

N441 CARE PLAN #1

Natalie Zizumbo

Lakeview College of Nursing

N441: Adult Health 3

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02/22/2025

Demographics

Date of Admission 02/14/2025	Client Initials AA	Age 26	Biological Gender Female
Race/Ethnicity White/Caucasian	Occupation Not employed	Marital Status Single	Allergies Amoxicillin, Latex, and Penicillin G
Code Status Full code	Height 147.3 cm (4'9")	Weight 67.1 kg (148 lbs)	

Medical History

Past Medical History: Benign paroxysmal positional vertigo, Paraplegia, Obesity, Spina bifida, Attention deficit hyperactivity disorder, Depressive disorder, Anxiety, Diastematomyelia, Dysphagia, Hydrocephalus, Myelomeningocele, Scoliosis, Developmental delay, Chronic sinusitis, Urinary incontinence, Neurogenic bladder

Past Surgical History: Right ventriculoperitoneal shunt, Bilateral spinal rod and pedicle screw fixation, Bladder expansion with the use of intestine for expansion, Suprapubic catheter

Family History: The client's mother denies any family history.

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

The client's mother states the client does not use tobacco, alcohol, or drugs.

Education: The client's mother states that the client was in special education.

Living Situation: The client lives at home with her mother. The client's mother is her POA and sole caretaker.

Assistive devices: The client's mother stated that the client is bed-bound. She does have a manual hospital bed at home as well as a wheelchair.

Admission History

Chief Complaint: Wound on the lower legs/buttock area

History of Present Illness (HPI)– OLD CARTS

The client presented to the emergency room on 02/14/2025. An interview was attempted; however, the client could not state what had brought her in due to the client being developmentally delayed. The client's mother is her caregiver and POA and was open to being interviewed. The client's mother states that the client is bedbound. About six weeks ago, she noticed wounds on the client's buttocks area as she was changing her diaper. She states that the wounds were "really small." However, in the past two weeks, the mother states she had injured her right shoulder and was unable to turn and reposition the client in bed and only managed to change her diaper. The client states that on 02/14/2025, as she was changing the client's diaper, she noticed how big the wounds on her buttocks area had grown. She also noticed a foul smell and pus/blood drainage seeping from the wounds. She states that the client also appeared pale, sweaty, and confused. No prior treatment was done before the client's mother proceeded to call an ambulance, and the client was brought to the emergency room. Since the client is paraplegic, the client could not feel pain from the wounds or describe how the wounds felt.

Admission Diagnosis

Primary Diagnosis: Sepsis

Secondary Diagnosis (if applicable): Large stage IV decubitus ulcer and osteomyelitis of left hip/ischium

Pathophysiology**Sepsis**

Sepsis, also known as septicemia, is an infection that affects the entire body and causes severe multiorgan dysfunction (Capriotti, 2020). It is most commonly caused by bacteria

entering the bloodstream, causing widespread infection (Capriotti, 2020). The bacterial infection typically begins in one area or system, and as it worsens, it spreads to the bloodstream, resulting in sepsis (Capriotti, 2020). One common infection that can lead to sepsis is a urinary tract infection (Capriotti, 2020). However, pneumonia or other extensive infected wounds, such as pressure ulcers, can lead to sepsis (Capriotti, 2020). In this client's case, her sepsis was caused by an infection from her large stage IV pressure ulcers. The infection from the pressure ulcers also caused her to develop osteomyelitis in the left proximal femur. Sepsis also causes a widespread inflammatory response, which leads to the activation of the coagulation cascade (Capriotti, 2020). It also causes an increase in the secretion of epinephrine and cortisol, causing a decrease in insulin sensitivity, which raises blood glucose (Capriotti, 2020). The client's platelets and glucose were elevated on admission due to this.

