N321 CARE PLAN # 1

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N321: Adult Health I

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Demographics

Date of Admission 09/05/2025	**Client Initials** C.H.	**Age** 56 years old	**Biological Gender** Female
Race/Ethnicity Black & White	**Occupation** Educator	**Marital Status** Married	**Allergies** No known
Code Status Full code	**Height** 5ft 4in	**Weight** 94.9kg	

Medical History

Past Medical History: The client states that she has a past medical history of anemia, hypertension, obesity, and rheumatoid arthritis.

Past Surgical History: The client states that she has a past surgical history of wisdom teeth removal in 2012, gallbladder 2015, & bariatric gastric sleeve SADI-5.

Family History: The client states that her maternal side has diabetes and high blood pressure, while her paternal side has diabetes and high blood pressure.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The client declines use of tobacco and drugs however, she discusses using alcohol every week. She states that she has two to three glasses of alcohol weekly for at least 20 years.

Education: The client's highest education is a Master's degree in education.

Living Situation: The client states that she lives in a single-story house, in Danville, IL. She lives alone, has two adult children who have moved out of the house.

Assistive devices: The client uses glasses as assistive devices.

Admission History

Chief Complaint: Abdominal pain and dehydration

History of Present Illness (HPI)– OLD CARTS

The client reports that the onset of her symptoms began on Thursday, September 4th. Client reports that the pain is generalized across the abdomen and has been present for 5 days.

She described the pain as fleeting and expressed concern. The client states that stress exacerbates the pain, making it difficult to “live life”. The client reports that rest and fluids relieve the pain. She verbally reports the pain as 1 on a 0-10 scale, 0 being none and 10 being the most pain.

Admission Diagnosis

Primary Diagnosis: Enteritis

Secondary Diagnosis (if applicable): N/A

Pathophysiology

Enteritis is an inflammation of the small intestines, which may also include gastroenteritis and enterocolitis. It is commonly caused by bacterial, viral, or parasitic infection, but may also be caused by radiation, disease, and drugs with nonsteroidal anti-inflammatory (NSAIDS) (Cleveland Clinic, 2025). Symptoms of enteritis are homogeneous regardless of the type of enteritis the client has. Those symptoms include diarrhea, loss of appetite, nausea, vomiting, body aches, fever, abdominal cramping, and pain (Cleveland Clinic, 2025). Gastroenteritis happens when viruses, bacteria, or parasites infect the intestines and irritate the lining. These infectious microorganisms are usually contracted via the oral route. These microorganisms cause diarrhea by sticking to the mucosa and mucosal layer. This causes an increased fluid shift into the lumen of the intestines (Capriotti, p. 717). There is excessive fluid to be adequately reabsorbed. The excess fluid irritates the small intestine and causes the contents to become watery, resulting in diarrhea (Cleveland Clinic, 2025). The fluid shift leads to watery stools, fluid loss, dehydration, and electrolyte imbalances. Some clinical presentations and vital signs of enteritis are low blood pressure, rapid heart rate, weight loss, and high-pitched bowel sounds, known as borborygmi (Capriotti, p. 717). Important laboratory findings would include

