

N321 CARE PLAN #1

Kacee Sands

Lakeview College of Nursing

N321: Adult Health I

Kristal Henry

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Demographics

Date of Admission 02/06/2025	Client Initials JW	Age 89	Biological Gender Male
Race/Ethnicity White	Occupation Retired/ Former US Federal Government	Marital Status Married	Allergies Tetanus Toxoid- Swelling Norco, (Hydrocodone- acetaminophen)- Hallucinations
Code Status Full Code	Height 5'5"	Weight 193	

Medical History

Past Medical History: The patient has a past medical history of bladder cancer, hypertension, thyroid diseases, papillary carcinoma, abnormal renal failure, anemia, and chronic diastolic congestive heart failure.

Past Surgical History: The patient has a past surgical history of a total hip right arthroplasty, thyroidectomy, tonsillectomy, and a closed RX nose fracture.

Family History: Patient has no family history in their chart, when asking the patient and his spouse they could not really remember or state any family history. They did address the fact patients' father did pass of a lung issue. When asked about the lung issue, the patient and spouse could not recall the name of it.

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

Patients reports that he quit smoking 45 years ago, patient states that he smoked cigars.

Patient states that he does use alcohol on occasion, about 1-2 drinks a week. Patient does not use drugs of any type.

Education: The patient has an education level of a college master's degree.

Living Situation: The patient lives at home with his wife.

Assistive devices: The patients use hearing aids and glasses.

Admission History

Chief Complaint: The patient presented to the emergency department after receiving some abnormal lab work and announced that he was having some abdominal pain while he was here in the department.

History of Present Illness (HPI)– OLD CARTS: Patient presented to their primary care provider on Tuesday of last week (02/04/2025) for lab work for an upcoming operation. The patient was therefore instructed to go to the local hospital to receive a blood transfusion related to his low hemoglobin levels. While at the emergency department the patient states that he was having the right lower quadrant pain that has been going on for about 2 weeks. Patient described this pain as tight but no higher than a 4 on the 1–10-word pain scale, patient stated that sitting up and being physically active caused the pain to increase and increased his level of shortness of breath. The patient states that laying down and taking Tylenol did help with the abdominal pain.

Admission Diagnosis

Primary Diagnosis: Acute Cholecystitis

Secondary Diagnosis (if applicable): None Provided

Pathophysiology

The gallbladder is a hollow organ with three sections: fundus, body, and neck. The neck narrows and links to the biliary tree through the cystic duct, which then merges with the common hepatic duct to form the common bile duct. When fatty food enters the digestive system, it triggers the release of cholecystokinin from the small intestine (Capriotti 2023).

In reaction to cholecystikinin, the gallbladder, which contains approximately 50 milliliters of bile, discharges its contents into the duodenum through the common bile duct (Capriotti 2023). Disturbances in gallbladder motility and bile stasis are the most common causes of blockage, inflammation, and infection of the gallbladder. Cholecystitis is most caused by gallstones, it can be acute or chronic. In this case, the disease is acute, gallstone obstruction of the cystic duct results in gallbladder distention. As the gallbladder distends, blood circulation and lymphatic drainage are impaired, resulting in mucosal ischemia and necrosis (Capriotti 2023). The distension of the gallbladder stimulates the nerves that supply the wall, resulting in severe discomfort. As distension decreases, discomfort also decreases. If left untreated for several weeks' inflammation can happen and the gallbladder can become infected with purulent fluid causing more severe pain. Pain is most often associated with right upper quadrant pain but can be referred to the entire abdominal area, clients may also experience nausea and vomiting. In this case, the client experienced pain in the entire abdominal region and nausea upon admission. Diagnostic testing for this disease includes blood tests, computed tomography, ultrasound, and hepatobiliary iminodiacetic acid scan (Mayo Clinic 2024). The patient had computed tomography followed by an ultrasound that showed inflammation within the gallbladder and, therefore, suspected to have acute cholecystitis. Treatment for this disease is most commonly a Laparoscopic cholecystectomy (Capriotti 2023). This allows for the least invasive procedure possible for the removal of the affected gallbladder, allowing the patient to return to normal daily activities in a short timeframe with smaller incisions for less pain. The client had a laparoscopic cholecystectomy scheduled for 02/10/2025 after he presented with pain and the diagnostic testing was completed to confirm the diagnosis. Upon the

