

N321 CARE PLAN # 1

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Lakeview College of Nursing

N321: Adult Health I

Professor Henry

02/21/2025

Demographics

Date of Admission 02/16/2025	Client Initials MDP	Age 28 y. o	Biological Gender Female
Race/Ethnicity White/Caucasian Non-Hispanic	Occupation Waitress	Marital Status Single	Allergies NKA
Code Status Full (No ACP docs)	Height 5'7"	Weight 101.7 kg	

Medical History

Past Medical History: Amenorrhea, second degree burn of buttock, late prenatal care, pilonidal abscess of natal cleft, pilonidal cyst with abscess.

Past Surgical History: Cholecystectomy, blood transfusion service, soft tissue allograft.

Family History: Patient denies any knowledge of familial medical history.

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

Patient denies any current or prior use of tobacco or illicit drugs. She states she does not currently consume alcohol.

Education: GED

Living Situation: Lives in her own home with her six children. All children are under the age of 10 years.

Assistive devices: Patient does not use assistive devices.

Admission History

Chief Complaint: Abdominal pain and vaginal bleeding

History of Present Illness (HPI)– OLD CARTS

Patient presented to the emergency department on 02/16/2025 with heavy vaginal bleeding and complaints of prior abdominal pain. She was admitted with a diagnosis of endometriosis. Patient had previously presented to the emergency department on 02/05/2025 with complaints of pain in the pelvo-abdominal area as well as vaginal bleeding. She was not admitted at this time. The patient recently gave birth vaginally on 12/29/2024. The most recent episode of pain began Saturday evening, 02/15/2025. She describes the pain as being “on and off” throughout the night but having no pain by Sunday morning. She states that she reported to the emergency department on Sunday due to the continuous vaginal bleeding. The patient describes the pelvo-abdominal pain as aching and “all over.” When asked to rate this pain on a scale from 1 to 10 she stated “8.” The vaginal bleeding was described as consistent over the last two days. She denies the presence of clots in the blood and describes it as bright red in color. Patient states that upon standing the aching pain would become worse. She would also become dizzy upon standing. Patient took Naproxen for the pain at home. She cannot definitively state if the Naproxen relieved her pain. She also was taking amoxicillin, an antibiotic prescribed by her obstetrician at her six-week postpartum appointment. She states that she did not finish the antibiotic regimen.

Admission Diagnosis**Primary Diagnosis: Endometriosis****Secondary Diagnosis (if applicable): N/A****Pathophysiology****Pathophysiology**

Endometriosis is a complex condition in which the presence and growth of endometrial tissues occurs outside of the uterus (Ricci, et al., 2025). This disorder is characterized as

estrogen-dominant and produces chronic inflammation (Horne & Missmer, 2022). Those with this condition may experience endometrial tissue developing on the ovaries, uterine tubes, exterior of the uterus, the bowels, or the rectovaginal septum (Ricci, et al., 2025). During a typical menstrual cycle, the lining within the uterus thickens before shedding and passing through the cervix (Horne & Missmer, 2022). Individuals with endometriosis will experience thickening and shedding of this ectopic tissue which causes bloodshed within the abdominal cavity (Ricci, et al., 2025).

Signs and Symptoms

Endometriosis manifests in several different ways. Chronic pelvic pain or pain that occurs during menstrual cycles, during or after sexual intercourse, during urination, or during bowel movements may indicate the presence of endometriosis (Ricci, et al., 2025). In relation to menstruation, cycles may be irregular, more frequent, heavy, and vaginal spotting may occur before a cycle begins. Infertility, fatigue, and depression may also be present (Ricci, et al., 2025). The patient only presented with heavy vaginal bleeding and fatigue. She also had pelvic pain but this was not considered chronic due to its recent onset.

Diagnosis and Treatment

The patient's diagnosis of endometriosis was made due to the patient's heavy bleeding and the results of a pelvic ultrasound performed on 02/05/2025. The patient was shown to have an abnormally thickened endometrium. In most cases, endometriosis is diagnosed after a thorough pelvic examination, internal and external ultrasound, as well as a laparoscopy (Ricci, et al., 2025.) The treatment regimen for the patient's diagnosis included ibuprofen and ketorolac for pain management. The patient was also given ampicillin and gentamicin to treat a gynecological infection that was secondary to her diagnosis of endometriosis.