hyponatremia and hypokalemia due to dehydration and the loss of fluid. More important findings would include abnormal electrolytes or renal function. Diagnostic testing used to identify the disease includes X-rays of your small intestine and an upper endoscopy exam (Capriotti, p. 717). An upper endoscopy exam takes images and a biopsy of your stomach lining. The biopsy is then tested for the H. pylori infection. The client had a CT of the Abdominal pelvis and was diagnosed with enteritis throughout the small bowel with inflammation of the mid and upper abdominal mesentery. The client was noted to have fluid-filled distention related to a previous gastric bypass. The client also had a gastroenterology procedure performed, but their acute findings are waiting for the biopsy results to come back. The client was admitted for three days and received IV Lactated Ringer's for rehydration (Capriotti, p. 717). The client also received pain medication for the management of abdominal pain and cramping. The client had a slightly elevated total protein level, likely due to the inflammation in the small bowel. The client was also noted to have traces in their urinalysis, resulting in an elevated CASTS, WBC esterase, and protein in the urine. The results of these tests are likely due to the client being dehydrated due to the fluid shift in the client's body.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Enteritis (inflammation of the small intestine): Definition, symptoms, causes & treatment. Cleveland Clinic. (2025). https://my.clevelandclinic.org/health/diseases/23049-enteritis-inflammation-small-intestine#symptoms-and-causes.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Glucose	116mg/dL	N/A	60-100mg/dL	The glucose level is trending up slightly which may be due to fasting blood glucose and NPO status (Pagana, Pagana, Pagana, 2025).
Total protein	8.3g/dL	N/A	6.0-8.0g/dL	Slightly elevated related to small bowel inflammation (Pagana, Pagana, Pagana, 2025).
MPV	7.8fL	N/A	9.7-12.4fL	The lab is trending down related to past medical history of anemia (Pagana, Pagana, Pagana, 2025).
Eosinophils	7.8%	N/A	1-4%	The eosinophils are trending up due to client's autoimmune disease. (rheumatoid arthritis) (Pagana, Pagana, Pagana, 2025).

Basophils	1.1%	N/A	0.5-1%	The basophils are trending up due to client's autoimmune disease. (rheumatoid arthritis) (Pagana, Pagana, Pagana, 2025).
Protein, random urine	Trace!	N/A	Negative	Protein may be elevated due to dehydration or stress (Pagana, Pagana, Pagana, 2025).
WBC esterase	Trace!	N/A	Negative	Elevated due to suspected UTI (Pagana, Pagana, Pagana, 2025).
CASTS	Occasional hyaline casts!	N/A	None	Elevated due to dehydration (Pagana, Pagana, Pagana, 2025).

Previous diagnostic prior to admission (ER, clinic etc.) if pertinent to admission diagnosis	**Previous diagnostic results and correlation to client admission**	**Current Diagnostic Test & Purpose**	**Clients Signs and Symptoms**	**Results and correlate to client diagnosis and condition**

N/A	N/A	CT Abdomen pelvis with contrast (To check the intestines for inflammation)	Acute nonlocalized abdominal pain	Enteritis throughout small bowel with inflammation to the mid and upper abdominal mesentery. Noted to have fluid-filled distention related to previous gastric bypass (Pagana, Pagana, Pagana, 2025).
N/A	N/A	Gastroenterology (To find out the origin of enteritis)	Acute nonlocalized abdominal pain	No abnormal finding, biopsy

				pending for H. pylori (Pagana, Pagana, Pagana, 2025).
N/A	N/A	EKG (To check how the heart is affected by high blood pressure)	High blood-pressure	To rule out signs of organ damage (Pagana, Pagana, Pagana, 2025).

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2025). *Mosby's Diagnostic and Laboratory Test Reference* (17th ed.). Elsevier.

Active Orders

Active Orders	Rationale
Up as tolerated PRN	Getting up as tolerated helps prevent complications.
Up with assistance PRN	Assistance keeps the client safe while moving.

EKG scan	To rule out signs of organ damage
CBC with auto differential, lipase, CMP, magnesium level, troponin 1, high sensitivity, blood culture, stool culture, WBC lactoferrin, occult blood immunoassay, urine drug screen, urinalysis with reflex, urinalysis reflex if indicated by abnormal results, phosphoRUS (PO4), & renal function panel.	These test help in finding the cause/diagnoses of enteritis, rule out other conditions, and monitor complications.
Diet NPO effective now	In preparation for CT Abdomen pelvis with contrast.
Insert/maintain peripheral IV	For administration of medications
CT abdomen pelvis with contrast	Diagnostic imaging to determine cause
EKG 12 lead	Diagnostic test to review cardiac function
Pulse oximetry	To monitor pulse
Cardiac monitoring	To monitor cardiac function
Saline lock IV	Quick access for medications and fluids.
Vital signs	For assessment and monitor of the client overall status
Alum & mag hydroxide-simeth	GI cocktail, for treatment of abdominal pain
FentaNYL	To relieve severe pain
Ondansetron	To treat or prevent nausea
Pantoprazole	To treat GERD
GI cocktail	To relieve abdominal pain
Lactated ringers 1,000 mL (IV bolus)	Replaces electrolytes quickly to treat

