N431 **CARE PLAN 1**

Bethany Waugh

Lakeview College of Nursing

N431: Adult Health II

Travis Whisman

09/19/2025

Demographics

Date of Admission	Client Initials	Age	Biological Gender
09/04/2025	J.D.	70	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Retired office clerk	Married	Amlodipine, isosorbide monitrate, NSAIDs
Code Status	**Height**	**Weight**	
Full	158 cm	77.2 kg	

Medical History

Past Medical History: abnormal ekg, chronic kidney disease, dyspnea, facet arthritis of lumbar region, facet arthroplasty (lumbar), fusion of spine of cervical region, GERD, heart failure with preserved ejection fraction, hypercholesteremia, hyperlipidemia, hypertension, lumbar radiculopathy, myofascial pain, obesity, occipital neuralgia, pulmonary hypertension, tachycardia, diabetes mellitus, urinary urgency, urinary incontinence, left wrist pain

Past Surgical History: cholecystectomy, tonsillectomy, hysterectomy, colonoscopy, shoulder dislocation, arthroplasty knee total, arthroplasty total knee, shoulder repair, laminectomy thoracic with implant fusion long segment 3-4 level

Family History: mother: heart attack, heart failure; father: heart disease; sister: pulmonary hypertension, diabetes mellitus; sister coronary artery bypass graft, diabetes mellitus, heart disease, heart failure; brother: diabetes mellitus heart disease, heart failure; grandfather: diabetes mellitus; uncle: heart attack; uncle: heart attack

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): the patient does not exercise, drink, smoke, vape, or use drugs. The patient lives with their spouse and feels safe in their home.

Education: high school diploma with some college

Living Situation: The patient lives with their spouse and feels safe in their home

Assistive devices: cervical collar, walker, gait belt

Admission History: N/A

Chief Complaint: chest pain

History of Present Illness (HPI)– OLD CARTS

70-year-old female presents to the emergency room with complaints of chest pain that is always present (even during simple tasks like combing her hair) that causes diaphoresis and shortness of breath that becomes worse upon light exertion. The patient also reports experiencing worsening headaches and blurry vision. The patient describes the pain as a "burning sensation" in her mid-chest that radiates to her upper left chest and shoulder. Patient denies any relieving factors and denies any fever, chills, cough, abdominal pain, or joint pain. After reviewing diagnostic test results a neurology surgeon determined that the patient had developed spinal stenosis in their spine, and a laminectomy was suggested to relieve the swelling.

Admission Diagnosis: chest pain

Primary Diagnosis: laminectomy C5-T2

Secondary Diagnosis (if applicable): N/A

Pathophysiology

Spinal stenosis, defined as the narrowing of the spinal canal, is a common reason a patient would require a laminectomy (Capriotti, 2020). This condition develops when degenerative changes, herniated discs, thickened ligaments, or bone spurs reduce the space around the spinal cord and nerve roots (Capriotti, 2020). As the spinal canal constricts, it places pressure on these neural structures, which disrupts nerve conduction and limits blood flow

(Capriotti, 2020). This results in pain, weakness, numbness, and difficulty walking, which are all produced from the ongoing compression and inflammation (Capriotti, 2020). The back pain associated with this condition is often severe and persistent, with many patients noticing their symptoms worsening when standing or walking but improving when sitting or leaning forward, which are classic signs of nerve compression (Kwon et al., 2022). This pain can also be described as “radiating”, which can cause it to be mistaken for cardiac symptoms when it is in the lower neck because of its proximity to the chest (Capriotti, 2020).

A laminectomy works by removing part or all of the lamina, the bony arch on the back of the vertebra (Capriotti, 2020). This creates more room within the spinal canal and relieves pressure on the spinal cord and nerve roots (Capriotti, 2020). By decompressing these structures, laminectomy surgery helps to reduce inflammation, improve blood flow, and restore proper nerve signaling (Capriotti, 2020). The removal of the lamina can have a negative effect on spinal stability, and as a result a spinal fusion is often suggested to accompany a laminectomy (Chen et al., 2024). A spinal fusion connects two or more vertebrae to strengthen them and increase support, while simultaneously decreasing the amount of harmful motion the patient is capable of and their odds of causing damage and complications to themselves. (Chen et al., 2024).

In conclusion, a laminectomy is a successful treatment for the structural changes that compress the spinal cord and nerves (Chen et al., 2024). By removing the lamina and decompressing the spinal canal, the surgery alleviates pain, restores neurological function, and helps patients return to normal activities (Chen at al., 2024). This makes laminectomy a valuable option for those with spinal narrowing who do not respond to non-surgical care.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* F.A. Davis.

