N321 CARE PLAN # 1

Kiah Jensen

Lakeview College of Nursing

N321: Adult Health I

Kristal Henry, MSN, RN

February 7, 2025

Demographics

Date of Admission 2/1/2025	Client Initials RH	Age 77 years old	Biological Gender Male
Race/Ethnicity African American	Occupation Retired	Marital Status Single	Allergies Serax (Oxazepam) – Rash/Itchiness
Code Status FULL	Height 5’10’’	Weight 90 lbs.	

Medical History

Past Medical History: BPH (Benign Prostatic Hyperplasia), CAD (coronary artery disease) Congenital Syphilis, Dementia (HCC) Depression, Fracture, GERD (Gastroesophageal Reflux Disease), Intellectual Disability, Primary insomnia, Psychosis (HCC), Seasonal Allergies, and Tinea unguium.

Past Surgical History: CVA Stroke DX TX Transf Fac & Partial Hip Arthroplasty Right Hip

Family History: Unknown to the patient on the paternal and maternal sides.

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Reports that he has never smoked and never used smokeless tobacco. He does not currently use alcohol. He used to drink five beers a week for ten years. He also stated that he has never done any type of recreational or illegal drugs.

Education: Intellectual Disability – completed an associate in college prior to the stroke.

Living Situation: Nursing Home, he broke his hip and was moved to a nursing home to recover.

Assistive devices: Total Lift after fall, Prior to fall used a walker and cane to get around.

Admission History

Chief Complaint: Bleeding sacral wound

History of Present Illness (HPI)– OLD CARTS

The sacral bleeding wound was noticed on February 2nd, the day he was admitted to the hospital from a nursing home. He has a stage 3-4 pressure ulcer on his sacrum. The patient comes in with a pain level of 8 on the face pain scale. Pressure ulcers always hurt and cause discomfort for patients. It feels worse when he is moving around and rubbing/sitting on his bottom. It feels like a throbbing, constant pain that radiates around the wound. The patient gets alleviation from lying on his side and taking pain medication.

Admission Diagnosis

Primary Diagnosis: Hypernatremia

Secondary Diagnosis (if applicable): Bleeding Sacral Wound

Pathophysiology

A bleeding sacral wound can be related to multiple problems, but most often, it is associated with pressure injuries (pressure ulcers), deep tissue damage (DTI), or surgical wounds. A pressure injury typically arises from prolonged pressure and impaired circulation. Some conditions will also affect wounds, such as diabetes mellitus or vascular disease (Capriotti & Parker, 2022). Sacral wounds, especially pressure ulcers, can develop due to prolonged pressure on any bony prominence. This can lead to reduced blood flow (ischemia), insufficient oxygen in a cell (cellular hypoxia), and tissue death due to inadequate blood circulation (tissue necrosis). At the cellular level, sustained pressure exceeds capillary perfusion pressure (CPP). If the pressure stays too high for too long, it becomes greater than the force needed to keep the blood flowing through tiny vessels. When this happens, it can block oxygen and nutrients from reaching the cells. Once this

happens, it leads to damage of the inside of the blood vessels (endothelial damage), then the platelets start to stick together/clot (platelet aggregation), and finally, your body starts to trigger inflammatory cytokine release, which is an inflammatory response. (Capriotti & Parker, 2022). This results in the gradual breakdown of tissue over time (progressive tissue degradation) along with swelling (edema) from your lymphatic system unable to work properly. If left untreated, these wounds can continue to infiltrate into deeper structures such as muscles, tendons, and bones and can then lead to sepsis. (Jaul et al., 2020)

The patient signs and symptoms for a severe sacral wound included constant pain, redness of the skin around the sacral wound (erythema), dead skin (necrotic tissue), and active bleeding. Additionally, the patient's laboratory results indicated he has low CBC, hematocrit, hemoglobin, and MCH, which can be related to the bleeding sacral. As well as elevated neutrophils and decreased lymphocytes, which can indicate an inflammatory response and possible underlying infection (Capriotti & Parker, 2022).

The diagnosis was confirmed through an extensive assessment, including wound staging and laboratory tests. The sacral wound was classified as a stage 4 pressure ulcer from the tissue involvement, depth, presence of infection, and tunneling. The patient's complete blood count (CBC) and C-reactive protein (CRP) levels help assess systemic infection and inflammation (Capriotti & Parker, 2022).