	dehydration
Lopamidol 61% injection 100 mL	Slows bowel movements to prevent dehydration
IP consult to GI	Specialist evaluates and manages gastrointestinal issues.
ED-Outpatient with observation	To observe the client for potential reactions and to perform diagnostic test
HYDROmorphone (DILAUDID) injection 0.5mg	To relieve severe pain
FentaNYL Citrate (PF) injection 50 mcg	To treat pain
HYDROncodone-acetaminophen (NORCO) 5-325 mg per tablet, 1-2 tablets	For pain relief
Polyethylene glycol (Glycolax, MiraLAX) packet 17g	To prevent constipation due to narcotics
Calcium carbonate (TUMS) chewable tablet 1,000 mg	To provide antacid effects
Acetaminophen (Tylenol) tablet 650 mg	To prevent or treat pain in the client
Notify physician when prior to admission	To allow time for the physician to prepare for the client
IP consult to case management	To provide the client with extra assistance
Oxygen therapy	To maintain appropriate oxygen saturation
Strict intake & output	To minimize GI upset
Adult diet- diet type: clear liquid	To minimize GI upset
CPR full treatment	Client wishes to have all life saving measures

	performed
Nursing communication- promoted adequate fluid intake and encourage increase fluid intake if not a fluid restriction	To prevent dehydration
Nursing communication- please provide patient education to reduce/avoid constipating	To prevent constipation due to narcotics
Elevate head of bed	To prevent GERD refluxing
Admission weight	To get accurate weight prior to medications
Notify physician when prior to admission (PTA) medication review has been completed	To prevent duplications and interactions with client's current medications
Notify physician for pulse less than 50 pulse	Adverse medication effects
Pulse oximetry, spot	Monitor oxygen saturation
Telemetry monitoring	Monitors continuous cardiac rhythm, to prevent cardiac complications
Piperacillin-tazobactam (ZOSYN) 3.375 g in sodium chloride 0.9% 100 mL IVPB	To prevent postoperative infections
Lactated ringers' infusion	IV fluid used for hydration
Perform POC blood glucose- 4x daily before meals and at bedtime	To prevent hypoglycemia & hyperglycemia in NPO clients
Up in chair	Promotes circulation and reduces risk of DVT
Rhythm strip	To monitor cardiac electrical activity
Diet full liquid	To minimize GI upset
Pantoprazole (PROTONIX) injection 40 mg	To prevent stress ulcers and reduce gastric

	acid
Enoxaparin (LOVENOX) injection 40 mg	To prevent deep vein thrombosis after esophagogastroduodenoscopy procedure
amloDIPine (NORVASC) tablet 10 mg	Management of hypertension
Losartan (COZAAR) tablet 50 mg	Blood pressure control, to manage hypertension
Potassium chloride IVPB 20 mEq 100 mL	Replace potassium due to NPO status
Verify discontinuation pf anticoagulants & antiplatelets	To prevent excessive bleeding during and after procedure.
Pantoprazole (PROTONIX) 40 mg tablet delayed response	To treat or prevent GERD
Diet NPO effective midnight	In preparation for esophagogastroduodenoscopy procedure, to ensure stomach is empty.
Benzocaine (TOPEX) 20% spray AERO	Local anesthetic to numb mouth and throat before an endoscopic procedure.
Pathology surgical	To detect infection or inflammation
Helicobacter pylori, rapid urease test, tissue biopsy	To detect H. pylori infection
Pulse oximetry, continuous PACU 1	To monitor pulse after receiving anesthesia during surgery
Vital signs Q 15 min	To prevent complications or neurological changes after receiving anesthesia
May transfer from phase 1 to phase 2 when	May transfer for phase 1 to phase 2, when

criteria met	client is awake and stable
Diet general	Return to general diet following esophagogastroduodenoscopy
Ondansetron (ZOFRAN) injection 4 mg	To treat or prevent nausea
Verify informed consent for esophagogastroduodenoscopy with sedation	Consent from client to perform esophagogastroduodenoscopy with sedation.

