N321 CARE PLAN #2

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Lakeview College of Nursing

N321: Adult Health I

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February 28, 2025

Demographics

Date of Admission February 17, 2025	**Client Initials** LM	**Age** 76 years old	**Biological Gender** Female
Race/Ethnicity White	**Occupation** Unemployed	**Marital Status** Single	**Allergies** acetaminophen and oxycodone
Code Status Full Code	**Height** 5’ 6”	**Weight** 177 lbs.	

Medical History

Past Medical History: She has a past medical history of ataxia, cataracts, chronic UTI’s, degenerative joint disease, gastroesophageal reflux disease (GERD), hiatal hernia, intellectual disability, menopause, mental retardation, osteoarthritis, seizure disorders, seizures, and urinary incontinence.

Past Surgical History: She has had a bilateral breast biopsy, cataract removal with implant, a right mastectomy, and a right and left total hip arthroplasty.

Family History: Patient was adopted and does not know anything about her family history.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient denied smoking in the past and present. She has never smoked and has zero packs per day. She has denied drinking alcohol in the past and the present. She has denied drug use in the past and present. She has denied the usage of e-cigarettes in the past and present.

Education: Patient completed high school. She did not go on to complete further schooling, like college.

Living Situation: She lives in the Devonshire group home; however, she will be discharged to Hawthorne.

Assistive devices: She uses a wheelchair and gait belt at home.

Admission History

Chief Complaint: increased lethargy

History of Present Illness (HPI)– OLD CARTS

Patient was admitted to the emergency department because of her complaints of increased lethargy. She was given an additional 1,000mg of Keppra, in addition to the three following medications that were not hers: 100mg of clozapine, 2mg of prazosin, and 50mg of Topamax on the night of February16th, 2025. She was extremely lethargic up until February 20th, 2025. The aggravating factors were the additional medications she was given. Poison control was contacted and said there was not anything to necessarily do. They stated that she needs to be monitored. This had never happened to her in the past, so there was no prior treatment either. This was severe. She would not respond to her name for three days. Information was taken from her chart as she was still sleeping and because she had speech problems and mental delays, which made it difficult to speak with her.

Admission Diagnosis

Primary Diagnosis: acute encephalopathy

Secondary Diagnosis (if applicable): urinary tract infection and hyponatremia

Pathophysiology

Encephalopathy refers to the mental changes that happen because of different health problems. It is important not to get confused with encephalitis which literally means swelling of the brain. In the case of my patient, she received an overdose in her Keppra, as well as three medications that were not hers. When the body ingests extra medications, the body does not have the time to metabolize the pills. Thus, it leads to a toxic level, which caused encephalopathy (Schreier, 2019).

Encephalopathy will most often show a cognitive deficit. A patient may display confusion, memory less, extremely fatigued, or behavior changes. On a more extreme level, they may hallucinate full body twitches, have seizures, or lead to a coma (Cleveland Clinic). In the case of my patient, she was extremely lethargic and was confused. For three days, she would not respond to her name.

She was diagnosed with this based on neurological checks and through her blood tests. Her blood tests revealed that she had high doses of her Keppra in her system. The neurological checks further showed them that she knew the current reality. In addition, they did run an MRI, which can be another way to diagnose this. However, her results did not show anything abnormal.

Poison control was informed of the situation and stated there was nothing to give her to immediately reverse the effects. They instructed the staff to monitor her closely but let time take course.

References

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Schreier, K. (2019). *An Overview of Toxic Metabolic Encephalopathy: An Acquired Brain Injury.* Brain Injury Association of America. https://biausa.org/public-affairs/media/an-overview-of-toxic-metabolic-encephalopathy-an-acquired-brain-injury.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Sodium	128 mmol/L	N/A	136-135 mmol/L	Her seizure medications, such as eslicarbazepine

				can cause low sodium levels (Drugs.com).
Chloride	96 mmol/L	N/A	98-107 mmol/L	She is on a diuretic, furosemide, which can cause a decrease in chloride levels (Pagana et al., 2024, pg. 221).
CO2, Venous	21 mmol/L	N/A	22-30 mmol/L	Her CO2 levels were low because this can be a side effect of taking hypertensive medications, which she is on (Eng, 2021).
Glucose	135 mg/dL	N/A	70-99 mg/dL	An increase in glucose can be caused by an acute stress response. Her body was stressed because of the medication, and she was stressed because she was taken to the emergency room, which is a stressor for anyone (Pagana et al., 2024, pg.