surgery, the surgeon discovered that cholecystectomy did not need to be performed as during the surgery to remove the gallbladder the surgeon discovered that the client had growths on his gallbladder and a very large growth in his right lower quadrant that they took biopsies off and sent them to pathology as the client does have a history of cancer. Therefore, the discovery of the growths, especially the one in the lower right quadrant, explained his severe abdominal pain in that area, helping to explain the overall abdominal pain with multiple smaller growths found throughout the abdominal cavity. The client also presented with ascities during surgery which was also sent off to pathology to be evaluated, explaining the abdominal distention accompanied by the pain. Although the original diagnosis was acute cholecystitis, and the treatment plan is laparoscopic cholecystectomy, this is no longer relevant to our patients as it was discovered during surgery. The current treatment plan is to control the patient's pain levels and get a follow-up with oncology pending results from the biopsies.

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.

Mayo Foundation for Medical Education and Research. (2024, October 23).

Cholecystitis. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/cholecystitis/diagnosis-treatment/drc-20364895#:~:text=Tests%20and%20procedures%20used%20to%20diagnose%20cholecystitis%20include%3A,the%20movement%20of%20bile%20through%20the%20body.%20>

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Sodium	134mmol/L	N/A	136-145mmol/L	Sodium level being low is most likely related to his asities within the abdominal cavity (Pagana 2023).
CO2, Venous	18mmol/L	N/A	22-30mmol/L	CO2 is low most likely because of metabolic acidosis related to shortness of breath (Pagana 2023).
Blood urine nitrate (BUN)	40mg/dL	N/A	8-26mg/dL	Blood urine nitrate is high related to bladder and renal problems from previous bladder cancer (Pagana 2023).
Creatinine	1.43mh/dL	N/A	0.7-1.3mg/dL	Creatinine is high related to bladder and kidney problems

				(Pagana 2023).
GFR	47	N/A	>=60	GFR is low related to bladder and kidney issues related to previous bladder cancer (Pagana 2023).
Bun/creatine ratio	28 Ratio	N/A	12-20 ratio	Bun/Creatine ratio is most likely low related to bladder and ureter obstruction from previous bladder cancer (Pagana 2023).
Glucose	148mg/dL	N/A	70-99mg/dL	Glucose is high related to stress from being in pain (Pagana 2023).
Calcium	8.5mg/dL	N/A	8.7-10.5mg/dL	Calcium is most likely low related to renal insufficiency related to bladder

				cancer (Pagana 2023).
GRF EST NON-African- American	47	N/A	>=60	GRF EST NON-African- American is low because of bladder and renal issues related to previous bladder cancer (Pagana 2023).
GRF EST African-American	56	N/A	>=60	GRF EST African-American is low because is bladder and kidneys not functioning properly related to previous bladder cancer (Pagana 2023).
B Type Natriuretic Peptide	598pg/ml	N/A	<100pg/mL	B Type Natriuretic Peptide is high because of hypertension and kidney insufficiency

				making it so kidneys are not filtering urine properly (Pagana 2023).
White Blood Cells	13.70 10(3)/mcl	N/A	4-12 10(3)/mcl	White blood cells are most likely elevated related to a bladder infection and stress from being in pain (Pagana 2023).
Red Blood Cells	3.19 10(6)/mcl	N/A	4.4-5.8 10(6)/mcl	Red blood cells are low most likely because the client is bleeding every time he urinates (Pagana 2023).
Hemoglobin	8.2g/dL	N/A	13-16.5g/dL	Hemoglobin is low because the patient bleeds when he urinates (Pagana 2023).
Hematocrit	26%	N/A	38-50%	Hematocrit is low because the

				hemoglobin levels are also low resulting from blood in urination (Pagana 2023).
MCV	81.4fL	N/A	82-96fL	MCV is low because hemoglobin is low related to blood in urine (Pagana 2023).
MCH	25.6pg	N/A	26-32pg	MCH is low because hemoglobin is low related to bleeding during urination (Pagana 2023).
Platelet	444 10(3)mcl	N/A	140-440 10(3)/mcl	Platelet count is low because of suspected bladder infection and bleeding while urination (Pagana 2023).
RDW	15.8%	N/A	11.8-15.5%	RDW is high because hemoglobin is low related to blood in

