

N311 Care Plan 4

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N311: Foundations of Professional Practice

Professor Scribner

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Demographics (5 points)

Date of Admission 10/29/24	Client Initials D.T.	Age 63	Gender Female
Race/Ethnicity White	Occupation Unemployed	Marital Status Single	Allergies Atorvastatin, Flexeril, Toradol, Tramadol
Code Status Full code	Height 165.1cm	Weight 72.6kg	

Medical History (5 Points)

Past Medical History: COPD, Hypertension, hyper cholesterol, congestive heart failure, thrombocytopenia

Past Surgical History: None at this time.

Family History: None at this time.

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

Heroin- 5 years

Cigarettes- 2 packs a day for 40 years.

Admission Assessment

Chief Complaint (2 points): Patient came in after a fall at home.

History of Present Illness – OLD CARTS (10 points): The patient fell at home on 10/28/24. They then went to the hospital. The aggravating factor is mild confusion. They have had no prior treatment. The patient due to a loss of balance. The relieving factor is patient being admitted to the hospital. Severity of the fall was mild without injury due to fall.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Acute Renal Failure

Secondary Diagnosis (if applicable): Hyperkalemia

Pathophysiology

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

Acute kidney injury is the same as acute renal failure (Capriotti, 2024, pg 551). A rapid decrease in renal filtration function is a sudden decrease in glomerular filtration rate manifested by increased serum creatinine and oliguria (Capriotti, 2024, pg 551). With the decline in function, nitrogenous waste products can accumulate in the body (Capriotti, 2024, pg 551). Acute kidney injury is staged based on the magnitude of the rise in serum creatinine and the duration of oliguria (Capriotti, 2024, pg 551). With appropriate interventions, normal renal function can be achieved within 2 weeks to 3 months of the initial event (Capriotti, 2024, pg 551). Acute kidney injuries can be divided into 4 stages initial, oliguria, diuresis, and recovery (Capriotti, 2024, pg 551).

The initial stage usually last hours to days and is determined as the time from the injury until the time of initial manifestations (Capriotti, 2024, pg 551). The oliguric stage is a significant decrease in GFR, as well as retention of urea, potassium, sulfate, and creatinine, urine formation is usually decreased during this time and is accompanied by signs of fluid overload (Capriotti, 2024, pg 551). In the diuretic phase healing occurs, and fibrotic tissue may begin to form in areas of damaged nephrons, the urine output is often high (Capriotti, 2024, pg 551). Urine may have the same osmolarity as the bloodstream, this indicates that the kidney is excreting urine that does not contain all waste products from the bloodstream (Capriotti, 2024, pg 551). The recovery phase is the time for the final repair of renal damage and tends to start with increased urine output; during this phase, healthy nephrons compensate for those nephrons that are damaged (Capriotti, 2024, pg 551). During the recovery phase, urine is appropriately

concentrated, inflammation is down, and renal function returns to normal (Capriotti, 2024, pg 551).

Acute kidney injury causes oliguria and fluid overload (Capriotti, 2024, pg 551).

Nitrogenous waste builds up in the blood, and signs and symptoms of uremia, such as encephalopathy, anemia, hyperkalemia, metabolic acidosis, thrombocytopenia, and neuromuscular irritability, occur (Capriotti, 2024, pg 551). Overall the best kidney function test is the GFR; the GFR is usually estimated using serum levels of endogenous filtration markers, such as creatinine (Kellum et al., 2021).

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Pathophysiology: Introductory concepts and clinical perspectives*.

F.A. Davis Company.

Kellum, J. A., Romagnani, P., Ashuntantang, G., Ronco, C., Zarbock, A., & Anders, H.-J. (2021, July 15). *Acute kidney injury*. Nature News. <https://www.nature.com/articles/s41572-021-00284-z>

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	3.50-5.20uL (Epic, 2024)	2.66uL	2.77uL	The low RBC is due to renal disease (Pagana et al., 2023, pg 751).
Hgb	11.0-16.0g/dL (Epic, 2024)	7.8g/dL	8.3g/dL	The low Hgb is due to kidney disease (Pagana et al., 2023, pg 480).
Hct	34.0-47.0% (Epic, 2024)	25.4%	26.1%	The low Hct is due to renal disease (Pagana et al., 2023, pg 478).
Platelets	140-400uL (Epic, 2024)	177uL	182uL	
WBC	4.00-11.00uL (Epic, 2024)	8.09uL	10.12uL	

