N311 Care Plan 5

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
11/3	DS	21	M
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Asian/non-Hispanic	Student	Single	none
Code Status	**Height**	**Weight**	
FULL	185.9cm 6’ 1.2”	82.9 kg 182 lbs. 12.2 oz	

Medical History (5 Points)

Past Medical History:

- UTI
- Decubitus ulcer
- Paraplegia
- Spinal fracture
- Suprapubic catheter
- Neurogenic bladder

Past Surgical History:

- Cervical discectomy
- Cystostomy (3/19/2024)
- Stage IV R Ischial Wound (11/5/2024)
- R PICC line insertion (11/6/2024)

Family History: no family history on file

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

- No smoking
- No drinking

Admission Assessment

Chief Complaint (2 points): testicular pain, chills, cloudy urine

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

21 yr old DS present to the ER 11/3 for generalized sharp testicular and scrotum pain along with visible open pressure ulcers. He had symptoms of fevers and chills, symptoms of a urinary tract infection with cloudy, dark urine, shivering, sweating, lethargy, and tachycardia with a pulse of 101. Patient noticed the start of the ulcer three weeks prior, originating from a scratch nut has become cavernous and deep. He is a paraplegic college student, absent feeling in lower extremities, and denies any feeling of pain and has severe weakness in proximal upper extremities. Not taking any medication for pain.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Decubitus ulcer

Secondary Diagnosis (if applicable): Urinary tract infection

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

Pressure ulcers are the most common skin ulcers that are also known as pressure injury, decubitus ulcers, and bedsores (Capriotti, 2020). During bedrest, areas of the skin are in contact with constant pressure and body moisture that lies over bony prominences causing irritation to the epithelium, impairs blood flow, and interferes with tissue (Capriotti, 2020). Prolonged pressure, friction, shear force, and moisture can lead to tissue deformation (Zaidi & Sharma, 2024). Diminished blood flow to the skin is followed by reddish-blue discoloration and creates

opportunity for infection (Capriotti, 2020). The first signs of infections are fever and chills followed by secondary signs of extreme pain, foul smell, redness, warmth, swollen and oozing of pus (Cleveland Clinic, 2023). Skin breakdown that leads to the development of pressure injuries falls into 4 stages (Capriotti, 2020). These stages are placed in categories based on the depth of tissue involvement (Capriotti, 2020). The stages are:

- Stage 1: skin exhibits persistent redness and irritation (Capriotti, 2020)
- Stage 2: area of skin loss and blistering through epidermis and dermis (Capriotti, 2020)
- Stage 3: ulcers show deterioration of epidermis, dermis, and deeper layers of subcutaneous tissue (Capriotti, 2020)
- Stage 4: there is no full thickness of tissue down into the fascia, muscle, and exposing bone (Capriotti, 2020)

Ulcers are diagnosed and staged by their appearance and may require certain tests like biopsies, blood cultures, x-rays and MRIs (Cleveland Clinic, 2023). The nurse needs to examine the duration of the ulcer, size, undermining or tunneling, presence of drainage and necrotic tissue (Zaidi & Sharma, 2024). The assessment used to reduce the risk of pressure injuries is the Risk Assessment Scales, commonly referred to as Braden Score. Braden score is scored from mild risk to very high risk (Zaidi & Sharma, 2024). Sensory perception, mobility, moisture, nutrition, activity and friction/shear are assessed to identify the score (Zaidi & Sharma, 2024). Clinicians need to prioritize the importance of frequently repositioning immobilized patients in bed and keep skin dry and free from irritation (Capriotti, 2020). Irrigating and cleaning the wound with soap and water are forms of treatment (Cleveland Clinic, 2020). Other forms are to achieving excellent skincare, adequate hydration/nutrition, pressure cushions, turn schedule, and surface

support (Zaidi & Sharma, 2024). Medication used, depending on symptoms, are antibiotics, nonsteroidal anti-inflammatory drugs, and pain relievers (Cleveland Clinic, 2023)

