N311 Care Plan 5

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N311: Foundations of Professional Practice

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Demographics

Date of Admission	**Client Initials**	**Age**	**Biological Gender**
30 March 2025	M.T.	65	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Chief Scientist at Wolfram Research	Married	Neosporin, apple, almond, pollen extract
Code Status	**Height**	**Weight**	
No CPR/DNI	5ft 10in	188lbs	

Medical History

Past Medical History: The client's past medical history includes Malignant neoplasm of pancreas metastatic to liver then femur and multinodular goiter.

Past Surgical History: The clint's past surgical history includes an endoscopic upper ultrasound study, placement of IR port and a left proximal femoral fracture repair.

Family History: The client's mother has skin cancer and hypertension, and his father has asthma.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The client does not use tobacco or drugs but claims to have one drink rarely.

Education: The client has an education level of a PhD in physics.

Living Situation: He lives at home with his wife.

Assistive devices: The client uses a walker and will be using a wheelchair for home discharge

Admission Assessment

Chief Complaint: Leg Pain

History of Present Illness (HPI) – OLD CARTS: The client was diagnosed with pancreatic cancer which metastasized to the liver and femur. The diagnosis was on December 21st of 2024 after he noticed that he was experiencing intense back pain in September of 2024. After this

diagnosis he soon began to experience extreme leg pain from which the cancer was causing. This chronic pain in his leg first occurred about a month ago after his cancer had metastasized over two months after the primary diagnosis. The leg pain is occurring in his entire left leg however, most of his pain is occurring in his thigh which is where his cancer is located. His lower left leg has a deep vein thrombosis as well. The client states that the characteristics of this leg pain are sharp and include spasms that cause intense pain quickly. He also states that the aggravating factors include any movement or strain in his leg. Reliving factors include pain management, lidocaine patches and treatment for his pain includes continuing radiation on weekends and scheduled pain regiment daily. His severity of the leg pain typically is around a five on a scale of zero-ten, however, it can quickly reach an eight or a nine with leg spasms for example.

Primary Diagnosis

Primary Diagnosis on Admission: Leg Pain

Pathophysiology

Pathophysiology of the Disease, APA format: A deep vein thrombosis is a blood clot that may form in the lower extremities of the body. It can be caused by immobility, blood vessel injury, hypercoagulability or medical conditions. In the client's case, his deep vein thrombosis is suspected to be caused by his cancer diagnosis in both legs. Some signs and symptoms of a deep vein thrombosis include chronic leg pain, swelling, edema, skin discoloration, pressure within the veins and blood pooling (Cleveland Clinic, 2022). The client is experiencing leg pain, swelling and edema from his DVT. A blood clot is normally formed from impaired venous return to the heart causing red blood cells to accumulate and forming a blood clot. There are

many risk factors that are included within the diagnosis of a deep vein thrombosis. Some of these factors include decreased blood flow or increased pressure in veins. To diagnose a DVT, some tests should be completed to confirm the diagnosis. Any of these tests include a duplex venous ultrasound, venography, MRI, and a CT (Cleveland Clinic, 2022). A DVT is most suspected but confirmed with a D-dimer test that detects the presence of fibrin clot degradation products in the blood (Capriotti, 2024). These blood clots may be life threatening by causing a pulmonary embolism in the lungs if not treated correctly. To treat a DVT, blood thinners, compression stockings and elevation should be used to help increase the venous return. If a DVT is suspected of traveling to the lungs and causes a pulmonary embolism, then an inferior vena cava filter will be placed or a Thrombectomy will be scheduled. There are prevention methods to reduce the risk of obtaining a deep vein thrombosis. Some of these simple tasks include taking medications as prescribed, keeping up with blood tests and appointments with your provider and modifying lifestyle habits. Something as simple as going on a walk everyday can reduce the risk of a deep vein thrombosis or even stopping tobacco use. Even the client has found ways such as using resistance bands to continue staying healthy even if he has limited mobility from this level of leg pain he is experiencing.