The primary treatment for the client's sacral wound would focus on wound debridement, infection control, and pressure offloading. The physician ordered a surgical debridement to remove necrotic tissue (Capriotti & Parker, 2022). Providing advanced wound dressings and negative pressure supports will help promote healing. Along with

pain management, nutrition support, and repositioning protocols, this will help promote healing and prevent further deterioration. (Jaul et al., 2020)

Pathophysiology References (2) (APA):

Capriotti, T., & Parker, J. (2022). ***Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives*****(3rd ed.). F.A. Davis.**

Jaul, E., Barron, J., Rosenzweig, J. P., & Menczel, J. (2018). An overview of co-morbidities and the development of pressure ulcers among older adults. BMC Geriatrics, 18(1). https://pubmed.ncbi.nlm.nih.gov/30537947/

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Sodium - High	**167mEq/L**	**159mEq/L**	**136-145 mEq/L**	**High sodium is likely due to dehydration and the patient is severely malnourished. (Anne Marie Beck, 2023)**
Chloride - High	**129 mEq/L**	**125 mEq/L**	**98-107 mEq/L**	**High chloride often followed hypernatremia and can be due to dehydration. (Anne Marie Beck, 2023)**
Potassium - Low	**3.6 mEq/L**	**3.0 mEq/L**	**3.5-5.1**	**Low Potassium Often**

			mEq/L	**seen in malnourished patients and can be affected by wound drainage. (Pagana et al., 2023)**
BUN - High	**27 mg/dL**	**20 mg/dL**	**8-26 mg/dL**	**High BUN Often caused by dehydration but can be related to protein breakdown from malnutrition. (Anne Marie Beck, 2023)**
Creatinine, Blood - Low	**0.69 mg/dL**	**0.48 mg/dL**	**0.70-1.30 mg/dL**	**Low Creatinine often caused by severe malnutrition and low muscle mass. (Pagana et al., 2023)**
BUN/Creatinine Ratio - High	**39**	**42**	**12-20**	**High BUN/Creatinine can be seen when a patient is dehydrated. (Pagana et al., 2023)**
Glucose - High	**161 mg/dL**	**156 mg/dL**	**70-99 mg/dL**	**High Glucose can often be from a stress response to an**

				illness/infection along with malnutrition which can impair glucose metabolism. (Pagana et al., 2023)
Calcium - Low	**7.9 mg/dL**	**8.0 mg/dL**	**8.7-10.5 mg/dL**	**Low Calcium can be due to low albumin along with malnutrition and vitamin D deficiency. (Anne Marie Beck, 2023)**
Total Protein - Low	**5.6 g/dL**	**5.3 g/dL**	**6.0-8.0 g/dL**	**Low Total Protein can be caused by severe malnutrition along with active wounds can cause protein loss. (Pagana et al., 2023)**
Albumin - Low	**1.8 g/dL**	**1.8 g/dL**	**3.5-5.0 g/dL**	**Low Albumin can be caused by malnutrition's. (Pagana et al., 2023)**
A/G Ratio - Low	**0.5**	**0.5**	**1.0-2.2**	**Low A/G ratio can reflect a chronic**

				inflammation – likely from his wounds and his malnutrition-related protein loss. (Pagana et al., 2023)
C-Reactive Protein – High	**10.00 mg/L**	**N/A**	**<0.50 mg/L**	**High C-Reactive protein suggests significant inflammation and often is elevated in chronic diseases. (Pagana et al., 2023)**
RBC – Low	**3.53 million/µL**	**3.52 million/µL**	**4.40-5.80 million/µL**	**Low RBC is likely due to malnutrition and bleeding from his sacral wound. (Chandra J, 2023)**
Hemoglobin – Low	**9.1 g/dL**	**9.1 g/dL**	**13.0-16.5 g/dL**	**Low Hemoglobin is likely due to malnutrition and bleeding from his sacral wound. (Chandra J, 2023)**
Hematocrit - low	**29.0 %**	**29.0 %**	**38.0-50.0 %**	**Low Hematocrit is**

