N311 Care Plan 5

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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Demographics

Date of Admission 4/3/2025	Client Initials CJ	Age 40	Biological Gender Male
Race/Ethnicity White	Occupation Unemployed	Marital Status Single	Allergies Iodinated contrast media (other) NSAIDS (other) Hydrocodone (other) Oxycodone (other) Oxycodone-acetaminophen (“psychiatric symptoms”) Lactase (other) Morphine (other) Fentanyl (other)
Code Status Full	Height 6’ 4”	Weight 175 lb 7.8 oz	

Medical History

Past Medical History:

- CAD in native artery
- CKD, stage IV (CMS-HCC)
- Diabetes mellitus
- Type 2 diabetes, controlled
- Diabetic retinopathy
- History of MRSA
- Hypertension
- MRSA culture positive
- Vitamin D deficiency
- Facet arthropathy, lumbar

Past Surgical History:

- **EGD/colonoscopy**
- **Right hand irrigation and debridement**
- **Hickman catheter placement**
- **IR US abdomen**
- **IR US arterial access**
- **IR US venous access**
- **Myringoplasty**
- **Left leg below the knee amputation**
- **R/L heart catheterization**
- **Upper GI endoscopy**
- **PTCA/Stent**

Family History:

- **Maternal grandfather:**
  - **heart (CAD with CABG3V by 60)**
  - **lipids**
  - **hypertension**
- **Diabetes (other)**

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

- **Smoking:**
  - **Former**
  - **Cigarettes**
  - **13.2 years since he quit (started in 2002 and quit in 2012)**

Alcohol:

Not currently

Smokeless tobacco:

Currently

Chew tobacco

Vape:

Everyday

Substance is THC

Device is a pre-filled pod

Drug use:

7 times per week

Types (cannabinoids):

Marijuana

Hashish

Synthetics

Education: High School

Living Situation: Lives with his mother and daughter

Assistive devices: wheelchair and walker

Admission Assessment

Chief Complaint: wound pain on buttock

History of Present Illness (HPI) – OLD CARTS:

The patient presented to the emergency department with concerns for infection on his left hip and thigh. He also had concerns for a rash in that area as well. The patient denied experiencing trauma or injury to his left hip and thigh area. He stated he was feeling warmth, a burning sensation, and pain in his left hip and thigh. He did not complain of having a fever or chills. He also stated not having any nausea, vomiting, or diarrhea. He was taking oral dilaudid for the pain but said that it was starting to not help. He was given dilaudid through an IV and said that it has significantly helped his pain.

Primary Diagnosis

Primary Diagnosis on Admission: End stage renal disease

Secondary Diagnosis (if applicable):

Pathophysiology

Pathophysiology of the Disease, APA format:

Pathophysiology References (2) (APA):

Pathophysiology

Kidney disease is a gradual decline of the kidneys functioning and symptoms present asymptomatically at first (Hashmi, 2023). Kidney disease occurs due to a mechanism that involves a "hyperfiltration of the nephrons." The glomerular filtration rate is maintained in the kidneys but because of the disease's progressive destruction, the normal nephrons develop "hyperfiltration and compensatory hypertrophy" (Hashmi, 2023). For this reason, kidney disease creatinine values show up as normal, allowing for the disease to go unnoticed for a period of time. This mechanism keeps progressing, damaging the normal nephron's glomeruli. Antihypertensives start kicking in at this point, trying to slow down the destructive behavior of the disease, preserving the kidneys function (Hashmi, 2023).

This patient was diagnosed with end stage renal disease while in hospital care. Kidney disease is when one or both of a person's kidneys stop functioning properly on their own. Sometimes kidney disease can be temporary, developing quickly which is considered acute kidney disease.. Other times, kidney disease can be long-term, getting worse slowly over time which is considered chronic kidney disease (Cleveland Clinic, 2025). If left untreated, kidney disease can worsen, leading to death. However, with the right treatment, a person with kidney disease can have a good quality of life (Cleveland Clinic, 2025). Kidney disease symptoms vary from patient to patient however, some symptoms include but are not limited to "extreme tiredness, nausea and vomiting, confusion/trouble concentrating and swelling, particularly around the hands, ankles or face" (Cleveland Clinic, 2025).

