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**
4/9/2025	KR	29	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	OSF Health Care	Married	Clindamycin Gold Wound Dressing-Adhesive Mupirocin
Code Status	**Height**	**Weight**	
Full Code	5’10	384 lb.	

Medical History

Past Medical History: Abnormal pap smear of cervix, anxiety, bipolar 1 disorder, depression, essential hypertension, genital herpes, & infertility.

Past Surgical History: Cesarean section (12/02/2022), cholecystectomy, exploratory of abdomen, ovary removal, TAH and BSO (3/13/2025), tonsillectomy, & wound treatment- lower abdominal wounds (12/10/2022).

Family History: Father type 2 diabetes and hypertension, Mother miscarriage x1, Paternal grandfather hypertension and stroke, Paternal grandmother cancer melanoma, Maternal grandmother cancer lymphoma and uterine cancer.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Never smoked or used smokeless tobacco, never vaped, not currently alcohol or drug use.

Education: High School

Living Situation: Lives in a one-story house with her spouse and child, in champaign IL.

Assistive devices: Client states she use no assistive devices or services.

Admission Assessment

Chief Complaint: Infection in left abdominal incision

History of Present Illness (HPI) – OLD CARTS:

The client reports the onset of her symptoms starting began on April 7th. Client reports that the wound is one her lower left abdomen. Duration of the infection had been constant since surgery. Characteristics of the wound are redness, warmth, and pus. The client reports that ice packs help alleviate the pain. Client took ibuprofen at home to relieve her symptoms. Client is receiving IV medication for treatment. Report the pain as 0 on 0-10 scale, 0 being none and 10 being the most pain.

Primary Diagnosis

Primary Diagnosis on Admission: Abdominal wall cellulitis

Secondary Diagnosis (if applicable): History of left oophorectomy

Pathophysiology

Pathophysiology of the Disease, APA format:

Cellulitis is defined as erythema, wrath, edema, and tenderness upon palpation. This reaction is due to the cytokines and neutrophils response to bacteria infiltrating the first layer of skin called the epidermis (Brown). The neutrophils and cytokines are recruited to affected area of the skin where bacteria have penetrated the epidermis layer leading to epidermal response. Group A Streptococci is the most common bacteria that causes cellulitis, but its not limited too. Other types of bacteria that can cause cellulitis are virulence factors such as pyrogenic exotoxins (A, B, C & F) and streptococcal superantigen (Brown). Abdominal cellulitis is a sign of acute

appendicitis that causes aggressive inflammation within the abdomen. The inflammation of the skin can be considered as an abscess (Yamaguchi, Kobayashi, & Nagasaki). The abscess with the intra-abdominal wall is adhered to surrounding tissue. Signs and symptoms of abdominal wall cellulitis can be mistaken for and acute appendicitis (Yamaguchi, Kobayashi, & Nagasaki). The chief complaint for acute appendicitis and abdominal wall cellulitis is abdominal pain, especially in patient who are not able to communicate as effectively such as dementia and spinal cord injury (Yamaguchi, Kobayashi, & Nagasaki). The client experienced sign and symptoms including swelling, separation, pus, and a fever. Client states the incision site also had foul order smell to it. The primary diagnosis of abdominal wall cellulitis was diagnosed when the left abdominal incision wound was cultured for bacteria and came back positive for Group A strep causing MRSA. The provider ordered blood cultures to help determine if the chief complaint was an infection. The client was experiencing exhibiting signs of systemic toxicity, which required blood cultures to test for infection.

Pathophysiology References (2) (APA):

Brown, B. D. (2023, August 7). *Cellulitis*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK549770/#:~:text=Go%20to:-,Epidemiology,Go%20to:

Yamaguchi, H., Kobayashi, H., & Nagasaki, K. (2020, February 15). *Abdominal wall cellulitis in acute abdomen*. Internal medicine (Tokyo, Japan). https://pmc.ncbi.nlm.nih.gov/articles/PMC7056370/#:~:text=Abdominal%20cellulitis%20is%20a%20rare,with%20appendicitis%20is%20abdominal%20pain.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
SGOT (AST)	45	N/A	5-40 units	Damage to Liver (Garg)

SGPT (ALT)	65	N/A	7-56 units	Damage to Liver (Garg)