For a provider to suspect sepsis, the client must present with at least one of the following symptoms: altered mental state, hypoxemia, elevated plasma lactate level, systolic hypotension of less than 100 mm Hg, or oliguria (Capriotti, 2020). For this client, when she presented to the emergency room, her blood pressure was 87/61. She was also confused and diaphoretic. The client's lactate level was 3.8 mmol/L, which is elevated from the normal range of 0.5-2 mmol/L.

Procalcitonin levels and C-reactive protein are also drawn and can be indicators of inflammation, sepsis, and shock (Hinkle et al., 2021). The client's procalcitonin levels and C-reactive protein levels were both elevated. A computed tomography (CT) and X-ray may be done to identify areas of infection that may have led to sepsis (Capriotti, 2020). This client had a chest X-ray done; however, pneumonia was ruled out. Her abdominal CT showed stage IV pressure ulcers and osteomyelitis of the left proximal femur.

Fluid replacement with a crystalloid fluid bolus is initially started when sepsis is confirmed to improve tissue perfusion (Hinkle et al., 2021). If the fluid does not improve tissue perfusion, vasopressors may be given to increase blood pressure and have a MAP of 65 or greater (Hinkle et al., 2021). Broad-spectrum antibiotics are initially used to treat sepsis until blood culture and sensitivity are done to identify the microorganisms and the effective antibiotics (Hinkle et al., 2021). This client's blood culture and sensitivity showed Gram-negative bacilli and Gram-positive cocci resembling streptococcus. It was determined that Vancomycin would be effective for treatment, and the client is currently on Vancomycin 1g of 250 mL IVPB every 12 hours. The client is also receiving meropenem 500 mg IV push every six hours. Meropenem is a broad-spectrum antibiotic that can also be used to treat sepsis. Analgesics are also provided for pain relief (Hinkle et al., 2021). This client is prescribed Norco 5-325mg tablets as needed for moderate pain and Tylenol for mild pain. Venous thromboembolism prophylaxis is also started with heparin (Hinkle et al., 2021). This client is receiving heparin subcutaneously every eight hours. Vital signs, labs, I&O, and nutritional status should all be monitored continuously for any changes that may indicate the client is going into septic shock (Hinkle et al., 2021).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. J. (2021). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
WBC	31.39 $10^3/\mu\text{L}$	33.29 $10^3/\mu\text{L}$	4-11 $10^3/\mu\text{L}$	The WBC are increased due to sepsis (Pagana et al., 2023).
Hgb	8.7 g/dL	8.9 g/dL	11-16 g/dL	The Hgb is low due to anemia caused by her sepsis (Pagana et al., 2023).
Hct	31.7%	30.6%	34-37%	The Hct is low due to anemia caused by sepsis (Pagana et al., 2023).
MCV	78.7 fL	85 fL	80-100 fL	The MCV is low due to anemia (Pagana et al., 2023).
MCH	21.6 pg	24.7 pg	26-33 pg	The MCH is low due to anemia (Pagana et al., 2023).
MCHC	27.4 g/dL	29.1 g/dL	31-35 g/dL	The MCHC is low due to anemia (Pagana et al., 2023).
RDW	19.1%	17.8%	12-15%	The RDW is increased due to anemia (Pagana et al., 2023).
Platelets	1021 $10^3/\mu\text{L}$	507 $10^3/\mu\text{L}$	140-400 $10^3/\mu\text{L}$	The platelets are increased due to sepsis (Pagana et al., 2023).
MPV	8.9 fL	9.3 fL	9-12 fL	The MPV is low due to anemia (Pagana et al., 2023).
Absolute neutrophils	25.73 $10^3/\mu\text{L}$	28.8 $10^3/\mu\text{L}$	1.6-7.7 $10^3/\mu\text{L}$	The neutrophils are elevated due to sepsis (Pagana et al., 2023).
Absolute immature granulocytes	0.95 $10^3/\mu\text{L}$	1.4 $10^3/\mu\text{L}$	0-0.09 $10^3/\mu\text{L}$	The immature granulocytes are elevated due to sepsis (Pagana et al., 2023).
Glucose	111 mg/dL	78 mg/dL	74-100 mg/dL	The glucose is elevated due to stress response to sepsis (Pagana et al., 2023).
BUN	41 mg/dL	13 mg/dL	7-19 mg/dL	The BUN is elevated due to impaired kidney function due to sepsis

