

**N431 CARE PLAN #1**

Kaylee Andersen

Lakeview College of Nursing

N431: Adult Health II

Professor Lawson

February 7, 2025

### Demographics

<b>Date of Admission</b> 02/04/2025	<b>Client Initials</b> MS	<b>Age</b> 68	<b>Biological Gender</b> Female
<b>Race/Ethnicity</b> White/Caucasian	<b>Occupation</b> Retired- truck stop cashier	<b>Marital Status</b> Widowed	<b>Allergies</b> Penicillin
<b>Code Status</b> Full Code	<b>Height</b> 5'7" (170.2cm)	<b>Weight</b> 110 lbs. (49.9 kg)	

### Medical History

**Past Medical History:** Arthritis, congestive heart failure (CHF) (HCC), COPD (HCC), diabetes mellitus (HCC), heart attack in 2010, hypertension (CHF), stroke (CHF)

**Past Surgical History:** None

**Family History:** None

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

Tobacco: She stated that she smokes about half a pack some days.

Alcohol: None

Drug: None

**Education:** High school

**Living Situation:** She lives with her step-son-in-law, wife, and their 1 child

**Assistive devices:** Wears glasses

### Admission History

**Chief Complaint:** Patient came to the emergency room from home with complaints of vomiting, cough, headache, and burning/pain in the chest.

**History of Present Illness (HPI)– OLD CARTS:** The patient came to the emergency room on 02/04/2025 for worsening vomiting, cough, and pain. She stated that it started two days prior, 02/02/2025, and was not getting better with rest. She has a productive cough, chest, and

abdominal pain rated a 9 out of 10 on a numeric pain scale, headache, weakness, decreased appetite, and low-grade fever. These symptoms have been continuous for the past two days. What aggravated her symptoms was any oral intake and sitting up for long periods. She stated that a couple of years ago, she did have influenza. However, it was not as severe. She did get some nausea/vomiting relief with medications; however, the pain was still at a 7 out of 10 after giving pain medications.

### **Admission Diagnosis**

**Primary Diagnosis:** Influenzas A positive

**Secondary Diagnosis (if applicable):** N/A

### **Pathophysiology**

#### **Disease Process**

The influenza virus is transmitted by droplets that are in the surrounding air from an infected person. Once it is inhaled, it is swept away by the respiratory system that leads to the lungs (Capriotti & Frizzell, 2022). Once it enters the lungs, the virus attached to a host cell in the metabolic process to reprogram the cells. After that, the infected cell will replicate for however long the virus's life cycle. Typically, the influenza virus is an acute illness so that the virus has a short life. Eventually, the body is making enough white blood cells to fight against the virus. In some cases, a patient might need more help with medication to fight against the virus.

#### **Sign and Symptoms**

Patients can experience a wide range of symptoms regarding having the influenza virus. Some patients can have multiple symptoms at once or last longer than their typical time frame. According to the CDC, a patient can have sudden symptoms of "fever, cough, sore throat, runny nose, body aches, headaches, and/or fatigue" (CDC, 2024). These symptoms are true for all ages;

however, older adults can have confusion to various degrees. Regarding my patient, she has multiple symptoms at once like a low-grade fever, chills, headache, nausea, vomiting, and chest pain. Her symptoms were not getting better, and new ones were onsetting like worsening pain in her chest and abdomen, shortness of breath, and severe weakness. In that case, she did the right thing on going to the emergency department to seek help.

### **Treatment**

Most people would think about treating this illness with an antibiotic, but that is incorrect. Since the influenza is a virus, it is not treated by an antibiotic. However, over the years they have come up with a medication that will fight against the virus, which is an antiviral drug (CDC, 2024). This medication must be proscribed by a health care provider. Then, the full prescription taken as directed to get the full effect of the medication. Regarding my patient, the emergency room provider prescribes her Oseltamivir (Tamiflu) 75 mg capsule to take twice a day for five days to treat the influenza. They also prescribed her a nebulizer treatment for as needed to help her breath better.

### **Pathophysiology References (2) (APA):**

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives* (2<sup>nd</sup> ed.). F.A. Davis.

Centers for disease control and prevention (2024, August 26). *Sign and symptoms of flu*.

Cdc.gov. Retrieved February 5, 2025, from

<https://www.cdc.gov/flu/signs-symptoms/index.html>

Centers for disease control and prevention (2024, September 9). *Treatment of flu*. Cdc.gov.