Pathophysiology References (2) (APA):

Horne, A. W., & Missmer, S. A. (2022). *Pathophysiology, diagnosis, and management of endometriosis*. The BMJ. <https://www.bmj.com/content/379/bmj-2022-070750.abstract>

Ricci, S. S., Kyle, T., & Carman, S. (2025). *Maternity and pediatric nursing*. Wolters Kluwer.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Co2, venous	20 mmol/L	N/A	22 – 30 mmol/L	The slightly reduced Co2 may be contributed to the pain and discomfort the patient was experiencing at the time. Pain may cause an increase in respirations resulting in decreased Co2 levels in the blood (Pagana & Pagana, 2021).
SGPT (ALT)	57 u/L	N/A	6 – 55 u/L	This level is only slightly

				elevated. Administration of the drug ampicillin can cause temporary spikes in ALT levels (Pagana & Pagana, 2021).
WBC	12.30 10(3)/mcL	N/A	4 – 12 10(3)/mcL	The patient has elevated white blood cells due to the gynecologic infection that was present at the time. Systemic infections cause an increase in white blood cell count (Pagana & Pagana, 2021).
HGB	11.8 g/dL	N/A	12 – 15.8 g/dL	The slightly decreased hemoglobin may be contributed to the heavy vaginal bleeding the patient was experiencing. Heavy bleeding may result in depleted hemoglobin

				levels (Pagana & Pagana, 2021).
MCV	77.1 fl	N/A	82 – 96 fl	Low MCV can be explained by the heavy vaginal bleeding. Low MCV may result from loss of blood (Pagana & Pagana, 2021).
MCH	25 pg	N/A	26 – 34 pg	The slightly low MCH could be due to the heavy vaginal bleeding. The patient is also on antibiotics that may decrease MCH (Pagana & Pagana, 2021).
RDW	21.4%	N/A	11.8 – 15.5%	Iron deficiency anemia can cause RDW to be high (Pagana & Pagana, 2021). Iron deficiency anemia may have been caused by the heavy vaginal bleeding or splenomegaly (Mayo,

				2023).
MPV	7.2 fl	N/A	9.7 – 12.4 fl	Iron deficiency anemia can cause low MPV (Pagana & Pagana, 2021). Based off the heavy bleeding and previous four lab values the patient appears to be anemic. The iron deficiency anemia could be caused by the heavy vaginal bleeding or splenomegaly (Mayo, 2023).
Neutrophils	88.2%	N/A	47 – 73%	The high percentage of neutrophils is due to the gynecologic infection the patient was experiencing. Neutrophil levels increase when an infection is present (Pagana & Pagana, 2021).

Lymphocytes	5.8%	N/A	18 – 42%	Lymphocytopenia could be contributed to the patient’s enlarged spleen. An enlarged spleen may also be a contributing factor to the anemia as well as making her susceptible to the gynecological infection she has contracted (Mayo, 2023). Low lymphocytes may also be contributed to the ampicillin or the gentamicin the patient is taking (NDH, 2024).
Absolute Neutrophils	10.9 10(3)/mcL	N/A	1.6 – 7.7 10(3)/mcL	The high level of neutrophils is due to the gynecologic infection the patient was experiencing (Pagana & Pagana, 2021).
Absolute	0.7	N/A	1.3 – 3.2	Lymphocytopenia could

Lymphocytes	10(3)/mCL		10(3)/mCL	be contributed to the patient's enlarged spleen (Mayo, 2023). Low lymphocytes may also be contributed to ampicillin or gentamicin (NDH, 2024).
WBC esterase	1+	N/A	Negative	The white blood cells in the urine may be contributed to the patient's gynecologic infection. Vaginal infections cause white blood cells to be found in the urine (Pagana & Pagana, 2021).
Urine blood	3+ ery/ul	N/A	Negative	The blood found in the urine is most likely due to a contaminated sample. The vaginal bleeding could cause blood to show in the urine sample (Pagana &

