic, 2022).

Cellulitis has the potential to be determined by just looking at the affected area (Hopkins, 2024). However, there can be blood tests and skin cultures completed to determine the type of bacteria that is infecting the skin, and to determine how serious the infection is and whether it

has spread to other systems such as lymphatic and/or blood (Hopkins, 2024). This helps them

determine the appropriate antibiotics to use to treat cellulitis. They can also determine if cellulitis

is the most appropriate diagnosis based on if the patient has had cellulitis in the past and also

through a physical examination. (Hopkins, 2024).

Pathophysiology References (2) (APA):

Mayo Foundation for Medical Education and Research. (2022a, May 6). *Cellulitis***. Mayo**

Clinic. https://www.mayoclinic.org/diseases-conditions/cellulitis/diagnosis-

treatment/drc-20370766

*Cellulitis***. Johns Hopkins Medicine. (2019, November 19).**

https://www.hopkinsmedicine.org/health/conditions-and-diseases/cellulitis

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	3.81	3.29	Red Blood cells can be low due to infection (Cleveland Clinic, 2023)
Hgb	12.0-15.8	12.2	10.6	I believe that the Hgb and the Albumin are related with a diffusion of capillary syndrome and this issue is what is causing the Hgb to be low.
Hct	36.0-47.0	35.8	31.0	Hct tests are used to help diagnose anemia (Medlie,2022).
Platelets	140- 440	130	282	Platelet count would be low due to immediate reaction to infection.
WBC	4.00-12.00	17.50	11.50	The White Blood cell count would be elevated because of fighting infection.
Neutrophils	47.0- 73.0	90.3	N/A	The Neutrophils would be elevated because they are the first line of defense, and they are fighting the infection.
Lymphocytes	18.0- 42.0	2.8	N/A	According to the Cleveland Clinic, lymphocytes can be low due to

				infection, but typically rise back to normal once the infection has subsided (Cleveland Clinic, 2023).
Monocytes	4.0-12.0	6.6	N/A	
Eosinophils	0.0-5.0	0.0	N/A	
Bands	0.0-3.0	N/A	N/A	

Chemistry <mark>Highlight All Abnormal Labs</mark>**—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	136	137	
K+	3.5-5.1	3.5	4.0	
Cl-	98-107	99	101	
CO2	22-30	24	25	
Glucose	70-99	<mark>113</mark>	<mark>107</mark>	Patient didn't eat at normal times for meals during my shift so they could very well have been slightly elevated due to how much time after eating blood sugar glucose testing was completed.
BUN	10-20	<mark>48</mark>	<mark>66</mark>	For this particular patient, her BUN levels could be elevated for a few different reasons such as: obesity, heart disease, hypertension, and being over the age of 60 (Medline, 2024).
Creatinine	0.60-1.00	<mark>2.46</mark>	<mark>2.29</mark>	Creatinine levels could have been elevated due to Group A Streptococcus infection (Mandal, 2024).
Albumin	3.5-5.0	<mark>3.0</mark>	<mark>2.8</mark>	Albumin levels can be low due to diffusion of capillary leak syndrome (Mandal, 2024).
Calcium	8.7-10.5	8.8	<mark>8.5</mark>	Calcium levels can be low because of Staphylococcus or streptococcus infection (Mandal, 2024).

Mag	1.6-2.6	N/A	N/A	
Phosphate	2.5-4.5	N/A	4.0	
Bilirubin	0.2- 1.2	1.1	N/A	
Alk Phos	40-150	64	N/A	

Urinalysis <mark>Highlight All Abnormal Labs</mark>—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	N/A	N/A	
pH	5.0-9.0	N/A	N/A	
Specific Gravity	1.003-1.030	N/A	N/A	
Glucose	negative	N/A	N/A	
Protein	negative	N/A	N/A	
Ketones	negative	N/A	N/A	
WBC	negative	N/A	N/A	
RBC	negative	N/A	N/A	
Leukoesterase	negative	N/A	N/A	

Cultures <mark>Highlight All Abnormal Labs</mark>—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):

Dr. Ananya Mandal, M. (2023, June 20). *Cellulitis diagnosis*. News. https://www.news

medical.net/health/Cellulitis-Diagnosis.aspx

U.S. National Library of Medicine. (2024, October 27). *Bun (blood urea nitrogen): Medlineplus*

medical test. MedlinePlus.

https://medlineplus.gov/lab-tests/bun-blood-urea-nitrogen/#:~:text=What%20do%20the

%20results%20mean,A%20recent%20heart%20attack

Lymphopenia: Symptoms, causes & treatment. Cleveland Clinic. (2024, May 1).

https://my.clevelandclinic.org/health/diseases/24837-lymphopenia

Hemolytic anemia: Symptoms, treatment & causes. Cleveland Clinic. (2024a, May 1).

https://my.clevelandclinic.org/health/diseases/22479-hemolytic-anemia

U.S. National Library of Medicine. (2022, May 16). *Hematocrit test: MedlinePlus Medical Test*.