				likely due to malnutrition and bleeding from his sacral wound and iron deficiency. (Chandra J, 2023)
MCH- Low	**25.7** pg	**25.8** pg	**26.0-32.0** pg	**Low MCH often presents in an Iron Deficiency anemia. (Chandra J, 2023)**
RDW – High	**19.8%**	**19.2%**	**11.8-15.5%**	**High RDW often presents in an Iron Deficiency anemia. (Chandra J, 2023)**
Neutrophils – High	**81.7%**	**84.1%**	**40.0-68.0%**	**High Neutrophils often indicates infection, or inflammation also can be related to patients malnutrition's. (Pagana et al., 2023)**
Lymphocytes – Low	**13.9%**	**11.4%**	**19.0-49.0%**	**Low Lymphocytes often indicate chronic malnutrition or ongoing**

				infection. (Pagana et al., 2023)
Absolute Neutrophils – High	**6.60 cells/µL**	**3.60 cells/µL**	**1.40-5.30 cells/µL**	**Total Neutrophils often indicates infection or inflammation along with stress and can be related to patients malnutrition's. (Pagana et al., 2023)**
Absolute Lymphocytes – Low	**1.10 cells/µL**	**0.50 cells/µL**	**0.90-3.30 cells/µL**	**Absolute lymphocytes often indicate chronic malnutrition or ongoing infection along with stress and inflammation. (Pagana et al., 2023)**

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Xr Chest Single View Portable • **This chest x ray was**	**The Patient has had a persistent cough. While auscultating his lungs there were wheezes prior to the**	**1. In the patient there is a mild wall thickening in the**

done for a pre-surgery evaluation. It is used to see the condition of the patient's heart, lungs. In this case it was used because the patient has a history of coronary artery disease and had a prior imaging showing inflammation in the thickening of the peribranchial (Radiological Society of North America, 2020)	**imaging. His vital signs were normal and within proper ranges while receiving the imaging.**	**peribranchial which has been seen before, and it is likely due to inflammation and has improved. The Patchy lung haziness and right lung congestion from prior has been cleared up.** **2. The right lungs lower edge looks slightly rounded and less defined. Which could be due to a small amount of fluid or thickening of the lungs lining.**

Diagnostic Test Reference (1) (APA):

Anne Marie Beck, Camilla Balle Bech, Anne Wilkens Knudsen, & Munk, T. (2023). Malnutrition and dehydration in older adults – how are the overlap between the two

conditions? Clinical Nutrition Open Science, 51, 72–79. https://www.clinicalnutritionopenscience.com/article/S2667-2685%2823%2900045-1/fulltext?utm_source

Chandra, J., & Kumar, P. (2023). Anemia in Severe Acute Malnutrition: Ten Steps of Management Need to be Fine-Tuned. https://link.springer.com/article/10.1007/s12098-023-04742-2?utm_source

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2025). *Mosby's diagnostic and laboratory test reference* (17th ed.). Mosby.

(Pagana et al., 2023)

Radiological Society of North America (RSNA) and American College of Radiology (ACR). (2020, June 15). Chestrad. Radiologyinfo.org. https://www.radiologyinfo.org/en/info/chestrad

Active Orders

Active Orders	Rationale
Diet NPO effective Now	**The patient is having surgery today (2/3/25) & he has difficulty swallowing.**
IP consult to general surgery	**The patient came in with a Sacral Ulcer and needed a consult**
IP consult to Nephrology	**The patient came in with hypernatremia and needed a consult**

BMP Today	**Labs collected every 4 hours to see if he has Bone Morphogenic proteins that help build and strengthen bones. Patient is severely malnourished**
CMP (Comprehensive metabolic panel) Daily am	**Labs collected once in the morning to help better understand the patient's metabolism. Patient is severely malnourished, and they wanted to see what his metabolism was like since he hasn't had a BM while in the hospital.**
Complete Blood Count (CBC) with Diff daily am	**Labs collected once in morning to help better understand what's in the patients' blood. Patient is very anemic due to bleeding sacral. CBC needs to be taken to see if any changes happen while at the hospital.**
Magnesium (Mg) daily am	**Labs collected once in morning to measure the magnesium levels in blood. Patient is severely malnourished, and Magnesium is used for muscle function so magnesium needs to be taken to see if any changes happen while at the hospital.**
Ur Potassium (K) Rando,	**This lab was collected to check the**

