

N321 CARE PLAN #3

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N321: Adult Health I

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02/28/25

Demographics

Date of Admission 02/23/25	Client Initials L.E.	Age 97 years old	Biological Gender Female
Race/Ethnicity White/non-Hispanic	Occupation Retired	Marital Status Married	Allergies None Known
Code Status Do Not Resuscitate/ Comfort Focused	Height 157.5cm	Weight 53.1kg	

Medical History

Past Medical History: Patient has a past medical history of arthritis, lupus, and hypothyroidism

Past Surgical History: The patient has a past surgical history of partial hip arthroplasty and a total knee replacement

Family History: The patient was unable to discuss family history. Due to the patient's mental status, there is no known family history at this time.

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

The patient has no past use of tobacco or drugs. The patient has a past use of alcohol at one drink a month; duration is unable to be determined at this time due to the patient's mental status.

Education: There is no known education due to the patient's mental status.

Living Situation: The patient currently lives at a nursing home.

Assistive devices: The patient does use a wheelchair when out of bed.

Admission History

Chief Complaint: The patient's chief complaint is for pain management.

History of Present Illness (HPI)– OLD CARTS

The patient comes in from a nursing home for generalized pain. The pain started on 2/13/25 after a fall; the patient has been in moderate pain for the past 10 days. The patient's facial grimacing characterizes the pain. The pain is aggravated by being touched or moved. The patient prefers rest to relieve the pain. The treatment plan includes as-needed pain medications at the nursing home.

Admission Diagnosis

Primary Diagnosis: Leukocytosis

Secondary Diagnosis (if applicable): Urinary tract infection

Pathophysiology

During the cellular phase of inflammation, a chemical signal from microbial agents, endothelial cells, and white blood cells attracts platelets and other white blood cells to the site of injury (Capriotti, 2024). When white blood cells arrive at the site of inflammation, they line up along the endothelium in the area of the inflammation (Capriotti, 2024). The leukocytes then adhere to the endothelial lining of the blood vessels at the site of injury, causing an increased number of leukocytes to be released from the bone marrow and into the bloodstream, which is known as leukocytosis (Capriotti, 2024). After binding to the endothelial surfaces of the blood vessels, the white blood cells then squeeze through the capillaries to arrive at the site of injury (Capriotti, 2024).

The type of WBC varies during inflammation; during the first 6 - 24 hours, neutrophils predominate (Capriotti, 2024). They then undergo apoptosis and are replaced by monocytes (Capriotti, 2024). During inflammation, the white blood cell count in the blood increases from a standard baseline of 4,000 - 10,000 cells/mL to 15,000 - 20,000 cells/mL (Capriotti, 2024).

Many leukocytosis symptoms, such as fever, fatigue, pain, difficulty breathing, wheezing, night sweats, unexpected weight loss, and rash, could indicate an infection or something more serious, such as lymphoma or leukemia (Cleveland Clinic, 2022). The patient was experiencing increased pain and fatigue. The labs that were done to diagnose this patient would have been a complete blood count with differential. The specific labs on the CBC with diff were their high white blood cell count of 29.10mcL, which is diagnosed as leukocytosis.

The treatment for this patient was determined by identifying why their white blood cell count was so elevated. The patient was determined to have a urinary tract infection as identified by the urine culture. Due to the patient's wishes, the only treatment the patient will receive at this time will be pain management. Their pain is being managed by as-needed pain medications such as morphine.

Pathophysiology References (2) (APA):

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

Leukocytosis (high white blood cell count). Cleveland Clinic. (2022, January 9).