Neutrophils	1.60-7.70uL (Epic, 2024)	5.27uL	N/A	
Lymphocytes	1.00-4.90uL (Epic, 2024)	1.80uL	N/A	
Monocytes	0.00-1.10uL (Epic, 2024)	0.42uL	N/A	
Eosinophils	0.00-0.50uL (Epic, 2024)	0.11uL	N/A	
Bands	N/A	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-	136-145mmol/L (Epic, 2024)	135mmol/L	135mmol/L	The low sodium is due to congestive heart failure (Pagana et al., 2023, pg 804).
K+	3.5-5.1mmol/L (Epic, 2024)	6.8mmol/L	4.8mmol/L	
Cl-	98-107mmol/L (Epic, 2024)	104mmol/L	106mmol/L	
CO2	22.0-29.0mmol/L (Epic, 2024)	24.0mmol/L	26.0mmol/L	
Glucose	74-100mg/dL (Epic, 2024)	64mg/dL	106mg/dL	The high glucose is due to acute stress response (Pagana et al., 2023, pg 453).
BUN	10-20mg/dL (Epic, 2024)	44mg/dL	13mg/dL	
Creatinine	0.55-1.02mg/dL (Epic, 2024)	2.17mg/dL	0.83mg/dL	
Albumin	3.4-4.8g/dL (Epic, 2024)	3.3g/dL	N/A	
Calcium	8.9-10.6mg/dL (Epic, 2024)	9.8mg/dL	8.5mg/dL	The low calcium is due to renal failure (Pagana et al., 2023, pg 181).
Mag	1.6-2.6mg/dL (Epic, 2024)	1.4mg/dL	2.2mg/dL	

Phosphate	3-4.5mg/dL (Pagana et al., 2023, pg 675)	N/A	N/A	
Bilirubin	0.2-1.2mg/dL (Epic, 2024)	0.3mg/dL	N/A	
Alk Phos	40-150U/L (Epic, 2024)	71U/L	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	Colorless (Epic, 2024)	Colorless	N/A	
pH	4.6-8pH (Epic, 2024)	6.0pH	N/A	
Specific Gravity	1.005-1.03 (Epic, 2024)	1.012	N/A	
Glucose	Negative (Epic, 2024)	Negative	N/A	
Protein	Negative (Epic, 2024)	Negative	N/A	
Ketones	Negative (Epic, 2024)	Negative	N/A	
WBC	Negative (Epic, 2024)	Negative	N/A	
RBC	Negative (Epic, 2024)	Negative	N/A	
Leukoesterase	Negative (Epic, 2024)	Negative	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 (Epic, 2024)	N/A	N/A	
Blood Culture	Negative	N/A	N/A	

	(Epic, 2024)			
Sputum Culture	Negative (Epic, 2024)	N/A	N/A	
Stool Culture	Negative (Epic, 2024)	N/A	N/A	

Lab Correlations Reference (1) (APA):

Epic (10-17-2024) *Carle Foundation Hospital*.

Pagana, K. D., Pagana, T. N., & Pagana, T. J. (2023). *Mosby's Diagnostic and laboratory test reference: 16th edition*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Chest X-ray: A chest X-ray allows us to visualize the lungs and surrounding areas (Pagana et al., 2023, pg 214). This test was needed for suspected pneumonia.

Shoulder X-ray: looks at the structures that comprise the shoulder area such as the humerus, scapula, acromion, clavicle, and coracoid process (ClevelandClinic, 2024). My patient needed this test to check for injury after their fall.

Humerus X-ray: This is looking specifically at the humerus bone to check for fractures. This test was ordered for my patient due to their fall and to check for fractures.

Diagnostic Imaging Reference (1) (APA):

Pagana, K. D., Pagana, T. N., & Pagana, T. J. (2023). *Mosby's Diagnostic and laboratory test reference: 16th edition*. Elsevier.

Shoulder X ray: Anatomy, procedure & what to expect. Cleveland Clinic. (2024, May 1).

<https://my.clevelandclinic.org/health/diagnostics/22531-shoulder-x-ray>

Current Medications (10 points, 2 points per completed med)

5 different medications must be completed

Medications (5 required)

Brand/Generic	Dolophine/ Methadone hydrochloride	Fluticasone furoate/ Breo Ellipta	Heparin/ heparin sodium	Simvastatin/ Zocor	Montelukast/ Singulair
Dose	75mg	1 puff	1mL	10mg	10mg
Frequency	Twice a day	Once a day	Every 8 hours	Once at bedtime	Once in evening
Route	Oral	Inhalation	Subcutaneous	Oral	Oral
Classification Pharmacologic: Therapeutic:	Opioid Opioid agonist (<i>NDH Nurse's Drug Handbook, 2024, pg 853</i>)	Corticosteroid Antiasthmatic, anti- inflammatory (<i>NDH Nurse's Drug Handbook, 2024, pg 585</i>)	Anticoagulant Anticoagulant (<i>NDH Nurse's Drug Handbook, 2024, pg 652</i>)	HMG-CoA reductase inhibitor (statin) Antilipemic (<i>NDH Nurse's Drug Handbook, 2024, pg 1239</i>)	Leukotriene receptor antagonist Antiallergen, antiasthmatic (<i>NDH Nurse's Drug Handbook, 2024, pg 921</i>)