Retrieved February 5, 2025, from <https://www.cdc.gov/flu/treatment/index.html>

### Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
RSV, SARS-COV-2, INFLUENZA A&B BY PCR	Positive for influenza A	N/A	Negative	She has the influenza virus in her system.
Platelet count	125	N/A	140-440 10(3)/mcL	Her platelets being low confirms that she has an acute infection (Pagana et. al, 2021).
MPV	8.2	N/A	9.7-12.4 fL	There is an unclear reason why her MPV was low. Typically, when someone's level is low is due to aplastic anemia, chemotherapy treatment, or Wiskott-Aldrich syndrome (Pagana et. al, 2021). Maybe her cold could be a sign of anemia starting.
Neutrophils	81.2	N/A	47.0%-73.0%	Her neutrophils are elevated due to her having

				acute suppurative infection evidence by her productive cough (Pagana et. al, 2021).
Lymphocytes	11.4	N/A	18.0-42.0%	It is unclear why her lymphocytes were low because she has influenza A, her levels should be elevated due to the infection (Pagana et. al, 2021).
Absolute lymphocytes	0.60	N/A	1.30-3.20 10(3)/mcL	Having low absolute lymphocytes represents the number of white blood cells, and with them being low confirms that she has an infection (Pagana et. al, 2021).
Sodium	135	N/A	136-145 mmol/L	There could be a couple of reasons why her sodium is low. Since she does not have an intake of fluids or food, she is getting the

				<p>proper intake of sodium (Pagana et. al, 2021). Her not getting the proper fluid intake will cause her kidneys not function properly which means that they are not pulling sodium into her body to absorb which leads to low sodium levels.</p>
CO2, venous	21	N/A	22-30 mmol/L	<p>Her levels being low could be signs that her renal system is starting to fail and signs of starvation (Pagana et. al, 2021). She was refusing to eat or drink anything due to her vomiting and not being able to keep anything down. Could it also be related to dehydration?</p>
Glucose	226	N/A	70-99 mg/dL	<p>Her blood sugar is not controlled, which</p>

				indicates that her diabetes is uncontrolled. Her having the virus will cause her glucose to be elevated (Pagana et. al, 2021).
Calcium	8.6	N/A	8.7-10.5 mg/dL	Her levels trending down could be an indication that her kidneys are not functioning properly (Pagana et. al, 2021). This could be happening because she is not drinking any fluid to flush the kidneys out.
Troponin I, high sensitivity (HSTRP)	33	31	<= 14 ng/L	Typically, when this level is elevated its an indication that someone could be having a myocardial infarction, but she was having no other symptoms and does not have a history of heart

				issues (Pagana et. al, 2021).
Protein, random urine	1+	N/A	Negative	With her not having proper control of her diabetes, it will cause her to have an increase of protein in her urine (Pagana et. al, 2021).
Urine glucose, qual	2+	N/A	Negative	This is another way to show the provider that her diabetes is uncontrolled. Also, her having the virus will cause an increase of glucose in her urine (Pagana et. al, 2021).
Urine ketones	2+	N/A	Negative	The patient has poor control of her diabetes and since she is not controlling this it will lead to an increase of ketones in her urine (Pagana et. al, 2021). Could she be heading toward diabetic

				ketoacidosis?
Bacteria, urine	Few	N/A	Negative	Bacteria in the urine is an indication that she has an infection in her urine (Pagana et. al, 2021).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
CT abdomen pelvic w/ contrast	The patient stated that she was having severe abdomen pain/burning. She has not had a bowl movement for the past 2 days.	Mild constipation, acute cholecystitis.
XR chest single view	Patients stated that she was having chest pain and tightness. She was having some shortness of breath after prolonged periods of talking or activity. She has a productive cough.	Normal, no nodules or infiltrates. No airspace. No evidence of an effusion or pneumothorax

**Diagnostic Test Reference (1) (APA):**

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

**Active Orders**

Active Orders	Rationale
Blood sugar of 70 mg/dL or less give	She is sick with a virus, and being sick can

intervene as appropriate	make her blood sugar levels uncontrolled, worse than they are already.
Insert/maintain peripheral IV- for pain 5-10, vomiting or diarrhea	If she had any more episodes of vomiting or severe pain, the nurse could give her IV medication to help relieve the symptoms faster because it would be going straight into her bloodstream by passing the digestive system allowing the medications to work.
Intake/Output	She was not keeping up with fluid intake, so they wanted to monitor it to prevent her from dehydrating.
POC blood glucose- AC & HS	You always want to get a baseline of blood glucose levels first thing in the morning and before bed to see if you are still around the normal range. Especially when going to sleep, you do not want the blood sugar to drop too low.
Post hypoglycemia treatment and blood sugar greater than or equal to 80 mg/dL	If the nurse gives too much insulin, the staff would need to know what to do to try to bring up the blood sugar levels.
Up as tolerated	This was ordered to help prevent a blood clot from forming and keep her active so she would not get weaker.