Hospital Medications (Must List ALL)

Brand/ Generic	SUBLIMAZE (Fentanyl citrate)	SEIZALAM (Midazolam hydrochloride)	DIPRIVAN (Propofol)	AMERICAINE (Benzocaine)	ZOFRAN (Ondansetron)
Dose, frequency, route	100 mcg/10 mL, once, IJ SOLN	2 mg/2 mL, once, IJ SOLN	200 mg/20 mL, once, IV EMUL	20%, once, MT SOLN	4 mg, once, injection
Classification (Pharmacological and therapeutic and action of the drug	Opioid, opioid analgesic, binds to opioid receptor sites in the brain and spinal cord changing perception of the emotional response to pain.	Benzodiazepine, sedative-hypnotic, sedating effect by increasing a brain chemical gamma-aminobutyric acid which helps you feel calm	Phenol derivative, sedative-hypnotic, decreases blood flow, oxygen use in the brain, and intracranial pressure, and increase, and tightens blood vessels, which plays a hypnotic effect.	Local anesthetic, temporary pain relief, works by blocking sodium channels on neuronal membranes	Selective serotonin (5-HT3) receptor antagonist, antiemetic, blocks serotonin signals in the brain and in the intestine to reduce nausea and vomiting

Reason Client Taking	To treat pain	Sedation for medical procedure	A sedative for general anesthesia during gastroenterology	To numb the lining of mouth and throat prior to gastroenterology	For nausea
Two contraindications (pertinent to the client)	**1.**Hypersensitivity to fentanyl **2.**Significant respiratory depression	**1.**Hypersentivity to midazolam **2.**Acute pulmonary insufficiency	**1.**Hypersentivity too eggs or egg products **2.**Hypersentivity to soybeans or soy products	**1.**Infection in the mouth **2.**Large sores in or around the mouth	**1.**Electrolyte imbalances **2.**Hypersensitivity to ondansetron or its components
Two side effects or adverse effects (Pertinent to the client)	**1.**Tachycardia **2.**Chest pain	**1.** Excess sedation **2.** Nightmares	**1.**Involuntary muscle movements **2.** Apnea	**1.**Nausea **2.**Rapid heart rate	**1.** Intestinal obstruction **2.**Flatulence
Key nursing assessment(s) prior to administration	**1.**Be aware that 100mcg of fentanyl is equivalent in potency to 10mg of morphine **2.**Know that to achieve optimum pain control with the lowest possible fentanyl dose, also plan to give a nonopioid analgesic, such as acetaminophen, as	**1.**Assess level of consciousness frequently because the range between sedation and unconsciousness or disorientations is narrow with midazolam **2**.Be aware that recovery time for drug administered for surgery or	**1.** Expect client to recover from sedation within 8 minutes **2**. Know that dosage must be tapered before stopping therapy. Stopping abruptly will cause rapid awakening, anxiety, agitation, and resistance to mechanical	**1.**Educate the client on the importance of not drinking alcohol or smoking tobacco after using the product **2**. Apply to the affected are as needed. However, do not use more than 4 times a day.	**1.**Be aware that ondansetron may mask symptoms of adynamic progressive ileus or gastric distention after abdominal surgery. **2**.Monitor client for decreased bowel activity, especially if client has risk factors for GI

	prescribed.	procedures is usually 2 hr. but may be up to 6 hr.	ventilation.		obstruction.