				Pagana, 2021).
Urine RBCs	Packed/hpf	N/A	Negative 0-2/hpf	The red blood cells found in the urine is most likely due to a contaminated sample. The vaginal bleeding could cause blood to mix into the urine sample (Pagana & Pagana, 2021).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Pelvic ultrasound – This diagnostic test is being used to evaluate the genital tract and monitor for potential pelvic diseases.	Stomach pain and consistent vaginal bleeding.	Abnormally thickened endometrium. The results suggest retained products of conception. No sonographic abnormality of the ovaries.
CT Pelvis – This diagnostic test is being used to monitor	Stomach pain and consistent vaginal bleeding.	No acute findings in abdomen or pelvis.

for a potential abdominal disease.		Mild splenomegaly is noted.
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Diagnostic Test Reference (1) (APA):

Mayo Foundation for Medical Education and Research. (2023). *Enlarged spleen (splenomegaly)*.

Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/enlarged-spleen/symptoms-causes/syc-20354326>

Pagana, K. D., & Pagana, T. J. (2021). *Mosby's Manual of Diagnostic and Laboratory tests*.

Elsevier Mosby.

2024 Nurse's Drug Handbook. (2023). . Jones & Bartlett Learning.

Active Orders

Active Orders	Rationale
Diet general	The patient does not require any special modifications to meals based on symptoms or diagnosis.
Initiate adult sepsis alert	The patient presented with a fever and low blood pressure. These are indications that the patient could be septic. The patient was put on a sepsis alert to monitor for further

	complications.
Insert large bore IV	The patient was to receive a large bore IV in preparation for blood products to potentially be administered.
Insert/maintain peripheral IV	Inserting/maintaining a peripheral IV is necessary due to the patient's continuous infusion orders and intravenous medications.

Medications

Home Medications (Must List ALL)

Medications	Reason for taking
Amoxicillin-clavulanate	This medication is an antibiotic that is being taken orally for the patient's gynecologic infection.
Levonorgestrel -Ethinyl estradiol	This is an oral contraceptive. Patient claims she is not currently taking this. The medication may have been prescribed by her obstetrician at her six-week

	postpartum appointment.
Magnesium	Patient is taking this due to history of leg cramps.
Naproxen	This medication is an NSAID that the patient takes to treat mild or severe pain.

Hospital Medications (Must List ALL)

Brand/ Generic	Tylenol/ acetaminophen 650 mg oral	Omnipen/ ampicillin 2g intravenous	Gentak/ gentamicin 5mg/kg intravenous	Motrin/ ibuprofen 600 mg oral	Toradol/ ketorolac 15 mg intravenous
Classification	P: Nonsalicylate T: Antipyretic	P: Aminopenicillin T: Antibiotic	P: Aminoglycoside T: Antibiotic	P: NSAID T: Analgesic	P: NSAID T: Analgesic
Reason Client	Client is taking as	Client is taking to	Client is taking to	Client is taking as	Client received a

Taking	needed to reduce fever associated with infection.	treat obstetric and gynecologic infection	treat obstetric and gynecologic infection	needed for pain management	stat dose for pain management
Key nursing assessment(s) prior to administration	Vitals should be performed to assess whether a fever is present. Patient should be assessed for open wounds to prevent bleeding.	Baseline kidney function should be assessed before administration of this drug. Ampicillin is excreted by the kidneys so proper kidney function is crucial.	Baseline kidney function should be assessed before administration of this drug. Gentamicin is excreted by the kidneys so proper kidney function is crucial.	Patient's pain level should be assessed prior to administration.	Assess whether the client is currently breast feeding. ketorolac will be present in breast milk after administration.

		<p>Assess whether client is currently breast feeding. Ampicillin will be present in breast milk.</p>	<p>Baseline hearing and balance should be assessed. This drug may cause ototoxicity.</p>		
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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. ampicillin	Ampicillin will help treat the underlying bacterial	<p>1. Leukopenia</p> <p>2. Anemia</p>

	infection that is responsible for the patient's symptoms.	
2. gentamicin	Gentamicin will help treat the underlying bacterial infection that is responsible for the patient's symptoms.	1. Hypotension 2. Leukopenia
3. ibuprofen	Ibuprofen will manage the patient's pain. Pain management is a high priority in care.	1. Anemia 2. Hematuria

Medications Reference (1) (APA)