Decubitus ulcers often form on the skin covering bony areas of the body, such as the back, tailbone, hips, buttocks, elbows, heels, and ankles (National Cancer Institute, n.d.). The formation of this ulcer is multifactorial in a common pathway to ischemia and necrosis (Zaidi & Sharma, 2024). With constant pressure over a long period of time, external pressure must exceed the arterial capillary pressure of 32mmHg to impede blood flow (Zaidi & Sharma, 2024). Pressure above 8 to 12mmHg leads to tissue ischemia and necrosis (Zaidi & Sharma, 2024). Risk factors are decreased mobility, skin moisture, poor nutritional intake, and loss of sensory perception (Zaidi & Sharma, 2024). Preventions of bedsore and ulcers are position change every 2 hours, regular skin checks, nutritional diet, stay hydrated, moisture barrier cream to protect from sweat, urine or stool, quit smoking because nicotine slows wound healing down, wash and change under sheets regularly (Cleveland Clinic, 2023)

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	4.10-5.70 (Epic, 2024)	4.36	n/a	-
Hgb	12.0 – 18.0 (Epic, 2024)	12.4	n/a	-
Hct	37.0 – 51.0 (Epic, 2024)	38.1	n/a	-
Platelets	140 – 400	259	n/a	-

	(Epic, 2024)			
WBC	4.00 – 11.0 (Epic, 2024)	8.98	n/a	-
Neutrophils	1.60 – 7.70 (Epic, 2024)	6.34	n/a	-
Lymphocytes	1.0 – 4.90 (Epic, 2024)	1.48	n/a	-
Monocytes	0.0 – 1.10 (Epic, 2024)	0.86	n/a	-
Eosinophils	0.0 – 0.50 (Epic, 2024)	0.23	n/a	-
Bands	n/a	n/a	n/a	-

(Carle Foundation Hospital Laboratory. 2024. Epic)

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 (Epic, 2024)	**135↓**	137	Hyponatremia related to ulcers (Panaga et al., 2021)
K+	3.5 – 5.1 (Epic, 2024)	4.1	4.0	-
Cl-	98 – 107 (Epic, 2024)	103	107	-
CO2	22.0 – 29.0 (Epic, 2024)	24.0	23.0	-
Glucose	74 – 100 (Epic, 2024)	108	88	-
BUN	9 – 21 (Epic, 2024)	17	20	-
Creatinine	0.70 – 1.30 (Epic, 2024)	**0.68↓**	**0.66↓**	Muscular dystrophy due to decreased muscle mass (Panaga et al., 2021)
Albumin	3.5 – 5.0 (Epic, 2024)	**3.2↓**	**3.2↓**	Hypoalbuminemia related to infection (Panaga et al., 2021)
Calcium	8.9 – 10.6 (Epic, 2024)	**8.8↓**	**8.6↓**	Hypocalcemia due to blood loss from wound (Panaga et al., 2021)
Mag	1.6 – 2.6 (Epic, 2024)	1.9	n/a	-

Phosphate	n/a	n/a	n/a	-
Bilirubin	0.2 – 1.2 (Epic, 2024)	0.5	0.3	-
Alk Phos	40 – 150 (Epic, 2024)	201	92	-

(Carle Foundation Hospital Laboratory. 2024. Epic)

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, colorless, yellow	**Cloudy, dark yellow**	n/a	This patient urine is cloudy and dark yellow due to having a UTI (Panaga et al., 2021)
pH	4.5 – 8.0 (Epic, 2024)	6.5	n/a	-
Specific Gravity	1.003– 1.035 (Epic, 2024)	1.020	n/a	-
Glucose	Negative	Negative	n/a	-
Protein	Negative	**Trace**	n/a	-
Ketones	Negative	Negative	n/a	-
WBC	0 – 25 (Epic, 2024)	**1106↑**	n/a	This patient has elevated WBC due to having a UTI (Panaga et al., 2021)
RBC	0 – 20 (Epic, 2024)	**290↑**	n/a	Elevated RBC due to inflammation from a UTI (Panaga et al., 2021)
Leukoesterase	Negative	**Large**	n/a	This patient is positive for leukoesterase due to having a UTI (Pagana et al., 2021)