				(Pagana et al., 2023).
Albumin	2 g/dL	N/A	3.5-5 g/dL	Albumin is low due to malnutrition and can also be due to sepsis (Pagana et al., 2023).
Alkaline phosphate	209 u/L	N/A	40-150 u/L	Alkaline phosphate is elevated due to inflammation in the liver from sepsis (Pagana et al., 2023).
Sodium	124 mmol/L	137 mmol/L	136-145 mmol/L	The sodium is decreased due to sepsis, which affects the body's fluid balance regulation (Pagana et al., 2023).
Potassium	5.2 mmol/L	3.2 mmol/L	3.5-5.1 mmol/L	The potassium is increased/decreased due to sepsis (Pagana et al., 2023).
Chloride	15 mmol/L	13 mmol/L	22-29 mmol/L	The chloride could be low due to injury to her kidneys from the sepsis (Pagana et al., 2023).
Procalcitonin	11.36 ng/mL	N/A	<0.05 ng/mL	If the procalcitonin level is greater than 10, this is an indicator of severe sepsis or shock. Her level being high is due to her having sepsis.
Lactic acid	3.8 mmol/L	N/A	0.5-2 mmol/L	The lactic acid is elevated due to sepsis (Pagana et al., 2023).
C-reactive protein	13.84 mg/dL	N/A	0-0.5 m/dL	The C-reactive protein is elevated due to the inflammatory response caused by sepsis (Pagana et al., 2023).
D-dimer	3.68 ug/mL	N/A	<0.5 ug/mL	The D-dimer levels are elevated due to the inflammatory response from sepsis triggering the clotting system (Pagana et al., 2023).
Blood culture	Gram-negative bacilli and gram-positive cocci	N/A	Negative	The blood cultures are used to detect bacteria in the blood and to

	resembling streptococcus			determine which antibiotics are effective against the type of bacteria (Pagana et al., 2023).
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Lab reference (1):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's diagnostic and laboratory test reference* (16th ed.). Elsevier.

Diagnostic Test & Purpose	Client Signs and Symptoms	Results
<p>02/14 Chest X-ray A chest X-ray is used to evaluate the heart, lungs, and other structures in the chest (Pagana et al., 2023).</p>	<p>When the client arrived at the emergency room, she was suspected of sepsis. The chest X-ray can evaluate any infections that could have led to sepsis, such as pneumonia.</p>	<p>The chest X-ray revealed no signs of pneumonia or pleural effusion.</p>
<p>02/14 Abdominal/Pelvis CT with contrast An abdominal/pelvis computed tomography (CT) is used to evaluate the structures and organs of the abdomen and pelvis (Pagana et al., 2023).</p>	<p>The client had extensive stage IV pressure ulcers on her buttocks/perineum/lower leg area. A CT can be used to visualize the degree of damage and evaluate for potential infection (Pagana et al., 2023).</p>	<p>The CT scan revealed a very large soft tissue ulceration in the perineum/lower pelvis that extends along the posterior left proximal thigh. The left proximal femur showed signs of osteomyelitis.</p>
<p>02/16 CT Brain without contrast A computed tomography (CT) of the brain is done to evaluate the structures of the brain (Pagana et al., 2023).</p>	<p>The mother had expressed concerns about changes to the client's mental status, slurred speech, and "breathing with her mouth open." The provider ordered a CT to evaluate the client's shunt.</p>	<p>The CT scan revealed the ventriculoperitoneal shunt to be stable with the end of the catheter in the anterior body of the right lateral ventricle.</p>

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's diagnostic and laboratory test reference* (16th ed.). Elsevier.