Pathophysiology References (2) (APA):

Cleveland Clinic (2022). *Deep Vein Thrombosis (DVT).* https://my.clevelandclinic.org/health/diseases/16911-deep-vein-thrombosis-dvt.

Capriotti, T. (2024). *Pathophysiology, Introductory Concepts and Clinical Perspectives.* Davis Advantage.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Glucose	**107mg/dL**	**101mg/dL**	**74-100mg/dL**	The possibility of an abnormal glucose level may be related to pancreatic cancer. The pancreas produces insulin, and the cancer may be affecting the glucose level over time (Pagana, 2021).
RBC	**3.75 10^6/uL**	**2.88 10^6/uL**	**4.10-5.70 10^6/uL**	Radiation to the femur may cause disruption to the production of RBC's since they are produced in the bone marrow (Pagana, 2021).
HGB	**10.5 g/dL**	**8.3 g/dL**	**12.0-18.0 g/dL**	Radiation therapy may affect the HGB levels causing an impact on the production of red blood cells (Pagana, 2021).
HCT	**32.8%**	**25.4%**	**37.0-51.0%**	Radiation therapy may affect the HCT levels in the blood from the

				suppression of bone marrow (Pagana, 2021).
Creatinine	**0.73 mg/dL**	**0.65 mg/dL**	**0.70-1.30 mg/dL**	The fluctuation of the creatinine levels may be related to his liver cancer causing irregular levels of creatinine (Pagana, 2021).

Laboratory data Reference (1) (APA):

Pagana, K. Pagana. (2021). *Mosby's Diagnostic & Laboratory Test Reference.*

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
CT pulmonary angiogram with contrast. Purpose: The purpose of this test is to help diagnose any potential blood vessel disease or blockages (RSNA, 2025).	The client has a high probability of suspected pulmonary embolism from his history of a DVT and swelling.	Suboptimal opacification of pulmonary arteries and there are no central pulmonary artery filling defects. The bilateral pleural effusions have increased in size. Multiple pulmonary nodules were found.
Limited/Unilateral lower extremity venous duplex.	This test was completed to evaluate the right lower DVT. Some signs and	The results of this test show consistent acute

Purpose: This test evaluates the veins in the legs for any possible blood clots or impaired venous return (Memorial Care, 2025).	symptoms include leg pain, swelling, and tenderness.	right lower DVT that involves the calf and gastrocnemius veins. The left lower extremity also has an acute DVT involving the common femoral vein.
CT of Pelvis without contrast. Purpose: This test is used to detect tissue damage and pelvic growth abnormalities (SJRA, 2023).	This test was completed to assess the pelvis and progress of cancer. Some signs and symptoms include pain and cancer with metastasis.	The test showed that his hardware from previous surgery is intact. There is also interval progression of the lytic metastasis in the proximal left femur.

Diagnostic Test Reference (1) (APA):

Pagana, K. Pagana. (2021). *Mosby's Diagnostic & Laboratory Test Reference.*

Memorial Care. (2025). *Venous Duplex Scan.*

https://www.memorialcare.org/services/diagnostics/venous-duplex-scan

Radiology Info (2023). *CT Angiography (CTA).*

https://www.radiologyinfo.org/en/info/angioct#:~:text=Computed%20tomography%20angiography%20(CTA)%20uses,such%20as%20aneurysms%20or%20blockages.

South Jersey Radiology Associates (SJRA), (2023). *Why Would You Need A CT Of The Abdomen And Pelvis?* https://sjra.com/why-would-you-need-a-ct-of-the-abdomen-and-pelvis/#:~:text=How%20does%20a%20CT%20scan%20detect%20metastasis%20or%20recurrence%20of,promptly%20identify%20any%20concerning%20developments.

Active Orders

Active Orders	Rationale
Consult for radiation	Consult to discuss radiation plan of care.
Regular diet	Regular diet can be resumed since radiation has ended.
Occupational Therapy	Occupational therapy is needed to assess activities of daily living for home.
Physical Therapy	Physical therapy is needed to assess physical movement of the client. He needs to ambulate with assistance.
Vascular Assess	The port was assessed and cleared for use.
Code status: No CPR/DNI	The client chooses no CPR/DNI as his code status.