<https://my.clevelandclinic.org/health/diseases/17704-high-white-blood-cell-count>

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Glomerular filtration rate, estimated	49	More than 60	More than 60	This lab is low due to the patient's dehydration (Pagana et al., 2023). This lab is trending up due to the patient receiving continuous fluids
Glomerular filtration rate, non-African American, estimated	49	More than 60	More than 60	This lab is low due to the patient's dehydration (Pagana et al., 2023). This lab is trending up due to the patient receiving continuous fluids
Glomerular filtration rate, African American, estimated	59	More than 60	More than 60	This lab is low due to the patient's dehydration (Pagana et al., 2023). This lab is trending up due to the patient receiving continuous

				fluids
Blood Urea Nitrogen/Creatine	37 ratio	49 ratio	12-20 ratio	This lab is high due to the patient's dehydration (Spandana, 2024). This lab could be trending up suggesting poor kidney function.
Mean Platelet Volume	7.9fL	8.0fL	9.7-12.4fL	This lab is low due to the patient's diagnosis of lupus (Cleveland Clinic, 2022). Although it is trending up, the fluctuation is normal and still in the low range.
Neutrophils	92.7%	92.6%	47.0-73.0%	This lab is high due to the patient's active urinary tract infection (Pagana et al., 2023). This lab is trending down, suggesting a reduction in infection.
Lymphocytes	3.0%	3.3%	18.0-42.0%	This lab is low due to the patient's autoimmune

				lupus disease (Pagana et al., 2023). This lab is trending up but may fluctuate due to ongoing lupus.
Monocytes	3.6%	3.5%	4.0-12.0%	This lab is low due to the patient's autoimmune lupus disease (Pagana et al., 2023). This lab is trending down but may fluctuate due to ongoing lupus.
Absolute Neutrophils	26.90mcL	23.40mcL	1.60-7.70mcL	This lab is high due to the patient's active urinary tract infection (Pagana et al., 2023). This lab is trending down, suggesting a reduction in infection.
Absolute lymphocytes	0.90mcL	0.80mcL	1.30-3.20mcL	This lab is low due to the patient's autoimmune lupus disease (Pagana et al., 2023). This lab is

				trending up but may fluctuate due to ongoing lupus.
Absolute monocytes	1.10mcL	0.90mcL	0.20-1.00mcL	This lab is high due to the patient's autoimmune lupus disease (Pagana et al., 2023). It is trending down but may fluctuate due to ongoing lupus.
Urine Protein	Trace	N/A	Negative	This lab is positive for a trace of proteins due to the patient's poor kidney function (Pagana et al., 2023).
Urine white blood cells esterase	1+	N/A	Negative	This positive lab suggests that the patient has an active urinary tract infection (Pagana et al., 2023).
Urine White blood cells	11-20hpf	N/A	0-5hpf	This lab is high, suggesting the patient has an active urinary

				tract infection (Pagana et al., 2023).
Urine Ketones	Trace	N/A	Negative	This lab is positive for a trace of ketones due to the patient's dehydration status (Pagana et al., 2023).
Potassium	3.2mmol/L	3.1mmol/L	3.5-5.1mmol/L	This lab is low due to the patient's poor dietary intake (Pagana et al., 2023). It is trending down because the patient is still not eating.
Chloride	108mmol/L	111mmol/L	98-107mmol/L	This lab is high due to the patients dehydration status, as well as probably kidney dysfunction (Pagana et al., 2023). This lab is trending up, suggesting kidney dysfunction.
Carbon dioxide	18mmol/L	20mmol/L	22-30mmol/L	This lab is low due to starvation (Pagana et al.,

				2023). This lab is trending up due to the patient being unwilling to eat.
Blood Urine Nitrogen	39mg/dL	33mg/dL	10-20mg/dL	This lab is high due to the patient's dehydration status (Pagana et al., 2023). This lab is trending down due to the patient receiving continuous fluids.
Creatine	1.04mg/dL	0.68mg/dL	0.60-1.00mg/dL	This lab is high due to reduced renal blood flow caused by the dehydration (Pagana et al., 2023). This lab is trending down due to the patient receiving continuous fluids.
Glucose	117mg/dL	93mg/dL	70-99mg/dL	This lab is high due to the stress on the patient caused by the pain (Pagana et al., 2023).