	patients' portion of potassium in blood. Patient was anemic and has very low potassium. Ur Potassium needs to be taken to see if any changes happen while at the hospital.
SLP Evaluate & Treat	**The patient has a difficult time swallowing and had choked on water**
Pulse oximetry, spot	**We want to monitor his breathing because that is a main priority along with the patient has a difficult time swallowing water.**
Admission Weight	**The patient is severely underweight, we want to know how much he weighs when he comes in. to see if he gains any weight or gets any better.**
Insert and/or maintain indwelling urethral catheter	**The patient is bed bound and can get up due to prolonged immobilization. He needs an indwelling urethral catheter.**
Insert/maintain peripheral IV	**Place a new peripheral IV site on patient.**
Insert/maintain peripheral IV	**Place a new peripheral IV site on patient.**
Intake & Output	**Every 8 hours record intake and output for patient. To make sure the patient has proper bowel movements/urination**

	functions.
Maintain IV while on Telemetry	**Reminder to lock the IV with saline when not in use. The patient has several IV's in and they don't want to waste one because the saline was not left in it.**
Nasogastric tube insertion	**The patient received a NG Tube because he is unable to swallow properly and has difficulty.**
Notify physician (specify)	**The physician wants to be notified if any vital signs are abnormal and out of the range of normal.**
Notify physician symptomatic bradycardia	**This is a reminder to notify the physician if signs or symptoms of brady cardia appears since patient has coronary artery disease.**
Notify physician ventricular arrhythmias	**This is a reminder to notify the physician if signs or symptoms of ventricular arrhythmias appear since patient has coronary artery disease.**
Notify physician when prior to admission medication review has been completed	**This is a reminder to notify the physician once the administration has reviewed the patients' medications.**
Nursing communication	**Reminder to continue giving home medications after they have been**

	reconciliation.
Nursing communication	**Reminder to insert NG tube and give patient 200 ml of water.**
Nursing night call	**Specific orders for the night shift nurse when patient experiences abnormality with IV such as infiltration.**
Place seq comp device (HUC order equip)	**The patient is at a high risk of blood clots and DVT (Deep vein thrombosis) so this device will help prevent DVT.**
Telemetry monitoring	**To alarm the nurses when his Heart rate is less than 50 or more than 130.**
Turn Patient	**The patient is bedbound & has a pressure ulcer on his coccyx. He needs to be turned every 2 hours**
Tube feeding – free water	**Every 4 hours encourage the patient to drink so that he stays hydrated.**
Up as tolerated	**The patients can get up and out of bed if they can tolerate it.**
Verify informed consent	**Hospital need consent to insert Percutaneous Endoscopic Gastric feeding tube for patient**
Verified informed consent	**Hospitals need consent to have patient's coccyx pressure ulcer to be debridement of**

	necrotic skin.
Vitals signs per unit routine	**Vitals signs need to be performed at 7am, 11am, 3pm to help monitor the patient.**
Wound Care	**The patient has a pressure ulcer on his coccyx which needs to be cleaned, and bandage changed when bandages are soiled (PRN)**
Wound Care	**The patient has a pressure ulcer on his left hip which needs to be cleaned, and bandage changes every other day.**
Wound/ostomy consult	**Patient has a pressure ulcer on his coccyx.**

Medications

Home Medications (Must List ALL)

Medications	Reason for taking
mirtazapine (REMERON) 30 MG Tablet	**The patient was diagnosed with depression this medication helps manage it. (Bartlett, 2023)**
fexofenadine (ALLEGRA) 60 MG Tablet	**The patient has seasonal allergies. This helps with those signs and symptoms he receives. (Bartlett, 2023)**
atorvastatin (LIPITOR) 20 MG Tablet	**The patient has a history of coronary**

	artery disease, and this helps lower cholesterol and reduce risk of heart attack and stroke (Bartlett, 2023)
sodium hypochlorite, 1/2 strength, 0.25 % Solution	**The patient has wound on coccyx which needs to be cleaned. (Bartlett, 2023)**
dextromethorphan-guaiFENesin (Robafen DM Clear) 10-100 MG/5ML Syrup	**The patient has seasonal allergies. This helps with his cough and mucus clearance. (Bartlett, 2023)**
bacitracin 500 UNIT/GM Ointment	**The patient has wound on coccyx which needs to be cleaned and helps with infections and wound prevention. (Bartlett, 2023)**
hydrocortisone 1 % Lotion	**If patient gets a skin irritation or inflammation, he has hydrocortisone to put on minor rashes specially since he is bedbound. (Bartlett, 2023)**
Hydrocortisone Butyrate 0.1 % Cream	**This is a strong cream for more severe skin inflammation which could be because he is bed bound. (Bartlett, 2023)**

