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	Client Initials	Age	Biological Gender
4/8/2025	CP	74	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Employer	Married	Sulfa Antibiotic
Code Status	**Height**	**Weight**	
Full	157.5 cm	70 .4 kg	

Medical History

Past Medical History: A-fib, Asthma, Diabetes, Hyperlipemia, Hypertension, Sciatica.

Past Surgical History: Back surgical, Partial Hysterectomy, Cataract Removal with Implant,

Cataract removal with implant, and Kyphosis surgery.

Family History: Father – Brain tumor, Hypertension, Mother -Diabetes.

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

The patient stated that she does not smoke, drink alcohol, and drug use.

Education: First year of college.

Living Situation: The patient stated that she lived with her husband and daughter.

Assistive devices: Wheelchair, and walker.

Admission Assessment

Chief Complaint: Laceration on the right middle toe.

History of Present Illness (HPI) – OLD CARTS: The 74-year-old Caucasian female presented

at ED at 4 pm, on April 8, 2025, with a right middle toe laceration**.** The patient states she does

not remember how she hurt her toe. She also states that the symptoms are worse when she tries

to move**.** The patient described no pain and rated the pain a 0/10 on a numerical scale when she

was admitted**.** The patient states that she used warm water to clean her toe and took Hydrocodone, and Tylenol sometime this morning for pain.

Primary Diagnosis

Primary Diagnosis on Admission: Diabetic foot

Secondary Diagnosis (if applicable): Cellulitis of the third toe of the right foot.

Pathophysiology

Pathophysiology of the Disease, APA format: Diabetic foot

Chronic hyperglycemia leads to diabetic foot complications by progressively damaging vascular and nervous tissues. Prolonged elevated blood glucose levels at the cellular level damage microvascular structures and cause neuropathy which disrupts the body's capacity to detect injuries and supply oxygen and nutrients to peripheral tissues (Capriotti & Frizzell, 2020). People may fail to notice minor injuries such as cellulitis which can develop infections and heal inadequately.

Peripheral neuropathy which often occurs in diabetic patients decreases pain sensitivity in the extremities and prevents patients from noticing cuts or pressure injuries. The inflammatory and healing processes are slowed because peripheral artery disease causes reduced perfusion and an impaired immune response. Cellulitis is a bacterial skin infection that manifests as redness and warmth along with swelling and tissue inflammation which can develop quickly from simple skin lacerations like the one the patient experienced (Capriotti & Frizzell, 2020).

When pathogens like Staphylococcus aureus or Streptococcus pyogenes enter the body through a compromised skin barrier they cause an immune response to start. Diabetics experience impaired leukocyte migration and response to infection which leads to higher

complication risks such as abscesses, osteomyelitis, and ulceration (Capriotti & Frizzell, 2020). Untreated diabetic foot infections may progress to systemic infection or necessitate amputation.

Effective prevention of severe consequences from diabetic foot injuries depends on timely identification and treatment which includes wound care, controlling infections and managing blood sugar levels. Knowledge of diabetes-related healing impairment and infection susceptibility informs nurses in providing suitable care and educational support to patients for complication prevention.

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J. P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (3rd ed.). F.A. Davis Company.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Chloride	107	120	98-110 mmol/L	High chloride levels may indicate dehydration**,** metabolic acidosis**, or** kidney dysfunction**,** which affects the body's acid-base balance (Taylor et al., 2023).
Creatine	1.10	0.99	0.60-1.00mg/dL	High creatinine suggests impaired kidney function, as the kidneys are less able to clear waste from the blood (Taylor et al., 2023).

GFR	53	60	>=60	Low GFR levels (non-African and African) indicate reduced kidney filtration, suggesting chronic kidney disease or renal impairment (Taylor et al., 2023).
Glucose	137	80	70-99mg/dL	High glucose may indicate impaired glucose metabolism, stress response, or undiagnosed diabetes mellitus (Taylor et al., 2023).
Iron		11	15-62%	Low iron saturation may reflect iron deficiency, anemia, or chronic blood loss (Taylor et al., 2023).
HGB		1.7	4.0-6.0%	Low HbA1c indicates chronic hyperglycemia, consistent with diabetes mellitus (Taylor et al., 2023).
RBC	3.39	3.20	3.80-5.30 10(6)/mcL	Low RBC count suggests anemia, which may be caused by nutritional deficiencies or chronic disease (Taylor et al., 2023).
Hemoglobin	11.0	10.6	12.0-15.8 g. dL	Low anemia and reduced oxygen-carrying capacity of the blood (Taylor et al., 2023).
Hematocrit	32.6	30.6	36.0-47.0%	Low hematocrit also

				reflects anemia or blood loss, affecting tissue oxygenation (Taylor et al., 2023).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
US ankle/brachial indices	She does not feel pain in her right toe	Right lower extremity, No DP pulse
XR foot 3	Laceration on the right middle toe	No acute radiographic abnormality.