Vital signs	The nurse will want to monitor any drastic changes in her vitals and implement any needed actions.
-------------	--

### Medications

#### Home Medications (Must List ALL)

Medication	Reason for taking
Sulfamethoxazole-trimethorpin DS (Bactrim DS, sepra DS) 800-160 mg tablet	She has an infected right toenail. However, she stated that she never picked it up at the pharmacy.

#### Hospital Medications (Must List ALL)

<b>Brand/ Generic</b>	Aspirin (Acetylsalicylic acid) chewable tablets 81 mg	Atorvastatin (Lipitor) 20 mg	Enoxaparin (lovenox) injection 40 mg	Insulin lispro (HumaLOG) 100 units/ml injection 2-6 units	Lopamidol (isovue-300) 61% injection 90mL	Ipratropium-albuterol (duo-neb) 0.5-2.5 (3) mg/3ml nebulizer solution 3 mL
<b>Classification</b>	Pharmacological: Salicylate Therapeutic: NSAID (Anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic)	Pharmacological: HMG-CoA reductase inhibitor Therapeutic: Antihyperlipidemic	Pharmacological: Low-molecular-weighted heparin Therapeutic: Anticoagulant	Pharmacological: Rapid acting form of insulin Therapeutic: blood glucose regulators	Pharmacological: nonionic radiopaque contrast media Therapeutic: iodinated contrast agent	Pharmacological: Adrenergic Therapeutic: Bronchodilator
<b>Reason Client Taking</b>	There could be a couple of different reasons why	Typically, this medication is used to	Since the patient is not moving	Insulin is used to help control	This is a medication that they use to	If she was experiencing worsening

	she is taking this medication, one could simple be for her fever and pain. The other reason could have prevented her from having a myocardial infarction due to her having high levels of troponin.	control the lipid level, however, it can also help control her blood pressure since she has hypertension.	around, she is at a higher risk of forming a blood clot, this will prevent blood clots from forming.	diabetes, and she is considered uncontrolled diabetes.	inject contrast agents into the body to show up on various testing like her CT of the abdominal she did.	shortness of breath, the nurse can give her a nebulizer treatment to help open the air sacks within her lungs.
<b>List two teaching needs for the medication pertinent to the client</b>	1. When taking this medication, the patient will want to take it with food or after a meal (Jones & Bartlett, 2021, p. 107). 2. If the pill has a strong vinegar-like odor to not to take that pill.	1. The patient must take this medication at the same time every day to get the full therapy effect (Jones & Bartlett, 2021, p. 119). 2. Since she is a diabetic, she will need to pay close attention to her blood sugar levels because it can affect the levels.	1. Since she is taking aspirin and taking this medication puts her at risk for bleeding (Jones & Bartlett, 2021, p. 457). 2. The importance of completing the full therapy to get the full effect of the medication.	1. Must be given about 15 minutes before meals (Multum, 2024). 2. Education on the locations where she should administer her insulin and to rotate sites every time.	1. Instruct the patient to drink extra fluid before and after the CT scan (Multum, 2024). 2. This medication is a one-time medication before her CT scan that will be infused into her veins/arteries.	1. After each treatment, the patient will need to rinse their mouth to lower the risk of dry/irritating throat (Jones & Bartlett, 2021, p. 710). 2. This medication is not to treat acute bronchospasm.
<b>Key nursing assessment(s)</b>	When giving this medication, the nurse	Since she is an uncontrolled diabetic,	The nurse would have a skin	Prior to giving her insulin, you will	The nurse needs to review if the patient	The nurse would listen to her lungs