Pathophysiology References:

Hashmi, M. F. (2023, August 28). ***End-stage renal disease*****. StatPearls [Internet].**

https://www.ncbi.nlm.nih.gov/books/NBK499861/

Understanding kidney failure**. Cleveland Clinic. (2025, January 27).**

https://my.clevelandclinic.org/health/diseases/17689-kidney-failure

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
WBC	10.05		4.00-11.0 10^3/uL	
RBC	3.80		4.10-5.70 10^6/uL	deficiencies in nutrition
HGB	10.8		12.0-18.0 g/dL	from smoking cigarettes
HCT	33.2		37.0-51.0%	nutritional deficiencies
MCV	87.4		80.0-100.0 fL	
MCH	28.4		27.0-33.0 pg	
Calcium	7.6		8.9-10.6 mg/dL	vitamin D deficiency

Glucose	**125**		**74-100 mg/dL**	**due to diabetes**
BUN	**42**		**9-21 mg/dL**	**kidney issues**
Creatinine	**9.66**		**0.70-1.30 mg/dL**	**kidney issues**
Albumin	**1.4**		**3.5-5.0 g/dL**	**kidney disease**
Bilirubin	**0.3**		**0.2-1.2 mg/dL**	

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Noncontrast CT scan This scan was done to see if the patient had a fracture going on in his left hip (Watt, 2024)	**left hip pain**	**nondisplaced greater trochanter fracture**
Xray left hip/Lat only This test was done to check for a broken hip or a displaced hip joint (Cura4U, 2025).	**left hip pain**	**vascular calcifications nondisplaced fracture through intertrochanteric region**

Xray sacrum and coccyx This test was done to see why the patient was having pain his sacrum and coccyx region (Sacrum and coccyx, 2023).	**sacrococcygeal pain**	**no definite acute fracture or displacement**

Diagnostic Test Reference (1) (APA):

Cura4U. (2025). ***X-ray hip unilateral 2-3v*****. Cura4U. https://cura4u.com/radiology/x-ray/x-ray-hip-unilateral-2-3v#:~:text=A%20hip%20unilateral%202%2D3,other%20hip%2Drelated%20bone%20diseases.**

Sacrum and coccyx (lateral view) | radiology reference article | radiopaedia.org. (2023, March 23). https://radiopaedia.org/articles/sacrum-and-coccyx-lateral-view-1?lang=us

Watt, E. van der. (2024, May 15). ***Tricky terms explained: Non-contrast vs contrast CT Scan*****. SCP Radiology. https://www.scp.co.za/radiology-explained/non-contrast-vs-contrast-ct-scan-whats-the-difference/**

Active Orders

Active Orders	Rationale
Attempt CPR	**The patient wants to live**
Diabetic diet	**The patient is a diabetic**
Contact isolation	**The patient has a history of MRSA and ESR**
Increase activity as tolerated	**Reduce the patient's risk for disease**
Weight bearing on left leg as tolerated	**The patient has a fracture in his left leg**
Peritoneal dialysis	**Help the patient by removing excess fluid that his kidneys are unable to do themselves**
Wound care	**So the patient's wounds will heal properly**
PT/OT	**Help the patient to be more independent**
Low air loss bed	**Treat and prevent the patient's pressure injuries**
Ensure	**Make sure the patient is meeting nutritional needs**
Dexcom for accuchecks	**Helps the patient to manage his blood sugar**

Current Medications (5)