Brand/ Generic	CIRCADIAN (SP) (Melatonin)	NORVASC (amlodipine benzoate)	COZAAR (Losartan potassium)	PROTONIX (Pantoprazole sodium)	TOPEX (Benzocaine)	DILAUDID (Hydromorphone hydrochloride)
Dose, frequency, route	6mg tablet, nightly, PRN, PO	10mg tablet, daily, PO	50mg tablet, daily, PO	40 mg, 2x times daily, injection	20% spray AERO, once, PO	0.5 mg, once, injection
Classification (Pharmacological and therapeutic and action of the drug	Chronobiotic, antioxidant, regulate the body's sleep-wake cycle	Calcium channel blocker, antianginal, attaches receptors in the heart and blood vessels blocks calcium ions across slow calcium channels and lowers blood pressure	Angiotensin II receptor blocker (ARB), antihypertensive, blocks binding of angiotensin II to receptor sites helping to relax blood vessels and helps lower blood pressure.	Proton pump inhibitor, antiulcer, it reduces stomach acid and interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphatase enzyme system.	Local anesthetic, temporary pain relief, works by blocking v odium channels on neuronal membranes	Opioid, opioid analgesic, binds with opioid receptors in the spinal cord to relieve severe pain
Reason Client Taking	For difficulty sleeping	To control hypertension	To manage hypertension	To treat or prevent GERD	For local anesthesia during upper endoscopy	To relieve severe pain
Two	**1.**May	**1.** Severe	**1**	**1**	**1.**Fast	**1**

contraindications (pertinent to the client)	exacerbate some autoimmune conditions **2.**At rick of bleeding while on a blood thinner	hypertension **2.** Heart failure	**.**Hyperkalemia risk **2 .**Concurrent aliskiren therapy	**.**Concurrent therapy with rilpivirine-containing products **2 .**Hypersensitivity to pantoprazole	heartbeats **2.** Short of breath	**.**Narrowing of GI tract **2.**Known or suspected GI obstruction
Two side effects or adverse effects (Pertinent to the client)	**1.**Stomach cramps **2.**Insomnia	**1.**Hot flashes **2.**Urinary frequency	**1.**Muscle spasms **2.**Back pain	**1 .**Hyperglycemia **2 .**Pacreatitis	**1.**Severe burning **2.**Stinging	**1 .**Hypertension **2 .**Dizziness
Key nursing assessment(s) prior to administration	**1.**Take 30-60 minutes before bedtime, using the lowest effective dose. **2**.Do not drive or operate heavy machinery after taking the medication	**1** .Administer food if GI upset occurs. **2**.Assess client frequently. For chest pain when starting or increasing the dose of amlodipine because an acute MI or worsening angina can occur, especially in clients with severe obstructive coronary artery disease.	**1.** Review signs and symptoms of hyperkalemia with client. Instruct client to avoid potassium-containing salt substitutes because they may increase risk hyperkalemia. **2**.Know that clients of African descent with	**1.** Expect to check client's calcium, magnesium, and potassium levels before pantoprazole therapy begins. **2**. Know that proton pump inhibitors such as pantoprazole should not be given longer than medically necessary.	**1.**Educate the client on the importance of not drinking alcohol or smoking tobacco after using the product **2**. Apply to the affected are as needed. However, do not use more than 4 times a day.	**1.** Monito client for other adverse reactions especially adverse reactions that are persistent, serous, or unusual. Know that the most common adverse reactions to hydromorphone are dizziness, dry mouth, dysphoria, euphoria, flushing, light-headiness, nausea,