Chen, L., Guan, B., Anderson, D. B., Ferreira, P. H., Stanford, R., Beckenkamp, P. R., Van Gelder, J. M., Bayartai, M., Radojčić, M. R., Fairbank, J. C. T., Feng, S., Zhou, H., & Ferreira, M. L. (2024). Surgical interventions for degenerative lumbar spinal stenosis: a systematic review with network meta-analysis. *BMC Medicine*, *22*(1). https://doi.org/10.1186/s12916-024-03653-z

Kwon, J., Moon, S., Park, S., Park, S., Park, S., Suk, K., Kim, H., & Lee, B. H. (2022). Lumbar Spinal Stenosis: Review Update 2022. *Asian Spine Journal*, *16*(5), 789–798. https://doi.org/10.31616/asj.2022.0366

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
NA+	134L	98L	107L	This patient has a history of chronic kidney disease and diabetes mellitus (Pagana, 2023).
BUN	27mg/dL	7 mg/dL	25 mg/dL	This patient has a history of chronic kidney disease and heart failure (Pagana, 2023).

Creatinine	1.40 mg/dL	0.60 mg/dL	1.20 mg/dL	This patient has a history of chronic kidney disease (Pagana, 2023).
eGFR	40L	<60L	>120L	This patient has a history of chronic kidney disease(Pagana, 2023).
Calcium	8.3 mg/dL	8.6 mg/dL	10.3 mg/dL	This patient has a history of chronic kidney disease and has recently had surgery (Pagana, 2023).
Albumin	3.1 g/dL	3.5 g/dL	5.2 g/dL	This patient has a history of chronic kidney failure and heart failure (Pagana, 2023)
Total Protein	5.0 g/dL	6.4 g/dL	8.9 g/dL	This patient has a history of chronic kidney disease

				(Pagana, 2023).
Bilirubin Total	0.2 mg/dL	0.3 mg/dL	1.0 mg/dL	Some patients naturally produce a lower level of Bilirubin (Pagana, 2023).
WBC	12.2 k/mcL	4.0 k/mcL	11.7 k/mcL	This patient has a history of asthma and has recently had surgery (Pagana, 2023).
RBC	2.8 X 10^6/mcL	3.8 X 10^6/mcL	5.4 10^6 /mcL	This patient has a history of chronic kidney disease and has recently had surgery (Pagana, 2023).
Hgb	8.28/dL	11.3/dL	15.2/dL	This patient has a history of chronic kidney disease and has recently had surgery (Pagana, 2023).

Hct	24.6%	33.2%	45.3%	This patient has a history of chronic kidney disease and has recently had surgery (Pagana, 2023).
Basophil Auto	0.1%	0.2%	1.6%	This patient has recently had surgery (Pagana, 2023).
Neutrophil Absolute	8.6X10^3/mcL	2.4X10^3/mcL	8.4X10^3/mcL	This patient has recently had surgery (Pagana, 2023).
ESR	43 mm/hr	0 mm/hr	30 mm/hr	This patient is older and obese with a history of chronic kidney disease and heart failure (Pagana, 2023).
CRP	6.0 mg/dL	0.0 mg/dL	1.0 mg/dL	This patient is older and obese, with a history of diabetes mellitus, chronic kidney disease, and

				heart failure(Pagana, 2023). This patient has also recently had surgery

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	ECG: Normal Sinus Rhythm	Shortness of breath, chest pain, diaphoresis with simple light tasks	Normal sinus rhythm, anterior infarct, ECG was determined to be abnormal when compared to a previous ECG the patient received two days prior (Pagana, 2023).
N/A	N/A	Chest x-ray	Shortness of breath, chest pain, diaphoresis	Heart size stable, lungs clear, no

			with simple light tasks	definite pneumothorax, no pleural effusion, no surgical changes to the spine (Pagana, 2023).
N/A	N/A	CT of brain and head without contrast	Shortness of breath, chest pain, diaphoresis with simple light tasks	Mid parenchymal volume loss with ventricular prominence (Pagana, 2023).

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, A. (2023). *Mosby's diagnostic and laboratory test reference* (6th ed.). Elsevier.