Brand/Generic	**Hyrdomorphone Dilaudid (NDH: Nurse's Drug Handbook, 2022)**	**Aspirin Acetylsalicylic acid, ASA (NDH: Nurse's Drug Handbook, 2022)**	**Atorvastatin Lipitor (NDH: Nurse's Drug Handbook, 2022)**	**Cholecalciferol Vitamin D3 (NDH: Nurse's Drug Handbook, 2022)**	**Insulin lispro HumaLOG (NDH: Nurse's Drug Handbook, 2022)**
Dosage, Route, Frequency given	**0.5 mg IV every 3 hrs prn**	**chewable tablet 81 mg daily orally**	**40 mg tablet orally at bedtime**	**tablet 1,000 units daily orally**	**1-20 units subcutaneous before meals and at bedtime**
Reason Client Taking	**pain management**	**pain management**	**help lower cholesterol**	**help with vitamin D deficiency**	**help maintain blood glucose at 140-180 mg/dL**

Current Medications Reference (APA):

***NDH: Nurse's Drug Handbook, 2024*. (2022). . Jones and Bartlett Learning.**

Assessment

Physical Exam – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

General, Psychosocial/Cultural, and TWO focused assessment specific to the client is required.

The student and instructor may complete these assessments together.

GENERAL: **Alertness:**	**The patient was sleeping when in the room. He was uncooperative, not letting me do a proper head to toe assessment. He looked unkempt and cut up all over his body.**

Orientation: **Distress:** **Overall appearance:**	
INTEGUMENTARY: **Skin color: white** **Character: dry and cold** **Temperature: 97.6º F** **Turgor: less than 3 seconds** **Rashes: on his left hip and thigh area** **Bruises: none noted** **Wounds: stage 3 pressure injury on left hip and thigh** **Braden Score: 17** **Drains present: Y☐ N x** **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐ Edema Y ☐ N ☐**	

Location of Edema:	
RESPIRATORY: **Accessory muscle use: Y☐ N x** **Breath Sounds: Location, character**	**All lung fields clear** **No difficulty breathing**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	.

GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Fall score: 29** **High fall risk**
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:**	

Mental Status: **Speech:** **Sensory:** **LOC:**	
PSYCHOSOCIAL/CULTURAL: **Coping method(s): smartphone and television** **Developmental level: normal for age** **Religion & what it means to pt.: none** **Personal/Family Data (Think about home environment, family structure, and available family support): mother and daughter**	

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:22	64 BPM	105/79 mmHG left upper arm	18 breaths per minute	97.6° F oral	99% room air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
9:26	1-10	N/A	0	N/A	N/A

Intake and Output

Intake (in mL)	Output (in mL)
8,000 mL other **390 mL P.O.**	**8,244 mL**

Discharge Planning

Discharge location:

back home with mother and daughter

Equipment needs:

the patient needs transportation assistance

he also needs a wheelchair and walker to get around

Education needs:

the patient needs to learn how to better manage his diabetes

the patient also needs continuous teaching on hygiene care

Nursing Diagnosis
Must be NANDA approved nursing diagnosis

Nursing Diagnosis ● Include full nursing diagnosis with "related to" and "as evidenced by" components	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.

• Listed in order by priority – highest priority to lowest priority pertinent to this client				
1. Risk for infection as evidenced by refusing oral hygiene	**This nursing diagnosis was chosen because the patient refuses to brush his teeth, knowing that he can get an infection**	**1. Keep teaching the patient about the importance of oral hygiene** **2. Keep the patient clean in other ways by regularly changing bandages**	**1. The patient will be asked to brush his teeth before we leave for the day**	**The patient still refused to brush his teeth even after being educated on the dangers of not doing so**
2. Impaired mobility related to left leg amputation as evidenced by the use of assistive devices	**This nursing diagnosis was chosen because the patient had a below the knee left leg amputation, leading him to rely on assistive devices to get around**	**1. Having the patient do ROM exercises** **2. Having the patient fitted for a left prosthetic leg**	**1. The patient will show that he can get into a wheelchair independently by the end of the day**	**The patient did not seem thrilled about this but agreed to do it**

Other References (APA):

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/**