				453).
MCV	97.9 fL	N/A	82.0-96.0 fL	Seizure medications can raise the MCV level (Salko).
MPV	6.5 fL	N/A	9.7-12.4 fL	Heparin can lower the MPV level (Doctors Health Press editorial Team, 2018).
Lymphocytes	17.6%	N/A	18.0-42.0%	A low lymphocyte count may be caused by malnutrition, physical stress, or sickness. Because she is on a soft mechanical diet, has degenerative joint disease, and has chronic urinary tract infections, this may be why her levels were low (City of Hope, 2023).
Monocytes	13.5%	N/A	4.0-12.0%	Monocyte levels will rise if there is an infection, in which she had a urinary tract infection (Moawad,

				2024).
Absolute Lymphocytes	0.90 10^3 mcL	N/A	1.30-3.20 10^3 mcL	When lymphocytes are at chronic low point, the absolute lymphocytes will be too.
Levetiracetam	72.7 mcg/mL	N/A	12-46 mcg/mL	She was given an extra 1,000 mg of Keppra. This would make sense as to why this level is high.
Bicarbonate	26.2 mmol/L	N/A	22.0-26.0 mmol/L	Raised bicarbonate levels can indicate that she is dehydrated, which showed on her skin turgor and capillary refill (Smith, 2024).
WBC Esterase	3+ WBC/hpf	N/A	Negative	This was high because it shows that she has white blood cells in her urine, which correlates to the fact that she had a urinary tract infection.
Bacteria, urine	Few/hpf	N/A	Negative/hpf	She had a urinary tract infection, so it makes

				sense as to why she has bacteria in her urine (Pagana et al., 2024, pg. 918).
WBC, urine	21-50/hpf	N/A	0-5/hpf	She had a urinary tract infection which means there are some white blood cells in her urine due to the bacteria (Pagana et al., 2022, pg. 918).
UR Benzodiazepines	Detected ng/ml	N/A	Nondetected ng/ml	Clobazam is a benzodiazepine, which is why the test came back positive (Jones and Bartlett Learning, 2024, pg. 297).

References

City of Hope. (11 May 2023). *When to worry about low lymphocytes.* City of Hope. https://www.cancercenter.com/community/blog/2023/05/when-to-worry-about-low-lymphocytes.

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Diagnostic Test & Purpose	**Clients Signs and Symptoms**	**Results**
CT of head and brain without contrast	This diagnostic test was ran due to her changes in her mental status.	There were no specific abnormalities that showed anything was wrong regarding her recent diagnosis. The CT did show

		signs of aging and some spots of infarction, which is abnormal (Pagana et al., 2022, pg. 270).
Chest X-Ray	They ran a chest x-ray due to the weakness that she was experiencing.	All the chest x-ray showed was that that she has a slightly enlarged heart, not a ton of volume for her lungs, and just normal signs of aging, which is all considered abnormal (Pagana et al., 2024, pg. 216).
Bilateral venous duplex of the lower extremities	There was a concern for deep vein thrombosis due to bilateral tenderness in the lower extremities.	Her results were negative for a DVT, which is a normal finding (Pagana et al., 2024, pg. 931).

References

Pagana, K., Pagana, T., and Pagana, T. (2024). *Mosby's Diagnostic & Laboratory Test Reference.* Elsevier.

