

N311 Care Plan 5

Bailey McMasters

Lakeview College of Nursing

N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 11/12/2024	Client Initials JR	Age 71	Gender Male
Race/Ethnicity White/Caucasian	Occupation Retired WCIA Commercial Writer	Marital Status Married	Allergies None
Code Status Full Code	Height 6' 0"	Weight 175lb 14.4oz	

Medical History (5 Points)

Past Medical History: Achilles rupture (right, 11/2021), Anxiety, Arthritis, BPH (benign prostatic hyperplasia), Diabetes mellitus (HCC), DJD (degenerative joint disease), Hypercholesterolemia, Hypertension, Hyperthyroidism, Stones (urinary tract), and Tonsillar cancer (HCC)

Past Surgical History: Shoulder surgery, Hernia repair, removal of kidney stone, Tonsillectomy, Colonoscopy (N/A, 11/07/79), Exploratory of abdomen, Kidney surgery, lap inguinal hernia repair, initial; biopsy of skin lesion; vascular surgery procedure unlist, colon surgery, toe amputation (left, 12/16/23), toe amputation (left, 10/19/23), toe amputation (left, 03/04/24), Leg debridement (let, 01/05/24)

Family History: Sister has cancer, mother has cerebral aneurysm and diabetes, father has congestive heart failure, his father and maternal uncle have had heart attacks.

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

Used to smoke half a pack of cigarettes a day (quit at age 21), has never vaped, does drink alcohol (about two cans of beer a week), smokes marijuana (3-4 hits nightly), is not currently sexually active.

Admission Assessment

Chief Complaint (2 points): Failing outpatient treatment for diabetic ulcer of the right great toe.

History of Present Illness – OLD CARTS (10 points): Patient was admitted due to his diabetic ulcer on his great right toe getting worse. Upon hospitalization, the patient was told it could not be saved and had to be amputated. The patient experiences intermitted pain throughout the foot due to the ulcer. The patient rates the pain as 5 on a scale of 1-10. The patient states that massaging the foot and pain medication helps with the pain. The patient has been given Fentanyl to control the pain during hospitalization.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Diabetic Ulcer of the right great toe

Secondary Diagnosis (if applicable): none

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

Complications of the foot are some of the most frequently seen issues that hospitalize diabetic patients, Capriotti (2024). This is related to my patient because prior to his current ulcer he had three toe amputations because of previous ulcers. In patients with diabetes mellitus, hyperglycemia can lead to arterial vessels and distal nerves of the lower extremities being damaged, Capriotti (2024). Also, hyperglycemia can allow a higher risk of infection in the lower extremities since it inhibits WBCs. This further causes a loss of circulation and sensation, allowing a minor wound of the foot to become an ulcer. All these factors lead to decreased wound healing efficiency which can cause gangrene, an infection caused by bacteria in injuries that have a poor circulation of blood, Capriotti (2024). Furthermore, osteomyelitis or infected

bone can form as a result from a deep tissue infection. This relates to my patient because he was admitted into the hospital due to the decreased wound healing of his ulcer.

The signs of a foot ulcer would include possible inflammation, ischemia, and prolonged healing of a cut. Pain may not be a symptom due to the loss of sensation in the foot. According to Wang et al. (2022), there are five systems that can be used to identify and grade a foot ulcer, these include the Meggitt-Wagner system; the University of Texas classification system; the size, sepsis, arteriopathy, denervation system; the site, ischemia, neuropathy, bacterial infection, area, depth system; and the wound, ischemia, and foot infection system. Also, x-rays are able to determine if osteomyelitis has begun due to an ulcer. This relates to my patient because he received an x-ray in order to rule out osteomyelitis.

The best way to help prevent a foot ulcer that could lead to gangrene or osteomyelitis is for diabetic patients to complete a foot examination often, Capriotti (2024). This allows patients to discover wounds early on so preventative measures can be taken against infection. Also, debridement of lower extremities can help promote the formation of granulation tissue to increase healing, Wang et al. (2022). Another treatment for diabetic foot ulcers is amputation. This can be because of the lack of education to prevent foot ulcers, allowing them to go unnoticed and untreated. Once gangrene and osteomyelitis set in, amputation becomes the only way to stop the infection from spreading, Capriotti (2024). This relates to my patient because he has both received and is having an amputation of his toe in order to stop the infection.