				This lab is trending down due to the pain being managed by staff and as-needed pain medications.
Calcium	8.4mg/dL	7.9mg/dL	8.7-10.5mg/dL	This lab is low due to the patient's hypoalbuminemia (Pagana et al., 2023). This lab is trending down due to untreated albumin levels.
Total protein	5.5g/dL	N/A	6.0-8.0g/dL	This lab is low due to malnutrition (Pagana et al., 2023).
Albumin	2.8g/dL	N/A	3.5-5.0g/dL	This lab is low due to malnutrition (Pagana et al., 2023).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
X-ray cervical spine (3 visuals or less) The purpose of this test was	The patient was experiencing significant pain, but due to dementia, they were unable to communicate the	Advanced age-related vertebrae break down. Normal

to determine any cervical injury from a previous fall.	location of the pain.	cervical curvature mounting to reversal that suggests a muscle spasm.
X-ray Chest The purpose of this test was to determine any cardiopulmonary abnormalities due to the infection.	The patient was showing signs of an infection, such as pain.	An enlarged heart is seen but unchanged from previous scans. Resolved or previous bilateral lower-lobe infiltrations. No abnormalities with heart or lungs.

Diagnostic Test Reference (1) (APA):

MPV blood test: High MPV, low MPV & Normal Ranges. Cleveland Clinic. (2022, December 11).

<https://my.clevelandclinic.org/health/diagnostics/23572-mpv-blood-test>

Spandana, K. (2024, May 30). *What is a high bun/creatinine ratio? causes, symptoms, risks.*

MedicineNet. https://www.medicinenet.com/what_causes_a_high_bun_creatinine_ratio/article.htm

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
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Diet: General	Patient is okay to eat a normal diet without restrictions.
Inpatient consultation to hospice	The patient is on comfort measures and actively dying.
Inpatient consult to pastoral care	The patient is actively dying and we need to make sure her wishes are met.
Oral/nasotracheal suction	As needed to make sure that patient's airway is clear and they're comfortable.
Pulse ox with vitals and as needed dyspnea	To maintain comfortable oxygen levels for the patient.
Remove nasogastric tube and stop all feeds at family's request	The patient is comfort care and no longer requires tube feedings if the family requests.
Review and discuss outdated, duplicate, and inappropriate orders with the provider	This keeps the active orders accurate so they stay relevant to the patient's care.
Stop all labs/procedures	The patient is actively dying and on comfort measures; they no longer need any labs or procedures done.
Discontinue heart monitor	The patient is actively dying and on comfort measures.
Symptoms assessment and assess pain every 2 hours.	The patient should be kept comfortable.
Up as tolerated	The patient can get up as much as they feel comfortable.

Vitals every 8 hours	Vitals are monitored to make sure the patient stays comfortable and to see where they're at.
Oxygen therapy routine/continuous initiation at 2, then titrate to maintain 88-93% O2 levels. Wean off if stats are maintained.	This is to keep the patient comfortable.

Medications

Home Medications (Must List ALL)

Medications	Reason for taking
Hydrocodone-acetaminophen (Norco) 10/325mg tablet, oral.	This medication is for the patients pain.
Levothyroxine (Synthroid) 50mcg tablet, oral.	This medication is being taken for the patients hypothyroidism.
Lidocaine (Lidoderm) 5% patch, transdermal.	This medication is being taken for pain.
Lorazepam (Ativan) 1mg tablet, oral.	This medication is being taken to keep the patient calm due to their dementia.
Melatonin 1mg tablet, oral.	This medication is being taken to help the patient sleep.
Menthol topical analgesic (Bio freeze cool the	This medication is being used for localized

