

N311 Care Plan 4

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Henry

11/17/24

Demographics (5 points)

Date of Admission 10/29/24	Client Initials RF	Age 85	Gender male
Race/Ethnicity white	Occupation Bunge Milling	Marital Status married	Allergies N/A
Code Status Full	Height 5' 7" (170.2 cm)	Weight 134 LBS 4.2 oz (60.9 k)	

Medical History (5 Points)

Past Medical History: Benign tumors on the cranial nerve and hypotension

Past Surgical History: Exploratory Laparotomy

Family History: no family history

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

no history or current use in tobacco, drugs, or alcohol

Admission Assessment

Chief Complaint (2 points): abdominal pain

History of Present Illness – OLD CARTS (10 points): The patient presented to the ED on 10/29 saying that he had severe abdominal pain that started the night before around 5 pm. The pain was on the right side of his lower abdomen and last for several hours. He explained the pain as a severe discomfort that was sharp at times. Moving around made the pain worse, and nothing relieved it. He tried to take MiraLAX and Dulcolax at home with no relief. He rated his pain a 6 on a 0-10 scale.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Small bowel obstruction

Secondary Diagnosis (if applicable): Parkinson's Disease with dyskinesia, prostate cancer, and

HLD

Pathophysiology

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

Small bowel obstruction comes in many different forms, it can be acute or chronic and it can be partial or complete. My patient had a complete obstruction, he was completely blocked and had to have a small bowel resection.

Small bowel obstruction is a blockage that can cause ballooning pressure and cause a perforation in the bowel. That can secrete all fluids in the bowel into the abdominal area leading to infection or sepsis. When the obstruction is in the small bowel it prevents the absorption of all the nutrition needed for your body leading to malnutrition. If left untreated an obstruction prevents your intestine from getting enough blood for too long causing the tissue to die. If gangrene sets in as the tissue dies it can put you at risk of serious infection and even death (*What is a bowel obstruction?* 2024).

The signs and symptoms of small bowel obstruction vary depending on how severe the obstruction is. A small obstruction signs are nausea, vomiting, cramping, abdominal pain, constipation, and trouble passing gas. A larger obstruction has more severe signs such as total loss of elimination, severe cramping for prolonged periods of time, severe nausea and vomiting, and abdominal distention around the area of the obstruction (capriotti, 2020).

The diagnosis of a small bowel obstruction is to ask a series of questions and test that need to be completed. Starting with a clinical assessment to check for abdominal distension, bloating, and pain. As well as a medical history to see if you have any other abdominal issues or surgeries. An abdominal x-ray is completed to see the obstruction severity and location. The doctors also my complete a CT scan to provide a more accurate picture of the obstruction. That

way they know exactly what they are dealing with and where they need to do surgery at (Capriotti, 2020).

To treat a small bowel obstruction a nasogastric tube is inserted to drain all the accumulated fluid. Medications and fluids are given as needed for pain, fluid imbalances, and infection. Surgery to fix the obstruction is completed and the patient will need to stay in the hospital for observation, medication, nutrition supplements, and pain control as long as the doctor sees fit for the patient to be released and sent home (capriotti, 2020).

Pathophysiology References (2) (APA):

capriotti, theresa. (2020). 22. In *davis advantage for pathophysiology* (2nd ed., pp. 719-720). essay, fa davis company.

What is a bowel obstruction?. Cleveland Clinic. (2024b, October 1).

<https://my.clevelandclinic.org/health/diseases/bowel-obstruction>

Laboratory Data (20 points)

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

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80-5.30 10(6)/mc/L	4.23 10(6)/mc/L	4.19 10(6)/mc/L	
Hgb	12.0-15.8	13.3 g/dL	12.8 g/dL	

	g/dL			
Hct	36.0-47.0 %	39.6 %	38.7%	
Platelets	140-440 10(3) mc/L	156 10(3) mc/L	239 10(3) mc/L	
WBC	4.00-12.00 10(3) mc/L	14.20 10(3) mc/L	13.80 10(3) mc/L	He's taking heparin and at risk for infection
Neutrophils	47.0-73.0 %	94.4 %	92.4%	He's taking heparin and at risk for infection
Lymphocytes	18.0-42.0 %	1.5%	2.2%	He's taking heparin and at risk for infection. He also just had an invasive procedure.
Monocytes	4.0-12.0 %	3.6%	5.1%	
Eosinophils	0.0-5.0 %	0.0%	0.3%	
Bands	0.0-3.0 %	N/A	N/A	