Diagnostic Test & Purpose	**Clients Signs and Symptoms**	**Results**
CT Abdomen pelvis w/ contrast	Redness pus, and infection.	Hepatic Steatosis

Diagnostic Test Reference (1) (APA):

SGPT & Sgot test: Normal range, levels, and what do ... (n.d.-c). https://redcliffelabs.com/myhealth/liver-test/sgpt-sgot-test-normal-range-its-levels-and-what-do-they-indicate/

Active Orders

Active Orders	Rationale
Contact Isolation	To help prevent the spread of MRSA
Diet General	To maintain good health
Oxygen Therapy	Client was receiving oxygen therapy nasal canal 2 L, to help with SOB.
Pulse Oximetry, Continuous	To monitor oxygen saturation.
Admission Weight	Client is obese, monitor for increase weight gain.
Cardiac monitoring	To monitor the function of the client's heart and how hard its working.
Insert/ maintain peripheral IV	For client to receive IV antibiotics for infection.
Intake & Output	Ensures proper intake fluid and output of urine and defecation.
Saline lock IV	To control infection risk
Up as Tolerated	To maintain ROM

Current Medications (5)

Brand/Generic	Lorazepam ATIVAN	Lamotrigine LAMICTAL	Sertraline ZOLOFT	Pantoprazole PROTONIX	Vancomycin VANCOCIN
Dosage, Route, Frequency given	5mg, Tablet, 1x Nightly	75mg Tablet, 1x Morning	100mg Tablet, 1x Nightly	40mg Tablet, 1x every morning after eating	IVPB 1500mg in 250 Every 12Hr w/ 1ml NS Premix
Reason Client Taking	Anxiety	Bipolar disorder	Depression	Heartburn	Infection

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:** A&O X4 **Orientation:** Person, place, & Time. **Distress:** No acute distress **Overall appearance:** Well groomed	
INTEGUMENTARY: **Skin color:** Pale **Character:** Smooth w/ little hair growth **Temperature:** Warm **Turgor:** Less than 2 seconds **Rashes:** None **Bruises:** None **Wounds:** Left abdominal incision **Braden Score: 23**	Client has redness, warmth around left abdominal incision wound

Drains present: Y☐ N ☒ **Type:** None	
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 ☐** **Breath Sounds: Location, character**	.
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:** Client reports no pain **ROM:** Full ROM **Supportive devices:** None **Strength:** No strength deficits **ADL Assistance: Y☐ N ☒**	Client has full range of motion and can ambulate independently.

Fall Risk: Y ☐ N☒ **Fall Score:** 7 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ Yes **Needs assistance with equipment** ☐ No **Needs support to stand and walk** ☐ No	
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):** Family & Friends **Developmental level:** Age appropriate **Religion & what it means to pt.:** Christian, not active in a church **Personal/Family Data (Think about home environment, family structure, and available family support):** Spouse and 2-year-old child	Client is calm and cooperative. Client lives in a one-story house with husband and in local community.

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	67	120/80	18	98.4 F	97%

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
1000	0-10	N/A	0	N/A	N/A

Intake and Output

Intake (in mL)	Output (in mL)
360 mL	Voids independently

Discharge Planning

Discharge location: Home on story house in champaign with husband and 2-year-old.

Equipment needs: None

Education needs: Wound care (Skin Care)

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	• 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

order by priority – highest priority to lowest priority pertinent to this client				to plan.
1. Impaired skin integrity R/T excessive moisture as evidenced by purulent pus drainage (Phelps 2023).	Client has purulent pus drainage coming from the left abdominal surgical incision.	**1.**Instruct client and family in the skin care regimen to *ensure compliance* (Phelps 2023). **2.**Maintain infection control standards to help minimize the risk of nosocomial infections (Phelps 2023).	**1.** Client will explain skin regimen (Phelps 2023).	Client and family members demonstrate skin care regimen at discharge (Phelps 2023).
2. Disturbed body image R/T obesity as evidenced by BMI and client's anxiety (Phelps 2023).	Client has a high BMI and is obese, client is self-conscious of her body image.	1. Convey a positive, caring attitude and take steps to ensure continuity of care through treatment (Phelps 2023). 2.Give client opportunities to voice feeling (Phelps 2023).	1. Clients will communicate feelings about change in body image (Phelps 2023).	Clients will express positive feelings about themselves upon discharge (Phelps 2023).

Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer. (P. 249 & P. 21