Active Orders

Active Orders	Rationale
Regular Diet	The provider has decided that it is safe for this patient to remain on a regular diet.
Incentive Spirometry	Surgical patients are at greater risk of

	developing atelectasis and pneumonia; incentive spirometry helps keep the alveoli open, improves gas exchange, and encourages the patient to use the lower portions of the lungs by breathing deeply.
Blood Glucose Monitoring	This patient has a history of diabetes mellitus.
Heat Therapy	Heat therapy promotes healing by increasing circulation and relaxing muscles. This patient has had a laminectomy which has caused them to have a lot of stiffness and pain in their neck and back.
Ice Therapy	Ice therapy will help this patient to find relief from the swelling, pain, and bruising they are experiencing after their laminectomy.
Continuous Pulse Oximetry	This patient has a history of asthma and heart failure which put the patient at risk for poor perfusion and poor oxygen exchange. This patient has also recently had surgery, which has placed this patient at risk for respiratory depression. Continuous pulse oximetry will help the care team to keep an eye on the patient's O2 levels.
LSO Brace	This brace will help to keep the patient's

	spine aligned and prevent excess motion that may prevent healing after their laminectomy.
Occupational Therapy	Occupational therapy will the patient how to perform their activities of daily living while protecting their spine.
Physical Therapy	Physical therapy will help to prevent blood clots and other complications after their laminectomy.
Aerosol Treatments	This patient has a history of asthma.

Hospital Medications (Must List ALL)

Brand/ Generic	**Metronidazole/ Flagyl**	**Cefepime/ Maxipime**	**Vancomycin /Vancocin**	**Codeine-Acetaminophen/ Tylenol with Codeine**	**Hydromorphone/ Dilaudid**	**Tramadol/ Ultram**
Dose, frequency, route	**500mg, IV piggyback, Q 24h**	**2,000mg, IV piggyback, Q12h**	**1500mg, IV piggyback, Q24h**	**2 tabs, oral, Q6h**	**0.3 mg, IV push, Q3h, PRN as needed for pain**	**150 mg, oral, Q6h, PRN as needed for constipation**
Classification (Pharmacological and therapeutic and action of the	**Pharmacologic: Nitroimidazole** **Therapeutic: Antiprotozoal** (Jones &	**Pharmacologic: Fourth-generation cephalosporin** **Therapeutic:**	**Pharmacologic: glycopeptide** **Therapeutic: antibiotic** (Jones & Bartlett, 2024)	**Pharmacologic: opioid** **Therapeutic: antipyretic** (Jones & Bartlett, 2024)	**Pharmacologic: opioid agonist** **Therapeutic: opioid analgesic** (Jones & Bartlett, 2024)	**Pharmacologic: opioid agonist** **Therapeutic: opioid analgesic** (Jones & Bartlett,

drug	Bartlett, 2024)	**antibiotic** (Jones & Bartlett, 2024)				2024)
Reason Client Taking	**Surgical patients are often given antibiotics to prevent infection.** (Jones & Bartlett, 2024)	**Surgical patients are often given antibiotics to prevent ingection.** (Jones & Bartlett, 2024)	**Surgical patients are often given antibiotics to prevent infection.** (Jones & Bartlett, 2024)	**This medication would've been prescribed to this patient to relieve them of the pain they were experiencing before and after their surgery.** (Jones & Bartlett, 2024)	**This medication would've been prescribed to this patient to relieve them of the pain they were experiencing before and after their surgery.** (Jones & Bartlett, 2024)	**This medication would've been prescribed to this patient to relieve them of the pain they were experiencing before and after their surgery.** (Jones & Bartlett, 2024)
Two contraindications (pertinent to the client)	**1. Blood Disorders 2. Seizures, Neuropathy.** (Jones & Bartlett, 2024)	**1. Kidney Disorders 2. History of seizures and neuropathy.** (Jones & Bartlett, 2024)	**1. Kidney Disease 2. Red Man Syndrome** (Jones & Bartlett, 2024)	**1. Asthma 2. Renal Impairment.** (Jones & Bartlett, 2024)	**1. Asthma 2. Renal Impairment** (Jones & Bartlett, 2024)	**1. Asthma 2. Renal Impairment** (Jones & Bartlett, 2024)
Two side effects or adverse effects (Pertinent to the client)	**1. Dizziness 2. Confusion 3.** (Jones &	**1. Altered mental status 2. Seizu**	**1. kidney damage 2. rash** (Jones & Bartlett, 2024)	**1. Respiratory depression 2. Confusion** (Jon	**1. sedation 2. respiratory depression** (Jones &	**1. respiratory depression 2. confusion**