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Pathophysiology Introductory Concepts and Clinical Perspectives* (3rd ed.).

F.A. Davis.

Wang, X., Yuan, C., Xu, B., & Yu, Z. (2022). Diabetic Foot Ulcers: Classification, Risk Factors and Management. *World Journal of Diabetes*. DOI: [10.4239/wjd.v13.i12.1049](https://doi.org/10.4239/wjd.v13.i12.1049)

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	4.4-5.8	4.08	3.56	Decreased RBCs are most likely from chronic illness due to patient's diabetes, Pagana et al. (2023).
Hgb	13.0-16.5	11.0	9.8	Decreased Hgb is most likely from anemia, Pagana et al. (2023).
Hct	38.0-50.0	33.4	28.7	Decreased Hct is most likely from anemia, Pagana et al. (2023).
Platelets	140-440	431	363	Normal value
WBC	4.0-12.0	12.9	8.5	Increased WBCs are most likely due to infection, Pagana et al. (2023).
Neutrophils	40.0-68.0	83.7	76.2	Increased neutrophils are most likely due to physical or emotional stress from the patient's toe needing to be removed, Pagana et al. (2023).
Lymphocytes	19.0-49.0	6.7	11.8	Decreased lymphocytes are most likely due to drug therapy, Pagana et al. (2023).
Monocytes	0.10-0.90	1.0	0.90	Increased monocytes are most likely from the history of colitis, Pagana et al. (2023).
Eosinophils	0-0.50	0.10	0.10	Normal value
Bands	Not done	Not done	Not done	Not done

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	132	137	Decreased Na is most likely from deficient dietary intake, Pagana et al. (2023).
K+	3.5-5.1	4.7	4.3	Normal value
Cl-	98-107	98	103	Normal value
CO2	22-30	26	27	Normal value
Glucose	70-99	442	151	Increased glucose is most likely due to diabetes mellitus, Pagana et al. (2023).
BUN	8-26	23	18	Normal value
Creatinine	0.70-1.3	1.61	1.46	Increased creatinine is most likely from reduced renal blood flow due to dehydration, Pagana et al. (2023).
Albumin	Not done	Not done	Not done	Not done
Calcium	8.7-10.5	9.5	9.0	Normal value
Mag	1.6-2.6	1.9	Not done	Normal value
Phosphate	Not done	Not done	Not done	Not done
Bilirubin	Not done	Not done	Not done	Not done
Alk Phos	40-150	106	Not done	Normal value

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	Not done	Not done	Not done	Not done

pH	Not done	Not done	Not done	Not done
Specific Gravity	Not done	Not done	Not done	Not done
Glucose	Not done	Not done	Not done	Not done
Protein	Not done	Not done	Not done	Not done
Ketones	Not done	Not done	Not done	Not done
WBC	Not done	Not done	Not done	Not done
RBC	Not done	Not done	Not done	Not done
Leukoesterase	Not done	Not done	Not done	Not done

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	Not done	Not done	Not done	Not done
Blood Culture	Negative	Not done	Negative	Normal
Sputum Culture	Not done	Not done	Not done	Not done
Stool Culture	Not done	Not done	Not done	Not done

Lab Correlations Reference (1) (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points): The patient received an x-ray of his right foot. This was to examine his diabetic ulcer that was located on his right great toe. X-rays can help determine if

a patient has osteomyelitis or infection within the bone, Pagana et al. (2023). Through this x-ray, the surgeon was able to determine that the patient's toe had to be amputated due to the infection.

Diagnostic Imaging Reference (1) (APA):

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

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

5 different medications must be completed

Medications (5 required)