(Carle Foundation Hospital Laboratory. 2024. Epic)

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	No growth	**Positive**	n/a	Patient is positive for Klebsiella pneumoniae (ESBL) and

	(Epic, 2024)	(Epic, 2024)		Pseudomonas aeruginosa greater than 100,00 cfu/mL (Epic, 2024)
Blood Culture	n/a	n/a	n/a	-
Sputum Culture	n/a	n/a	n/a	-
Stool Culture	n/a	n/a	n/a	-

(Carle Foundation Hospital Laboratory. 2024. Epic)

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

DS had a XR chest AP or PA only on 11/3. Chest X-rays produce images of your heart, lungs, blood vessels, airways, and the bones of the chest and spine and can also reveal fluid in or around your lungs or air surrounding a lung (Mayo Clinic, 2024). This test was ordered for sepsis workup. The diagnostic impression is clear lungs and cardiomediastinum silhouette is within normal limits (Epic, 2024).

DS had an MRI pelvis with and without contrast. An MRI (magnetic resonance imaging) scan is a painless test that produces very clear images of the organs and structures inside your body (Cleveland Clinic, 2022). The diagnostic impression is history of decubitus ulcer of right buttock region, spinal cord injury, wheelchair bound (Epic, 2024)

DS had an ultrasound of scrotum on 11/14 and an ultrasound of right upper quadrant abdomen. An ultrasound is an imaging test that uses sound waves to make pictures of organs, tissues, and other structures inside your body which allows your health care provider to see into your body without surgery (Medline Plus, n.d.). The diagnostic impression is 1) acute scrotal pain, 2) hypervascularity appearance of the bilateral epididymitis, 3) testicles demonstrated arterial and venous flow (Epic, 2024).

DS had a CT of abdomen and pelvis with contrast 11/14. A CT scan is a painless type of imaging that uses X-ray techniques to create detailed images of the body more detailed than plain X-rays do (Mayo Clinic, 2024). The diagnostic impression is 1) acute abdominal pain, 2) sclerosis and erosive change involving the right ischium concerning for osteomyelitis, and 3) bilateral (R > L) inguinal lymphadenopathy, presumable reactive (Epic, 2024).

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed
Medications (5 required)

Brand/Generic	**Brand**: VESIcare **Generic**: solifenacin	**Brand**: Pepcid **Generic**: Famotidine	**Brand**: Zyvox **Generic**: Linezolid	**Brand**: Tylenol **Generic**: Acetaminophen	**Brand**: Milk of magnesia **Generic**: Magnesium hydroxide
Dose	10mg / tablet	20mg / tablet	600mg / tablet	500mg / tablet	600 mg / chew
Frequency	Daily	BID	Every 12 hrs.	PRN every 4 hours.	Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	**Pharmacologic**: antimuscarinic **Therapeutic**: Bladder antispasmodic (Jones & Bartlett, 2024)	**Pharmacologic**: Histamine-2 blocker **Therapeutic**: Antiulcer agent (Jones & Bartlett, 2024)	**Pharmacologic**: Oxazolidinone **Therapeutic**: Antibiotic (Jones & Bartlett, 2024)	**Pharmacologic**: Nonsalicylate, paraaminophenol derivative **Therapeutic**: Antipyretic, nonopioid analgesic (Jones & Bartlett, 2024)	**Pharmacologic**: mineral **Therapeutic**: Electrolyte replacement (Jones & Bartlett, 2024)