Active Orders

Active Orders	Rationale
Turn every two hours	The client has a large stage IV pressure ulcer. Turning the client to ensure it does not worsen and she does not develop further pressure ulcers is important.
Vital signs every four hours	Monitor the client's status.
Strict I&O	Monitor the client's fluid and ensure the kidneys work due to sepsis.
AROM/PROM three times a day	The client is bed-bound and paraplegic and cannot move on her own. It is important to help with movements to ensure her muscles do not atrophy.
Seizure precautions – padded side rails	The client has sepsis, spina bifida, and hydrocephalus, increasing her risk of seizures.
Magic cup – breakfast, lunch, dinner High protein Ensure	The client is malnourished and has low albumin.
Wound care and dressing change two times a day – wet to dry dressing with Vashe wound wash	The client has a large stage IV pressure ulcer. Her dressing needs to be changed if it becomes soiled.
Administer blood products (PRBCs) – 3 units Verify blood consent	The client's Hgb and Hct were low due to the anemia caused by sepsis.
Nursing communication – keep MAP >55	The client has sepsis, and a drop in blood pressure/MAP can signify the client is going into shock.
Warm patient with forced air warmer (bear hugger) – goal temperature: 97 F	The client's temperature at admission was 94.5 F.
Activity – increased as tolerated	The client is bed-bound; however, AROM/PROM should be promoted when the client has the strength to reduce the risk of

	muscle atrophy.
Pulse ox continuous – notify the provider if below 90%	Monitor the client’s respiratory status.
Apply oxygen to maintain oxygen saturation above 92% - nasal cannula	The nurse can administer supplemental oxygen to the client if her oxygen saturation drops.
IV access – insert two peripheral IVs; if difficult, notify the provider for an alternative method such as US-guided or central line	In sepsis protocol, two IVs are initially started. IVs are needed to administer medication, fluids, and possible blood products.
Notify provider SBP - <90 or >180 Heart rate - <50 or >120 Respiratory rate - <10 or >30 Oxygen saturation - <92% Temperature - <97 F or >100.4 F	The nurse should notify the provider if the client’s vitals become abnormal because it could mean the client’s condition is declining.

Medications

Home Medications (Must List ALL)

Medication	Reason for taking
Tylenol X-strength	To reduce fever and pain
Bupirone	To help manage anxiety (Jones & Bartlett Learning, 2023).
Cyanocobalamin (Vitamin B12)	Prevent vitamin B12 deficiency
Escitalopram (Lexapro) (Jones & Bartlett Learning, 2023).	To help treat depression (Jones & Bartlett Learning, 2023).
Ibuprofen (Motrin) (Jones & Bartlett Learning, 2023).	To reduce pain and fever
Loratadine (Claritin) (Jones & Bartlett Learning, 2023).	Reduce allergies
Meclizine	Help treat dizziness (Jones & Bartlett Learning, 2023).
Melatonin	Help client sleep
Plecanatide (Trulance) (Jones & Bartlett Learning, 2023).	Treat constipation – the client is immobile and paraplegic (Jones & Bartlett Learning, 2023).
Miralax	Treat constipation – the client is immobile and paraplegic

Normal saline	Flush suprapubic catheter
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Hospital Medications (Must List ALL)