Mechanism of Action	Binds and activates opioid receptors in the spinal cord and higher levels of CNS to produce analgesia and euphoric effects (<i>NDH Nurse's Drug Handbook</i> , 2024, pg 854).	Inhibits cells involved in the inflammatory response of asthma. Fluticasone also inhibits production or secretion of chemical mediators. These actions also relieve rhinitis (<i>NDH Nurse's Drug Handbook</i> , 2024, pg 587).	It binds with antithrombin III, enhancing the inactivation of coagulation enzymes thrombin. At low doses, it inhibits factor Xa and prevents the conversion of prothrombin to thrombin. At high doses, it inactivates thrombin, preventing fibrin formation and existing clot extension (<i>NDH Nurse's Drug Handbook</i> , 2024, pg 654).	Interferes with hepatic enzymes, reducing the formation of mevalonic acid and interrupting the pathway for cholesterol synthesis. Declining cholesterol levels in hepatic cells cause LDLs to be consumed, reducing the levels circulating (<i>NDH Nurse's Drug Handbook</i> , 2024, pg 1239)	Antagonizes receptors for cysteinyl leukotrienes, produced by arachidonic acid metabolism and released from eosinophils and mast cells. Blocking cysteinyl leukotrienes binders improves both nasal and respiratory symptoms (<i>NDH Nurse's Drug Handbook</i> , 2024, pg 921)
Reason Client Taking	Past heroin user	COPD	Mild risk for DVT	Hyper cholesterol	COPD
Contraindications (2)	Acute or severe bronchial asthma in an unmonitored setting. Significant respiratory depression (<i>NDH Nurse's Drug Handbook</i> , 2024, pg 854).	Hypersensitivity to fluticasone or its components. Primary treatments of acute asthma requiring more intensive measures (<i>NDH Nurse's Drug Handbook</i> , 2024, pg 587).	Uncontrolled active bleeding. Heparin-induced thrombocytopenia (<i>NDH Nurse's Drug Handbook</i> , 2024, pg 654)	Hypersensitivity to simvastatin. Concurrent use with strong CYP3A4 inhibitors (<i>NDH Nurse's Drug Handbook</i> , 2024, pg 1239)	Hypersensitivity to montelukast or its components (<i>NDH Nurse's Drug Handbook</i> , 2024, pg 921) No other contraindications are listed.
Side Effects/Adverse Reactions (2)	Heart failure and hypotension (<i>NDH Nurse's Drug Handbook</i> , 2024, pg 855)	Asthma exacerbation and pneumonia (<i>NDH Nurse's Drug Handbook</i> , 2024, pg 587)	Asthma and heparin-induced thrombocytopenia (<i>NDH Nurse's Drug Handbook</i> , 2024, pg 655)	Interstitial lung disease and rash (<i>NDH Nurse's Drug Handbook</i> , 2024, pg 1240)	Thrombocytopenia and increased bleeding tendency (<i>NDH Nurse's Drug Handbook</i> , 2024, pg 922)

Medications Reference (1) (APA):

2024 NDH Nurse's Drug Handbook. (2024). . Jones & Bartlett Learning.

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

General, Psychosocial/Cultural, and TWO focused assessment specific to the client.

GENERAL: Alertness: Orientation: Distress: Overall appearance:	<ul style="list-style-type: none"> • Awake and Alert • Person, place, time, situation • No signs of distress <ul style="list-style-type: none"> • Well groomed
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	<ul style="list-style-type: none"> • Cream • Dry • Warm • • Right leg, cellulitis • Arms and legs bilaterally • None <ul style="list-style-type: none"> • 16
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	<ul style="list-style-type: none"> • Normal size, no lumps, bruises or lesions noted. • Symmetrical, no drainage, no skin breakdown, no bruises or lesions • Symmetrical, no drainage, no bruises or lesions, sclera white, conjunctiva pink. PERRLA intact • No bruises or lesions, no drainage • No teeth present