				the urine (Pagana 2023).
Neutrophils	79.5%	N/A	40-68%	Neutrophils are high because of the infection within the bladder (Pagana 2023).
Lymphocytes	10.9%	N/A	19-49%	Lymphocytes are low most likely because of the infection in the bladder (Pagana 2023).
Basophils	1.4%	N/A	0-1%	Basophils are likely increased related to his thyroid issues and stress from being in pain (Pagana 2023).
Absolute Neutrophils	10.9 10(3)/mcl	N/A	1.4-5.3 10(3)mcl	Absolute Neutrophils are likely high because the client has an infection (Pagana 2023).
Absolute Monocytes	1.00	N/A	0.1-0.9 10(3)mcl	Absolute monocytes

	10(3)/mcl			are likely high related to inflammation within the bladder (Pagana 2023).
Absolute Basophils	0.2 10(3)/mcl	N/A	0-.01 10(3)mcl	Absolute basophils are high related to thyroid issues (Pagana 2023).
Protein urine	2+	N/A	Negative	Protein urine was found most likely related to the renal issues the patient has from previous bladder cancer (Pagana 2023).
Urine Blood	3+ ery/ul	N/A	Negative	Urine blood is high because the patient is bleeding every time he urinates (Pagana 2023).
Urine Red Blood Cells	Packed	N/A	Negative	Urien Red blood cells are high because the

				patient bleeds when he urinates (Pagana 2023).
White Blood Cells	1+	N/A	Negative	White blood cells in the urine most likely because there is a bacterial infection within the bladder (Pagana 2023).
Bacteria Urine	Few	N/A	Negative/hpf	Bacteria was found in the urine most likely because the patient has a bacterial infection within the bladder (Pagana 2023).

Laboratory Test Reference (1) (APA):

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

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
The patient had a computed tomography of his	The patient presented to the emergency department and stated	Within the testing results the patient

<p>abdominal pelvic area without contrast. The purpose of this diagnostic test was to essentially take a picture within the body and diagnose possible conditions such as tumors, inflammation, bleeding, or obstructions (Pagana 2023).</p>	<p>that he was having abdominal pain in the right lower quadrant, also noted was distention within the abdominal area. The patient also had abnormal lab work such as a low hemoglobin level, so they were making sure that he had no internal bleeding.</p>	<p>did have a thickening on the bladder wall related to his history of bladder cancer.</p>
<p>The patient had an ultrasound of the abdominal area that was limited to level three organs. The purpose of the procedure was to have accurate viewing of the gallbladder, pancreas, kidneys, ureters and bladder, when viewing the gallbladder through ultrasound you can see possible gallstones, polyps or bile duct dilation (Pagana 2023).</p>	<p>The patient came to the emergency department with abdominal pain and a distended abdominal area. Patient also had some abnormal labs such as low hemoglobin.</p>	<p>The patient had presented with a renal lesion most likely related to his previous bladder cancer causing his urine to be concentrated with blood, patient also presented with suspected inflammation within the gallbladder which would be</p>

		cholecystitis.
The patient had a 12-lead electrocardiography completed, the purpose of this procedure is to pick up on the electrical impulses the heart generates and visualize the rhythm of the cardiac cycle.	The patient had extremely high B type natriuretic peptide which is included within the cardiac panel of laboratory results.	The patient presented with atrial fib on the left axis causing a deviation, most likely explained why his cardiac laboratory results were so high. Secondly a high level could also be related to the patient's renal and bladder issues (Cleveland Clinic 2024).

Diagnostic Test Reference (1) (APA):

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

Cleveland Clinic medical. (2024, October 1). *B-type natriuretic peptide (BNP) test: Normal Levels & function*. Cleveland Clinic.