	Bartlett, 2024)	**res** Jones & Bartlett, 2024)		es & Bartlett, 2024)	Bartlett, 2024)	(Jones & Bartlett, 2024)
List two teaching needs for the medication pertinent to the client	**1.Complete the full course of this medication** **2. Do not combine with alcohol** (Jones & Bartlett, 2024)	**1. complete the full course of this medication** **2. report severe diarrhea** (Jones & Bartlett, 2024)	1. **complete the full course of this medication** 2. **report hearing changes** (Jones & Bartlett, 2024)	**can be habit forming causes drowsiness and slowed breathing** (Jones & Bartlett, 2024)	**get up slowly to avoid orthostatic hypotension constipation is very common** (Jones & Bartlett, 2024)	**can be habit foming, use for shortest furation possible** **do not combine with alcohol or opioids** (Jones & Bartlett, 2024)
Two Key nursing assessment(s) prior to administration	**1.liver function** **2. allergy history** (Jones & Bartlett, 2024)	**1. renal function** **2. allergy history** (Jones & Bartlett, 2024)	1. **renal labs** 2. **baseline hearing** (Jones & Bartlett, 2024)	**pain location and intensity respiratory** (Jones & Bartlett, 2024)	**pain location and intensity respiratory** (Jones & Bartlett, 2024)	**respiratory pain** (Jones & Bartlett, 2024)
Brand/ Generic	**Metoprolol Succinate/ Toprol XL**	**Hydrocodone-Acetaminophen/ Norco**	**Gabapentin/ Neurontin**	**Diltiazem/ Cardizem**	**Duloxetine/ Cymbalta**	**Losartan/ Cozaar**
Dose,		**10 mg**	**600 mg,**	**120 mg,**	**60 mg, oral,**	**100 mg,**

frequency, route	**1 tab, oral, daily**	**tablet, oral, TID, PRN as needed for pain**	**oral, TID**	**oral, daily**	**daily**	**oral, daily**
Classification (Pharmacological and therapeutic and action of the drug	**Pharmacologic: beta-adrenergic blocker** **Therapeutic: antianginal antihypertensive** (Jones & Bartlett, 2024)	**Pharmacologic: opioid agonist** **Therapeutic: opioid analgesic** (Jones & Bartlett, 2024)	**Pharmacologic: class 1 – amino-methyl cyclohexane acetic acid** **Therapeutic: anticonvulsant** (Jones & Bartlett, 2024)	**Pharmacologic: calcium channel blocker** **Therapeutic: antianginal, antiarrhythmic, antihypertensive** (Jones & Bartlett, 2024)	**Pharmacologic: selective serotonin and norepinephrine inhibitor** **Therapeutic: antidepressant, neuropathic and musculoskeletal pain reliever** (Jones & Bartlett, 2024)	**Pharmacologic: angiotensin two receptor blocker** **Therapeutic: antihypertensive** (Jones & Bartlett, 2024)
Reason Client Taking	**This patient has a history of chest pain and hypertension.** (Jones & Bartlett, 2024)	**This medication would've been prescribed to this patient to relieve them of the pain they were experiencing before and after their surgery.** (Jones & Bartlett, 2024)	**This medication would be prescribed to this patient to relieve nerve pain they could be experiencing as a result of their diabetes and radiculopathy.**	**This patient has a history of angina, dyspnea, and hypertension.** (Jones & Bartlett, 2024)	**This medication helps with peripheral diabetic neuropathy. This patient experiences diabetic neuropathy.** (Jones & Bartlett, 2024)	**This patient has a history of heart failure, hypertension, and diabetic neuropathy.** (Jones & Bartlett, 2024)

Two contraindications (pertinent to the client)	**1.Asthma** **2.Diabetes** (Jones & Bartlett, 2024)	**1. Asthma** **Renal Impairment** (Jones & Bartlett, 2024)	**1. Renal Impairment** **Respiratory Disorders** (Jones & Bartlett, 2024)	**1. Heart Failure** **Renal Impairment** (Jones & Bartlett, 2024)	**1. Renal Impairment** **Hypertension** (Jones & Bartlett, 2024)	**1. Renal Impairment** **2. Hyperkalemia (This patient has heart failire)** (Jones & Bartlett, 2024)
Two side effects or adverse effects (Pertinent to the client)	**1. heart failure exacerbation** **2. bronchospasm** (Jones & Bartlett, 2024)	**1. respiratory depression** **2. confusion** (Jones & Bartlett, 2024)	**1. respiratory depression** **2. rhabdomyolysis** (Jones & Bartlett, 2024)	**1. worsening heart failure** **2. syncope** (Jones & Bartlett, 2024)	**1. hypertension** **2. drowsiness** (Jones & Bartlett, 2024)	**1. renal impairment** **2. dizziness** (Jones & Bartlett, 2024)
List two teaching needs for the medication pertinent to the client	**1. Do not stop suddenly 2. report shortness of breath, coughing, or wheezing to your provider** (Jones & Bartlett,	**1. take exactly as prescribed** **2. avoid dri**	**3. take exactly as prescribed** **4. avoid driving or operating machinery until**	**5. take exactly as prescribed** **6. report low blood pres**	**7. It may take several weeks to feel the full benefit** **8. Mon**	**9. take at the same time everyday** **10. avoid exc**