Brand/ Generic	Tums (calcium carbonate)	Mucinex (guaifenesin)	Heparin	Norco (acetaminophen and hydrocodone)	Merrem (meropenem)	Zofran (ondansetron)
Classification	Pharmacologic: Calcium salts Therapeutic: Antacid (Jones & Bartlett Learning, 2023).	Pharmacologic: NMDA receptor antagonist Therapeutic: Expectorant (Drugs.com, 2024).	Pharmacologic: Anticoagulant Therapeutic: Anticoagulant (Jones & Bartlett Learning, 2023).	Pharmacologic: Opioid and Nonsalicylate Therapeutic: Antipyretic and Opioid analgesic combo (Drugs.com, 2023).	Pharmacologic: Carbapenem Therapeutic: Antibiotic (Jones & Bartlett Learning, 2023).	Pharmacologic: Selective serotonin receptor antagonist Therapeutic: Antiemetic (Jones & Bartlett Learning, 2023).
Reason Client Taking	As needed for reflux symptoms (Jones & Bartlett Learning, 2023).	As needed for cough and chest congestion (Drugs.com, 2024).	Venous thromboembolism prophylaxis (Jones & Bartlett Learning, 2023).	As needed for moderate pain (4-6 pain rating)	Treat sepsis (Jones & Bartlett Learning, 2023).	As needed for nausea and vomiting (Jones & Bartlett Learning, 2023).
List two teaching needs for the medication pertinent to the client	Take 2 hours after other oral medications and chew tablets thoroughly before	Drink plenty of fluids to help loosen secretions and ask the provider before	Educate on the increased risk of bleeding and symptoms of abnormal	Drink plenty of fluids, take the tablet whole, and report any signs	Report any signs of difficulty breathing or skin changes immediately	Educate of side effects such as drowsiness and educate on serotonin syndrome

	swallowing (Jones & Bartlett Learning, 2023).	taking other over-the-counter cold medications (Drugs.com, 2024).	bleeding such as dark stools, bloody urine, or bleeding gums (Jones & Bartlett Learning, 2023).	of difficulty breathing (Drugs.com, 2023).	ly and diarrhea lasting longer than three days (Jones & Bartlett Learning, 2023).	and report signs of confusion, tremor, chills, or hyperactivity (Jones & Bartlett Learning, 2023).
Key nursing assessment(s) prior to administration	Assess the client's calcium levels and reflux symptoms (Jones & Bartlett Learning, 2023).	Assess respiratory status (Drugs.com, 2024).	Assess for bleeding and PTT levels and rotate injection sites (Jones & Bartlett Learning, 2023).	Assess pain rating, liver function levels, and respiratory status (Drugs.com, 2023).	Assess creatinine clearance and assess for any signs of hypersensitivity and cutaneous reactions (Jones & Bartlett Learning, 2023).	Assess for hypokalemia and hypomagnesemia (Jones & Bartlett Learning, 2023).
Brand/ Generic	Potassium chloride	Compazine (prochlorperazine)	Vancocin (vancomycin)	Vashe wound therapy irrigation solution (sodium hypochlorous acid 0.033%)		
Classification	Pharmacologic: Electrolyte cation	Pharmacologic: Piperazine phenothiazine	Pharmacologic: Glycopeptide	Pharmacologic: hypochlorous acid		

	Therapeutic: Electrolyte replacement (Jones & Bartlett Learning, 2023).	ne Therapeutic : Antiemetic (Jones & Bartlett Learning, 2023).	Therapeutic : Antibiotic (Jones & Bartlett Learning, 2023).	Therapeutic: Wound cleanser (Urgo Medical, 2025).		
Reason Client Taking	Low potassium levels (Jones & Bartlett Learning, 2023).	As needed for mild-moderate nausea (Jones & Bartlett Learning, 2023).	Treat sepsis (Jones & Bartlett Learning, 2023).	Cleanse stage IV pressure ulcers		
List two teaching needs for the medication pertinent to the client	Take with food and educate on signs of hypo/hyperkalemia (Jones & Bartlett Learning, 2023).	Educate of side effects such as drowsiness and report signs of restlessness or involuntary movements (Jones & Bartlett Learning, 2023).	Report signs of persistent diarrhea and severe skin reactions such as blisters or rashes (Jones & Bartlett Learning, 2023).	Soak gauze in wound wash and apply to wound for few minutes then wipe and pat dry and report signs of irritation or allergic reaction (Urgo Medical, 2025).		
Key nursing assessment(s) prior to administration	Assess potassium levels (Jones & Bartlett Learning,	Assess blood pressure and severity of nausea	Assess vancomycin trough concentration and IV	Assess wound and drainage (Urgo		