Brand/Generic	Amlodipine/ Norvasc	Clopidogrel/ Plavix	Docusate Sodium/ Colace	Finasteride/ Proscar	Gabapentin/ Neurontin
Dose	10mg	75mg	100mg	5mg	300mg
Frequency	Once daily	Once daily	Two times daily	Once daily	Nightly
Route	Oral	Oral	Oral	Oral	Oral
Classification	1.Pharmacological class: Calcium channel blocker 2.Therapeutic class: Antianginal, antihypertensive	1.Pharmacological class: P2Y12 platelet inhibitor 2.Therapeutic class: Platelet aggregation inhibitor	Laxatives	1.Pharmacological class: 5-alpha reductase inhibitor 2.Therapeutic class: Benign prostatic hyperplasia agent, hair growth stimulant	1.Pharmacological class: 1-amino-methyl cyclohexane acetic acid 2.Therapeutic class: Anticonvulsant
Mechanism of Action	Lowers resistance within the peripheral vascular system and lowers both diastolic and systolic blood pressures by decreasing intercellular levels of	Inhibits platelets from forming thrombi and collecting in one spot, 2024 Nurse's Drug Handbook (2023).	It softens stools to relieve constipation, Multum (2024).	Inhibits 5-alpha reductase which is a metabolite that causes hair loss and benign prostatic hyperplasia, 2024 Nurse's Drug Handbook (2023).	Helps prevent dramatic responses to pain stimuli and other pain-related responses, 2024 Nurse's Drug Handbook (2023).

	calcium, 2024 Nurse's Drug Handbook (2023).				
Reason Client Taking	To help regulate the client's hypertension	To help prevent clotting in his peripheral arteries.	To help with occasional constipation.	The patient has a history of benign prostatic hyperplasia	To help relieve the patient of extreme pain due to the ulcer.
Contraindications (2)	1.Hypersensitivity to amlodipine 2.Hypersensitivity to its components	1.Hypersensitivity 2.active pathological bleeding	1.Hypersensitivity 2. Experiencing stomach pain	1.Hypersensitivity 2.Females	1.Hypersensitivity to gabapentin 2.Hypersensitivity to its components
Side Effects/Adverse Reactions (2)	1.Arrhythmias 2.Hypotension	1.Hypotension 2.Acute liver failure	1.Rectal bleeding 2.Rash	1.Suicidal ideation 2.Prostate cancer	1.Tumors 2.Suicidal ideation

Medications Reference (1) (APA):

Multum, C. (2024, April 23). *Docusate (Oral/Rectal)*. Drugs.com. [Docusate oral/rectal Uses, Side Effects & Warnings](#)

2024 Nurse's Drug Handbook, (2023). Jones & Bartlett Learning. 691-693.

Assessment

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

GENERAL: Alertness: Orientation: Distress: Overall appearance:	The patient is alert and oriented to person, place, and time. There is no signs of distress and appearance is appropriate for age.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: 20	The patient's skin is tan and its character is appropriate for age. His skin is warm with no rashes. The patient's hair distribution is normal. The patient's skin turgor was slightly delayed, probably due to dehydration. The patient has an ulcer on his right big toe. There are no drains present. The patient's Braden score is 20.

Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	<p>The patient's head and neck are symmetrical with no bumps, lesions, or lymph nodes palpable. The patient's trachea is not deviated. The patient's ears are symmetrical without deformities, bumps, or lesions. The patient's eyes are symmetrical, sclera are white, cornea are clear, and conjunctiva are pink. EOMs are intact and pupil's are 5mm in size.</p>
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:	<p>S1 and S2 sounds are present without S3, S4, murmurs, or gallops present. Carotid, brachial, radial, ulnar, popliteal, posterior tibial, and dorsalis pedis pulses are palpable and 2+. The patient's capillary refill is less than 3 seconds and there is no sign of jugular vein distention or edema.</p>
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character	<p>The patient's lung sounds are clear throughout without crackles, wheezes, or rhonchi. There are no signs are accessory muscle use or retractions.</p>
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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	<p>The patient states a normal diet at home including three meals daily. He is currently on a diabetic diet while in the hospital and during the shift was put on NPO due to his upcoming surgery. The patient is 6ft in height and 175lbs in weight. The patient's bowel sounds were present in all four quadrants and his last bowel movement was the morning of the shift. During palpation there was no pain or masses palpated. During inspection there was no distention, incisions, drains, or wounds. The patient did have a scar on the abdomen due to a past surgery.</p>
GENITOURINARY:	<p>The patient's urine is light yellow and clear.</p>