Mechanism of Action	Antagonize the effect of acetylcholine on muscarinic receptors in detrusor muscle, decreasing the muscle spasms that cause inappropriate bladder emptying, thereby resulting in increased bladder capacity and volume which relieves the sensation of frequency and urgency and enhances bladder control (Jones & Bartlett, 2024)	Parietal cells in the gastric epithelium secrete hydrogen ions, which combine with chloride ions to form hydrochloric acid (Jones & Bartlett, 2024)	Inhibit bacterial protein synthesis by interfering with translation of RNA to protein (Jones & Bartlett, 2024)	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system (Jones & Bartlett, 2024)	Assist all enzymes involved in phosphate transfer reactions that use ATP as magnesium is required for normal function of the ATP-dependent sodium-potassium pump in muscle membrane (Jones & Bartlett, 2024)
Reason Client Taking	To treat overactive urinary bladder with symptoms of frequency, urge incontinence, and urgency (Jones & Bartlett, 2024)	To provide short term treatment of active duodenal ulcer (Jones & Bartlett, 2024)	To treat vancomycin-resistant Enterococcus faecium infections, including concurrent bacteremia (Jones & Bartlett, 2024)	To relieve mild to moderate pain; to relieve fever (Jones & Bartlett, 2024)	To correct magnesium deficiency caused by alcoholism, magnesium-depleting drugs, malnutrition, or restricted diet (Jones & Bartlett, 2024)
Contraindications (2)	Gastric retention, hypersensitive to solifenacin or its components, uncontrolled angle-closure glaucoma, urine retention (Jones & Bartlett, 2024)	Hypersensitivity to famotidine, other H_2-receptor antagonists, or their components (Jones & Bartlett, 2024)	Hypersensitivity to linezolid or its components, use within 14 days of an MAO inhibitor (Jones & Bartlett, 2024)	Hypersensitivity to acetaminophen or its components, severe active liver disease or impairment (Jones & Bartlett, 2024)	Hypersensitivity to magnesium salts or any component of magnesium-containing preparations Coma, marked heart disease, renal impairment (Jones & Bartlett, 2024)
Side Effects/Adverse Reactions (2)	Atrial fibrillation, intestinal obstruction, anaphylaxis (Jones & Bartlett, 2024)	Seizures, arrhythmias, hepatitis, bronchospasm, exfoliative dermatitis, anaphylaxis (Jones & Bartlett, 2024)	Seizures, leukopenia, Stevens-Johnson syndrome, anaphylaxis (Jones & Bartlett, 2024)	Hypotension, stridor, hemolytic anemia, atelectasis, Stevens-Johnson syndrome, anaphylaxis, hypokalemia (Jones & Bartlett, 2024)	Arrhythmias, respiratory depression or paralysis, hypersensitivity reactions (Jones & Bartlett, 2024)

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented X4, well groomed, no signs of distress
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**S**kin color is normal with ethnicity. Warm and dry upon palpation. Turgor: elastic. No rashes, lesions, or bruising visible. Wounds present on buttock but unable to access due to dressing. No drainage present Braden Score: **12**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck symmetrical. Trachea midline. Thyroid not palpable. Bilateral carotid pulse is palpable. No lymphadenopathy. Bilateral white sclera, clear cornea, conjunctiva pink with no drainage. Bilateral auricles with no deformities, lumps, or lesions. Septum midline, moist and pink with no bleeding or polyps. Sinused are nontender to palpation Teeth intact. No visible chipped tooth .
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:**	Clear S1 and S2 sounds without murmurs. Normal heart rate and rhythm. Pulses +2 throughout bilaterally. Capillary refill less than 3 seconds. No neck distention. No edema inspected or palpated.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Normal heart rate. Respiratory pattern normal, symmetrical, and nonlabored. Clear lung sounds anterior and posterior

