N311 Care Plan 2

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N311: Foundations of Professional Practice

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Demographics

Date of Admission 19 February 25	Client Initials E.R.	Age 88 years old	Biological Gender Male
Race/Ethnicity White/Caucasian	Occupation Carpenter for 30 years Cattle Farmer until age 62	Marital Status Married	Allergies none
Code Status Do not intubate/no CPR	Height 6'0 ft	Weight 184 lbs	

Medical History

Past Medical History: The client's previous medical history consists of paroxysmal Afib, acute kidney injury, severe aortic stenosis, aortic valve abscess, arthritis, CAD, calculus of kidney, asymptomatic bilateral carotid stenosis, hearing loss, hypertension, hyperlipidemia, lactic acidosis, mild cognitive impairment, pacemaker, severe sepsis with septic shock, sleep apnea syndrome, and a transient ischemic attack.

Past Surgical History: The client's previous surgical history consists of a pacemaker/defibrillator, PR appendectomy, five colonoscopies, R/L heart catheterization, coronary artery bypass graft, ureter stent placement, two cystoscopic calculus removal and an upper gastrointestinal endoscopy.

Family History: The client's father passed from a myocardial infarction and his mother had Alzheimer's. His other two siblings passed away from cancer and cardiac problems. The client did not want to discuss more about his family history.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The client is a former cigarette smoker at 0.8 packs per day for twenty-four years. Since then he has quit and is now fifty-five years smoke free. He also states that he has a "standard glass" of alcohol per week and a glass of wine "every once in a while".

Education: The client has a high-school diploma which concludes his education.

Living Situation: The client currently lives in the home that he built twenty years ago with his wife and plans to live in that home until he is physically unable to.

Assistive devices: The client's assistive devices include a pacemaker and a cane. He previously wore hearing aids as well; however, he was informed that the hearing aids were no longer an option due to his progressed hearing loss.

Admission Assessment

Chief Complaint: Rectal bleeding

History of Present Illness (HPI) – OLD CARTS: The client first noticed that there was blood in his stool on the nineteenth of February and around the time 1930. This bloody stool has been ongoing and the amount of dark red/black blood in the stool has lessened since admission. The aggravating factors of the bloody stool are unknown as well as the related factors however, his blood thinner medication and fluid volume is assumed to be related. His treatment is to stop taking the blood thinner medication until further notice and to have a colonoscopy preformed to find the exact known cause of the rectal bleeding. The client is in no pain throughout this situation.

Primary Diagnosis

Primary Diagnosis on Admission: Rectal Bleed

Secondary Diagnosis (if applicable):

Pathophysiology

Pathophysiology of the Disease: The medical term for rectal bleeding is hematochezia. The pathophysiology of hematochezia depends on the possible underlying condition. Some signs that could mean rectal bleeding is occurring are blood on used toilet paper, bloody diarrhea, light to dark pink toilet water, and dark red to black stool. With each of these signs, each one could potentially mean something different. According to Yale Medicine, some common causes of rectal bleeding can include hemorrhoids, bleeding lesions, and anal fissures. On the lower side, some more serious causes can mean colon cancer, diverticular bleeding, ulcerative colitis, and Crohn's disease. The most common procedure done to determine the best possible option for treatment is a colonoscopy. According to the National Library of Medicine, "gastrointestinal bleeding is divided into the upper and lower gastrointestinal tract bleeding and is based on whether the bleeding originates from above or below the ligament of Treitz. Rectal bleeding is mainly caused by pathology from the lower gastrointestinal tract, which includes the small intestine beyond the duodenum, the colon, rectum, or anal canal". According to the client's verbal statement, he claims that his rectal bleeding appeared as dark black and red blood and did not have any pain throughout. The client's plan of care was to start preparing for a colonoscopy around 1700 on the twenty-first of February. Then sometime in the morning of the next day, the colonoscopy procedure will be performed to determine the cause of the rectal bleeding. This will be the client's sixth colonoscopy of his lifetime. It is important to receive a colonoscopy every ten years beginning at the age of forty-five. However, if polyps are found during the procedure, it could be necessary to have a colonoscopy within three years each time depending on the size and number of polyps. That is, it is very imperative to screen for colon cancer and other possible conditions starting at the age of forty-five unless suspected to have a need for concern at a sooner age.

Pathophysiology References (2) (APA):

Yale Medicine. *Rectal Bleeding.* Yale Medicine.org. (Dropdown 1, lines 1-3 & 16-19). https://www.ncbi.nlm.nih.gov/books/NBK563143/#article-81086.s3

Sabry, A and Sood, T. (2023). *Rectal Bleeding.* National Library of Medicine. (Section, Etiology, lines 1-6). https://www.ncbi.nlm.nih.gov/books/NBK563143/#article-81086.s3

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1147	63bpm right radial	122/78mmHg Left upper arm	14 bpm	97.8 F orally	99% spO2 Room Air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
1200	0-10	none	0	none	none

Intake and Output

Intake (in mL)	Output (in mL)
NPO	NPO/not recorded

Nursing Diagnosis
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale • Explain why the	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the client/family

• 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	nursing diagnosis was chosen			respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Deficient Fluid Volume related to insufficient fluid intake as evidenced by blood in stool.	The client has blood in his stool which can lead to deficient fluid volume depending on the amount of blood lost through the stool.	**1.** Measure intake and output to monitor the amount of blood in stool. **2.** Begin colonoscopy preparation by performing a tap water enema, NPO, holding medications the day of, and administering the order of bisacodyl and polyethylene glycol. The education of the client with the Digestive Health Bowl Prep Instruction Booklet is also needed.	**1.** Client will express understanding of factors that caused fluid volume deficit by the end of his hospital stay.	The client and wife demonstrate understanding the factors of precipitating fluid volume deficit. He shows the understanding of proper bowel preparation to ensure a successful colonoscopy to find the source of bleeding. He understands to alert the staff when needing to eliminate so the staff can record the appearance of his bowl movement.

2. Risk for Adult Falls related to mild cognitive impairment as evidence by unsteady gait.	The client has age related hearing loss as well as mild cognitive impairment. It is imperative to ensure that the client has the ongoing proper safety and education to reduce the risk of falls.	**1.** Place nonskid socks on the client **2.** Turn the bed alarm on to ensure that the client does not leave bed without assistance.	**1.** The client will demonstrate an understanding of nonskid socks as well as the use of his call light to prevent the risk of injury by the end of his stay in the hospital.	The client states that the nonskid socks are used to prevent the risk of slipping. The client also understands not to get out of bed and to use the call button to alert staff when needing assistance. He demonstrates the call light being used.

Other References (APA):

Phelps, L. L. *Nursing Diagnosis Reference Manual*. Twelfth Edition. Wolters Kluwer. (p, 226-228 & 260-262).