<b>prior to administration</b>	should wait until after breakfast to decrease the risk of GI upseting.	the nurse needs to check her blood sugar to make sure that it does not spike or decrease after taking the medication. Also, checking her blood pressure.	assessment, especially in the lower legs for signs of blood clot forming. Nurses also want to ensure injections are not given in the same site each time, and that there is no noted bruising.	need to check her blood sugar to determine the amount to give.	is allergic to the contract agent.	to determine what the lungs sound like.
<b>Brand/ Generic</b>	Lisinopril (prinival, Zestril) tablets 20 mg	Multivitamin-mineral tablet 1 tab	Ondansetron (Zofran) injection 4 mg	Oseltamivir (taniflu) capsules 75 mg	Pantoprazole (protonix) injection 40 mg	Acetaminophen (Tylenol) tablet 650 mg
<b>Classification</b>	Pharmacological: Angiotensin-converting enzyme (ACE) inhibitor Therapeutic: Antihypertensive	Pharmacological: Supplement Therapeutic: Vitamin/mineral replacement	Pharmacological: Selective serotonin (5-HT <sub>3</sub> ) receptor antagonist Therapeutic: Antiemetic	Pharmacological: Selective neuraminidase inhibitor Therapeutic: Antiviral	Pharmacological: Proton pump inhibitor Therapeutic: Antiulcer	Pharmacological: Nonsalicylate, para-aminophenol derivative Therapeutic: Antipyretic, nonopioid analgesic
<b>Reason Client Taking</b>	This medication is to treat her high blood pressure.	This is good for the patient to make sure that she is getting all	This medication helps to decrease the feeling of nausea	This medication is going to fight against the influenza	The patient was experiencing burning in her	This medication will help in multiple ways like reducing

		the appropriate vitamins in her system.	and vomiting.	virus.	chest and acid content in her vomit, this will help reduce the acidic reflex.	her fever and helping her headache.
<b>List two teaching needs for the medication pertinent to the client</b>	<p>1. She must take this medication at the same time every day (Jones &amp; Bartlett, 2021, p. 801).</p> <p>2. Since she is a diabetic, she will need to watch her blood glucose levels closely for signs of hypoglycemia.</p>	<p>1. To continuously get all of the vitamins she needs in a day, she needs to continue taking this medication after she is discharged (Multum, 2025).</p> <p>2. The patient can take this with meal or about 30 minutes after her meal.</p>	<p>1. If she were going to be given the oral tablet, the nurse would instruct on how to let it dissolve on the tongue prior to swallowing.</p> <p>2. This medication could take up to 48 hours to take full effect and get relief, however, it could work fasting since she got it in her IV.</p>	<p>1. If she missed a dose, she could take it when she remembered. However, if it's two hours before the next dose then she would not take it because the dosages would be too close together (Jones &amp; Bartlett, 2021, p. 1022).</p> <p>2. The nurse would make sure she understands that this is not replacing the influenza</p>	<p>1. The patient would start to see relief in about 2 weeks of starting this medication (Jones &amp; Bartlett, 2021, p. 1058).</p> <p>2. If the patient takes this medication for longer than 3 years, she will need to watch for signs of vitamin B12 deficiency.</p>	<p>1. The nurse should inform the patient to not to exceed the recommended dosage because it could lead to liver damage (Jones &amp; Bartlett, 2022, p. 12).</p> <p>2. The nurse would educate the patient on the common signs of hepatotoxicity. For example, bleeding or bruising.</p>

				vaccine that she should get every year.		
<b>Key nursing assessment(s) prior to administration</b>	Before giving this medication, the nurse should check her blood pressure to make sure that it's not too low.	Monitor vitamin and mineral levels	The nurse would assess if the patient was experiencing nausea by asking her.	The nurse would look at the lab work to confirm that she was positive for influenza A.	The nurse would need to assess if the patient was having heartburn and/or do a GI assessment.	Since the patient is taking this medication to help reduce her fever and help with mild pain, the nurse should assess the patient's pain level and their temperature.
<b>Brand/ Generic</b>	Calcium carbonate (TUMS) chewable tablets 1000 mg	Glucose (glucose) 40% gel 15 g or dextrose 50% solution 12.5 g	Hydrocodone-acetaminophen (NORCO) 5-325 mg per tablet 1-2 tablet	Magnesium hydroxide (milk of magnesia) 40 mg/5mL suspension 30 mL	Melatonin tablet 6 mg	Metoclopramide (reglan) injection 10 mg
<b>Classification</b>	Pharmacological: Calcium salts Therapeutic: antacid, antihypermagnesemic, antihyperphosphatemic, antihypocalcemic, calcium replacement, cardiogenic	Pharmacological: Glucose elevating agents Therapeutic: Nutritive Agent	Pharmacological: Opioid Therapeutic: Opioid analgesic	Pharmacological: Mineral Therapeutic: Electrolyte replacement	Pharmacological: acetaminophen Therapeutic: Minerals and electrolytes, Miscellaneous anxiolytics, sedatives	Pharmacological: Dopamine-2 receptor antagonist Therapeutic: Antiemetic, upper GI stimulant