	2024)	**ving or operating machinery until you know how this medication will affect you** (Jones & Bartlett, 2024)	**you know how this medication will affect you** (Jones & Bartlett, 2024)	**sure or pulse to provider** (Jones & Bartlett, 2024)	**itor for new or worsening depression** (Jones & Bartlett, 2024)	**ess pot assium** (Jones & Bartlett, 2024)
Two Key nursing assessment(s) prior to adminis	**1. apical pulse and blood pressure 2. respirator y** (Jones &	**1. vital signs 2. pain location and intensity** (Jones &	**1. baseline neurological status**	**3. vital signs 4. cardiac history**	**5. Mental health 6. Liver func**	**7. Blood pressure and hea**

tration	Bartlett, 2024)	Bartlett, 2024)	**2. respiratory** (Jones & Bartlett, 2024)	(Jones & Bartlett, 2024)	**tion** (Jones & Bartlett, 2024)	**rt rate 8. Respiratory** (Jones & Bartlett, 2024)
Brand/ Generic	**Albuterol/ ProAir HFA**	**Insulin Aspart/NovoLog**	**Zolpidem/ Ambien**	**Budesonide /Entocort EC**	**Formoterol /Symbicort**	**Cyclobenzaprine/ Amrix**
Dose, frequency, route	**2.5 mg, nebulized inhalation, Q4h, PRN as needed for wheezing**	**Per medium dose sliding scale, IV injection**	**10 mg, oral, daily**	**0.25 mg, nebulized inhalation, BID**	**20 mcg, nebulized inhalation, BID**	**10 mg, oral, TID, PRN for muscle pain**
Classification (Pharmacological and therapeutic and action of the drug	**Pharmacologic: adrenergic** **Therapeutic: bronchodilator** (Jones & Bartlett, 2024)	**Pharmacologic: hormone** **Therapeutic: hormone** (Jones & Bartlett, 2024)	**Pharmacologic: imidazopyridine** **Therapeutic: hypnotic** (Jones & Bartlett, 2024)	**Pharmacologic: corticosteroid** **Therapeutic: anti-asthmatic, anti inflammatory** (Jones & Bartlett, 2024)	**Pharmacologic: selective beta 2-adrenergic agonist** **Therapeutic: bronchodilator** (Jones & Bartlett, 2024)	**Pharmacologic: tricyclic anti-depressant like agent** **Therapeutic: skeletal muscle relaxant** (Jones & Bartlett, 2024)
Reason Client Taking	**This patient has a history of asthma.**	**This patient has a history of diabetes.**	**This patient has a long history of pain and discomfort,**	**This patient has a history of asthma.** (Jones &	**This patient has a history of asthma.** (Jones &	**This drug can prevent muscle spasms**

	(Jones & Bartlett, 2024)	(Jones & Bartlett, 2024)	**Ambien was prescribed to help them sleep.** (Jones & Bartlett, 2024)	Bartlett, 2024)	Bartlett, 2024)	**after surgery, improve mobility, and relieve pain.** (Jones & Bartlett, 2024)
Two contraindications (pertinent to the client)	**1. Cardiac Disorders 2. Diabetes** (Jones & Bartlett, 2024)	**1. Renal Impairment 2. Being Elderly** (Jones & Bartlett, 2024)	**1. Concurrent CNS depressants 2. Respiratory impairment** (Jones & Bartlett, 2024)	**1. Hypersensitivity 2. Active, untreated infections** (Jones & Bartlett, 2024)	**1. Cardiovascular disease 2. Diabetes** (Jones & Bartlett, 2024)	**1. Concurrent use of CNS depressants 2. Heart failure** (Jones & Bartlett, 2024)
Two side effects or adverse effects (Pertinent to the	**1. Bronchospasm 2. Hypertension** (Jones & Bartlett, 2024)	**1. hypoglycemia 2. heart failure exacerbation** (Jones & Bartlett, 2024)	**1. respiratory depression 2. dizziness** (Jones & Bartlett, 2024)	**1. increased risk for infection 2. osteoporosis** (Jones & Bartlett, 2024)	**1. Bronchospasm 2. Immunosuppression** (Jones & Bartlett, 2024)	**1. heart block 2. dizziness** (Jones & Bartlett, 2024)