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145 mmol/L	138 mmol/L	138 mmol/L	
K+	3.5-5.1 mmol/L	4.9 mmol/L	4.5 mmol/L	
Cl-	98-107 mmol/L	105 mmol/L	113 mmol/L	the bowel obstruction is causing kidney dysfunction.
CO2	22-30 mmol/L	19 mmol/L	16mmol/L	The patient is experiencing malnutrition.
Glucose	70-99 mg/DL	188 mg/dL	168 mg/dL	Patient has a disruption in the absorption due to the obstruction in the small bowel.
BUN	12-20 Ratio	24 ratio	28 ratio	The patient is experiencing malnutrition.
Creatinine	0.60-1.00 mg/dL	1.60 mg/dL	1.30 mg/dL	The bowel obstruction is causing kidney secretion problems
Albumin	3.5-5.0 g/dL	4.0 g/dL	2.9 g/dL	He has malnutrition
Calcium	8.7-10.5 mg/dL	9.4 mg/dL	8.6 mg/dL	Because he takes heparin

Mag	1.6-2.6 mg/dL	2.1 mg/dL	2.1 mg/dL	
Phosphate	2.8-4.5 mg/dL	N/A	2.5 mg/dL	
Bilirubin	0.2-1.2 mg/dL	1.2 mg/dL	0.7 mg/dL	
Alk Phos	40-150 U/L	50 U/L	91 U/L	

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	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 **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	
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Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's Diagnostic and Laboratory Test Reference* (16th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): CT abdominal without contrast to see the bowel obstruction and see how big the loop is, chest Xray for the NG tube placement, KUB Flat Plate Xray to assess the abdomen for the cause of the abdominal pain.

Diagnostic Imaging Reference (1) (APA):

Kidney, ureter and bladder X-ray. Children's Hospital of Orange County. (2023, February 23).

[https://choc.org/programs-services/urology/kidney-ureter-bladder-x-ray/#:~:text=A%20kidney%2C%20ureter%2C%20and%20bladder%20\(KUB\)%20X%2D,or%20gastrointestinal%20\(GI\)%20system.](https://choc.org/programs-services/urology/kidney-ureter-bladder-x-ray/#:~:text=A%20kidney%2C%20ureter%2C%20and%20bladder%20(KUB)%20X%2D,or%20gastrointestinal%20(GI)%20system.)

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

5 different medications must be completed

Medications (5 required)

Brand/	Heparin	Pantoprazo	Carbidopa/	Piperacillin/	Total
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Generic	(porcine)	le (protonix)	levodopa (sinemet)	tazobactam (zosyn)	parenteral nutrition (clinimix E)
Dose	5,000 units	40 mg	100 mg	3.375 g	70 mL/hr
Frequency	Every 12 hours	Daily over 3 minutes	3 times daily	Every 8 hours	continuous
Route	subcutaneo us	Intravenou s	Orally	Intravenous	intravenou s
Classificatio n	Therapeuti c: anticoagul ants Pharmacol ogic: antithromb otics	Therapeuti c: antiulcer agent Pharmacol ogic: proton- pump inhibitors	Therapeutic: antiparkinson Pharmacologic:do pamine agonist	Therapeutic: anti-infectives Pharmacologic: extended spectrum penicillins	Therapeuti c: Nutrition Pharmacol ogic: prevent malnutritio n
Mechanism of Action	Neutralizes thrombin, preventing the conversion of fibrinogen to fibrin.	Binds to an enzyme in the presence of acidic gastric pH	Levodopa converts to dopamine and acts as a neurotransmitter.	Binds to a bacterial cell wall and causes cell death	Gives patient all the nutrition they need
Reason Client Taking	Prevent pulmonary emboli and to maintain line patency with TPN	Prevent too much acid while his bowel heals	Parkinson's disease	Prevent bacterial infection on abdominal incision	Client is NPO and gets all nutrition from taking it
Contraindic ations (2)	Uncontroll ed bleeding and liver disease	Drug interaction s and risk of fractures.	Dyskinesias and angle-closure glaucoma	Serum sickness and renal failure	Irreversibl y decerebrat e patients and When the nutritional status is good, only short-term TPN is

					needed
Side Effects/Adverse Reactions (2)	Pain at injection site and bleeding takes longer to stop	Diarrhea and abdominal pain	Confusion and drowsiness	Confusion and lethargy	metabolic abnormalities and infection risk

Medications Reference (1) (APA):

Hamdan M, Puckett Y. Total Parenteral Nutrition. [Updated 2023 Jul 4]. In: StatPearls [Internet].

Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK559036/>

Vallerand & Sanoski. (2023). *Davis's drug guide for Nurses, 18th edition* (18th ed.). F.A. Davis.