					and hypnotics, Nutraceuti cal products	
<b>Reason Client Taking</b>	This medication is as needed for heartburn and indigestion.	This medication is as needed when her blood sugar is low.	A This medication is as needed for moderate/severe pain.	This medication is as needed for constipation.	This medication is as needed to help her sleep.	This medication is as needed for nausea.
<b>List two teaching needs for the medication pertinent to the client</b>	<p>1. The patient should take this medication about 1-2 hours after meals (Jones &amp; Bartlett, 2021, p. 194).</p> <p>2. Prior to taking this medication, the patient should contact the provider to see if there would be no interactions with other medication.</p>	<p>1. In one dosage, she would take the whole tube of medication (Sinha, 2024).</p> <p>2. This should only be taken with her blood sugars are very low.</p>	<p>1. Stress the importance of taking this medication as ordered and nothing more due to becoming addicted to this (Jones &amp; Bartlett, 2021, p. 658).</p> <p>2. Teach patient and patient family dose signs of an overdose and how to use naloxone.</p>	<p>1. Inform the patient of the risk if she would take this long term is that there is a risk of being dependent of laxative use.</p> <p>2. Watch for signs of diarrhea because when taking magnesium is used to replace electrolyte .</p>	<p>1. To get the best results and not feel tired in the morning, she would need to take the medication about 30 minutes prior to when she would like it to sleep (Anderson , 2024).</p> <p>2. Since the patient would only be using this medication as needed, she will have the lower dose possible and still getting the same effect.</p>	<p>1. If the patient was thinking about stopping the medication to consult the provider to start weaning off this because it could have withdrawal symptoms like dizziness, headache, and/or nervousness (Jones &amp; Bartlett, 2021, p. 877).</p> <p>2. Inform all family members that she is taking this medication so they</p>

						can monitor if she starts having abnormal behavior or suicidal ideation.
<b>Key nursing assessment(s) prior to administration</b>	The nurse would assess if the patient were experiencing acid reflux prior to eating a meal.	Someone of the care team will need to check her blood sugar prior to giving the medication.	The nurse much assess the pain level prior to giving the medication and verifying when the last dose was given.	The nurse needed to ask when her last bowel movement was and assess her abdominal .	The nurse would ask how she slept the night prior to see if the patient would be instead of taking this medication.	The nurse would assess if she has been experiencing nausea.
<b>Brand/ Generic</b>	Nicotine (nicoderm cq) 21 mg/24hr patch	Polyethylene glycol (glycolax, miralax) packet 17 g	Senna (senokot) 8.6 mg			
<b>Classification</b>	Pharmacological: Nicotinic agonist Therapeutic: smoking cessation adjunct	Pharmacological: Osmotic Laxative Therapeutic : Laxative	Pharmacological: Stimulant laxative Therapeutic: Laxative			
<b>Reason Client Taking</b>	If the patient withdraws or is experiencing the need to smoke, this medication will help with nicotine dependency.	This is as needed for constipation	This is as needed for constipation			
<b>List two teaching</b>	1. Stress the importance of	1. Signs of bleeding in	1. The patient can			

<p><b>needs for the medication pertinent to the client</b></p>	<p>stop smoking because if she would continue to smoke it puts her at a risk of toxicity (Jones &amp; Bartlett, 2021, p. 967). 2. When using the patches, rotate sites to get full effect.</p>	<p>her stools, it will show up as black/tarry (Multum, 2023). 2. She would mix the medication in 4-8 ounces of fluids to dissolve it. Once dissolved, drink it right away.</p>	<p>not use this medication for longer than weeks because it could cause her bowels to become dependent and not function properly (Puckey, 2024). 2. The patient hopefully sees movement in about 6 to 12 hours after taking the medication.</p>			
<p><b>Key nursing assessment(s) prior to administration</b></p>	<p>The nurse will ask the patient if she is experiencing the need to smoke.</p>	<p>The nurse would assess the abdominal region and palpate to feel if there was any hardness.</p>	<p>Like with any laxative, the nurse would assess the patient's abdomen and ask questions regarding her last bowel movement.</p>			

### Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Oseltamivir (taniflu) capsules 75 mg	This medication is going to help her fight off the influenza virus.	1. Aggravation of diabetes 2. Headache
2. Ondansetron (Zofran) injection 4 mg	This medication will help her feel less nausea and hopefully not vomit so she will be about to eat and hold it done.	1. Hypotension 2. Abdominal Pain
3. Insulin lispro (HumaLOG) 100 units/ml injection 2-6 units	Since she is not properly controlling her diabetes and having influenza on the A virus, her blood sugars will be elevated.	1. Hypokalemia 2. Cause low blood sugar levels

#### Medications Reference (1) (APA):

Anderson, L. (2024, October 24). *Melatonin*. Drugs.com. Retrieved February 7, 2025, from <https://www.drugs.com/melatonin.html>

Jones & Bartlett Learning. (2022). *2023 Nurse's drug handbook* (22nd ed.). Jones & Bartlett Learning.