client)						
List two teaching needs for the medication pertinent to the client	**1. Proper inhaler technique 2. This inhaler is meant to be used as a rescue inhaler** (Jones & Bartlett, 2024)	**1. warning signs of hypoglycemia 2. Demonstrate proper injection technique** (Jones & Bartlett, 2024)	**1. Use only at bedtime 2. Do not combine with alcohol or other opiods** (Jones & Bartlett, 2024)	**3. Proper inhaler use 4. This inhaler is to be used daily as prescribed not as a rescue inhaler** (Jones & Bartlett, 2024)	**5. Proper inhaler technique 6. This inhaler is to be used daily as prescribed, not as a rescue inhaler** (Jones & Bartlett, 2024)	**7. Expect dry mouth and urinary retention 8. Take exactly as prescribed** (Jones & Bartlett, 2024)
Two Key nursing assessment(s) prior to administration	**1. respiratory 2. cardiac** (Jones & Bartlett, 2024)	**1. Blood glucose level 2. Nutritional intake schedule** (Jones & Bartlett, 2024)	**1. Baseline sleep patterns 2. Respiratory status** (Jones & Bartlett, 2024)	**3. Respiratory status 4. Immunity status** (Jones & Bartlett, 2024	**1. Respiratory status 2. Cardiovascular status** (Jones & Bartlett,	**5. Vital signs 6. Neurological** (Jones & Bartlett, 202

				)	2024)	4)
Brand/ Generic	**Acetaminophen/ Tylenol**	**Benzocaine-menthol/ Angidol**	**Diphenhydramine/ Benadryl**	**Magnesium Hydroxide/ Milk of Magnesia**	**Nitroglycerin/Nitrostat**	**Benzonatate/ Tessalon**
Dose, frequency, route	**650 mg, oral, PRN fever, Q6h**	**1 lozenge, Q2h, PRN sore throat**	**25 mg, oral, Q6h, PRN itching**	**30 ml, oral suspension, QID, PRN heartburn**	**0.4 mg, oral, PRN chest pain**	**100 mg, oral, TID, PRN cough**
Classification (Pharmacological and therapeutic and action of the drug	**Pharmacologic: Nonsalicylate, para-aminophenol derivative** **Therapeutic: antipyretic, nonopioid analgesic** (Jones & Bartlett, 2024)	**Pharmacologic: local anasthetic** **Therapeutic: local anasthetic** (Jones & Bartlett, 2024)	**Pharmacologic: antihistamine** **Therapeutic: anti-anaphylactic, adjunct antiemetic, antihistamine, anti-tussive, sedative-hypnotic** (Jones & Bartlett, 2024)	**Pharmacologic: mineral** **Therapeutic: electrolyte replacement** (Jones & Bartlett, 2024)	**Pharmacologic: vasodilator** **Therapeutic: nitrate** (Jones & Bartlett, 2024)	**Pharmacologic: anti-tussive** **Therapeutic: anti-tussive** (Jones & Bartlett, 2024)
Reason Client Taking	**This medication was prescribed to relieve pain.** (Jones & Bartlett, 2024)	**This medication can relieve symptoms of allergies and asthma.** (Jones & Bartlett, 2024)	**This patient has a history of allergic rhinitis.** (Jones & Bartlett, 2024)	**This medication was prescribed to prevent post-operative constipation.** (Jones & Bartlett, 2024)	**This patient has a history of angina, dyspnea, and heart failure.** (Jones & Bartlett, 2024)	**This patient has a history of asthma.** (Jones & Bartlett, 2024)
Two contraindications	**1. Renal impai**	**1. Open wo un**	**1. Asthma** **2. Concurren**	**1. Renal Impair**	**1. Volume Depletio**	**1. Concurrent**