ation	2023).	(Jones & Bartlett Learning, 2023).	site (Jones & Bartlett Learning, 2023).	Medical, 2025).		
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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. Vancomycin	The client has sepsis, and based on blood culture and sensitivity, Vancomycin is the best antibiotic to treat her sepsis.	1. Acute kidney injury (Jones & Bartlett Learning, 2023). 2. Hypokalemia (Jones & Bartlett Learning, 2023).
2. Meropenem	The client has sepsis, and this antibiotic can also be used to treat her sepsis based on the blood culture and sensitivity.	1. Seizures (Jones & Bartlett Learning, 2023). 2. Anemia (Jones & Bartlett Learning, 2023).
3. Heparin	The client is at a high risk of developing clots due to her being immobile and paraplegic.	1. Excessive bleeding (Jones & Bartlett Learning, 2023). 2. Dyspnea (Jones & Bartlett Learning, 2023).

Medications Reference (1) (APA):

Drugs.com. (2024, May 6). *Guaifenesin*. <https://www.drugs.com/guaifenesin.html>

Drugs.com. (2023, August 7). *Norco*. <https://www.drugs.com/norco.html>

Jones & Bartlett Learning. (2023). *NDH: Nurse's drug handbook* (23rd ed.). Jones & Bartlett Learning.

Urgo Medical. (2025, January 2). *Vashe wound solution*.

<https://www.urgomedical.us/products/vashe>

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

<p>GENERAL: Alertness: Alert but lethargic Orientation: Oriented x2 Distress: None Overall appearance: Infection Control precautions: Standard Client Complaints or Concerns: None</p>	<p>The client is alert but lethargic and is oriented to person and place. She is developmentally delayed. She did not appear to be in distress and had an appropriate appearance.</p>
<p>VITAL SIGNS: 1100 Temp: 96.8 F – axillary Resp rate: 14 Pulse: 101 B/P: 100/56 – MAP: 75 Oxygen: 96% Delivery Method: Room air</p>	<p>1500 Temp: 97 F – axillary Resp rate: 14 Pulse: 109 B/P: 111/58 – MAP: 75 Oxygen: 96% Delivery Method: Room air</p>
<p>PAIN ASSESSMENT: Time: 1100 & 1500 Scale: Numeric 0-10 Location: N/A Severity: 0 Characteristics: N/A Interventions: None; however, pain medications are available, and positioning was done to make client comfortable</p>	<p>The client stated that she did not have pain and rated her pain as zero at both times of the pain assessment.</p>
<p>IV ASSESSMENT: Size of IV: 18g Location of IV: Right arm anterior proximal and Right forearm anterior Date on IV: 02/16/25 Patency of IV: Patent but positional Signs of erythema, drainage, etc.: None IV dressing assessment: Tegaderm dressing with tape – clean, dry and intact Fluid Type/Rate or Saline Lock: Right anterior arm proximal – saline lock Right forearm anterior – D5LR 80 mL/hr</p>	