Multum, C. (2024, April 1). *Isovue-300*. Drugs.com. Retrieved February 7, 2025, from <https://www.drugs.com/mtm/isovue-300.html>

Multum, C. (2025, January 6). *Multivitamins*. Drugs.com. Retrieved February 7, 2025, from <https://www.drugs.com/mtm/multivitamins.html>

Multum, C. (2023, August 2). *Polyethylene glycol 3350*. Drugs.com. Retrieved February 7, 2025, from <https://www.drugs.com/mtm/polyethylene-glycol-3350.html>

Multum, C. (2024, August 8). *Insulin lispro ad insulin lispro*. Drugs.com. Retrieved February 7, 2025, from <https://www.drugs.com/mtm/insulin-lispro-and-insulin-lispro-protamine.html>

Puckey, M. (2024, March 1). *Senna*. Drugs.com. Retrieved February 7, 2025, from <https://www.drugs.com/senna.html>

Sinha, S. (2024, November 11). *Dextrose 5% in water (D5W)*. Drugs.com. Retrieved February 7, 2025, from <https://www.drugs.com/dextrose-5-in-water.html>

### Physical Exam

#### HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

<p><b>GENERAL:</b>  <b>Alertness:</b> A/O x4  <b>Orientation:</b> A/O x4  <b>Distress:</b> She was moaning in pain  <b>Overall appearance:</b> Groomed appropriately for age, just overall weak  <b>Infection Control precautions:</b> Droplet  <b>Client Complaints or Concerns:</b> nausea, vomiting, abdominal/chest pain, and headache</p>	<p>The patient was alert and oriented x4. She was in some distress, moaning from the pain and vomiting. She had pain in her chest and abdomen, and having a headache. She was groomed appropriately for her age but looked and felt weak overall. She was positive for influenza A and was on droplet precautions.</p>
<p><b>VITAL SIGNS:</b> 1327  <b>Temp:</b> 99.5°F  <b>Resp rate:</b> 12  <b>Pulse:</b> 87  <b>B/P:</b> 117/73  <b>Oxygen:</b> 96%  <b>Delivery Method:</b> Room Air</p>	<p>Some of her vitals were on the lower side of normal due to the weakness; however, most of the vitals were in the normal range. She had a mild fever that started to go down after giving her Tylenol.</p>
<p><b>PAIN ASSESSMENT:</b>  <b>Time:</b> 1327  <b>Scale:</b> Numeric Scale  <b>Location:</b> Chest and abdominal  <b>Severity:</b> 9 out of 10  <b>Characteristics:</b> Tight, cramping, consent, burning  <b>Interventions:</b> Laying her back in bed and giving pain medication.</p>	<p>Patients were in pain during my whole shift. It started at 9 out of 10 on the numeric scale. She was given pain medication, however, it only decreased to an 8 out of 10 after a couple of hours of taking the medication. She was having chest tightness and burning. Her abdomen was cramping and hard. She also had a constant headache. What helped was lying at about a 30-degree angle in the darkness.</p>
<p><b>IV ASSESSMENT:</b></p>	<p>The patient had a 22G IV in her right antecubital</p>