Active Orders

Active Orders	Rationale
Vital signs per unit routine	Vital signs are often the first thing that alarms the nurse that something may be wrong with the patient. It is important that these are done often.
Diet is a mechanical soft diet	She only has her bottom teeth because her top teeth rotted out. For her to eat comfortably and get the nutrients she needs, she needs to be on a soft mechanical diet.
OT evaluation and treatment	She sees OT due to her generalized weakness, to get evaluated on her activities of daily living, and to receive recommendations from OT on how to improve her basic life skills.
PT evaluation and treatment	She is seeing PT due to her generalized weakness, to get evaluated on her strength, and to receive recommendations on how to stretch and strengthen her muscles.
Pulse oximetry; spot	Since she was overmedicated and was lethargic for a few days, this allowed the

	nurse to keep a close monitor on her to make sure she was breathing.
Admission weight	This allows the care team to see if she is holding onto more fluids than necessary or if she is not getting enough fluids.
Apply warming blanket	When she was admitted to the emergency department, she was hypothermic.
Bladder scan every four to six hours while awake	She had urinary retention. This scan would be done to see if they needed to straight catheterize her.
Bladder scan within ten minutes of voiding/attempted voiding	This is done to see how much residual volume is left in her bladder. This will determine the next step of potentially intermittent catheterization or an indwelling catheter.
Elevate head of bed to 30˚	Elevating the bed keeps the airway open.
Insert and maintain indwelling urinary catheter	She had urinary retention and was incontinent.
Insert and maintain peripheral IV	She was on fluids at one point, and it is important to have it available in case emergency medications or additional fluids need to be given.
Intake and output	Since she does have fluid retention, this helps to see if she is retaining more water than what

	is going in.
Maintain IV while on telemetry	She was on fluids at one point, and it is important to have it available in case emergency medications or additional fluids need to be given.
Notify physician	Notify the provider if the intermittent catheterization is more than 600mL for two straight catheterizations in a row.
Notify Physician (Specific)	Notify the provider is her pulse is less than fifty or greater than one hundred and twenty, respiratory rate is less than ten or greater than thirty, temperature is greater than 101.5℉, urine output is less than two hundred and forty mL per eight hours, systolic is less than eighty five or greater than one hundred and eighty, diastolic is less than fifty or greater than one hundred and five, if pulse oximetry is less than ninety percent, or there is new or worsening pain.
Notify the physician of symptomatic bradycardia	If her heart suddenly slows down, that indicates that there is a current problem happening. This could also indicate that the extra medications she was given is now

	negatively affecting her.
Notify the physician of ventricular arrythmias	If her heart suddenly beats irregularly, that indicates that there is a current problem happening. This could also indicate that the extra medications she was given is now negatively affecting her.
Notify the physician before admission when medication review is done	This helps the doctor to see what she is actually taking instead of having to sit down with the patient and discussing each one with her. This allows the doctor to give their time where it is needed the most.
Nursing bedside swallow screen	A swallow screen is done to prevent any complications such as aspirating or choking and to make sure she is given the correct diet for her.
Nursing night calls	Leave the IV in place if it expires, and it still flushes and shows no signs of phlebitis or infiltration. Questions that arise can be addressed with the morning nurse. If the telemetry monitor expires, return the batteries to the appropriate place. Call if restraints are needed.
Place seq comp device	These should be left on continuously unless

	walking or bathing. Methods of thromboprophylaxis should be in place for increased risk of bleeding.
Straight catheterize if bladder scan shows more than 400 mL of urine in the bladder	The rationale is that her bladder does not get so full that it causes her physical discomfort, as well as the embarrassment that may come if she is constantly urinating and cannot control it.