Ferrous Sulfate (Iron) 325 (65 Fe) MG Tablet	**The patient is severely malnourished, and this is to help prevent iron deficiency anemia. (Bartlett, 2023)**
docusate sodium (Colace) 100 MG Capsule	**The patient is 77 years old this helps prevent constipation. Specially if patient is on iron supplements/ reduced mobility. (Bartlett, 2023)**
polyethylene glycol (GLYCOLAX, MIRALAX) 17 g Pack	**The patient is 77 years old this helps prevent constipation. Specially if patient is on iron supplements/reduced mobility. (Bartlett, 2023)**
magnesium oxide (MAG-OX) 400 (240 Mg) MG Tablet	**The patient has GERD & CAD (coronary artery disease). When taking pantoprazole long term it can lower magnesium levels. This helps with heart health and electrolyte balance. (Bartlett, 2023)**
tamsulosin (FLOMAX) 0.4 MG Capsule	**The patient has Benign prostatic hyperplasia (BHP) this helps relax the prostate and bladder muscles to improve urination. (Bartlett, 2023)**

clopidogrel (PLAVIX) 75 MG Tablet	**The patient has a stroke (CVA) and this is a medication to help prevent blood clots. (Bartlett, 2023)**
donepezil (ARICEPT) 10 MG Tablet	**The patient has dementia, and this helped with improving the memory and cognitive function. (Bartlett, 2023)**
memantine (NAMENDA) 10 MG Tablet	**The patient has dementia, and this help improve memory and tries to slow the disease progression. (Bartlett, 2023)**
Multivitamin-Minerals Tablet	**The patient is 77 years old and severely malnourished this is a nutritional support to help with his dietary deficiencies. (Bartlett, 2023)**
pantoprazole (PROTONIX) 40 MG Tablet Delayed Response	**The patient has GERD, and this medication helps with preventing acid reflux and reduces stomach acid. (Bartlett, 2023)**

Hospital Medications (Must List ALL)

Brand/ Generic	**atorvastatin (LIPITOR) tablet 20 mg**	**donepezil (ARICEPT) tablet 10 mg**	**ferrous sulfate (FEOSOL) tablet 325 mg**	**memantine (NAMENDA) tablet 10 mg**	**mirtazapine (REMERON) tablet 30 mg**	**pantoprazole (PROTONIX) injection 40 mg**

Classification (Pharmacological & Therapeutic)	**HMG-CoA reductase inhibitor (Bartlett, 2023)** **Lipid-lowering agent (Bartlett, 2023)**	**Acetylcholinesterase (Bartlett, 2023)** **Anti-Alzheimer's agent (Bartlett, 2023)**	**Iron Supplement (Bartlett, 2023)** **Anti-anemic agent (Bartlett, 2023)**	**NMDA receptor antagonist (Bartlett, 2023)** **Anti-Alzheimer's agent (Bartlett, 2023)**	**Noradrenergic & Specific serotonergic antidepressant (NaSSA) (Bartlett, 2023)** **Antidepressant (Bartlett, 2023)**	**Proton Pump Inhibitor (Bartlett, 2023)** **Anti-ulcer (Bartlett, 2023)**
Reason Client Taking	**The patient has coronary artery disease and high Cholesterol this helps lower cholesterol and reduce the risk of a cardiovascular event.**	**The patient has dementia this helps with memory retention and slows the progression of the disease.**	**The patient has very low iron this is used to help with iron deviancy anemia**	**The patient has dementia this helps with memory retention and help with slowing the progression of the disease.**	**The patient has depression and this help with that and insomnia**	**The patient has GERD, and this prevent stress ulcers and also treats gastric hyperacidity.**
Key nursing assessment(s) prior to administration	**Blood pressure & Heart rate – muscle breakdown can affect these vitals**	**Heart Rate - donepezil can cause bradycardia don't give it HR < 50 (Bartlett, 2023)**	**Heart rate & Oxygen Saturation – ferrous sulfate can cause tachycardia which can be a signs of anemia**	**Blood pressure – memantine can cause dizziness if BP is low (Bartlett**	**Blood pressure & Heart rate – mirtazapine can cause hypotension if BP & HR**	**Check Magnesium levels – pantoprazole if taken long term can cause hypomagnesemia (Bartlett,**