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:**	Regular diet at home. Current diet is regular. Height: 6' 1.2" Weight: 182lbs 12.2oz Bowel sounds are normoactive in all four quadrants Last BM: 11/13 No pain, masses, lesions upon palpation of extremities Inspections: no distention, incision, scares, drains, decubitus ulcer on R buttock No ostomy. No nasogastric. No feeding tube
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Urine cloudy, slightly dark color, smelly. No pain when urinating. Not on dialysis. Did not inspect genitals Catheter: suprapubic, 16 French, 10mm balloon
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Upper extremities full range of motion. No movement in lower extremities Supportive device: motorized wheelchair Strength: upper, moderate; lower, absent ADL assistance: Yes Fall risk: **10** Activity/mobility status: wheelchair bound; bed bound Not independent. Need assistance with equipment. Unable to walk
NEUROLOGICAL: **MAEW: Y ☐ N☐**	MAEW: No PERRLA: Yes

PERLA: Y ☐ N☐ **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Strength: not equal, arm strength moderate, no leg strength Orientation: x4 to place, time, person and situation Mental status: normal Speech: clear, logical Sensory: absent in lower extremities LOC: no loss of conscious
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):**	Did not identify any coping mechanisms Developmental level: intimacy vs isolation (Cherry, 2024) Did not identify religion Personal/Family Data: live in an assistant living facility on U of I campus. Did not identify family structure. Have support in assistant living

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:07am	72	97/60 L upper arm	20	97.6f Oral	97% Room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:09am	Number	n/a	n/a	Denies pain currently	n/a

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
n/a	225 (foley output)

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

Nursing Diagnosis	Rationale • Explain	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the

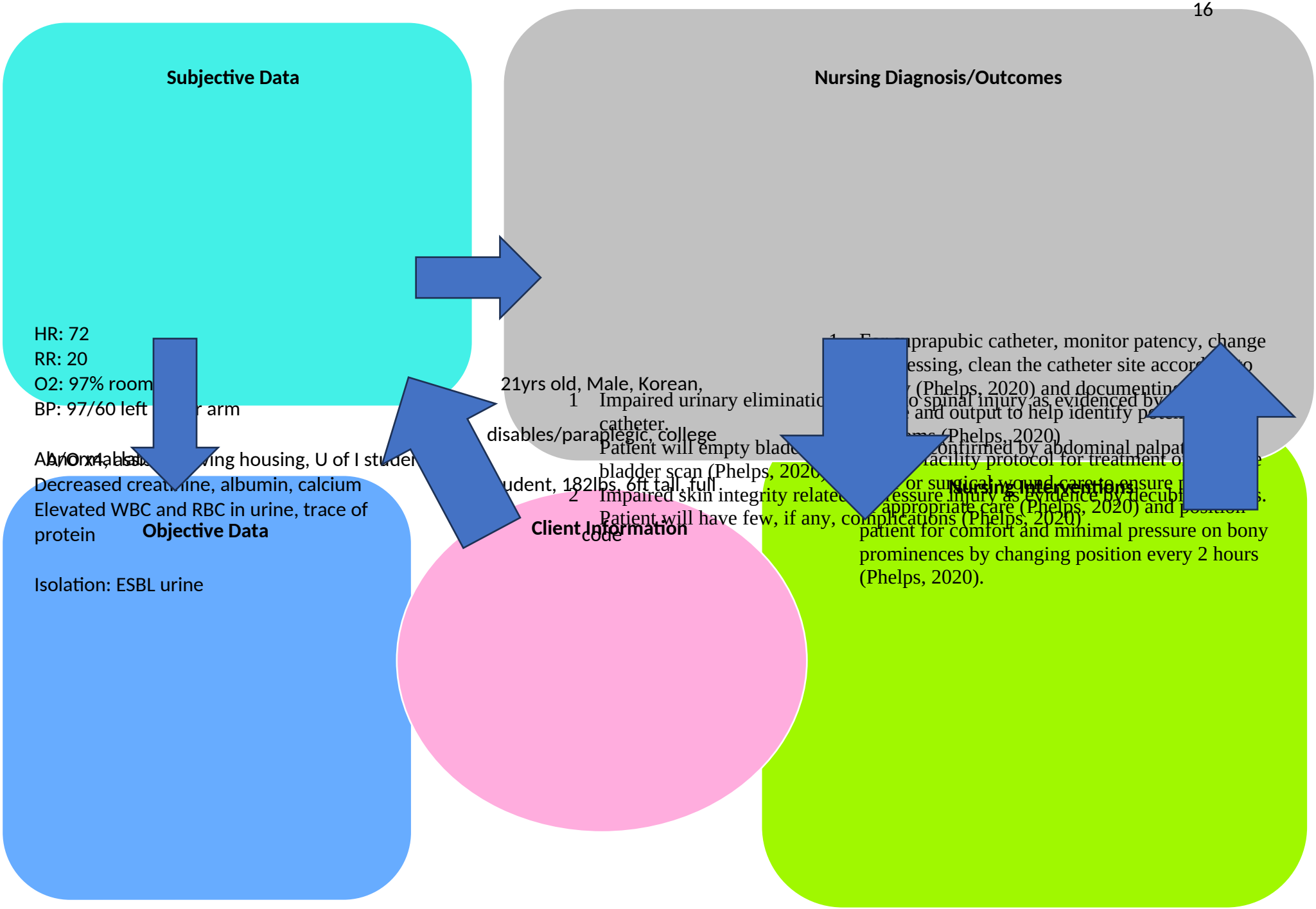
• Include full nursing diagnosis with “related to” and “as evidenced by” components • Listed in order by priority – highest priority to lowest priority pertinent to this client	why the nursing diagnosis was chosen			client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.