2024 Nurse's Drug Handbook. (2023). . Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL:	Patient is alert and oriented to person, place, and time. Appears to be well groomed and under no signs of acute distress. Patient is under no infection control precautions. Client does not currently have any complaints or concerns.
Alertness:	
Orientation:	
Distress:	
Overall appearance:	
Infection Control precautions:	

Client Complaints or Concerns:	
VITAL SIGNS: Temp: Resp rate: Pulse: B/P: Oxygen: Delivery Method:	Client's vital signs assessed at 0729. Temperature is 97.2 F. Respiration rate is 19/min. Pulse is 80 bpm. Blood pressure is 96/76. Oxygen is 99%. Patient is not currently on any supplemental oxygen.
PAIN ASSESSMENT: Time: Scale: Location: Severity: Characteristics: Interventions:	Pain assessment was performed at 0730 using numeric rating scale. Patient is experiencing no pain. Pain is rated at a 0.
IV ASSESSMENT: Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment: Fluid Type/Rate or Saline Lock:	20 gauge IV noted in the left antecubital. No date written on IV. IV is currently being used to administer continuous lactated ringers. IV site is not red or inflamed. The site is warm to touch. No drainage present. The IV site is partially wrapped in bandage. Patient states this is to help not set off alarm.

<p>INTEGUMENTARY:</p> <p>Skin color:</p> <p>Character:</p> <p>Temperature:</p> <p>Turgor:</p> <p>Rashes:</p> <p>Bruises:</p> <p>Wounds: .</p> <p>Braden Score:</p> <p>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p>	<p>Skin is warm and cream in color. Skin is appropriate for age. Good skin turgor on back of hand. No rashes, wounds, or bruises present on body. Braden score is 21. No drains present.</p>
<p>HEENT:</p> <p>Head/Neck:</p> <p>Ears:</p> <p>Eyes:</p> <p>Nose:</p> <p>Teeth:</p>	<p>Head is normocephalic. No lesions, lumps or deformities on head or ears. PERRLA intact. EOMs intact. Septum is midline. Oral mucosa is pink, moist, and intact. Good dentition present. Trachea does not deviate. Thyroid not palpable. Lymph nodes are appropriate and not tender.</p> <p>.</p>
<p>CARDIOVASCULAR:</p> <p>Heart sounds:</p> <p>S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable):</p>	<p>Clear s1 and s2. No gallops, murmurs or rubs noted. Normal rate and rhythm. Peripheral pulses 1+ bilaterally. Capillary refill under three seconds bilaterally. No neck vein</p>

<p>Peripheral Pulses:</p> <p>Capillary refill:</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Location of Edema:</p>	<p>distension. No edema present.</p>
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	<p>Breathing is nonlabored and symmetrical.</p> <p>Anterior and posterior lung sounds are clear. No accessory muscle use noted.</p>
<p>GASTROINTESTINAL:</p> <p>Diet at home:</p> <p>Current Diet:</p> <p style="padding-left: 40px;">Is Client Tolerating Diet?</p> <p>Height:</p> <p>Weight:</p> <p>Auscultation Bowel sounds:</p> <p>Last BM:</p> <p>Palpation: Pain, Mass etc.:</p> <p>Inspection:</p> <p style="padding-left: 40px;">Distention:</p> <p style="padding-left: 40px;">Incisions:</p> <p style="padding-left: 40px;">Scars:</p>	<p>Current diet is general and being tolerated.</p> <p>Patient states her diet at home is nonrestricted.</p> <p>Height is 5' 7". Weight is 101.7 kg. Height and weight were obtained from patient's chart.</p> <p>Bowel sounds are active in all four quadrants.</p> <p>Last bowel movement was yesterday. Stomach is soft, nontender, with no organomegaly noted.</p> <p>No abdominal distension. Three small scars noted on patient's abdomen. Patient states these are from a cholecystectomy.</p>

<p>Drains:</p> <p>Wounds:</p> <p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p>	
<p>GENITOURINARY:</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p> <p>Size:</p>	<p>Patient does not currently have a catheter.</p> <p>Urine is described as yellow and clear. No pain with urination. Last void was this morning.</p> <p>Inspection of genitals was not performed.</p>
<p>Intake (in mLs)</p> <p>Output (in mLs)</p>	<p>Lactated ringers continuous infusion: 375 mL</p> <p>Water: 200 mL Total intake: 575 mL</p> <p>Urine occurrence x2</p>
<p>MUSCULOSKELETAL:</p>	<p>Patient moves independently and requires no</p>