	Muscle pain - atorvastatin can cause rhabdomyolysis (Bartlett, 2023)		**(Bartlett, 2023)**	**, 2023)**	**are low (Bartlett, 2023)**	**2023)**
Brand/ Generic	**tamsulosin (FLOMAX) capsule 0.4 mg**	**albumin human (ALBUTEIN) 25 % injection 25 g**	**potassium chloride (POTASSIUM CHLORIDE INJECTION, USP) Baxter IVPB 20 mEq 100 mL**	**Multivitamin-Minerals 1 Tablet**		
Classification (Pharmacological & Therapeutic)	**Alpha-1 adrenergic blocker (Bartlett, 2023)** **Urinary tract agent (Bartlett, 2023)**	**Plasma Volume expander (Bartlett, 2023)** **Colloid (Bartlett, 2023)**	**Electrolyte replacement (Bartlett, 2023)** **Mineral/ electrolyte supplement (Bartlett, 2023)**			
Reason Client Taking	**The patient has BPH, this helps with improving urinary flow.**	**The patients' albumin is very low this is trying to get it up. Along with help heal his**	**The patients' potassium is very low this is to help get it back up to a good**	**The patient is very malnourished this is a nutritional**		

		wound and fluid balance	**range.**	**support to help with his dietary deficiencies.**		
Key nursing assessment (s) prior to administration	**Blood pressure & Heart rate – tamsulosin can cause orthostatic hypotension if BP & HR are low (Bartlett, 2023)**	**Blood pressure, Heart rate & Lung sounds – albumin can cause fluid overload & hypo/hypertension (Bartlett, 2023)**	**Heart rate & ECG – potassium chloride can cause irregularities in HR (arrhythmia) (Bartlett, 2023)**			

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. albumin human (ALBUTEIN) 25 % injection 25 g	**The patient has a bleeding sacral wound and hypernatremia this will help with fluid balance, would healing and circulation. (Bartlett,2023)**	**1. Fluid overload – This patient is at risk for this because he has CAD which can lead to pulmonary edema & heart failure. (Bartlett,2023)** **2. Hypertension - Albumin**

		can increase blood pressure which is a concern given the patient had a stroke (CVA) and coronary artery disease. (CAD) (Bartlett,2023)
2. potassium chloride (POTASSIUM CHLORIDE INJECTION, USP) Baxter IVPB 20 mEq 100 mL	**The patient has a history of coronary artery disease (CAD) and Storke (CVA). Potassium is critical for cardiac & neuromuscular function along with helping with fluid balance which can prevent a cardiac arrhythmia. (Bartlett, 2023)**	**1.Cardiac Arrhythmias – Potassium is critical because of the patient's history of coronary artery disease (CAD). An abnormal potassium level can lead to a life-threatening dysrhythmia (Bartlett, 2023)** **2. IV site irritation/phlebitis – The patient has a bleeding wound, so excessive tissue irritation from IV potassium could further compromise skin integrity.**

		(Bartlett, 2023)
3. pantoprazole (PROTONIX) injection 40 mg	**The patient has GERD and is at a high risk for GI bleeding along with stress ulcers. This medication helps prevent gastric complications. (Bartlett, 2023)**	**1.Hypomagnesemia – If the patient is on this for a prolonged time it can lower magnesium level which is a concern for this patient. It could put him at an electrolyte imbalance. (Bartlett, 2023)** **2. Increased risk of C. Difficile infection – The patient has a history of multiple conditions and hospitalization which increases his risk for getting an infection that would suppress gastric acid. (Bartlett, 2023)**

Medications Reference (1) (APA)

Bartlett, J. (2023). ***2023 Nurse's Drug Handbook*****. Jones & Bartlett Learning.**

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL:	