<https://my.clevelandclinic.org/health/diagnostics/22629-b-type-natriuretic-peptide>

Active Orders

Active Orders	Rationale
Diet nothing by mouth effective at midnight	The rationale consists of the patient having abdominal surgery for suspected cholecystitis and we do not want him to consume anything that could risk him aspirating during surgery.
IP consult to general surgery	The patient is suspected of having cholecystitis but needs to meet with the general surgeon to go over risks, benefits, and to get consent for the surgery.
Admission weight	The patient needed to be weighed so the doctor could know how much medication to prescribe and to see if the patient is retaining fluid related to the abdominal distention.
Elevate head of bed	The order for elevation of head of bed was put into place to help the patient breath better, most likely because his hemoglobin is low the patient is having shortness of breath.

Incentive spirometry	The incentive spirometry use will help the patient breath encouraging deep breaths to help with extended gas exchange.
Peripheral intravenous line insertion	The intravenous line insertion was placed to help the patient in the long run, to have a constant source to provide medication and fluids.
Intake and Outputs	The patient was originally placed on intake and outputs to see how much he is consuming and how much of it was leaving the body, intake and outputs were discontinued as the patient when nothing by mouth from surgery.
Notify physician if pulse is less than 50 but greater than 120, respiratory rate is less than 10 but greater than 30, temperate greater than 101.5, urinary output less than 240ml/8hrs, systolic less than 85 but greater than 180, diastolic less than 50 but greater than 105, pulse ox less than 90, and if new pain has accrued.	This order was placed to allow the nurses to contact the provider in an extreme change in condition therefore the provider will be able to come to assess the patient if new findings occur.
Notify physician prior to admission medication	This allows the patient to inform the nursing staff of all the at home medication

	<p>the patient takes, therefore allowing the physician to get a current prescription in place for the time of the patient's hospital stay, also allows the physician to see if there are any interactions with a new medication they may prescribe for the patient.</p>
Nursing night calls	<p>This allows the nurses to know what is acceptable to call the provider for during the night such as if there are no issues with the intravenous line and it expires to leave it until the morning when the physician comes into working hours.</p>
Patient may shower with assistance	<p>This allows the nurse to be aware that the client can shower but is not allowed to go it themselves such as risk for falls.</p>
Always place sequential compression devices unless showering or walking	<p>This allows the patient to have improved blood flow within the legs to prevent pooling or edema from fluids moving through the body.</p>
Up as tolerated	<p>The patient is allowed to get up as they can tolerate meaning if the patient feels like walking, they can with assistance.</p>

Verify informed consent	This is to make sure that the client has fully consented to surgery and is understanding what is going to be happening during surgery.
Vital signs per unit rules	This means that the client does not need to have any extra vital signs completed unless within the normal times the unit completes them or if there is a change within condition.
Ice to affected area	This was put into place after surgery to try and help control the pain level in the abdominal area after surgery had taken place.

Medications

Home Medications (Must List ALL)

Medications	Reason for taking
amlodipine (Norvasc) 10mg Tablet	The patient is taking this for hypertension.
Clonidine (Catapres) 0.2mg Tablet	The patient is taking this medication for hypertension.
Diphenhydramine HCL PO	The patient is taking this medication for allergies.
Finasteride (Proscar) 5mg Tablet	The patient is taking this for his prostate.
Levothyroxine (Synthroid) 150mcg tablet	The patient is taking his from his thyroid

	issues.
Tamsulosin (Flomax) 0.4mg tablet	The patient is taking this for his prostate.
Vyzulta 0.024% solution	The patient is taking this for his eyes.
hydrochlorothiazide (Microzide) 12.5mg capsule	The patient is taking this to treat his hypertension.
Co enzyme Q-10 PO	The patient is taking this over-the-counter medication to help with fluid build up and hypertension
Magnesium PO	Patients are taking this for a low magnesium level in the past.
Alphagan PO 0.1% solution	The patient is taking this for his eyes, to lower the pressure in them.
Brimonidine (Alphagan) 0.2% solution	The patient is taking this to lower the pressure within his eyes.