<p>CARDIOVASCULAR:</p> <p>Heart sounds:</p> <p>S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable):</p> <p>Peripheral Pulses:</p> <p>Capillary refill:</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Location of Edema:</p>	<ul style="list-style-type: none"> • Regular rhythm, S1 and S2 present • • All pulses present 2+ pulses •
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	<ul style="list-style-type: none"> • Diminished breath sounds in lower lobes bilaterally
<p>GASTROINTESTINAL:</p> <p>Diet at home:</p> <p>Current Diet</p> <p>Height:</p> <p>Weight:</p> <p>Auscultation Bowel sounds:</p> <p>Last BM:</p> <p>Palpation: Pain, Mass etc.:</p> <p>Inspection:</p> <p>Distention:</p> <p>Incisions:</p> <p>Scars:</p> <p>Drains:</p> <p>Wounds:</p> <p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<ul style="list-style-type: none"> • Regular • Low potassium • 165.1cm • 72.6kg <ul style="list-style-type: none"> • Bowel sounds normal and present in all 4 quadrants • 10-30-24 • No pain or masses present • None • None • None • None • None

<p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p>	
<p>GENITOURINARY:</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Type:</p> <p>Size:</p>	<ul style="list-style-type: none"> • Dark yellow • Clear • 300mL • External catheter
<p>MUSCULOSKELETAL:</p> <p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Score:</p> <p>Activity/Mobility Status:</p> <p>Independent (up ad lib) <input type="checkbox"/></p> <p>Needs assistance with equipment <input checked="" type="checkbox"/></p> <p>Needs support to stand and walk <input type="checkbox"/></p>	<ul style="list-style-type: none"> • • • Walker • • 36 • 1as gait belt with walker
<p>NEUROLOGICAL:</p> <p>MAEW: Y <input type="checkbox"/> N <input type="checkbox"/></p>	

PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	<ul style="list-style-type: none"> • A&O x4 • A&O x4 • Clear • • Awake and alert
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):	<ul style="list-style-type: none"> • Patient states that “God will guide the way” • Generativity vs stagnation • Patient believes in god • Patient lives with family and family is patients support system.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:36am	82bpm	96/56	16	98.8F axillary	95% 4L nasal cannula

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11:10	Number scale 0-10	N/A	0-no pain	N/A	PRN pain medications

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
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300mL of 0.9 normal saline 50mL oral	300mL urine

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

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components • Listed in order by priority – highest priority to lowest priority pertinent to this client 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 			<ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<p>1. Impaired gas exchange related to ineffective breathing pattern as evidenced by diminished lung sounds (Phelps, 2023, pg 277).</p>	<p>This nursing diagnosis was chosen due to the fact that my patient has COPD with suspected pneumonia.</p>	<p>1. establish baseline values for respiratory (Phelps, 2023, pg 278).</p> <p>2. Place patient in position that best facilitates chest expansion (Phelps, 2023, pg 278).</p>	<p>1. Patient does not experience dyspnea this shift (Phelps, 2023, pg 279).</p>	<ul style="list-style-type: none"> • The patient was receptive and agrees with the goals and interventions. • Patient met the goal, the did not have trouble breathing.
<p>3. Risk for adult pressure injury related to pressure over bony</p>	<p>This nursing diagnosis was chosen</p>	<p>1. inspect patients’ skin at start and end of</p>	<p>1. Patients skin remains intact this shift (Phelps,</p>	<ul style="list-style-type: none"> • The patient agrees with the interventions to reduce the

prominence (Phelps, 2023, pg 514).	due to the patients lower Braden score and higher risk of pressure injury.	shift (Phelps, 2023, pg 516). 2. use pressure redirecting devices (Phelps, 2023, pg 516).	2023, pg 516).	risk of a pressure injury. • Patient met the goal, they did not have any signs of skin breakdown.
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Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual 12th edition*. Wolters Kluwer.

Concept Map (23 Points):

Subjective Data

- Acute renal failure
- RBC values: 2.77uL
- Hgb values: 8.3g/dL
- Patient tripped due to loss of balance.
- Hct values: 26.1%
- Patient was experiencing altered mental status after the fall.
- Calcium values: 8.5mg/dL
- B/P: 95/56
- Pain in Left shoulder and arm after fall.
- 4L nasal cannula
- No pain on a 0-10 scale
- Diminished lung sounds bilaterally
- Fall score: 36
- Braden score: 16

Objective Data

Nursing Diagnosis/Outcomes

68-year-old female patient with history of COPD, HTN, CHF admitted for AKI after fall at home. Inpatient gas exchange related to ineffective breathing pattern as evidenced by diminished lung sounds.

Goal: Patient does not experience dyspnea this shift

- establish baseline values for respiratory.
- Place patient in position that best facilitates chest expansion.

Nursing Interventions

- Full code
- Unemployed
- Inspected adult pressure injury related to pressure over bony prominence.
- Initials: Patients skin remains intact this shift.
- Single
- A & O x 4
- inspect patients' skin at start and end of shift.
- use pressure redirecting devices.

Client Information