Assessment

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

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

<p>GENERAL:</p> <p>Alertness: Alert and responsive</p> <p>Orientation: Person, place, situation, time</p> <p>Distress: No acute distress</p> <p>Overall appearance: well-groomed and tired</p>	
<p>INTEGUMENTARY:</p> <p>Skin color:</p> <p>Character:</p> <p>Temperature:</p>	

<p>Turgor:</p> <p>Rashes:</p> <p>Bruises:</p> <p>Wounds: .</p> <p>Braden Score: 13</p> <p>Drains present: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Type:</p>	
<p>HEENT:</p> <p>Head/Neck:</p> <p>Ears:</p> <p>Eyes:</p> <p>Nose:</p> <p>Teeth:</p>	
<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 type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Location of Edema:</p>	
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	

<p>GASTROINTESTINAL:</p> <p>Diet at home: normal and well balanced</p> <p>Current Diet: NPO, ice chips for dry mouth</p> <p>Height: 170.2 cm</p> <p>Weight: 60.9 kg</p> <p>Auscultation Bowel sounds: audible, active in all 4 quadrants.</p> <p>Last BM: 11/02/24</p> <p>Palpation: Pain, Mass etc.: soft, tender around incision site</p> <p>Inspection:</p> <p>Distention: non-distended</p> <p>Incisions: current bowel resection</p> <p>Scars: gunshot and 2 hernias</p> <p>Drains: N/A</p> <p>Wounds: N/A</p> <p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Nasogastric: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Size: 16</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 type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></p>	

<p>Type:</p> <p>Size:</p>	
<p>MUSCULOSKELETAL:</p> <p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Score: High/99</p> <p>Activity/Mobility Status:</p> <p>Independent (up ad lib) <input type="checkbox"/></p> <p>Needs assistance with equipment <input type="checkbox"/></p> <p>Needs support to stand and walk <input type="checkbox"/></p>	.
<p>NEUROLOGICAL:</p> <p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Orientation: person, place, situation</p> <p>Mental Status: impaired cognition, did not want to follow directions, slightly confused</p> <p>Speech: clear, slowed</p> <p>Sensory: normal responses</p> <p>LOC: Lethargic</p>	.
<p>PSYCHOSOCIAL/CULTURAL:</p> <p>Coping method(s): Family</p> <p>Developmental level: formal operational, wisdom</p> <p>Religion & what it means to pt.: Christian,</p>	.

<p>very important to patient</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support): family/wife and daughter</p>	
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Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1500	69 bpm	158/64 mmHg	20 bpm	96.2 F	93%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1500	0-10	Right side of abdomen	6/10	Sharp and aching	Pain medication

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
3.375 g zosyn dose	560 mL urine 700 mL emesis/ NG

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” 	<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,

<p>components</p> <ul style="list-style-type: none"> Listed in order by priority – highest priority to lowest priority pertinent to this client 				<p>status of goals and outcomes, modifications to plan.</p>
<p>1. Imbalanced nutrition related to not being able to eat anything as evidence by being NPO and having a feeding tube.</p>	<p>I chose this nursing diagnosis because my patient cannot eat anything and had to a feeding tube.</p>	<p>1. ensure delivery, as prescribed</p> <p>2. Monitor blood glucose levels and urine specific gravity at least once every shift.</p>	<p>1. Patient remains at or above specified weight.</p>	<p>Patient and family agree with these goals and outcomes.</p>
<p>2. Impaired skin integrity related to malnutrition as evidence by nutritional status</p>	<p>I chose this nursing diagnosis because he is at risk for skin integrity,</p>	<p>1. Inspect patient's skin every 8 hours.</p> <p>2. Teach family and patient about skin integrity and how to avoid it.</p>	<p>1. Patient will not exhibit skin breakdown.</p>	<p>Patient and family agree with these goals and outcomes.</p>

Other References (APA):

Phelps, Linda. (n.d.). In *Nursing diagnosis reference manual* (12th ed., pp. 431 and 463–433 and 465). essay.

Concept Map (23 Points):

Subjective Data

The chief complaint was abdominal pain. Rated a 6 out of 10. Abdominal pain got worse when walking around or standing. Nothing helped with at home treatment.

Nursing Diagnosis/Outcomes

1. Imbalanced nutrition related to not being able to eat anything as evidence by being NPO and having a feeding tube
Outcome: Patient remains at or above specified weight
2. Impaired skin integrity related to malnutrition as evidence by nutritional status
Outcomes-Patient will not exhibit skin breakdown.

Objective Data

BP-158/64
 Temp-96.2 °, Temporal
 Pulse-69
 RR-20
 SaO2-93%
 Pain-6, abdomen
 Ct scan
 Xray
 Labs-

Client Information

85-year-old male with complaints of abdominal pain was admitted in the ED for a small bowel obstruction.
 DOA:10/29/2024
 Initials: RF
Demographics:
 Gender: male
 Race: white
 Occupation: bunge milling

Nursing Interventions

- 1.ensure delivery, as prescribed
 - 2.Monitor blood glucose levels and urine specific gravity at least once every shift.
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1. Inspect patient's skin every 8 hours.
 2. Teach family and patient about skin integrity and how to avoid it.

Highs- WBC, neutrophils, Cl-, BUN, Creatinine

Lows- Calcium, albumin, CO2, lymphocytes

Marital Status: married

Code Status: Full Code