pain) 4% gel, topical.	pain.
Omega 3 1000mg capsule, oral.	This medication is being taken as a supplement for poor nutrition.
Tizanidine (Zanaflex) 2mg tablet, oral	This medication is being used for muscle relaxant, due to pain.
Oxycodone-acetaminophen (Percocet) 5/325mg tablet, oral, as needed every 6 hours.	This medication is being used for pain.
Polyethylene glycol (Glycolax) 17gm/scoop powder, oral	This medication is being used to soften stools and keep regular bowel movements
Amoxicillin-clavulanate (Augmentin) 500/125mg tablet, oral, two times a day for 10 days.	This medication was used to treat an infection.
Calcium carb-cholecalciferol (calcium carbonate vitamin D3 PO)	This medication is used as a dietary supplement, due to poor nutrition.
Carboxymethylcellulose sodium (Thera tears) 0.25% solution, in the eyes.	This medication is to help relieve dry eyes.
Cholecalciferol 25mcg tablet, oral.	This medication is used as a dietary supplement due to poor nutrition.
Cyanocobalamin (Vitamin B12) 1000mcg tablet, oral.	This medication is used as a dietary supplement due to poor nutrition.
Ductase sodium (Colace) 100mg capsule, oral.	This medication is used to soften stools and keep regular bowel movements.
Gabapentin (Neurontin) 100mg capsule, oral.	The medication is being used for nerve pain.

Hospital Medications (Must List ALL)

Brand/Generic	Haldol Concentrate/ Haloperidol 1mg tablet, oral, as needed every four hours	Duramorph pf/ Morphine 100mg/5mL IV, as needed every hour	Zofran/ Ondansetron hydrochloride 4mg tablet, oral, as needed every 6 hours.	Trazadone D/ Trazodone hydrochloride 50-100mg, oral, nightly as needed.
Classification	Butyrophenone derivative Antipsychotic (Jones & Bartlett, 2024).	Opioid Opioid analgesic Schedule II (Jones & Bartlett, 2024).	5HT3 receptor antagonists Antiemetic (Jones & Bartlett, 2024).	Triazolopyridine derivative Antidepressant (Jones & Bartlett, 2024).
Reason Client Taking	The client takes this medication to help with the symptoms of dementia, such as delirium.	The client takes this medication for pain.	The client takes this medication for any nausea or vomiting.	The client takes the medication to keep them calm.
Key nursing assessment(s)	The nurse should first consider the need for	The nurse should consider the need for	The nurse should first consider the need for	The nurse should first consider the need for this

prior to administration	this medication before administering. Assess for symptoms before administering.	this medication before administering it. Then, the nurse should assess respirations; this should not be given if respirations are below normal (12-20 respiration rate).	this medication before administering. An electrolyte panel should be done before administering to check for hypomagnesemia and hypokalemia due to this drug causing longer QT intervals (Jones & Bartlett, 2024).	medication before administering. An electrolyte panel should be done before administering this medication due to the medication's ability to cause hyponatremia (Jones & Bartlett, 2024).
Brand/Generic	Synthroid/ Levothyroxine sodium 50mcg tablet, oral, before breakfast.	Ativan/ Lorazepam 1mg tablet, oral	Cholecalciferol/ Vitamin D3 25mcg tablet, oral.	N/A
Classification	Synthetic thyroxine (T4) Thyroid hormone replacement (Jones & Bartlett, 2024).	Benzodiazepine Anxiolytic Schedule IV (Jones & Bartlett, 2024).	Herbal supplement	N/A
Reason Client	The client is taking	The client is taking	The client is taking	N/A

Taking	this medication for hypothyroidism.	the medication to keep them calm.	this medication as a dietary supplement. This medication is especially important for older post-menopausal women	
Key nursing assessment(s) prior to administration	The nurse would first make sure that the patient has had a recent thyroid function test to make sure that they are not at risk of overdosing the patient (Jones & Bartlett, 2024).	The nurse should assess respirations before administering this medication; this drug should not be given if respirations are lower than 12 (Jones & Bartlett, 2024).	The nurse should get a recent vitamin D level to ensure that we are not overdosing the client.	N/A