			hypertension and left ventricular hypertrophy may not benefit from losartan to reduce stroke risk.			pruritus, sedation, sweating, and vomiting. **2**. Assess client for constipation
Brand/ Generic	ZOSYN (Piperacillin-tazobactam)	NORCO (hydrocodone-acetaminophen)	TYLENOL) (Acetaminophen)	LOVENX (Enoxaparin sodium)	GLYCOLAX (Polyethylene glycol)	TUMS (Calcium carbonate)
Dose, frequency, route	3.375G in sodium chloride 0.9% 100mL, every 8hr, IVPB	5-325mg per tablet, 1-2 tablet, every 4hr PRN, PO	650mg tablet, every 4 hours PRN, PO	40mg, daily, injection	17g packet, 2x times daily, PRN, PO	1,000mg tablet, every 8hr PRN, PO (Chewable)
Classification (Pharmacological and therapeutic and action of the drug	Extended-spectrum penicillin, anti-infective, kills a broad range of gram-positive, gram-negative, and anaerobic bacteria.	Opioid, opioid analgesic, binds to and activates opioid receptors at sites in the brain and spinal cord to produce pain relief.	Nonsalicylate para-aminophenol derivative, antipyretic nonopioid analgesic, the blocks an enzyme that causes pain and swelling in the peripheral nervous system by	Low-molecular-weight heparin, anticoagulant, potentiates the action of antithrombin III, a coagulation inhibitor.	Osmotic laxative, laxative, retains water in the stool through osmotic activity in the colon	Calcium salts, antacid, neutralize or buffer stomach acid to relieve discomfort caused by hyperacidity

			reducing the pain **)**			
Reason Client Taking	For prevention/treatment of a bacterial infection	To manage severe pain	To relieve mild to moderate pain	To prevent deep vein thrombosis	For prevention/treatment of constipation due to narcotics	To provide antacid effects
Two contraindications (pertinent to the client)	**1.**Sodium-restricted diet **2** **.**Electrolyte imbalance	**1.**Known or suspected GI **2.**Parlytic ileus	**1.**Severly dehydrated **2.** Opioids	**1.**Active major bleeding **2.**Active gastric of duodenal ulcers	**1.**Sudden change in bowel habits **2.**Severe stomach pain	**1** **.**Hypercalcemia **2.** Calcium supplements
Two side effects or adverse effects (Pertinent to the client)	**1.**Low potassium level **2.**Irregular heartbeats	**1** **.**Dehydration **2.** UTI	**1** **.**Hypertension **2** **.**Hepatotoxicity	**1.**Melena **2**.Anemia	**1.**Severe or bloody diarrhea **2** **.**Worsening stomach pain	**1.**Calcium taste **2** **.**Diaphoresis
Key nursing assessment(s) prior to administration	**1.**Skipping doses can increase. The rick for of infection, it's important to take every dose and on its scheduled time. **2.** You may need frequent blood test to check your potassium level	**1.** Tablets and capsules should be swallowed whole and not chewed, crushed, dissolved, or split/opened. **2**.Naloxone should always be readily available with	1.Extended-release forms should be swallowed whole. Do not crush or split extended-release forms and make sure client does not chew these forms. **2**	**1.**Do not rub injection site after injection, to minimize bruising. **2**.Do not expel the air bubble from prefilled syringes before the injection, to avoid the loss of drug.	**1.** Pour the powder into 4 to 8 ounces of a cold or hot beverage, such as juice. Stir mixture and drink right away. **2**. Client should produce a bowel movement within 1 to 3 days of consumptio	**1.**Avoid administering calcium within 2 hr. of other drugs. **2** .Chewable tablets must be chewed thoroughly before swallowing and followed with a glass of water.

		hydrocodone administration.	.Calculate total daily intake of acetaminophen, including other products that may contain acetaminophen, so maximum daily dosage is not exceeded.		n.	

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Ondansetron (ZOFRAN)	Allows for tolerance of oral medications/fluids by preventing dehydration.	**1.** Intestinal obstruction **2.** Flatulence (NDH, p. 1087)
2. Pantoprazole sodium (PROTONIX)	Helps with relief of GI irritation and reduces acid that can exacerbate symptoms.	**1.** Chest pain **2.** Indigestion (NDH, p. 1133)
3. Acetaminophen (TYLENOL)	Aids in pain relief and inflammation related to	**1.** Hypertension **2.** Insomnia (NDH, p. 12)

	abdominal cramping. Also helps with reducing tachycardia and prevention of dehydration.	