(pertinent to the client)	**rment** **2. Elderly** (Jones & Bartlett, 2024)	**ds** **2. Respiratory compromise** (Jones & Bartlett, 2024)	**t CNS depressants** (Jones & Bartlett, 2024)	**ment** **2. Chronic Constipation**(Jones & Bartlett, 2024)	**n** **2. Elderly** (Jones & Bartlett, 2024)	**CNS depressants** **2. Elderly** (Jones & Bartlett, 2024)
Two side effects or adverse effects (Pertinent to the client)	**1. Hepatotoxicity** **2. Nausea** (Jones & Bartlett, 2024)	**1. Choking** **2. Nausea** (Jones & Bartlett, 2024)	**1. Respiratory depression** **2. Delirium** (Jones & Bartlett, 2024)	**1. electrolyte imbalance** **2. abdominal cramping** (Jones & Bartlett, 2024)	**1. Headache** **2. Dizziness** (Jones & Bartlett, 2024)	**1. Bronchospasm** **2. Confusion** (Jones & Bartlett, 2024)
List two teaching needs for the medication pertinent to	**1. Do not exceed 4,000 mg in a 24**	**3. Allow lozenge to dissolve**	**5. Expect sedation** **6. Do not combine with**	**7. Drink a full glass of water with each**	**9. Place sublingual tablet under**	**11. Swallow capsule whole** **12. Be aler**

the client	**hour period** **2. Avoid Taking with alcohol** (Jones & Bartlett, 2024)	**slowly in the mouth** **4. Expectnumbness in the mouth** (Jones & Bartlett, 2024)	**alcohol or other sedatives**(Jones & Bartlett, 2024)	**dose** **8. Do not use if you have kidney disease** (Jones & Bartlett, 2024)	**the tongue to dissolve** **10. Take 3 tabs 5 minutes apart; seek medical attention if the chest pain persists** (Jones & Bartlett, 2024)	**t for dizziness and confusion** (Jones & Bartlett, 2024)
Two Key nursing assessment(s) prior to administration	**1. Liver function** **2. Current Medications** (Jones	**3. Swallow test** **4. History of allergies** (Jo	**5. Vitals** **6. Medication history** (Jones & Bartlett, 2024)	**7. Bowel sounds** **8. Abdominal pain** (Jones & Bartlett, 2024)	**9. Vitals** **10. Chest pain** (Jones & Bartlett, 2024)	**11. Respiratory** **12. Swallowing** (Jones & Bartlett,

	& Bartlett, 2024)	nes & Bartlett, 2024)				2024)

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1.Albuterol	This patient needs this live saving rescue medication for their Asthma attacks. (Jones & Bartlett, 2024)	1. Tachycardia 2. Tremors (Jones & Bartlett, 2024)
2.Vancomycin	This patient has compromised skin integrity and has been through an invasive procedure. They will need this antibiotic to protect them from intections (Jones & Bartlett, 2024)	1. Ototoxicity 2. Hypotension (Jones & Bartlett, 2024)
3. Hydromorphone	This patient has incisional pain, as well as neck pain. (Jones & Bartlett, 2024)	1. Respiratory sedation 2. Sedation (Jones & Bartlett, 2024)

Medications Reference (1) (APA)

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	The patient is alert and oriented x 4. The patient shows no signs of visible mental or physical distress. The patient is clean and well groomed. The patient complains of stiffness and soreness in their neck.
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	Temp: 36.7 ℃ Resp rate: 18 Pulse: 81 B/P: 119/71 Oxygen: 98% on room air.
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	The patient reported neck and upper back pain as a 6/10 at 0900. The patient was given Tylenol at 0930; which they reported brought their pain down to a 5/10. The patient described their pain as shooting and burning, radiating to their left shoulder and jaw.
IV ASSESSMENT: **Size of IV:** **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **Fluid Type/Rate or Saline Lock:**	An 18g right peripheral midline IV was placed in the patient's right forearm on 09/13. The IV was patent when flushed with saline and no signs of erythema, drainage or infection were present. The patient has been receiving 0.9% NaCl and antibiotics through their IV with no issues.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	The patient's skin color is appropriate for their ethnicity, warm and intact, except for an incision on their upper back from their laminectomy. Skin turgor is appropriate, no rashes present, light bruising noticed on the arms but the patient reports these were present before her laminectomy. There is an incision on the patient's upper back with a hemovac drain inserted. The incision is covered by gauze and a Tegaderm, which are warm, dry, secure, and intact. Braden Score: 20
HEENT:	