Alertness:	**Alert and orientated to self & place (x2)**
Orientation:	
Distress:	**No distress**
Overall appearance:	**Severely malnourished**
Infection Control precautions:	**None**
Client Complaints or Concerns:	**Pain from pressure ulcers**
VITAL SIGNS:	
Temp:	**97.8 degrees F**
Resp rate:	**16**
Pulse:	**77**
B/P:	**128/78**
Oxygen:	**98%**
Delivery Method:	**None- Room air**
PAIN ASSESSMENT:	
Time:	**3:00**
Scale:	**Face pain Scale**
Location:	**Back, Butt and Feet**
Severity:	**6 - Hurts Even More**
Characteristics:	**Throbbing, constant pain**
Interventions:	**Rotating patient, giving pain medication**
IV ASSESSMENT:	
Size of IV:	**4**
Location of IV:	**Midline single Luman right Basilic vein**
Date on IV:	**2/3/2025**
Patency of IV:	**IV is patent**
Signs of erythema, drainage, etc.:	**No signs of erythema or drainage**
IV dressing assessment:	**IV dressing is clean, dry, intact**
Fluid Type/Rate or Saline Lock:	**Saline Lock**
INTEGUMENTARY:	
Skin color:	**Light Brown**
Character:	**Warm & Dry**
Temperature:	**97.8 degrees F**
Turgor:	**Intact – less than 3 seconds**
Rashes:	**No rashes**
Bruises:	**Small bruise on Right Hand – from IV site**
Wounds: .	**3 Pressure ulcers – one on coccyx, one on left hip, one on left heel**
Braden Score:	**9**
Drains present: Y☐ N ☒	
Type:	
HEENT:	
Head/Neck:	**Normocephalic, atraumatic**
Ears:	**No bumps/lesions, symmetrical**
Eyes:	**PERRLA intact, Symmetrical, Conjunctiva pink, sclera white,**
Nose:	**Nares normal, septum midline, mucosa normal, no drainage**
Teeth:	

	Membranes moist, pharynx normal without lesions. .
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:**	. **Regular rate & heart rhythm S1 & S 1 present and intact, No murmurs, No gallops, No S3 or S4** **Pulse 2+ and symmetrical bilaterally on both upper and lower extremities** **Intact – less than 3 seconds** **Edema on right foot/ankle**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Clear to auscultation** **No wheezes or rales** **Unlabored breathing**
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating 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 – fruit, vegetables, meat, bread** **NPO** **Yes – he is happy to now get to eat ice chips as of today (2/3/25)** **5'10'** **90lbs** **Patient has not had a BM while in hospital** **No pain, lumps/masses while palpating** **No distention stomach is flat/concaved** **No incisions** **Patient has scar from a feeding tube prior to assessment** **No drains** **No wounds on stomach**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐**	**Yellow** **Clear** **200 mL** **Genitals appropriate for age**

Type: **Size:**	**Indwelling Urethra Catheter (Foley)** **16**
Intake (in mLs) **Output (in mLs)**	**1000 mL – from chart patient is NPO, 200 mL of potassium chloride, & 50 mg albumin human** **200mL – from chart**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	 **All extremities are full range of motion** **Total lift – lift equipment used** **Equal strength bilaterally but somewhat weak (very malnourished)** **93** **Bed Bound** **Sitting up in bed with assistance** **No patient is not independent** **Yes, patient needs assistance with equipment** **Yes, patient is bedbound and would need assistance to stand/walk if he was able to get up. (currently uses Hoyer lift)**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 **Patient is Alert and Orientated to self** **Intellectually disabled – Preoperative Status** **Not intact – mumbles words/stutters are unable to articulate all his thoughts into words.** **Sensory Intact** **Alert & Orientated to Self & Place(x2)**
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):**	 **Picking at his fingernails, rubbing/holding his cross necklace.** **Intellectually disabled** **Christian – He likes to wear and hold his black cross necklace** **No family, the patient is a ward of the state. He lives at a nursing home; staff help him day**

	to day for ADL's

Discharge Planning

Discharge location:

- **Accolade Health Care of Peoria**

Home health needs:

- **Wound care management for sacral wound to monitor for signs of infection and dressing changes.**
- **Fall prevention is due to dementia, history of fracture, and psychotropic medications such as mirtazapine, donepezil, and memantine.**
- **Nutritional support to help monitor electrolyte balances, ensuring adequate hydration to prevent hypernatremia.**

Equipment needs:

- **Pressure-relieving mattress or cushions to help prevent further skin. breakdown while he is bedbound.**
- **Wheelchair/walker for once the patient becomes mobile.**

Follow-up plan:

- **The Primary Care Provider will have follow-ups every 1-2 weeks for overall health assessments.**
- **Would care specialist to help monitor the healing of his pressure injuries.**
- **Cardiology to follow up on his coronary artery disease.**
- **Psychiatry/mental health to monitor his dementia and depression.**

Education needs:

- **Wound care education to prevent infection & signs of worsening wound condition.**
- **Medication education to help understand the purpose, side effects, and importance of taking these medications.**
- **Electrolyte management to help improve/manage hydrations, monitoring his sodium & potassium levels**
- **Fall prevention strategies to instruct how to use assistive devices to help prevent another fall properly.**
- **Nutritional guidance to help maintain a balanced diet and gain weight to be at a healthy BMI.**

Nursing Process
Must be NANDA-approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • 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**	**Rationale** • Explain why the nursing diagnosis was chosen	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. Patent is risk for Impaired skin integrity related to prolonged pressure and inadequate nutrition as evidenced by stage	**The patient has a stage 4 pressure ulcer, putting him at risk for infection and delayed**	**By 2/22/2025 (within 3 weeks), The patient will show improvement in skin integrity, by a decrease in the size of the stage 4 sacral pressure ulcer by**	**1.Perform regular wound assessments every shift to monitor the 3-pressure ulcer for**	**The patient can tolerate the reposition every 2 hours without a significant discomfort. The patient**

4 sacral pressure ulcer with active bleeding and visible tissue damage. **(Lynn, 2022)**	**healing** **The patient also has low weight suggesting poor nutrition which impairs tissue repair.**	**50% and no signs of infection (redness, swelling, or purulent drainage).**	**changes in size, appearance. (Nursing Diagnosis List, 2012)** **2.Implement repositioning every 2 hours to relieve pressure on the 3 pressure ulcers, using specialized cushions or foam to decrease friction. (Nursing Diagnosis List, 2012)**	**states he feels less pain when repositioning. The sacral wound seems to be slowly healing which is probably from the patient's malnutrition.**
2. Patient is at Risk for falls related to impaired mobility, history of stroke and dementia as evidence by broken hip and using assistive devices like Hoyer lift. **(Lynn, 2022)**	**The patient has history of stroke and dementia which increase the fall risk due to possible cognitive & motor impairments. Along with a recent fall prior to hip surgery.**	**By the time of discharge, the patient will remain free from falls, by no falls or near-misses during mobility attempts. The patient will demonstrate safety awareness, consistently requesting assistance with transfers and mobility.**	**1. Ensure the use of assistive devices (walker or cane) and total life for transfers and educate the nursing staff on the proper use of these devices.** **(Nursing Diagnosis List, 2012)** **2.Provide education on safety**	**The total lift was used for all the patients transfers and he remained free from falls while he was at the hospital. He expressed to feel much safer while using the lift and confirmed that he would ask for help whenever needed.**

			awareness to the patient and the nursing staff. Encourage the patient to ask for help with all transfers and ADL's (Nursing Diagnosis List, 2012)	
3. Patient is at risk for Infection related to three pressure ulcers, inadequate immune response and malnutrition as evidence by sacral, hip, and heel wound along with patient being 90lbs. (Lynn, 2022)	**The patient as three open pressure ulcers which make him more likely to get an infection if proper wound care isn't provided.**	**By the time of discharge, the patient will demonstrate no signs of infection in the sacral pressure ulcer, with the absence of redness, swelling, or purulent drainage. The patient will also give written understanding of proper wound care techniques, by showing his ability to explain the steps for cleaning and dressing the wound.**	**1. Implement strict infection control measure (hand hygiene & sterile techniques. (Nursing Diagnosis List, 2012)** **2. Educate the patient and care team on wound care techniques, including cleaning dressing changes, and signs of infection. (Nursing Diagnosis List 2012)**	**Strict infection control measures were following during all dressing changes and there have been no signs of infection the patients 3 pressure ulcers. The patient tolerated the dressing changes well and understands how to change the dressings.**

Other References (APA):

Lynn, P. (2022). ***Taylor's clinical nursing skills: A nursing process approach*** **(6th ed.). Wolters Kluwer.**

Nursing Diagnosis List | Nanda Nursing Diagnosis List**. (2012). Nandanursingdiagnosislist.org. http://www.nandanursingdiagnosislist.org/nanda-diagnostic-list-for-basic-human-needs/**