Hospital Medications (Must List ALL)

Brand/ Generic	amlodipine (Norvasc) 10 mg daily orally	clonidine (Catapres) 0.2mg daily orally	bisacodyl suppository 10 mg as needed rectally	finasteride (Proscar) 5mg daily orally	levothyroxine (Synthroid) 150 mcg orally every morning
Classification	The pharmacologic classification of this medication is a calcium channel blocker, the	The pharmacologic class of this medication is to address centrally acting alpha agonist, the therapeutic	The classification of this drug is a laxative (Drugs.com 2024).	The pharmacologic class of this medication is a 5-alpha reductase inhibitor, and the	The classification of this drug is a thyroid classification (Drugs.com 2023).

	therapeutic classification of this medication is an antianginal, or an antihypertension medication (Nursing Drug Handbook 2024).	classification of this medication is an analgesic, an antihypertension, and a behavior modifier (Nursing Drug Handbook 2024).		therapeutic classification is a benign prostate hyperplasia agent, or a hair growth stimulate (Nursing Drug Handbook 2024).	
Reason Client Taking	The client is taking this medication as a hypertensive medication.	The client is taking this medication for its anti-hypertensive effect.	The client is taking this medication because the client stated he had not had a bowel movement in almost a week.	The client is taking this medication for his prostate.	The client is taking this medication for his thyroidectomy.
Key nursing assessment(s) prior to administration	The key nursing assessment prior to this medication is to evaluate the clients blood pressure before administering this medication.	The key nursing assessment is to address the clients' blood pressure before administering this medication.	The Nurse should assess if the client has had a bowel movement recently.	The client should be monitored regularly for depression as the medication can cause suicide ideation (Nursing Drug Handbook 2024).	The nurse should assess the clients pulse and thyroid levels before administering this medication.
Brand/ Generic	ondansetron (Zofran-ODT) 4mg	ondansetron (Zofran) 4mg intravenous as	piperacillin - tazobactam	polyethylene glycol (Gycolax,	Tamsulosin (Flomax) 0.4mg oral

	oral as needed	needed	(Zosyn) 3.375g in sodium chloride	MiraLAX) 17g packet as needed	daily
Classification	The pharmacological classification of this medication is a selective serotonin receptor antagonist, and the therapeutic classification is an antiemetic medication (Nursing Drug handbook 2024).	The pharmacological classification of this medication is a selective serotonin receptor antagonist, and the therapeutic classification is an antiemetic medication (Nursing Drug handbook 2024).	The classification of this drug is penicillin (Drugs.com 2024).	The classification of this medication is a laxative (Drugs.com 2024).	The pharmacological classification of this medication is an alpha-adrenergic antagonist, the therapeutic classification of this medication is benign prostate hyperplasia agent (Nursing Drug Handbook 2024).
Reason Client Taking	The client is taking this medication as an anti-nausea medication.	The client is prescribed this medication for anti-nausea when unable to take the medication orally.	The client is taking this medication as an antibiotic most likely for a urinary tract infection.	The client is taking this medication to help allow bowel movement to happen as the client stated he has not had a bowel movement in also a week.	The client is taking this medication to treat his prostate issues.
Key nursing assessment(s) prior to administration	The nurse should assess the client's nausea level before administering	The nurse should assess the client's nausea level and the intravenous	The nurse should monitor vital signs and assess urinalysis	The nurse should assess if the client has had a bowel movement	The nurse should make sure the client has eaten before administering

	this medication.	site before administering this medication.	before administering this medication.	before administering this medication.	g this medication as if taken on an empty stomach it could cause orthostatic hypertension (Nursing Drug Handbook 2024).
Brand/ Generic	tramadol (Ultram) 50mg orally 3 times a day as needed	N/A	N/A	N/A	N/A
Classification	The pharmacologic classification of this medication is an opioid agonist, and the therapeutic classification of this medication is an opioid analgesic medication (Nursing Drug Handbook 2024).	N/A	N/A	N/A	N/A
Reason Client Taking	The client is taking this medication related to severe abdominal pain.	N/A	N/A	N/A	N/A
Key nursing	The nurse	N/A	N/A	N/A	N/A

assessment(s) prior to administration	should assess the clients' pain level before administering pain medication.				
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Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. tramadol (Ultram) 50mg orally 3 times a day as needed	This medication was chosen because it is an opioid and opioid can cause respiratory depression.	1. The client could experience hypoxia related to respiratory depression (Nursing Drug Handbook 2024). Opioids are known to cause put the patient at a higher risk of hypoxia as he expresses shortness of breath related to low hemoglobin levels. 2. Some side effects related to tramadol are increased abdominal pain and constipation, we needed to watch the patient closely to make sure they symptoms do not become severe as client is taking this medication for abdominal pain and already has constipation (Nursing Drug Handbook 2024).
2. piperacillin-tazobactam (Zosyn) 3.375g in sodium chloride	This medication was chosen because it is an antibiotic, and we need to pay close attention to patients on antibiotics because they	1. A common side effect we need to be aware of is nausea as the patient is already nauseated and taking nausea medication (Drugs.com 2024). 2. Another side effect we need to watch out for is insomnia as the client stated that they have not been