Prioritize Three Hospital Medications

Medications	Why this medication was	List 2 side effects. These
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	chosen	must correlate to your client
1. Lorazepam/ Ativan	This medication was chosen because it's important to be able to keep the patient sedated in order to keep them comfortable with their dementia and pain.	<p>1. A side effect of this medication is abdominal pain, which my patient is experiencing (Jones & Bartlett, 2024).</p> <p>2. A side effect of this medication is fatigue, which caused my patient to sleep for the majority of the shift (Jones & Bartlett, 2024).</p>
2. Morphine	This medication was chosen due to the patient being comfort-focused; this medication is important to keeping the patient comfortable with their pain.	<p>1. A side effect of this medication is anxiety which my patient exhibited when they would scream if you touched them without telling them (Jones & Bartlett, 2024).</p> <p>2. A side effect of this medication is decreased concentration which my client could not follow</p>

		commands (Jones & Bartlett, 2024).
3. Ondansetron/ Zofran	This medication was chosen because it's important to have this medication in order to keep them comfortable between nausea caused by the pain or pain medications.	<p>1. A side effect of this medication is thirst, which is relevant to my patient because though they did not want to eat, every time they were offered water, they wanted to drink (Jones & Bartlett, 2024).</p> <p>2. A side effect of this medication is abdominal pain, which my patient is experiencing (Jones & Bartlett, 2024).</p>

Medications Reference (1) (APA)

2024 Nurse's drug handbook (22nd ed.)(2024). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL:	<ul style="list-style-type: none"> The patient responds to verbal stimuli.
Alertness:	<ul style="list-style-type: none"> The patient is not orientated to person,

<p>Orientation:</p> <p>Distress:</p> <p>Overall appearance:</p> <p>Infection Control precautions:</p> <p>Client Complaints or Concerns:</p>	<p>place, time, or situation.</p> <ul style="list-style-type: none"> • Patient showed no obvious signs of distress. • No infection control precautions. Standard precautions. • Client complains of not wanting to get up or be uncovered.
<p>VITAL SIGNS:</p> <p>Temp:</p> <p>Resp rate:</p> <p>Pulse:</p> <p>B/P:</p> <p>Oxygen:</p> <p>Delivery Method:</p>	<ul style="list-style-type: none"> • Temperature was 98.0F temporal. • Respiration rate was 18. • Pulse rate was 76 • Blood pressure was 151/83 • Oxygen saturation levels were 96 at room air
<p>PAIN ASSESSMENT:</p> <p>Time:</p> <p>Scale:</p> <p>Location:</p> <p>Severity:</p> <p>Characteristics:</p> <p>Interventions:</p>	<ul style="list-style-type: none"> • 1040 • FLACC scale (Face, Legs, Activity, Cry, Consolability) • No location identified • 0- on FLACC scale • No characteristics identified • No intervention needed at this time
<p>IV ASSESSMENT:</p> <p>Size of IV:</p>	<ul style="list-style-type: none"> • The Patient has a 20g IV • The IV is located in the right anterior

<p>Location of IV:</p> <p>Date on IV:</p> <p>Patency of IV:</p> <p>Signs of erythema, drainage, etc.:</p> <p>IV dressing assessment:</p> <p>Fluid Type/Rate or Saline Lock:</p>	<p>upper arm.</p> <ul style="list-style-type: none"> • The date on the IV is 02/23/25 • IV patency is intact • There are no signs of erythema or drainage • IV site is dry, clean, and intact. • 0.9% Normal saline is running in the IV at 50mL/hr
<p>INTEGUMENTARY:</p> <p>Skin color:</p> <p>Character:</p> <p>Temperature:</p> <p>Turgor:</p> <p>Rashes:</p> <p>Bruises:</p> <p>Wounds:</p> <p>Braden Score:</p> <p>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p>	<ul style="list-style-type: none"> • The patient's skin color is usual per ethnicity; they are a light cream color. • The patient's skin is dry. • The patient's skin is cool to the touch on the extremities bilaterally. • Their skin turgor is less than 3 seconds. • The patient has no current rashes. • The patient has no bruises. • The patient has no wounds. • The patient's Braden score is 15.
<p>HEENT:</p> <p>Head/Neck:</p> <p>Ears:</p> <p>Eyes:</p>	<ul style="list-style-type: none"> • The patient's head is symmetrical, with no lumps, bumps, or bruises noted. Their face is symmetrical and proportional, with no bruises, lumps, or lesions. The patient