MedlinePlus. https://medlineplus.gov/lab-tests/hematocrit-test/

Diagnostic Imaging

All Other Diagnostic Tests (10 points): N/A

Diagnostic Imaging Reference (1) (APA): N/A

Assessment

Physical Exam (18 points) – <mark>**HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS**</mark>

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:**	**Alertness:** Alert and responsive to verbal stimuli. Orientation: Oriented to person, place, situation, and date. Distress: Pain in lower left extremity and right groin/hip area. Overall appearance: Patient was well groomed, and dressed appropriately overall.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** 　**Type:**	**Skin color:** Right for ethnicity- dark brown. Character: Dry, Intact for the majority. <mark>Localized abnormality in lower left extremity.</mark> Temperature: Warm Turgor: turgor intact. Rashes: No rashes noted Bruises: No bruises noted Wounds: <mark>Blistering on lower left extremity</mark> Braden Score: <mark>14- moderate risk</mark> Drains present: No
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:
 	
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:<mark> Y ☒</mark> N☐** **Fall Score:** <mark>35- moderate</mark> **Activity/Mobility Status:** max assist **Independent (up ad lib) ☐** **Needs assistance with <mark>equipment</mark> ☒** **Needs support to stand and <mark>walk</mark>☒**	.
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 method: When patient was asked, she denied any use of coping mechanisms. Developmental level: Can read/write, can form full sentences. Religion & what it means to pt: Not religious Personal/ Family Data: Patient stated she has a wonderful support system at home with family.

Vital Signs, 1 set (5 points) – <mark>HIGHLIGHT ALL ABNORMAL VITAL SIGNS</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
15:45	70	128/79	12	<mark>96.0</mark>	<mark>91%</mark>

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
16:27	1-10	Both Legs	7	Throbbing	Narcotics (Oxy) Leg elevation

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
476mL total 236mL milk	Unmeasurable x1 urine

240mL coffee	

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. Acute Pain related to lower left extremity swelling, as evidenced by blisters and level 7 on pain scale.	Patient verbally and physically expressed pain with facial ques.	**1.** Assessment of signs and symptoms of pain behavioral cues and administer pain medicine as prescribed. **2.** Help patient to a comfortable position and use pillows to support and elevate left lower extremity.	**1.** Patient will express relief of pain within a reasonable amount of time after interventions.	Patient was cooperative with interventions. Patient's pain level did lower in response to medication and adjustment in bed. However, the pain level still wasn't lowered enough. Her pain started the shift as a 10 then dropped to a 7 after medication and adjustment, Patient's baseline comfort level is a 4.

2. Impaired Skin Integrity in relation to lower left extremity swelling and evidenced by blistering and yellow drainage.	Nursing diagnosis was chosen regarding the main focus for the admission into the hospital.	**1.** Inspect patient's skin every 8 hours. Document skin condition and report changes. **2.** Preform prescribed treatment regimen for the skin condition involved.	**1.** Patient will show improvement or healing of wounds/ lesions.	Patient did not meet this requirement on my shift.

Other References (APA):

Phelps, Linda. (n.d.). In *Nursing diagnosis reference manual* (12th ed., pp. 463–465 and

pp. 621-263. essay.

Concept Map (20 Points):

Subjective Data

Patient stated pain was at a 7.

Patient stated pain and swelling started a week ago.

Nursing Diagnosis/Outcomes

1. Acute pain related to lower left extremity swelling as evidence by blisters and a 7/10 rating on the pain scale.
   a. Patient will express relief of pain in a reasonable amount of time after interventions.
2. Impaired skin integrity in relation to lower left extremity swelling as evidence by blistering and yellow drainage.
   a. Patient will show improvement or healing of wounds/lesions.

Objective Data

Patient's Abnormal Labs on 10/28/24

- **O2- 91%**
- **Temp- 96.0**
- **RBC's- 3.29 Low**
- **Hgh- 10.6 Low**
- **Hct- 31.0 Low**
- **Glucose -107 High**
- **BUN- 66 High**
- **Creatinine- 2.29 High**
- **Albumin- 2.8 Low**
- **Calcium- 8.5 Low**

Patient's Abnormal Labs on admission

- Hct-35.8 Low
- Platelets- 130 Low
- WBC- 17.50 High
- Neutrophils- 90.3 High
- Lymphocytes- 2.8 Low
- Glucose- 113 High
- BUN- 48 High
- Creatinine- 2.46 High
- Albumin- 3.0 Low

Swelling, blisters, and yellow discharge from lower left extremity.

Client Information

63-year- old female with a history of Congestive heart failure, Chronic obstructive pulmonary disease, Hypertension, Morbid obesity (60.0-69.9), and Sleep apnea. Was admitted for pain and swelling of lower left extremity.

Nursing Interventions

1. Assessment of signs and symptoms of pain behavioral cues and administer pain medicine as prescribed.

2. Help patient to a comfortable position and use pillows to support and elevate left lower extremity.

1. Inspect patient's skin every 8 hours. Document skin condition and report changes.

2. Preform prescribed treatment regimen for the skin condition involved.