Diagnostic Test Reference (1) (APA):

Taylor, C., Lynn, P., & Bartlett, J. L. (2023). *Fundamentals of nursing: The art and science of person-centered care* (10th ed.). Wolters Kluwer.

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Active Orders

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Active Orders	Rationale
Blood sugar 70 m g/dL	Helps identify and prevent hyperglycemia.
Insert /maintain Peripheral IV	Allows fluid or medication administration and

	quick access.
Intake and output	Help assesses fluid balance for the patient has dehydration.
Patient may shower	Promotes hygiene and comfort, encourages mobility.
Perform POC blood glucose – every 6 hours	Helps monitor glucose trends for the patient has diabetic.
Vital signs per unit routine	Helping detects early signs of infections in her toe, monitor changes in status.
Wound/ Ostomy Consult	Helps preventing infection and promoting healing.

Current Medications (5)

BRAND/generic	TYLENOL/ acetaminophen	UNASYN/ ampicillin-sulbactam	ANTARA/ fenofibrate	FERREX 150 / Ferrous Sulfate	GLUCOSE/ dextrose
Dosage, Route, Frequency given	650 mg Oral Every 4 hours	3 g Intravenous Every 6 hours	30 mg Oral Daily	325 mg Oral Twice times daily	50% Intravenous PRN
Reason Client Taking	It is used to treat fever reduction and relieve pain.	It is used to treat bacterial infections, including septicemia, pneumonia, and urinary tract infections.	It is used to treat elevated levels of triglycerides and cholesterol to lower the risk of pancreatitis or heart disease.	It is used to treat iron deficiency anemia.	It is used to treat low blood sugar.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2024). 2024 Nurse's Drug Handbook (22nd ed.). Jones & Bartlett

Learning.

Assessment

Physical Exam – <mark>HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS</mark>

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:**	**GENERAL:** **Alertness:** Patient was alert & oriented X4 **Orientation:** The patient was able to verify the time. **Distress:** The patient showed no signs of distress. **Overall appearance:** The patient was well-groomed and have clean look.

INTEGUMENTARY:
 	
Skin color:
 	
Character:
 	
Temperature:
 	
Turgor:
 	
Rashes:
 	
Bruises:
 	
Wounds: .
 	
Braden Score:
 	
Drains present: Y☐   N ☐
 	
   Type:
	INTEGUMENTARY:
	
	Skin color: Normal for ethnicity.
	
	<mark>**Character:** Dry, redness, blanche.</mark>
	
	Temperature: Warm
	
	Turgor: Normal turgor
	
	Rashes: None reported
	
	Bruises: None reported
	
	Wounds: None reported
	
	<mark>**Braden Score:** 15, Mid Risk.</mark>
	
	Drains present: Y☐ N ☒
	
	   Type:

HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**HEENT:** **Head/Neck:** Supple. No LAD or Thyromegaly **Ears:** Intact **Eyes:** 3mm, PERRLA, EOM. **Nose:** Symmetry <mark>**Teeth**: Absent teeth</mark>
CARDIOVASCULAR: **Heart sounds:**	**Heart sounds:** S1S2, no murmur. **S1, S2, S3, S4, murmur etc.**

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:**	**Cardiac rhythm (if applicable):** Normal sinus rhythm. **Peripheral Pulses:** Radial pulse 2+ **Capillary refill:** Less than 3 seconds **Neck Vein Distention: Y ☒ N ☐ Edema Y ☐ N ☒** **Location of Edema:**
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**Accessory muscle use: Y☐ N ☒** **Breath Sounds:** Anterior, equal bilaterally.

