N311 Care Plan 2

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N311: Foundations of Professional Practice

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Demographics

Date of Admission	**Client Initials**	**Age**	**Biological Gender**
2/14/2025	**JD**	**64**	**Male**
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	**Unemployed**	**Widowed**	**Latex (itching, rash)**
			Nsaids (upset GI)

			Nsaids (upset GI) **Ampicillin (unknown)** **Ibuprofen (stomach ulcers)** **Gabapentin (hives)** **Oxacillin (hives)** **Adhesive (itching)**
Code Status **Full**	**Height** **5’ 10’’**	**Weight** **337 lb 4.9 oz**	

Medical History

Past Medical History: anxiety, DVT (not on coagulants)

Past Surgical History: femur fracture, leg/foot soft tissue, PR removal gallbladder, total hip replacement, total knee replacement

Family History: no pertinent information

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

- **Smoking: never**
- **Smokeless tobacco: never**
- **Alcohol: 2 beers every 6 months (has not had any since last June)**
- **Drugs: pot rarely (has not had any since last June)**

Education: college

Living Situation: nursing home

Assistive devices:

- **Commode**
- **Walker**
- **Wheelchair**
- **Power chair**

Admission Assessment

Chief Complaint: abdominal pain

History of Present Illness (HPI) – OLD CARTS:

The patient does not remember the events leading up to his arrival at the hospital. Nor does he remember being admitted to the hospital. Information had to be obtained from his chart because of this. He came to the hospital after falling and prior complaints of abdominal pain. The patient denied chills, chest pain, shortness of breath, and N/V. He was experiencing chronic diarrhea and his chart says he had diarrhea issues..

Primary Diagnosis

Primary Diagnosis on Admission: AKI

Secondary Diagnosis (if applicable): acute uremic encephalopathy

Pathophysiology

Pathophysiology of the Disease, APA format:

Pathophysiology References (2) (APA):

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
12:36	66 bpm	110/50 mmhg	18 bpm	97.8^0 F oral	96% room air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
12:06	1-10	both legs	7	localized, non-radiating	medication

Intake and Output

Intake (in mL)	Output (in mL)
2700 mL (over 24 hours)	850 mL urine (amber in color)

Nursing Diagnosis

Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired mobility related to	**This nursing diagnosis was chosen because the patient has**	**1. Getting up and walking more often**	**1. Walking around the nursing home multiple times per day**	**The patient agreed to start walking more, trying not to use his assistive**

being overweight as evidenced by needing an assistive device to get around	**limited movement due to him being overweight**	**2. ROM exercises**		**devices as much unless needed**
2. Diarrhea risk related to abdominal pain as evidenced by constant need to use	**This nursing diagnosis was chosen because the patient was complaining of having liquidy stools. His chart even mentioned he has had diarrhea issues**	**1. Drinking plenty of fluids to not become dehydrated** **2. Feeding the patient foods high in fiber to help make his stools more firm**	**1. Make sure his diarrhea stops and his stool is more firm, less liquidy**	**The patient agreed to drink more liquids to stay hydrated and eat more foods high in fiber**
bathroom and soft stools	**in the past**			

Other References (APA):

Pathophysiology

This patient presented to the hospital for complaints of abdominal pain that was later diagnosed as severe AKI (acute kidney injury) and acute uremic encephalopathy. AKI, also known as renal failure, just means that the kidney function is reduced which is discovered through a decrease in urine volume or an increase in creatinine levels (Goyal, 2023). For this particular patient, his input and output was measured in twenty-four hour intervals. In the twenty-four hours of February 20, the patient had taken in about 2700 mL of liquids and food. In that time, his output had been 850 mL measured from his urine which was amber in color. AKI pathophysiology is usually split into three different categories that consists of “prerenal, intrinsic renal, and postrenal” (Goyal, 2023). This patient was in the prerenal category of AKI which is caused by a decreased blood flow to the kidney. This category of AKI might be part of what is known as systemic hypoperfusion which results from “hypovolemia or selective hypoperfusion of the kidneys” (Goyal, 2023).

This patient was also diagnosed with acute uremic encephalopathy which is caused from a buildup of toxins due to renal failure, chronic or acute (Olano, 2024). This condition is usually developed in patients with renal failure which this patient was dealing with and diagnosed with. Uremic encephalopathy is partially reversible with the help of “renal replacement therapy” (Olano, 2024). Research has found that there may be a variety of reasons for the buildup of these toxins. These include but are not limited to, “an imbalance in inhibitory and excitatory neurotransmitters, neuronal degeneration, and vascular inflammation” (Olano, 2024).

References

Goyal, A. (2023, November 25). *Acute kidney injury*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK441896/

Olano, C. G. (2024, July 6). *Uremic encephalopathy*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK564327/

Open Resources for Nursing (Open RN). (1970, January 1). *Appendix A: Sample nanda-I diagnoses*. Nursing Fundamentals [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK591814/