	could have an allergic reaction.	getting much sleep related to the pain they are experiencing, we need to make sure the client is getting as much sleep as possible (Drugs.com 2024).
3. Tamsulosin (Flomax) 0.4mg oral daily	This medication was chosen because it can cause orthostatic hypertension when taken on an empty stomach and with the client already being nauseated and on a nothing by mouth diet he probably has not been eating well.	1.a side effect of this medication is orthostatic hypertension when taken on an empty stomach therefore we need to make sure the client gets up slow and is feeling well before transferring him to chair or bathroom especially when he is on the nothing by mouth diet (Nursing Drug Handbook 2024). 2. Another side effect of this drug is atrial fibrillation which the client displayed during his electrocardiography related to his high cardiac panel laboratory work, therefore we need to evaluate the client's heart rhythm during this medication (Nursing Drug Handbook 2024).

Medications Reference (1) (APA)

2024 NDH Nurse's Drug Handbook. (2024). . Jones & Bartlett Learning.

Bisacodyl suppository: Package insert / prescribing info. Drugs.com. (2024, March 25). <https://www.drugs.com/pro/bisacodyl-suppository.html>

Synthroid uses, dosage & side effects. Drugs.com. (2023, September 26).

<https://www.drugs.com/synthroid.html>

Zosyn: Side effects, dosage & uses. Drugs.com. (2024b, August 22).

<https://www.drugs.com/zosyn.html>

MiraLAX uses, dosage & side effects. Drugs.com. (2024b, March 22).

<https://www.drugs.com/miralax.html>

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

<p>GENERAL: Alertness: x4 Orientation: x4 Distress: mild abdominal distress Overall appearance: well groomed Infection Control precautions: none Client Complaints or Concerns: Abnormal lab results and abdominal pain</p>	<p>Patient appears to be alert and oriented to person, place, time, and location. Patient is well groomed with mild signs of distress in the abdominal region. No infection precautions are noted currently, complaints of abnormal lab values and abdominal pain.</p>
<p>VITAL SIGNS: Temp: 97.5F Resp rate: 28 Pulse: 83 B/P: 155/70 Oxygen: 95% Delivery Method: Room air</p>	<p>The patients has a temperature, pulse, and oxygen level within normal range. Patient has a high respiratory rate related to shortness for breath with activity, and a high blood pressure most likely related to the abdominal pain, will monitor and continue to give hypertension medication.</p>
<p>PAIN ASSESSMENT: Time: 1429 Scale: 1–10-word scale Location: Abdominal Severity: 5 Characteristics: achy, tight Interventions: given prescribed pain medication</p>	<p>At 1429 the patient requested pain medication related to abdominal pain and tenderness. Client stated the pain was a 5 when asked on the 1-10 word scale. Client described the pain as tight and achy, pain medication was given at this time.</p>
<p>IV ASSESSMENT: Size of IV: 22g Location of IV: left hand Date on IV: 02/09/2024 Patency of IV: yes Signs of erythema, drainage, etc.: old blood clot at insertion sign IV dressing assessment: clean, dry, and transparent Fluid Type/Rate or Saline Lock: intravenous antibiotic at 25ml/hr</p>	<p>At this time the client has a 22g intravenous catheter in his left hand placed on 02/09/2024, intravenous line can be flushed with no issues and has blood returned when flush is pulled back. There were no signs of drainage or erythema, there was an old blood clot at insertion sight from time of insertion. Dressing is clean, dry and transparent, patient is currently receiving intravenous antibiotics through the sight at 25ml/hr.</p>
<p>INTEGUMENTARY: Skin color: fair Character: dry, scaley Temperature: warm Turgor: returns to normal in less than 3</p>	<p>Skin color is fair with dry and scaley characteristics, client does have some dry patches on lower back and lower legs around the ankles. Skin is warm to touch with even hair distribution, no signs of rashes, bruises,</p>