Medications

Home Medications (Must List ALL)

Medications	Reason for taking
70 mg tablet of alendronate	She is taking this to help with postmenopausal osteoporosis (Jones and Bartlett Learning, 2024, pg. 41).
800 mg of Aptiom	She takes this medication because it slows the nerve impulses that lead to a seizure (Drugs.com).
Buffered salt tablet	She takes this in attempt to raise her sodium levels since she is hyponatremic (Drugs.com).
600 mg of Calcium carb cholecalciferol and vitamin D	She takes this medication because she has degenerative joint disease and calcium and vitamin D help to build the bones back up.
Cranberry	Even though it is not FDA approved, she

	takes this medication to help with her chronic urinary tract infections (Drugs.com).
5mg/gm ointment of erythromycin	She had a previous eye infection which was being treated by erythromycin. She is not currently using the eye drops (Jones and Bartlett Learning, 2024, pg. 485).
20 mg tablet of furosemide	She was on furosemide because of the edema in her bilateral lower legs (Jones and Bartlett Learning, 2024, pg. 612).
Hypromellose	She takes this ointment to help with her dry eyes (Drugs.com).
100 mg tablet of lacosamide	She takes this because she has a seizure disorder (Jones and Bartlett Learning, 2024, pg. 745).
Lactobacillus acid-pectin	This probiotic can help with the digestive tract as well as potentially preventing urinary tract infections (Drugs.com).
1500 mg of levetiracetam	She takes this medication because she has a seizure disorder (Jones and Bartlett, 2024, pg. 780).
1mg of melatonin	She takes this to help her fall asleep at night.
Multiple vitamins-minerals	She takes these vitamins and minerals to help supplement what she is not eating in her soft

	mechanical diet.
5 mg of oxybutynin	She takes this medication because of her urinary incontinence (Jones and Bartlett Learning, 2024, pg. 1039).
40 mg of pantoprazole	She takes this medication to treat the erosion done to her esophagus because of gastroesophageal reflux disease (Jones and Bartlett Learning, 2024, pg. 1061).
800-160 mg of sulfamethoxazole trimethoprim	This is an antibiotic to help treat urinary tract infections, which she gets frequently (Drugs.com).
Sulfamethoxazole trimethoprim (Bactrim DS, Septra DS)	This is an antibiotic to help treat urinary tract infections, which she gets frequently (Drugs.com).

References

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Jones and Bartlett Learning. (2024). *NDH: Nurse's Drug Handbook.* Ascend Learning Company.

Hospital Medications (Must List ALL)

Brand/Generic	sodium chloride (1 gram tablet twice a day)	clobazam/ Onfi (10mg tablet twice a day)	erythromycin/ Romycin (one application daily eye drops)	eslicarbazepne/ Aptiom (800 mg tablet nightly)	furosemide/ Lasix (20 mg tablet twice a day)	heparin/ Porcine (5,000units injected every eight hours)

Classification	Pharmacological: sodium chloride Therapeutic: minerals and electrolyte (Drugs.com).	Pharmacological: benzodiazepine Therapeutic: anticonvulsant (Jones and Bartlett Learning, 2024, pg. 297)	Pharmacological: macrolide Therapeutic: antibiotic (Jones and Bartlett Learning, 2024, pg. 484)	Pharmacological: carboxamide Therapeutic: anticonvulsant (Jones and Bartlett Learning, 2024, pg. 493).	Pharmacologic: loop diuretic Therapeutic: antihypertensive, diuretic (Jones and Bartlett Learning, 2024, pg. 612)	Pharmacological: anticoagulation Therapeutic: anticoagulation (Jones and Bartlett Learning, 2024, pg. 653)
Reason Client Taking	She is taking this because of her low sodium levels.	She takes this medication for her seizure disorder (Jones and Bartlett Learning, 2024, pg. 297).	She was taking this medication for a previous eye infection that she had (Jones and Bartlett Learning, 2024, pg. 485).	She is taking this medication for her seizure disorder (Jones and Bartlett Learning, 2024, pg. 493).	She is taking this medication because of the edema in her lower bilateral legs (Jones and Bartlett Learning, 2024, pg. 612).	She is taking this in the hospital because it helps reduce her risk of clots since she is bed bound (Jones and Bartlett Learning, 2024, pg. 653).
Key nursing assessment(s) prior to administration	Assess her sodium levels to avoid giving her hypernatremia.	Assess the respiratory rate as this medication depresses it (Drugs.co	The nurse would need to assess her aPTT/INR levels as this medication can increase	Assess the sodium levels before giving this medication, as it can	Assess her sodium levels as this medication can further lower them.	Check the patients aPTT levels because this will depend on how much