<p><u>One done in the emergency room</u>  <b>Size of IV:</b> 22G  <b>Location of IV:</b> R. Antecubital  <b>Date on IV:</b> 02/04/2025  <b>Patency of IV:</b> Normal  <b>Signs of erythema, drainage, etc.:</b> N/A  <b>IV dressing assessment:</b> Clean, dry  <b>Fluid Type/Rate or Saline Lock:</b> Saline lock  <u>One I did and I was successful!</u>  <b>Size of IV:</b> 22G  <b>Location of IV:</b> L. Forearm  <b>Date on IV:</b> 02/04/2025  <b>Patency of IV:</b> Normal  <b>Signs of erythema, drainage, etc.:</b> N/A  <b>IV dressing assessment:</b> Clean, dry  <b>Fluid Type/Rate or Saline Lock:</b> 0.9% sodium chloride 100mL/hr</p>	<p>that was on a saline lock. It was put in on 02/04/2025 and taken out later than the event because it hurt her. The dress was clean and dry with no blood. The line had patience. I was able to place a new IV in her left forearm with a 22G. Her new dressing was clean and dry with no air bubbles. It was comfortable for the patient. It did have 0.9% sodium chloride infusing at 100mL/hr.</p>
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b> Pale for ethnicity  <b>Character:</b> Dry, ruff/scaly  <b>Temperature:</b> Warm  <b>Turgor:</b> Normal  <b>Rashes:</b> None  <b>Bruises:</b> None  <b>Wounds:</b> Dog scratch on lower right leg  <b>Braden Score:</b> 20  <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b> N/A</p>	<p>The patient's overall integumentary was pale and warm for her ethnicity. Her skin was dry in some places due to not using lotion. She did have normal turgor, and no rashes or bruises. She stated that she got a scratch on her lower right leg from her dog a couple of days ago. Her Braden Scale was normal at 20. She had no drains present.</p>
<p><b>HEENT:</b>  <b>Head/Neck:</b> Normal  <b>Ears:</b> Normal  <b>Eyes:</b> External normal, patient stated there was pain, has glasses  <b>Nose:</b> Normal  <b>Teeth:</b> Did not have her dentures with her</p>	<p>Her overall HEENT was normal. She had no visible drainage from any area and no marks or deformities. She stated that her eyes were hurting due to her headache. She has glasses, but she does not need them all the time, and they are in her bag. She was not wearing her dentures because she feared losing or breaking them.</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b> Normal S1 and S2  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b> Not applicable  <b>Peripheral Pulses:</b> 2+  <b>Capillary refill:</b> less than 3 sec  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b> N/A</p>	<p>Patients had normal S1 and S2 sounds. There was no presence of S3, S4, or murmur. She was not on a telemonitor to see what her rhythm was. Her bilateral pulse was normal and equal, and her capillary refills were less than 3 seconds. She had no edema or neck vein distention present.</p>

<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b>  Diminished in all lobes bilateral, sound clear, productive cough, and short of breath</p>	<p>Despite having a productive cough and shortness of breath, she was not using accessory muscles. She did have diminished breath sounds in all lobes, bilaterally.</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b> General/no diet  <b>Current Diet:</b> Medium Calories  <b>Is Client Tolerating Diet?-</b> No  <b>Height:</b> 5'7"  <b>Weight:</b> 110 lbs.  <b>Auscultation Bowel sounds:</b> Hypoactive  <b>Last BM:</b> Two days prior per patient  <b>Palpation: Pain, Mass etc.:</b> Discomfort, and little pain in all 4 quadrants, no mass  <b>Inspection:</b> Normal  <b>Distention:</b> N/A  <b>Incisions:</b> N/A  <b>Scars:</b> N/A  <b>Drains:</b> N/A  <b>Wounds:</b> N/A  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Size:</b> N/A  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b> N/A</p>	<p>Patients do not follow any specific diet at home for their diabetes. She was placed on a medium-calorie diet to treat her diabetes. She was not tolerating due to vomiting anything that she would intake. Her height is 5'7", and weighs 110 lbs. Her bowel sound was hypoactive, and she had some discomfort and pain in all four quadrants. She stated that her last bowel movement was two days before her coming to the emergency room. She had no ostomy, nasogastric, or feeding tubes present.</p>
<p><b>GENITOURINARY:</b>  <b>Color:</b> Unknown  <b>Character:</b> Unknown  <b>Quantity of urine:</b> Unknown  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b> Patient declined  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b> N/A  <b>Size:</b> N/A</p>	<p>During my shift there, she never went to the bathroom because she did not eat or drink anything. She did state that the last time she went to the bathroom before going to the emergency room, she had no pain or difficulty going. She is not on dialysis and does not have a catheter.</p>
<p><b>Intake (in mLs):</b> 300mL  <b>Output (in mLs):</b> None</p>	<p>Did not want to eat or drink anything; towards the end of the shift, the provider started her on an IV drip of 100mL/hr. When I was saying bye, she wanted to try to drink some beef broth and eat a cracker.</p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b> Normal</p>	<p>Despite her being weak from the illness, she had normal neurovascular status and ROM and was</p>