<p>seconds Rashes: No Bruises: No Wounds: No Braden Score: 19 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>or wounds. Patient has a Braden score of 19 and no drains present currently.</p>
<p>HEENT: Head/Neck: Head and neck are symmetrical Ears: hard of hearing Eyes: Bilateral sclera white Nose: No deviation Teeth: Clean</p>	<p>Head and neck are symmetrical no noted nodules, bilateral carotid pulses are palpable. Bilateral sclera white, cornea clear, with a pink conjunctiva, no signs of discharge, patient does have glasses. Ears are symmetrical bilaterally with no lumps, bumps, or bruising, patient does have hearing aids. No septum deviation is noted, pink moist with no bleeding noted sinus are non-tender. Teeth appear to be intake and clean with membranes pink and intact.</p>
<p>CARDIOVASCULAR: Heart sounds: Clear S1 and S2 S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): normal Peripheral Pulses: palpable 2+ Capillary refill: less than 3 seconds Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema: Legs</p>	<p>Clear S1 and S2 without murmurs or rubs, heart palpable at 5th intercostal space, normal rate and rhythm noted. No neck vein distention, capillary refill less than 3 seconds, peripheral pulses palpable 2+. Patient does have some edema in the lower legs will monitor.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character Clear, some shortness of breath</p>	<p>Patient does have some accessory muscle use most likely related to his shortness of breath, lungs sound clear in all locations with a slightly evaluated respiration level due to the shortness for breath with activeness.</p>
<p>GASTROINTESTINAL: Diet at home: Anything Current Diet: General Is Client Tolerating Diet? undetermined Height: 5'5" Weight: 193lbs Auscultation Bowel sounds: hypoactive Last BM: 02/10/2024 Palpation: Pain, Mass etc.: pain Inspection: Distention: Yes rounded Incisions: belly button</p>	<p>Patient eats anything he wants at home, current diet is general was nothing by mouth this morning before surgery, client has eat to since surgery. Client is five feet five inches tall and weighs 193 pounds. Bowel sounds are hypoactive in all 4 quadrants, last bowel movement was yesterday 02/10/2024. Upon palpation of the abdomen pain was present in all 4 quadrants related to surgery and an internal non palpable mass found during surgery. Client does have distention rounded, incisions in the ambilocal region related to todays surgery. Client does not appear to have</p>

<p>Scars: no Drains: no Wounds: no Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>any other scars or wounds, no drains or ostomy, and no feeding tubes.</p>
<p>GENITOURINARY: Color: dark red Character: concentrated with foul odor Quantity of urine: x1 Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: no rash or chaffing Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Patient does have dark red urine that is highly concentrated with a foul smell present most likely related to his previous bladder cancer. Patient only voided 1 time today before surgery. No pain with urination, no dialysis, or catheter. Normal inspection of genitals with no rash or redness.</p>
<p>Intake (in mLs) Intravenous antibiotics, oral intake Output (in mLs) Voiding x1 Bowel movement x1 yesterday</p>	<p>Client is not on strict intake and outputs anymore as related to surgery, client has taken intravenous antibiotics and a small amount of water, patient has voided one time this morning and has not had a bowel movement today but had one yesterday.</p>
<p>MUSCULOSKELETAL: Neurovascular status: warm, no discoloration ROM: full range of motion Supportive devices: cane or walker at home Strength: generalized weakness ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 61 Activity/Mobility Status: limited Activity Tolerance: low Independent (up ad lib) no Needs assistance with equipment yes Needs support to stand and walk yes</p>	<p>Clients neurovascular status is warm with no discoloration, has a full range of motion, currently using no supportive devices in unit but states will use cane or walker at home related to shortness of breath. Client has generalized weakness in all extremities, needs assistance with activities of daily life at this moment related to pain, patient is a fall risk with a fall score of 61. Patient is currently limited with activity and activity tolerance because of his shortness of breath. Client is not independent at this time related to weakness client needed help getting dressed and standing, along with pivoting to the wheelchair to be taken to his car.</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -</p>	<p>Patients MAEL and PERRLA are intact with no issues, client does wear glasses, strength in equal bilaterally in arms and legs. Patients are oriented to person, place, time, birthday,</p>