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 ☐
	Diet at home: None reported
	Current Diet
	
	Height: 157.5 cm
	
	Weight: 70.4 kg
	
	Auscultation Bowel sounds: All quadrants
	
	Last BM: 4/9/2025
	
	Palpation: Pain, Mass etc.: None reported
	Inspection:
	
	  Distention: None reported
	  Incisions: None reported
	  Scars: None reported
	  Drains: None reported
	  Wounds: None reported
	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:
	GENITOURINARY:
	
	Color: Dark
	
	Character: Foul
	
	Quantity of urine: 240 mL
	
	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☐**	MUSCULOSKELETAL: **Neurovascular status: Alert.** **ROM:** Limited ROM **Supportive devices:** Wheelchairs, walker. **Strength:** Weak, shaking **ADL Assistance: Y✓ N ☐** **Fall Risk: Y ✓ N☐** **Fall Score:** 34, high fall risk. **Activity/Mobility Status:** Cellulitis of the third toe of the right foot so the patient needs assistance with equipment. **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**
NEUROLOGICAL: **MAEW: Y ☐ N☐**	NEUROLOGICAL: **MAEW: Y ☒ N☐**

PERLA: Y ☐ **N**☐	**PERLA: Y** ☒ **N**☐
Strength Equal: Y ☐ **N** ☐ **if no - Legs** ☐ **Arms** ☐ **Both** ☐	**Strength Equal: Y** ☐ ==**N** ☒== **if no -** ==**Legs** ☒== **Arms** ☐ **Both** ☐
Orientation:	**Orientation:** Oriented x4
Mental Status:	**Mental Status:** Consciousness
Speech:	**Speech:** Clear, spontaneous
Sensory:	==**Sensory:** Hypoesthesia, numbness in lower extremities.==
LOC:	**LOC:** Conscious
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):**	**Coping method(s):** The patient uses techniques like deep breathing to cope with the pain and discomfort. **Developmental level:** The patient has normal development level appropriate for age. **Religion & what it means to pt.:** The patient identifies as Christian and expresses that her faith is a source of strength, providing her with emotional support during difficult times. **Personal/Family Data (Think about home environment, family structure, and available family support):** The patient has her husband and daughter to support.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0730	100 bpm	==148/78 mmHg==	==22 respirations per minute.==	97.2 F Temporal	96% Room air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
1030	Numeric Scale	Right toe	3/10	Numbness, tingling.	Acetaminophen

Intake and Output

Intake (in mL)	Output (in mL)
P.O: 240 mL

Total: 240 mL | Urine voided: 25 mL

Total: 25 mL |

Discharge Planning

Discharge location: Home at Savoy.

Equipment needs: Wheelchair and walker.

Education needs: The patient will be educated on diabetes nutrition, exercise, medications, and

maintaining their glucose level in control.

Nursing Diagnosis
Must be NANDA-approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

priority – highest priority to lowest priority pertinent to this client				
1. Decreased Cardiac output related to elevated blood glucose levels as evidenced by tachypnea, fatigue, weakness (Cumpian, T. 2021).	This diagnosis was chosen because the patient has report fatigue, weakness and respiration rate is 22.	1. Assist in diagnostic modalities such as echocardiography (Cumpian, T. 2021). 2. Administer medications as ordered (Cumpian, T. 2021).	1. The patient will show cardiac output 60 to 100 beats/ min with regular rhythm within 2 days.	The patient heart rate was stable with improved energy levels. The goal was met, continued monitoring and education are recommended.
2. Risk for unstable blood glucose level related to poor disease management as evidenced by low HGB and high glucose (Cumpian, T. 2021).	This diagnosis was chosen because the patient lab values was showing glucose 137 and HGB 1.7 compared to the normal range.	1.Educate patient on how to monitor blood glucose levels (Cumpian, T. 2021). 2.Intruct on counting carbohydrates (Cumpian, T. 2021).	1. The patient will demonstrate how to be using a glucometer and maintain the glucose levels in control within 3 days.	The patient responded well to the nurse actions the blood sugar level improved and was within normal range. The goal was met. The patient's response to the intervention was positive because she can be able to control her blood sugar independently.

Other References (APA):

Cumpian, T. (2021). *Diabetes Mellitus Nursing Diagnosis & Care Plan*. NurseTogether.

https://www.nursetogether.com/diabetes-nursing-diagnosis-care-plan/