Current Medications (5)

Brand/Generic	OxyContin/ oxycodone (Jones & Bartlett, 2025)	Methadose/ Methadone (Jones & Bartlett, 2025)	Xylocaine/ Lidocaine 4% topical patch (Jones & Bartlett, 2025)	Robaxin/ methocarbamol (Jones & Bartlett, 2025)	Eliquis/ apixaban (Jones & Bartlett, 2025)
Dosage, Route,	10mg IV	2.5mg	1 patch,	750mg tablet,	5mg

Frequency given	push/24hrs	tablet, oral, every 8hrs	Transdermal, on for 12hrs/ off for 12hrs	oral, every 6hrs	tablet, oral, twice a day (0900 & 2100)
Reason Client Taking	Management of cancer and leg pain.	Management of chronic cancer pain.	Treatment for left anterior thigh pain	Treatment for muscle spasms	Treatment for DVT

Medication Reference (1) (APA):

Jones & Bartlett Learning. (2025). *Nurse's Drug Handbook.*

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:** **Orientation:** **Distress:** **Overall appearance:**	Client is alert and oriented x4, well groomed no acute distress.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐**	Braden Score: 21

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:**	Clear S1 and S2 without murmurs gallops or rubs. Apical pulse palpable at 5th intercostal space at midclavicular line. Normal rate and rhythm. Peripheral pulses +2 bilaterally throughout. Capillary refill is less than 3 seconds fingers and toes bilaterally. No neck vein distention. +1 edema located in the upper left leg.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Normal rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds clear throughout anterior bilaterally, no wheezes, crackles, or rhonchi noted.
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: 10

Fall Score: **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	
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):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	The client's developmental level is appropriate for his age. His wife helps him cope with his cancer diagnosis and he manages his pain with medication. He did not want to discuss religion and he states that he does feel safe at home, and he has support with his diagnosis from all friends and family.

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	97 bpm left radial	112/62 mm/Hg left	17 bpm	98.1 F. oral	92% spO2

		upper arm			

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
0800	0-10	Left leg	5 with resting 9 with activity	Sharp	Continue pain treatment plan. Medications were given at this time to improve the pain level.

Intake and Output

Intake (in mL)	Output (in mL)
The client ate the entire meal that his wife brought him. He is also drinking full glasses of water that are approximately 240mL.	600mL urine during shift

Discharge Planning

Discharge location: The client will return to his home with his wife on 4/11 pending pain control status.

Equipment needs: The client will be discharged with a wheelchair.

Education needs: Education will be provided for the client before discharge for education on wheelchair use, continued pain management and safety precautions in the homeplace. The client also may need to adapt to the new form of home environment with the wheelchair.

Nursing Diagnosis
Must be NANDA approved nursing diagnosis

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	**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.
1. Chronic Pain related to cancer as evidenced severe femur pain.	This nursing diagnosis was chosen because his cancer is stage 4 and metastasizing rapidly is causing extreme femur pain.	**1.**Create a pain regiment to control pain level over a course of 14 days. **2.**Teach relaxation techniques to distract the mind from pain, especially at home.	**1.** The client will create an activity diary and pain-level chart that rates the severity of pain to help keep track. This will show which relaxation techniques are working.	The client tolerates the education well and showed excitement to learn new relaxation techniques on how to control his pain.
2. Risk for Pulmonary Embolism related to DVT.	The client has deep vein thrombosis which has a chance in causing a pulmonary embolism in the lungs.	**1.** The client will use compression stockings to help prevent pulmonary embolism and improve venous return.	**1.** The client will demonstrate proper use of compression stockings as well as teaching back on hydration education to prevent a pulmonary embolism.	The client is unable to perform proper use of compression stockings. However, he does explain the importance of compression stockings and hydration while

		2.The client will be taught proper education on hydration and how it is effective in preventing a pulmonary embolism.		preventing a pulmonary embolism.

Other References (APA):