<p>Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>The patient states there is no pain when urinating and has not had a dialysis. The inspection of the genitals is appropriate for age. The patient does not use a catheter.</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 83 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>The patient's neurovascular status and ROMs are intact. The patient occasionally uses supportive devices to help get around. These include a walker and a cane. The patient's strength is appropriate for age. He does not require ADL assistance, and his fall score is 83. The patient's activity and mobility status are slightly impaired due to his toe ulcer. The patient is independent.</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 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"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>The patient is oriented. His sensory and mental status are appropriate for age. The patient's speech and consciousness are intact.</p>
<p>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):</p>	<p>The patient states he smokes marijuana to cope. The patient's developmental level is appropriate for age. The patient is married and has a son. The patient also has three grandchildren.</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
06:53	58	152/77	18	97.7 F	92%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
9:15	1-10	Right Big Toe	7	Dull, aching	Is being given medication, massages foot

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
850ml IVPB of Sodium Chloride and Vancocin	1200ml z

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? <ul style="list-style-type: none"> • Client response, status of goals and outcomes, modifications to plan.
1. Deficient knowledge related to inadequate information as evidence	The patient has been hospitalized frequently due to toe amputations	1. Educate the patient through discussion on ways to help prevent foot	1. The patient will be able to demonstrate and complete prevention methods against	The client will feel relief that there are methods to help prevent foot ulcers and they will partake

<p>by the patient being hospitalized multiple times.</p>	<p>following foot ulcers. If the patient receives education on how to prevent foot ulcers, it could help keep him from having more amputations done.</p>	<p>ulcers, as well as showing through examples the benefits to each prevention method. This was not only the patient understands that there are ways to prevent foot ulcers, but also to explain why these preventions help.</p> <p>2.Encourage the patient to partake in actions to prevent foot ulcers. Some patients may not believe the prevention will not work and that it will be a waste of time. If the patient is encouraged, they may feel more interested in partaking in them to see the results.</p>	<p>foot ulcers by the time of discharge.</p>	<p>in them.</p>
<p>2. Hopelessness</p>	<p>The patient</p>	<p>1. Encourage</p>	<p>1. The patient</p>	<p>The patient will</p>

<p>s related to uncontrolled severe disease symptoms as evidence by multiple toe amputations due to diabetes mellitus.</p>	<p>has received multiple amputations of his toes within the past two years. This could lead to him developing a sense of hopelessness and resulting in him giving up.</p>	<p>the patient to keep up with self-care. Self-care plays a major part in preventing foot ulcers as well as maintaining a sense of control over oneself.</p> <p>2.Encourage the patient to partake in spiritual needs. This could help the patient to remain hopeful towards their religion and can help him determine a reasoning or come to terms with his illness and its effects.</p>	<p>will adopt effective coping methods and understand the importance of self-care methods by the time of discharge.</p>	<p>understand why not losing hope is important and will carry out daily self-care and effective coping methods to ensure their sense of hope.</p>
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Other References (APA):

Phelps, L. L. (2022). *Nursing Diagnosis Reference Manual: Twelfth Edition*. Wolters Kluwer.

Concept Map (23 Points):

Subjective Data

The patient states that massaging the foot helps with pain.
 The patient smokes marijuana to help cope with his amputations.

Objective Data

RBC count: 12.5
 WBC count: 12

The patient is a 71-year-old male who was admitted due to the improper healing of a diabetic ulcer on his right great toe. He has had three previous toe amputations due to ulcers as a result from his uncontrolled diabetes.

Client Information

Nursing Diagnosis/Outcomes

1. Deficient knowledge related to inadequate information as evidenced by the patient's inability to demonstrate prevention methods against foot ulcers by the time of discharge.
 - 1. Educate the patient through discussion on ways to help prevent foot ulcers, as well as showing through examples the benefits to each prevention method. This was not only the patient understands that these preventions help.
2. Hopelessness related to uncontrolled disease symptoms as evidenced by multiple toe amputations due to ulcers.
 - 2. Encourage the patient to partake in actions to prevent foot ulcers. Some patients may not believe the prevention will not work and that they may feel more interested in partaking in them to see the results.
3. Encourage the patient to keep up with self-care. Self-care plays a major part in preventing foot ulcers as well as maintaining a sense of control over oneself.
4. Encourage the patient to partake in spiritual needs. This could help the patient to remain hopeful towards their religion and can help him determine a reasoning or come to terms with his illness and its effects.

Nursing Interventions