<p>INTEGUMENTARY: Skin color: Fair, pale Character: Dry Temperature: Cool Turgor: Normal Rashes: None Bruises: Present Wounds: Present Braden Score: 11 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>The client is fair in color but appears pale. Her skin is dry and cool to the touch. Skin turgor return is normal. The client has a large bruise and edema on the left forearm from previous IV infiltration. There is a large scar along the client's spine, consistent with previous back surgery. The client has very large and extensive stage IV pressure ulcers on her buttocks/perineum/lower legs area. Pressure ulcers have tunneling present with yellow/red drainage. Erythema was noted around the edges of the ulcers. The client's left posterior femoral head is visible through the pressure ulcer. The client also has wounds on the left and right heel areas; however, these could not be assessed due to Mepilex dressing. The client has a Braden score of 11, which is very high risk for pressure ulcers.</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>The client's head and neck are symmetrical, and her trachea is midline. No palpable lymph nodes. Sinuses are nontender. Carotid pulses are palpable 2+ bilaterally. Eyes are symmetrical with no lesions or drainage. PERRLA and EOMS are intact bilaterally. Client does wear glasses. Septum is midline with no drainage or noticeable lesions. Ears are symmetrical and hearing is intact. Lips are dry and oral mucosa is pink and moist. Client has a few missing teeth.</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: 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: Left arm</p>	<p>Clear S1 and S2 auscultated with no murmurs. Client is slightly tachycardic with a pulse of 109. Peripheral pulses palpable 2+ in bilateral upper extremities. Dorsalis pedis diminished pulse 1+ bilaterally. Capillary refill less than three seconds. No neck vein distention noted. Edema is present in the left forearm.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Lung sounds are clear anteriorly and posteriorly in all lung fields. Normal rate and rhythm noted, with no accessory muscle use.</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet: Is Client Tolerating Diet? Yes</p>	<p>The client has a regular diet at home; however, the client's mother stated that she does not eat much. She is currently on a regular diet in the hospital with a magic cup and Ensure for</p>

<p>Height: 147.3 cm (4'9") Weight: 67.1 kg (148 lbs) Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: None Inspection: Distention: Slight Incisions: None Scars: None Drains: None Wounds: None 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>additional protein. Bowel sounds are hypoactive in all quadrants. The client had a bowel movement today (02/16), which was runny and light brown. The client's abdomen was slightly distended, and the client had no sensation in some parts of her abdomen. The client has a suprapubic catheter that appears clean and with no signs of infection.</p>
<p>GENITOURINARY: Color: Yellow Character: Clear Quantity of urine: 500 mL 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: Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: Suprapubic Size: 14 fr</p>	<p>The client has a suprapubic catheter. The client had some moisture associated skin damage to the mons pubis area. Stage IV pressure ulcers also extended to the client's vaginal opening.</p>
<p>Intake (in mLs) Output (in mLs)</p>	<p>Intake IV – 811 mL PO – 360 mL Output Urine – 500 mL 1 bowel movement</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Bed-bound; pillows Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 26 Activity/Mobility Status: Immobile Activity Tolerance: Independent (up ad lib) Needs assistance with equipment</p>	<p>The client's range of motion could not be assessed due to the client becoming fatigued throughout the assessment. Hand grips were weak, and the right hand was stronger than the left one. The client is paraplegic, so pedal pushes/pulls were not assessed. The client is immobile and bed-bound. She is repositioned with pillows every two hours. Her fall score is 26, which indicates a high risk.</p>

Needs support to stand and walk	
NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: x2 Mental Status: Developmentally delayed Speech: Clear Sensory: Impaired LOC: Alert but lethargic	The client is alert but lethargic and oriented to person and place. Her right-hand grip is stronger than the left one. The client is paraplegic, so the lower half of her body cannot be assessed in strength. She is developmentally delayed but can express what she needs. She is able to follow commands well.
PSYCHOSOCIAL/CULTURAL: Coping method(s): The client states she likes watching cartoons. Developmental level: Intimacy vs isolation Religion & what it means to pt.: The client's mother stated that they are not particularly religious. Personal/Family Data (Think about home environment, family structure, and available family support):	The client's mother is her sole caretaker. However, due to the extent of her pressure ulcer, there is concern for neglect.

Discharge Planning

Discharge location: The client's case was brought to a case manager for possible caretaker neglect. The plan is to admit the client into a long-term care facility.

Home health needs: The client is planned to be admitted in a long-term care facility.

Equipment needs: The client is to be discharged to a long-term care facility where they will have the necessary equipment needed for her care. She will need regular wound care and dressing changes. She will also need staff to turn her at least every two hours due to her being bed-bound and immobile. The staff should also be equipped and knowledgeable on clients with spina bifida and VP shunts.