<p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Score:</p> <p>Activity/Mobility Status:</p> <p style="padding-left: 40px;">Activity Tolerance:</p> <p>Independent (up ad lib)</p> <p>Needs assistance with equipment</p> <p>Needs support to stand and walk</p>	<p>supportive devices. All extremities have full ROM. Fall score is 3.</p>
<p>NEUROLOGICAL:</p> <p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -</p> <p>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Orientation:</p> <p>Mental Status:</p> <p>Speech:</p> <p>Sensory:</p> <p>LOC:</p>	<p>Patient is alert and oriented to person, time, and place. Hand grips, pedal pushes, and pedal pulls demonstrate equal strength. PERRLA is intact. Speech is appropriate.</p>

<p>PSYCHOSOCIAL/CULTURAL:</p> <p>Coping method(s):</p> <p>Developmental level:</p> <p>Religion & what it means to pt.:</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Patient states coping mechanisms include spending time with her children. Developmental level is intimacy vs. isolation and formal operational. Patient is not religious. Patient currently lives in a home with six of her children. She states that the father of her children helps with childcare, but he does not currently live in the home. She states they are currently looking into moving to a house where they can live together.</p>
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Discharge Planning

Discharge location: To home or self care

Home health needs: No home health needs.

Equipment needs: No equipment needs.

Follow up plan: Patient should follow up with gynecologist/obstetrician in 5 to 7 days. Patient should monitor for vaginal bleeding and fever. Patient should take antibiotics prescribed by hospital physicians.

Education needs: Patient should be educated on the importance of finishing antibiotic regimen. Patient also needs to be educated on endometriosis and proper pain management for associated symptoms.

Nursing Process

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

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components • Listed in order by priority – highest priority to lowest priority pertinent to this client 	Rationale <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
1. Risk for additional infections related to Lymphocytopenia and current treatment regimen as evidenced by	The patient currently has a gynecologic infection that is being treated through antibiotics.	Patient will remain free of new infections.	1.Maintain standard precautions (Phelps, 2023). 2.Monitor white blood	Standard precautions were maintained. Patient was discharged from the hospital

<p>Lymphocyte level of 0.7 10³/mcl and use of ampicillin and gentamicin.</p>	<p>Due to her lowered lymphocytes and the antibiotics, she is taking she is susceptible to contracting a secondary infection while in the hospital.</p>		<p>cell count (Phelps, 2023).</p>	<p>without evaluation of her white blood cell count. I am unaware if the patient contracted any secondary infections.</p>
<p>2. Fatigue related to infection and blood loss as evidenced by patient stating “I just want to sleep”</p>	<p>The patient has experienced heavy bleeding and is currently fighting an infection. The combination of these</p>	<p>Patient will verbally express increased energy</p>	<p>1. Reduce demands placed on patient (Phelps, 2023). 2.Encourage patient to eat foods rich in</p>	<p>Patient was allowed to rest after assessment was complete. I am unaware if patient will alter her diet outside</p>

	<p>events has caused significant fatigue which may prolong recovery if not resolved.</p>		<p>iron and minerals (Phelps, 2023).</p>	<p>of the hospital.</p>
<p>3. Caregiver role strain related to insufficient social support and health impairment as evidenced by living situation and patient stating, "I just need to get back to my kids."</p>	<p>The patient is a mother to six, the youngest of which is 7 weeks old. While she is in the hospital she is relying on her partner to care for her children. This has caused significant stress and</p>	<p>Caregiver will fulfill role responsibilities to best of ability (Phelps, 2023).</p>	<p>1. Encourage caregiver to discuss coping skills used to overcome similar stressful situations (Phelps, 2023). 2.Help caregiver identify available</p>	<p>Patient was discharged home to be with her children. Patient has the opportunity to utilize assistive services if she chooses.</p>

	may prolong her recovery.		formal support services (Phelps, 2023).	
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Other References (APA):

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