<p>Nose:</p> <p>Teeth:</p>	<p>has full movement of their neck and no jugular vein distention noted</p> <ul style="list-style-type: none"> • The patient's hearing is not intact, with no lumps or bruises. The ears are symmetrical. • The patient's eyes are symmetrical and proportional to the face. No discharge is seen from the eye, the cornea is clear, the sclera is white. The patient is unable to open their eyes all the way, right eyelid is lower than left. • There is no discharge from the nose. Nostrils are symmetrical. No bruises or bumps were noted on the nose. • The patient was missing most of their teeth, lips were moist, tongue had a white film.
<p>CARDIOVASCULAR:</p> <p>Heart sounds:</p> <p>S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable):</p>	<ul style="list-style-type: none"> • S1 and S2 were present upon auscultation. • All pulses were 2+ and present. Pulses were checked at the radial, ulnar, dorsalis,

<p>Peripheral Pulses:</p> <p>Capillary refill:</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Location of Edema:</p>	<p>and popliteal.</p> <ul style="list-style-type: none"> • Capillary refill was less than 3 seconds on all extremities, both upper and lower.
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	<ul style="list-style-type: none"> • Clear breath sounds were auscultated bilaterally anteriorly in all fields.
<p>GASTROINTESTINAL:</p> <p>Diet at home:</p> <p>Current Diet:</p> <p>Is Client Tolerating Diet?</p> <p>Height:</p> <p>Weight:</p> <p>Auscultation Bowel sounds:</p> <p>Last BM:</p> <p>Palpation: Pain, Mass etc.:</p> <p>Inspection:</p> <p>Distention:</p> <p>Incisions:</p> <p>Scars:</p>	<ul style="list-style-type: none"> • The patients diet at home is a regular diet. • The patients current diet is a regular diet. • The patient is not tolerating this diet, as they scream they do not want to eat. • The patient is 157.5cm • The patient is 53.1kg • Bowel sounds were auscultated as active in all four quadrants. • The patient's last bowel movement was 02/23/25. • The patient was having pain upon palpitation in the lower left quadrant of

<p>Drains:</p> <p>Wounds:</p> <p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p>	<p>their abdomen.</p> <ul style="list-style-type: none"> • The patient has no abdominal distention. • There are no incisions on the abdomen. • There are no scars on the abdomen. • There are no drains on the abdomen. • There are no wounds on the abdomen.
<p>GENITOURINARY:</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Type:</p> <p>Size:</p>	<ul style="list-style-type: none"> • The patient's urine color is dark yellow. • Their urine is cloudy. • Quantity of urine was 100mL. • Genitals not seen, as the need was not indicated.
<p>Intake (in mLs)</p> <p>Output (in mLs)</p>	<p>The patient drank roughly 50mL of water.</p> <p>The patient received 600mL of 0.9% normal saline over the 12 hour shift.</p> <p>The patient has peed at least 100mL this shift</p>

<p>MUSCULOSKELETAL:</p> <p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Score:</p> <p>Activity/Mobility Status:</p> <p style="padding-left: 40px;">Activity Tolerance:</p> <p>Independent (up ad lib)</p> <p>Needs assistance with equipment</p> <p>Needs support to stand and walk</p>	<ul style="list-style-type: none"> • The patient's nail bed is an appropriate pink color, with no signs of cyanosis bilaterally all extremities are cool to the touch and dry, with no bruises, lesions, or bumps. • Range of motion in the neck was good. The patient was able to move both arms and legs well, just unable to follow commands • Patient would be a Hoyer lift if they were to get out of bed. • Patient has good grip with her hands but is unable to follow commands to accurately assess strength. • Fall score is 85 • The patient needs support to stand and walk
<p>NEUROLOGICAL:</p> <p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -</p> <p>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Orientation:</p>	<ul style="list-style-type: none"> • Unable to appropriately assess PERLA due to patient being unable to follow commands. • Strength is equal in both arms and legs for what could be assessed, but the patient is unable to follow commands to