Medications Reference (1) (APA)

Drugs.com. (n.d.) (2025). *Prescription drug information*. Drugs.com. https://www.drugs.com/

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

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** No acute distress **Overall appearance:** Well groomed **Infection Control precautions:** None **Client Complaints or Concerns:**	A&O X4 to person, place, time, and situation CC: abdominal pain .
VITAL SIGNS: **Temp:** 96.9F **Resp rate:** 18 **Pulse:** 67 **B/P:** 140/95 **Oxygen:** 97% **Delivery Method:** Room air	Stage 2 hypertension, client has a past medical history of hypertension.
PAIN ASSESSMENT: **Time:** 13:15 **Scale:** 0-10 **Location:** Abdomen **Severity:** 1 **Characteristics:** Fleeting **Interventions:** Relaxing	
IV ASSESSMENT: **Size of IV:** 22G **Location of IV:** Left antecubital **Date on IV:** 9/6/2025	IV dressing- Clean, dry, & intact. Saline locked

Patency of IV: Flushed with blood return **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** **Fluid Type/Rate or Saline Lock:**	
INTEGUMENTARY: **Skin color:** Brown **Character:** Dry upon palpation **Temperature:** Warm **Turgor:** Normal mobility **Rashes:** None **Bruises:** **Wounds:** None **Braden Score:** 22 **Drains present: Y☐ N ☒** **Type: N/A**	Client has a bruise on the left antecubital where IV was placed.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and neck:** are symmetrical, the trachea is centered with no deviation, no nodules are noted throughout. Bilateral carotid pulses are palpable 2+. **Ears**: Bilateral auricles no visible or palpable deformities, lump, or lesions. Bilateral canals no sign of pain or drainage. **Eyes:** Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge notes. PERRLA and EOMS intact bilaterally. **Nose**: Septum is midline moist and pink. Nostrils bilaterally moist, and pink, and no visible bleeding or drainage noted. **Teeth**: Uvula is midline; soft palate rises and falls symmetrically. Hard palate intact. Dentition is good, oral mucosa overall is moist and pink with lesions noted. Clients states she has most of her real teeth left but is unsure how many she has lost. .
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:** None noted	Clear S1 and S2 without murmurs, gallops, or rubs. Normal rate and rhythm. Pulses 3+ throughout bilaterally. Capillary refill less than 3 seconds fingers, bilaterally. No edema noted.

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/posterior bilaterally, no wheezes crackles, or rhonchi noted.
GASTROINTESTINAL: **Diet at home:** General **Current Diet:** General **Is Client Tolerating Diet?** Yes **Height:** 5'4 **Weight:** 94.9kg **Auscultation Bowel sounds:** **Last BM: 9/8/25** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** None **Scars:** **Drains:** None **Wounds:** None **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size: N/A** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: N/A**	The client stated she does not have a diet but "tries to eat healthier" foods and does not have any issues. Bowel sounds are normoactive in all four quadrants. The client abdomen is abruptly round. Several small scars noted across the abdomen from previous procedures. Abdomen is soft & slightly tender to touch. The client reports a "little more pain" upon palpation, no mass felt with light palpation. No distention noted.
GENITOURINARY: **Color:** Pale yellow **Character:** No Oder **Quantity of urine: →** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: N/A** **Catheter: Y ☐ N ☒** **Type: N/A** **Size: N/A**	Client is continent, quantity unknown Client stated she used the restroom right before discharge and stated she had no hesitation or pain with urination.
Intake (in mLs) 1,221 mLs **Output (in mLs)** 500 mLs	Client is continent and independent. Client reported using the restroom twice, once with urination and the other with a bowel movement.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** None	**Neurovascular status:** Nail bed intact and skin warm to touch. All extremities have full ROM. Hand grips and pedal pushes and pulls demonstrate normal and

Strength: **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** 10 **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment:** None **Needs support to stand and walk:** None	equal strength. Strength: 5- active motion against full resistance. Balanced and smooth gait. Client is independent and demonstrates good mobility. Client can perform all ADLs without hesitation.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Orientation**: A&O x4 to person, place, time, and situation. **Mental status**: Memory and though process clear. **Speech**: Clear and intelligible. **Sensory**: Intact to light touch. **LOC:** Client is awake, alert, and aware they are.
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):** Client states she uses music, "TikTok", and watches to church. **Developmental level:** Client can read/write and forms full structed sentence with hesitation. They can make informed decisions. Clients states she single- story house by herself, client states she has the support of her sister and brother and 2 adult grown children.

