

N311 Care Plan 2

Da'Zja Lawson

Lakeview College of Nursing

N311: Foundations of Professional Practice

Linda Scribner

Date

2/23/20250

Demographics

Date of Admission 2/17/2025	Client Initials LS	Age 65	Biological Gender Female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Married	Allergies Vanco
Code Status Full	Height 5`1	Weight 202 lbs	

Medical History

Past Medical History: Back pain Chronic Kidney Disease Chronic obstructive pulmonary disease, Diabetes type 2, hypertension, Hyperlipidemia, Portal vein (on Eliquis), Radiculopathy, Acute combines systolic and diastolic Cardiac Heart Failure, Liver Cirrhosis

Past Surgical History: Cervical Fusion, Colonoscopy, Epidural injection, myringotomy with tubes, tonsillectomy.

Family History: Heart failure- father and mother, hypertension- father, diabetes – father and mother, Cancer (breast, brain and ovarian) – mother, Arthritis- maternal grandmother, dementia- maternal grandmother sister, Arthritis (lupus) – sister

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

Former 4 packs for 40.8 years started on 12/5/1973. No use of alcohol.

Education: No education

Living Situation: Lives with Husband

Assistive devices: Uses Cane and walker at home. Dexacom for blood glucose.

Admission Assessment

Chief Complaint: Abdominal pain with distention

History of Present Illness (HPI) – OLD CARTS:

The patient came to the emergency room due to having abdomen pain and chest pain. She stated that "the pain started 2 days ago". She describes the pain as a sharp "stabbing pain" in her chest, and she feels liquid in her right lower abdomen and left upper abdomen. The patient states that the pain has become constant since last night and has worsened since she woke up. She rates the chest pain a 5/10 with shortness of breath and the abdomen pain a 7/10 with a bit of nausea. She states chest pains worsen when she exertion or gets up for too long, and her abdominal pain worsens after she's eating. Her chest pain improves only slightly when lying down, and her abdominal relieves from either pain meds. The patient took some ibuprofen for the headache and hasn't tried anything for the abdomen pain.

Primary Diagnosis

Primary Diagnosis on Admission: Cirrhosis of liver

Secondary Diagnosis (if applicable): Ascites

Pathophysiology

Pathophysiology of the Disease, APA format:

Cirrhosis is a disease that develops when the liver cells are replaced with scar tissue, making the liver's job harder to do. The liver performs essential functions by filtering blood toxins, digesting food, and storing energy. Cirrhosis of the liver, the structural changes, and the function of the liver fail. Capriotti states, "Stella, the cells, which usually compromise the extracellular matrix of the liver, become stimulated by cell injury" (Capriotti 2024 pg.802). The liver first works to fix itself, but ongoing damage accumulates scar tissue, resulting in lasting impairments to its function. Cirrhosis progression causes the liver to lose its filtration capabilities and the ability to control bodily functions. "Collagen infiltration increases liver density and

changes the liver's structural architecture" (Capriotti 2024 pg 802). Because the liver maintains fluid balance, fluid can accumulate in the abdomen to cause ascites and in the legs to cause edema when liver function declines. People with cirrhosis face easy bruising and excessive bleeding because their liver fails to produce essential blood-clotting proteins. My patient presented to the emergency room with distention in her abdomen. Due to the distention, my patient got a CT scan down on the stomach, and it showed fluid in the abdomen. My patient developed cirrhosis to the liver about 6 months ago with no history of alcohol, but she does have a history of smoking in her past. "Ascites occur due to hepatic venous congestion, which causes fluid diffusion into the peritoneal cavity" (Capriotti, 2024 pg. 423). Research has shown that "ascites is the most frequent decompensation event in patients with liver cirrhosis" (Zaccherini 2021 para 2), and it also states that "five to 10 percent of patients with compensated cirrhosis per year develop ascites" (Zaccherini 2021 para 2). My patient also presented with bruises on her face and some of her body parts. Capriotti emphasize that "cirrhosis develops, coagulation factors fail to be synthesized" which "patients may have thrombocytopenia from hypersplenism caused by portal hypertension" (Capriotti 2024 pg.803). To manage my patient they were put on a low sodium diet and was also given diuretics for the ascites in the abdomen.

Pathophysiology References (2) (APA):

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

Zaccherini, G., Tufoni, M., Iannone, G., & Caraceni, P. (2021). Management of Ascites in Patients with Cirrhosis: An Update. *Journal of Clinical Medicine, 10*(22), 5226.
<https://doi.org/10.3390/jcm10225226>

Vital Signs, 1 set – **HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	61 – radial	100/58 – left upper arm	14	98.5 Oral	2 Liters on Nasal Canal

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
1103	1-10	Right lower abdomen Left upper abdomen	Right lower abdomen- 6 Left upper abdomen- 6	She stated that she can feel the fluid in her stomach . She states it feels like a throbbing pain. Stomach was a little distended and hard during palpation.	The nurse monitored the pain during my shift.

Intake and Output

Intake (in mL)	Output (in mL)
50% of her breakfast	Void x2
680 mL	Stool x1

Nursing Diagnosis

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions	Outcome Goal	Evaluation
• Include full	• Explain	(2 per dx)	(1 per dx)	• How did the

<p>nursing diagnosis with “related to” and “as evidenced by” components</p> <ul style="list-style-type: none"> Listed in order by priority – highest priority to lowest priority pertinent to this client 	<p>why the nursing diagnosis was chosen</p>			<p>client/family respond to the nurse’s actions?</p> <ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.
<p>1. Fluid volume excess related to the ascites in the abdomen evidence by CT scan done on 02/17/2025.</p>	<p>This nursing diagnosis was used due to the reason the patient was admitted to the hospital.</p>	<p>1. Monitor patient for distention in abdomen</p> <p>2. Administer and monitor medication to prevent further fluid loss”, (pg. Phelps, 2023 pg.261)</p>	<p>1. “Patient fluid volume remains adequate”, (Phelps, 2023 pg. 262).</p>	<p>Patient wants to get better and go home. Husband believes that she will be back in the hospital in less than a month.</p>
<p>2. Impaired physical mobility related ischemic stroke as evidence by weakness on her left side.</p>	<p>This nursing diagnosis was chosen due to the weakness that was triggered by the stroke.</p>	<p>1. “Place items within reach of the unaffected arm if the patient has one sided weakness or paralysis to promote patients’ independence.” (Phelps 2023, pg 413)</p> <p>2. Patient was given some in bed exercise to do while in bed. Patient was encourage to get out of</p>	<p>1. “Patient or family member will carry out mobility regimen” (Phelps 2023, pg. 413)</p>	<p>Patient was present and willing to learn new exercises. Patient husband did state that she needs to take better care of herself.</p>

		bed to use the restroom and do daily hygiene.		
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Other References (APA):

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