<p>Mental Status:</p> <p>Speech:</p> <p>Sensory:</p> <p>LOC:</p>	<p>appropriately assess.</p> <ul style="list-style-type: none"> • The patient is not orientated to person, place, situation, or time. • Mental status is impaired due to dementia. Patient is unable to follow commands or maintain short-term memory. • Speech is clear and easily understood. • Sensory is intact except for hearing (cranial nerve VIII) • Level of conciseness is drowsy but can arouse with effort
<p>PSYCHOSOCIAL/CULTURAL:</p> <p>Coping method(s):</p> <p>Developmental level:</p> <p>Religion & what it means to pt.:</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<ul style="list-style-type: none"> • The patients coping methods would be rest. • Formal operational • Patient is unable to communicate their religion and what it means to them. • The patient lives at a nursing home and is often visited by her daughter.

Discharge Planning

Discharge location: The patient will be discharging back to the nursing home on hospice.

Home health needs: The patient currently does not need home health.

Equipment needs: The patient has no equipment needs at this time.

Follow-up plan: The patient and her daughter, who is her power of attorney, should plan to follow up with hospice and palliative care.

Education needs: The family should be educated on what hospice is, what they do, and what to expect. The family should also be educated on relevant resources, such as support groups for caregivers.

Nursing Process

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

Nursing Diagnosis	Rationale	Outcome	Interventions	Evaluation of
<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was 	<p style="text-align: center;">Goal</p> <p style="text-align: center;">(1 per dx)</p>	<p style="text-align: center;">(2 per goal)</p>	<p style="text-align: center;">interventions</p>

<p>components</p> <ul style="list-style-type: none"> Listed in order by priority – highest priority to lowest priority pertinent to this client 	<p>chosen</p>			
<p>1. Acute pain related to biological agents as evidenced by urinary tract infection (Phelps, 2023).</p>	<p>This nursing diagnosis was chosen because the patient was brought in due to uncontrolled pain and a urinary tract infection was found.</p>	<p>The patient's pain will be controlled during this shift.</p>	<p>1. Use a pain scale when assessing pain (Phelps, 2023). 2. Perform comfort measures to promote relaxation, such as massage, bathing, repositioning, and relaxation techniques (Phelps, 2023).</p>	<p>We were able to keep the patient's pain controlled during the shift. The patient did not show any signs of discomfort while resting.</p>

<p>2. Deficient fluid volume related to insufficient fluid intake as evidenced by a high BUN, high creatine, and low GFR levels (Phelps, 2023).</p>	<p>This diagnosis was chosen due to the patient's inability to be awake enough to drink or eat.</p>	<p>The patient's vitals will remain stable this shift (Phelps, 2023).</p>	<p>1. Administer fluids, blood or blood products, or plasma expanders as ordered to replace fluids (Phelps, 2023).</p> <p>2. Weigh patient daily at same time for more accurate and consistent data (Phelps, 2023).</p>	<p>The patient vitals remained stable throughout the shift and the patient was able to tolerate the continuous IV fluids</p>
<p>3. Fatigue related to pain as evidenced by screaming that she does not</p>	<p>This nursing diagnosis was chosen because the patient slept for almost the</p>	<p>The patient follows measures to prevent</p>	<p>1. Encourage patient to eat foods rich in iron and minerals,</p>	<p>The patient did not show less signs of fatigue this shift. The patient was not</p>

want to get up and then falling back asleep almost immediately (Phelps, 2023).	whole shift.	and modify fatigue this shift (Phelps, 2023).	unless contraindicated (Phelps, 2023). 2. Reduce demands placed on patient (Phelps, 2023).	interested in eating anything.
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Other References (APA):

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