Discharge Planning

Discharge location: The client states will return home, to a single-story house, alone.

Home health needs: The client states she does not need home health assistance.

Equipment needs: The client's equipment needs include her glasses, which she should use daily. However, she states that "she doesn't wear them as often as she should".

Follow-up plan: The client is to follow up with their primary care provider in 1 week.

Education needs: Emphasizes the importance of drinking plenty of fluids to maintain proper electrolyte balance and prevent dehydration. Also, the importance of taking prescribed medication to aid in rest and recovery, and the signs and symptoms to report to a healthcare provider.

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

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	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. Dysfunctional gastrointestinal motility related to inflammation of the intestines as evidenced by abdominal cramping (Phelps, 2023).	Inflammation to the intestines slows the digestive system causing abdominal pain, discomfort, and bowel changes (Phelps, 2023).	The client will report pain 3 or less on 0-10 scale. The goal will be reached with prescribed medications. Reducing pain will promote comfort. The client will achieve this outcome at the time of discharge	**1.**Frequency assess bowel movements presences of pain, bloating, consistency, and characteristics (Phelps, 2023). **2.**Encouage activities such a walking and range of motion to help stimulate the GI motility (Phelps, 2023).	Client will report normal bowel function without the presence of pain or discomfort and will demonstrate activities such as walking to help with GI motility (Phelps, 2023).

		(Phelps, 2023).		
2. Risk for electrolyte imbalance related to NPO status as evidenced by client unable to take oral intake (Phelps, 2023).	When a client is NPO and cannot eat or drink, the body does not get enough fluids and electrolytes, this causes imbalances. Monitoring and replacement help prevent further complications (Phelps, 2023).	The client will maintain normal electrolyte levels within by the time of discharge, as shown by labs (Phelps, 2023).	**1.** Monitor electrolyte levels (magnesium, calcium, potassium, and sodium) as ordered (Phelps, 2023). **2.**Educate client about the importance of NPO status and why the electrolytes/fluids will be replaced as needed (Phelps, 2023).	Client will maintain electrolytes levels within normal limits and will understand the importance of replacing electrolytes/fluids while on NPO status (Phelps, 2023).
3. Disturbed sleep pattern related to acute abdominal pain as evidenced by client reports of difficulty falling asleep or staying asleep and frequent awakening during the night to abdominal pain (Phelps, 2023).	Abdominal pain makes it hard to fall asleep and stay asleep. Managing and treating the pain helps keep the client comfortable, which helps them fall asleep and stay asleep (Phelps, 2023).	The client will express feeling well rested by the time of discharge, as evidenced by reports of improved sleep quality (Phelps, 2023).	**1.** Monitor and manage pain with prescribed medications and non-pharmacologic (Phelps, 2023). **2.** Promote a restful environment by dimming lights, minimizing noise, and grouping nursing care to help reduce disruptions (Phelps, 2023).	Client will report less pain, verbalize improved sleep quality, and report fewer awakenings (Phelps, 2023).

Nursing Process Prioritization	**Rationale**
1. Dysfunctional gastrointestinal motility (Phelps, 2023)	Inflammation to the intestines slows the digestive system causing abdominal pain,

	discomfort, and bowel changes (Phelps, 2023).
2. Disturbed sleep pattern (Phelps, 2023)	Abdominal pain makes it hard to fall asleep and stay asleep. Managing and treating the pain helps keep the client comfortable, which helps them fall asleep and stay asleep (Phelps, 2023).
3. Risk for electrolyte imbalance (Phelps, 2023)	When a client is NPO and cannot eat or drink, the body does not get enough fluids and electrolytes, this causes imbalances. Monitoring and replacement help prevent further complications (Phelps, 2023).

Other References (APA):

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