<p><b>ROM:</b> Normal  <b>Supportive devices:</b> None  <b>Strength:</b> Weak  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Score:</b> 9 (low)  <b>Activity/Mobility Status:</b> Slow and weak  <b>Activity Tolerance:</b> Not well  <b>Independent (up ad lib)</b>  <b>Needs assistance with equipment:</b> N/A  <b>Needs support to stand and walk:</b> N/A</p>	<p>not using supportive devices. She was at a low fall risk. When she was admitted, she was moving slowly and not tolerating it well due to her having a severe headache.</p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b> x4  <b>Mental Status:</b> Alert, weak/fatigue, minor depressed  <b>Speech:</b> Normal  <b>Sensory:</b> Numbness, tenderness, and tingling in lower legs bilaterally  <b>LOC:</b> Normal</p>	<p>Even though she was weak and did not want to move around, the times that she did, she had a normal MAEW. Her strength was weak; however, she was equal in all extremities. She stated that she has conscious numbness, tenderness, and tingling in her lower legs bilaterally. She was alert and orientated x4 with normal speech. She never lost consciousness. PERLA was normal.</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b> Being around her dog. She loves to be around animals.  <b>Developmental level:</b> Appropriate for age  <b>Religion &amp; what it means to pt.:</b> She does not express a specific religion.  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b> She lives with her son-in-law and his family. They support her on life decisions.</p>	<p>She was telling me about her past and how she does not have a relationship with her two children because they have bad drug habits. She was telling me about what her son had done to her, which was a level of abuse. However, her son-in-law took her in and helped turn her life around. She expressed how grateful she is for them and the animals that she has had over time. She did not come from a religious family and does not express any currently.</p>

### Discharge Planning

**Discharge location:** She will be going home to her son-in-law's house.

**Home health needs:** The patient does not need home health.

**Equipment needs:** There is no special equipment needed at this time.

**Follow up plan:** She will need to follow-up with the provider in about 3 days after discharge.

**Education needs:** She would need a diabetic education because she is not managing it at home.

### Nursing Process

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

<b>Nursing Diagnosis</b> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<b>Rationale</b> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<b>Outcome Goal (1 per dx)</b>	<b>Interventions (2 per goal)</b>	<b>Evaluation of interventions</b>
<b>1.</b> Self-neglect related to lifestyle choices as evidenced by her not managing her diabetes at home.	When I was doing her admission with the nurse, she stated that she does not take any medications and does not change her blood sugar.	The goal is that she understands the importance of properly managing her diabetes and will help her overall wellbeing.	1. “Teach the patient strategies to enhance adherence to medication and other health regimens” (Phelps, 2023, p. 610).  2. “Encourage patient to identify internally motivation factors for adhering to health regimens” (Phelps, 2023, p. 610).	The patient was not understanding or wanting to discuss the importance of her managing her diabetes at home, however, when she felt better, she stated that she would want to discuss this topic and hopes of finding a good strategies to maintain proper care of her wellbeing.

<p>2. Fatigue related to illness and pain as evidenced by her overall appearance and her movement.</p>	<p>When she got up to her room, she looked weak, and she stated that she was feeling overall weak from the influence virus.</p>	<p>The goal is, after getting a couple of dosages of her medication to fight off the virus, to get her up and move around the room to promote muscle strength.</p>	<p>1. “Encourage patient to eat foods rich in iron and minerals” (Phelps, 2023, p. 250). 2. “Established a regular sleeping pattern” (Phelps, 2023, p. 250).</p>	<p>The patient agreed to plan on getting up and walking once she is feeling better after having a couple of dosages of medication.</p>
<p>3. Impaired walking related to weakness and pain as evidenced by her not getting out of bed during my whole time there.</p>	<p>Since she started to be weak and having a headache, all she wanted to do was lay down and try to relax.</p>	<p>The goal is once she is feeling better, she will get up and walk around the room/hallways.</p>	<p>1. “Perform ROM exercise at least once per shift” (Phelps, 2023, p. 746). 2. “Implement a perambulation program to increase independence and patient’s self-esteem” (Phelps, 2023, p. 746).</p>	<p>She agreed of plan to at least do some ROM exercise through the day and will start getting and walking once she feels better.</p>
<p>4. Impaired comfort related to illness-related symptoms as evidence by moaning, feeling cold, and restlessness.</p>	<p>The majority of the time, she was moaning of the pain that was in her abdominal region and her headache. She also stated that she was always cold.</p>	<p>The goal is to give her medications to help with the pain and keep giving her warm blankets to help with the coldness.</p>	<p>1. “Monitor the pain level by using the scale of 0 to 10” (Phelps, 2023, p. 99). 2. “Provide pain medications as ordered”</p>	<p>She agreed to the plan of pain medication to decrease the pain level to a three on the scale 0 to 10. Also, keeping warm blankets on her made her feel better.</p>

			(Phelps, 2023, p. 99).	
--	--	--	---------------------------	--

**Other References (APA):**

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