		m).	the effects of her anticoagulation (Jones and Bartlett Learning, 2024, pg. 487).	further lower them (Drugs.com).		heparin is given.
Brand/Generic	lacosamide/Vimpat (300 mg tablet twice a day)	levetiracetam/ Keppra (1500 mg tablets twice daily)	losartan/ Cozaar (50 mg tablet every morning)	oxybutynin/ Ditropan (5mg tablet daily)	Oysters hell calcium with vitamin D (500 mg of calcium and 5 mcg of vitamin D three times daily)	pantoprazole/ protonix (40 mg tablet twice a day)
Classification	Pharmacological: functionalized amino acid Therapeutic: anticonvulsant (Jones and Bartlett Learning, 2024, pg. 745)	Pharmacological: pyrrolidine derivative Therapeutic: anticonvulsant (Jones and Bartlett Learning, 2024, pg. 779)	Pharmacological: angiotensin II receptor blocker Therapeutic: antihypertensive (Jones and Bartlett Learning, 2024, pg. 821)	Pharmacological: anticholinergic Therapeutic: antispasmodic (Jones and Bartlett Learning, 2024, pg. 1038)	Pharmacologic: N/A Therapeutic: vitamin and mineral combinations	Pharmacologic: proton pump inhibitor Therapeutic: antiulcer (Jones and Bartlett Learning, 2024, pg. 1061)
Reason Client Taking	She is taking this	She is taking this	This medication can	She is taking this	She is taking this	She is taking this

	medication for her seizure disorder (Jones and Bartlett Learning, 2024, pg. 745).	medication for her seizure disorder (Jones and Bartlett Learning, 2024, pg. 779).	decrease the incidence of seizures (Yasgur, 2024).	medication to help with her urinary incontinence issues (Jones and Bartlett Learning, 2024, pg. 1038).	medication for her degenerative joint disease because both calcium and vitamin D help keep bones strong.	medication to help manage her GERD (Jones and Bartlett Learning, 2024, pg. 1061).
Key nursing assessment(s) prior to administration	This medication can cause suicidal thoughts so assessing their mental status is important (Drugs.com).	This medication can cause suicidal thoughts so assessing their mental status is important (Drugs.com).	This medication, while rare, can result in skeletal muscle breakdown. Assess the patient and see if they have muscle pain (Drugs.com).	This medication can worsen GERD. Assess to see if she is on a medication for that (Drugs.com).	Assess calcium levels to avoid sending her into a hypercalcemic state.	Assess her most recent urine output as this medication can cause further kidney problems (Drugs.com).

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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. levetiracetam/Keppra	Given by the fact that she is on four different antiseizure medications, it is a particularly important medication. I chose the Keppra because this medication is a general anti-seizure medication. Her chart never specified what kind of seizure disorder she has (Jones and Bartlett, 2024, pg. 780).	1. This medication can unfortunately worsen seizures (Jones and Bartlett, 2024, pg. 780). 2. This medication can cause hyponatremia, which evidentially is a side effect that she experiences on this medication (Jones and Bartlett, 2024, pg. 780).
2. furosemide/Lasix	I chose this as my second priority because she has edema. Fluid retention at any stage is something, as a nurse, that we need to manage right	1. As with any type of diuretic, this medication can cause hyponatremia (Jones and Bartlett, 2024, pg. 614)

	away. It will potentially help to get rid of the excess bicarbonate too (Jones and Bartlett, 2024, pg. 612-613).	2. This medication can also cause dehydration (Jones and Bartlett, 2024, pg. 614).
3. oxybutynin/Ditropan	I chose this medication because of her urinary incontinence and her chronic urinary tract infections she gets. This medication helps with both problems (Jones and Bartlett, 2024, pg. 1038).	1. This medication can cause seizures, which is not ideal as she already deals with that condition (Jones and Bartlett, 2024, pg. 1038). 2. This medication can cause gastroesophageal reflux, which is already something she chronically lives with (Jones and Bartlett, 2024, pg. 1038).