Follow-up plan: The client may need to follow up with wound care to ensure the pressure ulcers are healing well and, if needed, to change her wound care/dressing type. The client will probably have follow-ups with neurology to ensure her shunt works appropriately.

Education needs: The client is developmentally delayed and has no sensation below her waist. However, she can still be educated on reporting signs that she is not feeling well. The plan is to discharge the client to a long-term care facility. However, the mother should also be educated on caretaker fatigue and resources to help when she can no longer care for the client.

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
<ol style="list-style-type: none"> 1. Ineffective protection related to infectious processes as evidenced by extensive stage IV pressure ulcers (Phelps, 2023). 	<p>I chose this diagnosis because the client has sepsis, which can cause immunosuppression. This increases the risk of developing other infections and possibly causing the client to go into septic shock.</p>	<p>The client will no longer be septic by discharge (Phelps, 2023).</p>	<ol style="list-style-type: none"> 1. Monitor vital signs (Phelps, 2023). 2. Utilize an aseptic technique when caring for the client (Phelps, 2023). 	<p>The client’s vital signs were taken every four hours. Hand hygiene, gloves, and the aseptic technique were utilized whenever care was provided.</p>

<p>2. Impaired skin integrity related to decreased mobility as evidenced by extensive stage IV pressure ulcer on buttocks/perineum/lower leg area (Phelps, 2023).</p>	<p>I chose this diagnosis because the client is immobile and paraplegic and has a high risk of developing pressure ulcers causing the one she currently has to worsen.</p>	<p>The client's pressure ulcer will have improved by discharge (Phelps, 2023).</p>	<p>1. Ensure the client is turned every two hours (Phelps, 2023). 2. Assess the client's skin (Phelps, 2023).</p>	<p>The client was turned every two hours using pillows.</p>
<p>3. Impaired mobility related to impairment as evidenced by paraplegia (Phelps, 2023).</p>	<p>I chose this diagnosis because the client is bed-bound and immobile. Because of this, she is at increased risk of muscle atrophy and venous thrombosis formation.</p>	<p>The client will show no evidence of complications such as venous thrombus formation or atrophy at discharge (Phelps, 2023).</p>	<p>1. Perform AROM/PROM exercises three times a day (Phelps, 2023). 2. Assess for signs of venous thrombus formation (Phelps, 2023).</p>	<p>AROM/PROM exercises were completed two times this day, and there were no signs of clot formation.</p>
<p>4. Ineffective thermoregulation related to sepsis as evidenced by tachycardia, skin cool to the touch, and low temperature (Phelps, 2023).</p>	<p>I chose this diagnosis because the client's temperature at arrival to the emergency room was 94.5 F. Her temperature that day was 97 F, which is now in the normal range due to using a bear hugger but is a little low.</p>	<p>The client will maintain normal body temperature without aids by discharge (Phelps, 2023).</p>	<p>1. Monitor temperature every four hours (Phelps, 2023). 2 Use bear hugger as ordered to increase temperature (Phelps, 2023).</p>	<p>The client's temperature is now in the normal but low range. Her skin was still a little cool to touch.</p>

<p>5. Imbalanced nutrition related to dysphagia and inadequate interest in food (according to the client's mother) as evidenced by low albumin levels (Phelps, 2023).</p>	<p>I chose this nursing diagnosis because the client's albumin level is 2 g/dL, which is lower than the normal range, indicating malnutrition. This can affect her healing process.</p>	<p>The client's albumin level will return to normal by discharge (Phelps, 2023).</p>	<p>1. Monitor intake and output (Phelps, 2023). 2. Offer high-protein foods and ensure high-protein supplements are given at mealtimes (Magic Cup and High protein Ensure) (Phelps, 2023).</p>	<p>The client is on a strict I&O. She ate some of the magic cup and drink some of the Ensure at lunchtime.</p>
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Other References (APA):

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