<p>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Orientation: x4</p> <p>Mental Status: Alert, slightly drowsy after surgery</p> <p>Speech: Logical</p> <p>Sensory: aware</p> <p>LOC: Alert, slightly lethargic after surgery but easily aroused when spoken too</p>	<p>patient is alert but slightly sleepy and drowsy after surgery, speech is logical and sensory is aware. Clients LOC is alert but lethargic after surgery but is easily aroused when spoken to.</p>
<p>PSYCHOSOCIAL/CULTURAL:</p> <p>Coping method(s): Sometimes speaks to wife but mostly keeps to self</p> <p>Developmental level: Older adult integrity vs despair</p> <p>Religion & what it means to pt.: methodist and important</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support): good family support</p>	<p>Client does not really have a coping method per spouse she states that he will speak to her sometimes but mainly will keep things to himself. Clients' development level is older adult facing integrity vs despair, Patient is methodist and he used to be a paster therefore religion is very important to him. His wife states that they have a lot of support and family structure as between them they have 6 children that help and a handful and grandchildren that help them.</p>

Discharge Planning

Discharge location: Client is discharged to his own house with his wife.

Home health needs: Client and spouse declined home health needs.

Equipment needs: Client states that he does not need any equipment as he has a walker and a cane at home from previous hip surgery.

Follow up plan: Client was advised to follow up with urology and oncology teams.

Education needs: Client was educated about pain management, wound care, and taking effective medications.

Nursing Process

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

Nursing Diagnosis	Rationale	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
<ul style="list-style-type: none"> Include full nursing diagnosis with "related to" and "as evidenced 	<ul style="list-style-type: none"> Explain why the nursing diagnosis 			

<p>by” components</p> <ul style="list-style-type: none"> Listed in order by priority – highest priority to lowest priority pertinent to this client 	<p>was chosen</p>			
<p>1. Patient is at risk for anemia related to blood loss as evidence by hematuria.</p>	<p>This diagnosis was chosen because the clients bleeding every time he urinates, therefore increasing the amount of blood he loses which lowers hemoglobin levels therefore causing the patient to be tired, cold, and short of breath.</p>	<p>Patient and family will create a meal plan in iron rich foods before discharge to support increased hemoglobin production.</p>	<p>1. Make sure the client is eating a iron rich diet and a well-balanced meal (Phelps 2024).</p> <p>2. Encourage the client to consume at least 2 meals a day and to not skip meals (Phelps 2024).</p>	<p>The client would be evaluated at his next follow up appointment with oncology by testing his hemoglobin levels.</p>
<p>2. Patient is at risk for decreased activity intolerance related to shortness of breath as evidence by having to take multiple breaks while getting dressed.</p>	<p>This diagnosis was chosen because the patient displayed increased shortness of breath with physical activity making it possible that he will not do as much because it is difficult for him.</p>	<p>Patient will be able to help with dressing himself before discharge.</p>	<p>1. We will help the client identify activities that they consider doable that they also enjoy (Phelps 2024).</p> <p>2. We will encourage the patient to help plan an activity progression plan (Phelps 2024).</p>	<p>Patient will be assessed during follow up appointment to evaluate if he is able to perform activities of daily living with minimal assistance.</p>
<p>3. Patient is at risk for</p>	<p>This diagnosis was chosen</p>	<p>Client will understand</p>	<p>1. We will position the</p>	<p>Patient understood</p>

<p>impaired skin integrity related to decreased activity as evidenced by not wanting to move or get up and walk.</p>	<p>because the patient displayed not wanting to move or get up and that increases the risk for a pressure injury resulting in impaired skin integrity.</p>	<p>that he needs to change positions every 2 hours before discharge.</p>	<p>patient in a comfortable way with minimal pressure on bony areas (Phelps 2024).</p> <p>2 We will administer pain medication as prescribed to allow the patient more comfort with movement (Phelps 2024).</p>	<p>how important it was to change position every two hours and understood that he could have pain medication as prescribed to help with his pain especially with increased movement.</p>
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Other References (APA):

Phelps, L. L. (2024). *Nursing diagnosis reference manual*. Wolters Kluwer.