1. Impaired urinary elimination related to spinal injury as evidenced by suprapubic catheter. I chose this diagnosis because the patient has a dysfunction in independent urinary elimination. Interventions used are for suprapubic catheter, monitor patency, change the dressing, clean the catheter site according to policy (Phelps, 2020) and documenting urine intake and output to help identify potential problems (Phelps, 2020). Outcome: patient will empty bladder regularly, as confirmed by abdominal palpation or bladder scan (Phelps, 2020). Evaluation: patient empties bladder adequately at lease every 2 hours (Phelps, 2020).

2. Impaired skin integrity related to pressure injury as evidence by decubitus ulcers. I chose this diagnosis because the patient has altered epidermis on the right buttock with a visible large open wound. Interventions used are follow facility protocol for treatment of pressure ulcer or surgical wound care to ensure provision of appropriate care (Phelps, 2020) and position patient for comfort and minimal pressure on bony prominences by changing position every 2 hours (Phelps, 2020). Outcome: patient will have few, if any,

complications (Phelps, 2020). Evaluation: patient doesn't experience further skin breakdown or other complications (Phelps, 202).

Concept Map (23 Point)


Subjective Data
HR: 72
RR: 20
O2: 97% room
BP: 97/60 left r arm
A/Ox4, ass ing housing, U of I stude
Objective Data
Decreased creat ine, albumin, calcium
Elevated WBC and RBC in urine, trace of protein
Isolation: ESBL urine
Nursing Diagnosis/Outcomes
21yrs old, Male, Korean,
disables/paraplegic, college
udent, 182lbs, 6ft tall, full
code
Client Information
1 Impaired urinary eliminatio
catheter.
Patient will empty blade
bladder scan (Phelps, 2020
2 Impaired skin integrity relate
Patient will have few, if any, complications (Phelps, 2020)
prapubic catheter, monitor patency, change
essing, clean the catheter site accor o
(Phelps, 2020) and documentin
o spinal injury as evidenced by
and output to help identify p
me (Phelps, 2020)
confirmed by abdominal palpat
facility protocol for treatment o
or surgical wound care to ensure
pressure injury as evidence by decubi s.
appropriate care (Phelps, 2020) and p sition
patient for comfort and minimal pressure on bony prominences by changing position every 2 hours (Phelps, 2020).
Nursing Interventions

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