References

Jones and Bartlett Learning. (2024). *NDH: Nurse's Drug Handbook.* Ascend Learning Company.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:**	Patient is alert and responsive. Patient is alert and oriented to person, place, and time. She showed no acute signs of distress and was well groomed.

Distress: **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	She was on no infection control precautions and had no complaints.
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	She had a temporal temperature of 97.4°F. Her respiratory rate was sixteen. Her pulse was fifty-four beats per minute. Her blood pressure was taken on her left forearm and was 174/83. Her oxygen saturation was 93% on room air.
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	Pain assessment was done at 1:30. She denied any pain on a scale of zero to ten, rating hers a zero. Will continue to monitor her pain throughout the shift.
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:**	She had an IV located on the top left of her hand. The size was twenty-two gauge. The IV was inserted on February 18th, 2025. The IV was able to be flushed with no signs of phlebitis or infiltration. Her dressing was intact with a saline lock on it. No fluids were actively running.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N X** **Type:**	Her skin was an olive color. It was soft and moisturized. She was cold. Her skin turgor took longer than two seconds. She had no rashes, bruises, or wounds except a band aid on her abdomen. Her Braden score was fifteen. She had no drains present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Her head and neck were symmetrical. Trachea was midline without deviation. The thyroid was not palpable and had no noted nodules. No lymphadenopathy noted in the head or neck. Bilateral auricles no visible or palpable deformities, lesions, or lumps. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge

	noted. PERRLA bilaterally. Septum is midline. No visible bleeding or polyps. She was missing her top set of teeth. She only had her bottom teeth left.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N X** **Edema Y X N ☐** **Location of Edema:**	Clear S1 and S2 without murmurs, gallops, or rubs. Normal rate and rhythm. Carotid, radial, and dorsalis pedis were 2+. Capillary refill was longer than three seconds. No neck vein distention. She had 2+ bilateral edema in her lower extremities.
RESPIRATORY: **Accessory muscle use: Y☐ N X** **Breath Sounds: Location, character**	Normal rate and pattern of respirations. Respirations were symmetrical and non-labored. Lung sounds were clear throughout the anterior and posterior bilaterally. There were no wheezes, crackles, or rhonchi noted. No accessory muscles were in use.
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating Diet?** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N X** **Nasogastric: Y ☐ N X** **Size:** **Feeding tubes/PEG tube Y ☐ N X** **Type:**	Her diet at home and at the hospital was the soft mechanical diet. She is tolerating the diet well. She is five foot, six inches. She weighs one hundred and seventy-seven pounds. Bowel sounds were hypoactive in her right lower quadrant, but normoactive in the other quadrants. Her last bowel movement was February 23rd, 2025, at around seven p.m. Abdomen was nontender. No organomegaly or masses noted upon palpation in all four quadrants. No distention, scars, incisions, or drains. She did have a band aid on her abdomen. She does not have an ostomy. She does not have a nasogastric tube. She does not have a feeding or PEG tube.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐**	Her urine was yellow and clear. She voided 300 mL. She was not able to verbalize whether she experiences pain upon urination. She is not on dialysis. No abnormal findings of her genitals. She does not have a catheter.

Dialysis: Y ☐ N X **Inspection of genitals:** **Catheter: Y ☐ N X** **Type:** **Size:**	
Intake (in mLs) **Output (in mLs)**	Her intake was 480 mL. Her output was 300 mL.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: YX N ☐** **Fall Risk: Y X N☐** **Fall Score:** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	Her nails were not cyanotic, but she was cold. Her range of motion was limited. She could move her wrists, do pedal pushes and pulls, and hand grips. She is wheelchair bound because her hips have been eroded out per the brother. She did not raise her arms and move them upon request. She uses a wheelchair and a gait belt. Her strength was a 2+ based on the pedal pushes and pulls, hand grips, and hand pushes and pull. She needs help with her daily activities such as eating and walking. She is a fall risk and had a fall score of ninety-five. She is bound to wheelchair, so she is not very mobile or active. She needs assistance with her equipment and needs support to stand and walk.
NEUROLOGICAL: **MAEW: Y ☐ NX** **PERLA: Y X N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	She only moves some of her extremities well. PERRLA was intact. She did have equal strength with the parts she was able to move. She was alert and oriented to person, place, and time. She has intellectual disabilities; however, she was able to mostly follow my given directions. It was exceedingly difficult to understand what she said. Her voice is very garbled and slurred. Even though she was mostly out of her extreme lethargic state, she was still sleepy.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	She is close with her brother and with the other people who live in her group home. She is in the formal operation stage (Piaget's) and intimacy vs. isolation (Eriksons). She is not religious. Her bother is her legal caregiver. He makes decisions for her. She does get to socialize with people in her group home.

