N311 Care Plan 1

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N311: Foundations of Professional Practice

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Demographics

Date of Admission 9/9/25	**Client Initials** ABJ	**Age** 89	**Biological Gender** Female
Race/Ethnicity Black/African American	**Occupation** Kik Custom Products	**Marital Status** Widowed	**Allergies** Ketoconazole
Code Status DNR select	**Height** 5’ 3”	**Weight** 40.9kg	

Medical History

Past Medical History: Breast Cancer (HCC), hypertension, mitral regurgitation, murmur, pulmonary embolism, rectal cancer (HCC)

Past Surgical History: Mastectomy, partial (left); nephrectomy (left); upper gastrointestinal endoscopy (10/13/2022), colonoscopy (2/7/2024); breast biopsy (right, 7/2/2024)

Family History: Hypertension (mother), stroke (mother)

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): never smoked, never used smokeless tobacco, does not drink alcohol, does not use drugs

Education: could not find on file

Living Situation: could not find on file

Assistive devices: Wheelchair, patient brought in

Admission Assessment

Chief Complaint: Generalized Weakness

History of Present Illness (HPI)– OLD CARTS: 89-year-old female admitted due to increasing weakness and decreased p.o. intake. Has a history of stage III rectal cancer, breast cancer, iron deficiency anemia, PE/DVT. Daughter provides most of the information. Patient is

bedbound for multiple days, patient is also alert but not aware of current location/date. Daughter reports increased confusion and has had diarrhea regularly. Daughter reports difficulty swallowing, however she is assessed to be able to eat with no issue. Patient states no pain, denies difficulty swallowing/breathing, no chest pain, palpitations, abdominal pain, nausea or vomiting.

Primary Diagnosis

Primary Diagnosis on Admission: Cystitis (9/9/2025)

Secondary Diagnosis (if applicable): n/a

Pathophysiology

Pathophysiology of the Disease, APA format:

Cystitis is an infection of the bladder mucosa and is typically classified as a lower urinary tract infection (UTI). According to the article *Lower Urinary Tract Inflammation and Infection: Key Microbiological and Immunological Aspects*, " the authors state that urinary tract infections are a result of the pathogens from the intestinal flora making their way into an exposed urinary tract, usually the case being fecal matter contaminating the urethral area (Dickson et al., 2024). More specifically, as stated by the article *Cystitis*, *Escherichia coli* is the main causative agent, with 75%-95% of cases coming from this bacterium (Li, 2023). Normally, the bladder's defense system is quite strong, composed of a multi-layer mucosal system of impermeable urothelial cells coated by a protective layer called glycosaminoglycan, combined with regular urine flow that mechanically flushes the pathogens away (Dickson et al., 2024). However, when bacteria manage to pass through these defenses, they deliver virulence factors that cause an infection. For example, *E. coli* uses adhesins—type 1 fimbrial proteins such as FimH—to bind and colonize the

bladder wall (Dickson et al., 2024). In addition to this, some bacteria have a built-in motor called the flagella, which enable them to ascend the urethra.

Common symptoms of cystitis include dysuria, urinary frequency, urinary urgency, and lower abdominal discomfort. Additionally, cloudy urine and hematuria can also point towards cystitis (Dickson et al., 2024). However, older adults or those with chronic illness may experience atypical symptoms (Li, 2023). For example, in this specific case, the patient stated generalized weakness and clear signs of confusion. Though no abdominal pain was assessed, laboratory findings may confirm the presence of pathogenic bacteria if an elevated white blood cell count is found (Li, 2023).

In conclusion, cystitis is essentially an inflammatory process of the bladder, usually from the bacterium *E. coli*. This disease affects most of the lower urinary tract, and common symptoms include dysuria, heightened frequency, and greater urgency. However, as the patient in this case is an older adult with a deep medical history, atypical symptoms are something to keep in mind, given the patient's information. With the patient stating generalized weakness combined with an altered cognitive state, further confirmation would need lab results and a urinalysis.

Pathophysiology References (2) (APA):

Dickson, K., Zhou, J., & Lehmann, C. (2024a, January 5). *Lower urinary tract inflammation and infection: Key microbiological and immunological aspects*. MDPI. https://www.mdpi.com/2077-0383/13/2/315#:~:text=UTIs%20result%20from%20the%20exposure,in%20bacterial%20cystitis%2C%20as%20most

Li, R. (2023, May 30). *Cystitis*. StatPearls [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK482435/#:~:text=The%20overwhelming%20identifiable%20bacteria%20causing,15

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen SAT	Oxygen Delivery Method
9/10/25 2300	89	116/73	16	96.9F	96%	Room Air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
9/10/25 2200	RASS	n/a	0, alert/calm	Agitated, grimace mobility limited	unavailable