Discharge Planning

Discharge location:

- She is being discharged to Hawthorne.

Home health needs:

- She will need to meet with occupational therapy as well as physical therapy. She will need to see a dietitian, so they can help her with her nutritional needs. Thankfully, she will be getting more one-on-one times so the workers can help do her ADLs when OT is not there.

Equipment needs:

- She will need her wheelchair and gait belt. She will need a shower chair. She will need her SCD boots. She would benefit from a descriptive medication list to give to the nurses to avoid being overdosed on someone else's medications. She may even need a Foley insertion in the future because of her incontinence.

Follow up plan:

- She should meet with her doctor in the following weeks following the medication incident as well as routine blood work to check her sodium levels. Because she gets chronic urinary tract infections, she should be routinely checked for this.

Education needs:

- She needs to be educated on the fact that she needs to drink fluids as well as establish a bathroom routine. She needs to know to take all of her medications, including antibiotics. She needs to follow a strict cleanliness regime to help prevent further urinary tract infections.

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

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	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. Impaired emancipated decision making related to decreased understanding of available health care options as evidenced by intellectual disability (Phelps, 2023, pg. 209-210).	This diagnosis was chosen because her intellectual disability is a major part of her life. Her brother is her personal decision maker because she cannot make these decisions on her own.	Patient will verbalized opinions about her care feely by the time she is discharged (Phelps, 2023, pg. 210).	1. I was able to build a therapeutic relationship with her by sitting with her while she was eating and helping her when needed. 2. I made sure to give her privacy when I removed her catheter and when I changed her.	The interventions of building a relationship and respecting her privacy was a success as she hugged me and thanked me when she was discharged.

2. Disability associated urinary incontinence related to cognitive dysfunction as evidenced by previous issues and the usage of an intermittent catheter (Phelps, 2023, pg. 348-349).	This diagnosis was chosen because this has been a chronic problem with her, which may also contribute to her chronic urinary tract infections. It is important that this is addressed to provide her with the best care possible.	Patient will have minimal urinary complications during her stay at the hospital (Phelps, 2023, pg. 350).	1. Patient got an indwelling catheter. 2. Patient was kept clean everywhere, especially in her perineal area.	There were no further complications that happened. Her urinary tract infection was clear, and she was kept clean.
3. Pain related to musculoskeletal conditions as evidenced by wincing during her range of motion (Phelps, 2023, pg. 466).	While she verbalized that she was not in pain, her verbal and facial cues showed otherwise. This diagnosis was chosen because being in pain is tiring and exhausting. It is important to monitor and help the patient when needed. Because of her intellectual disability, I am not sure she understood what I meant when I asked about her pain.	Patient will be able to verbalize pain at least once when asked before her discharge at the hospital.	1. Because there is a cognitive deficit, she would benefit from the faces pain scale. I am sure this would have been easier to understand. 2. Continue to monitor her vital signs closely, as this will be the indicator of pain.	I was not able to evaluate my intervention. I would assess them in the future by giving my goals for her in her discharge packet, so Hawthorne or her brother can help work on this with her. I would encourage the brother or the staff to reach out if she makes progress in this manner.

References

Phelps, L. (2023). *Nursing Diagnosis Reference Manual*. Wolters Kluwer.