Head/Neck: **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical and free from masses or lesions. Carotid pulses are palpable and 2+ bilaterally. Lymph nodes and thyroid gland are not palpable. Trachea is not deviated. Bilateral auricles are present and free from masses or lesions. Bilateral sclera is white and bilateral conjunctivas are pink. No visible drainage coming from the eyes. PERRLA present bilaterally. EOM intact bilaterally. Patient wears glasses. Bilateral turbinates are moist and pink bilaterally with no visible bleeding, sores, or lesions. Septum is midline. Bilateral sinuses are not tender to palpation. The uvula is midline, the soft palate rises and falls symmetrically, hard palate is intact. Oral mucosa is pink, moist, and free from sores and lesions. The patient wears dentures.
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 heart sounds are heard without murmurs, gallops, or rubs. PMI is palpable at 5th intercostal space. Rate and rhythm are normal. Peripheral pulses are +2 bilaterally. Capillary refill is less than 3 seconds. No jugular vein distention noted. No edema noted in the extremities.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Accessory muscle use was not noted in inspiration or expiration, although respirations were sometimes shallow.
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating Diet?** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:**	Patient is tolerating a regular diet well. Height: 158 cm Weight: 77.2 Bowel sounds are present and normoactive in all four quadrants. Last bowel movement was 09/14/2025 at 1920. No ostomy present. No nasogastric tube placed. No feeding tube placed.

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:**	Urine is clear and light yellow. Patient reports no pain, frequency, or urgency on urination. No dialysis. No catheter placed, but the patient does wear a depends. Patient can ambulate to the bathroom with assistance and voids without issue.
Intake (in mLs) **Output (in mLs)**	Intake: 1520 mL Output: 60 mL
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**	Patient has good range of motion in all four extremities. The patient is able to ambulate with assistance and walks occasionally but feels “generally weak”. The patient is assisted with ambulation by a gait belt and walker Fall Score: 85
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:**	Patient can move all extremities well, and PERRLA is present bilaterally. Grip strength is equal in bilateral extremities. Pedal pushes and pulls are present and equal bilaterally. Speech is clear and unlabored. Mental status is formal operational.

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 patient is still living independently with their spouse. Patient reports that they are very strong in their Christian faith and that praying has been helping them to cope with their health issues. Patient reports that they have a large family and will have more than enough support when they return home.

Discharge Planning

Discharge location: The patient will be discharged to their home.

Home health needs: This patient will need home visits from occupational and physical therapy.

Equipment needs: This patient will need to have a walker and an LSO brace at their home.

Follow up plan: The patient will be scheduled for follow up visits with neurology on discharge, and occupational and physical therapy will provide reports on their home visits.

Education needs: This patient will need to be educated on proper body mechanics and exercises, how to keep their incisional site clean and dry, their new medical regimen, the signs of nerve damage, driving restrictions, and work restrictions.

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

Nursing Diagnosis	Rationale	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by	• Explain why the nursing diagnosis was chosen			

priority – highest priority to lowest priority pertinent to this client				
1. Risk for infection related to the surgical incision and indwelling drain, as evidenced by the patient's surgical incision and indwelling drain (Phelps, 2023).	The patient has an incision with an indwelling drain, placing them at a higher risk for infection (Phelps, 2023).	The patient's incision will remain free of redness, swelling, warmth, and drainage.	**1.**Use strict aseptic technique when working with the incision **2.**Administer antibiotics (Phelps, 2023).	The patient did not obtain an infection while in hospital or after discharge.
2. Risk for impaired skin integrity related to restricted immobility, surgical incision site, and the use of an LSO brace, as evidenced by the presence of a surgical incision, minimal ambulation by the patient, and the patient's use of an LSO brace. (Phelps, 2023).	The patient is not as mobile as they were prior to their surgery (Phelps, 2023).	The patient will ambulate as much as they can tolerate, and remain compliant with their application and use of the LSO brace.	1. Rotate patient and inspect their skin every two hours. 2.Ensure proper fit and use of LSO brace (Phelps, 2023).	The patient did not develop any skin tears or pressure ulcers.
	The patient	The	1. Assess pain	The patient's

3. Acute pain related to the surgical incision as evidenced by the patient complaining of pain at the incision site. (Phelps, 2023).	complained of pain in their neck and around their incision multiple times while I was working with them (Phelps, 2023).	patient's pain will be monitored closely.	regularly. 2 Administer prescribed pain medications as ordered. (Phelps, 2023).	pain remained controlled, and the patient did not suffer.
4. Deficient knowledge related to post-surgical restriction after discharge as evidenced by the patient demonstrating uncertainty about their physical limits (Phelps, 2023).	The patient has never been through a procedure this, nor have they ever had to take care of someone who has. Patient had many questions regarding their discharge (Phelps, 2023).	The patient will be discharged feeling confident of their level of education and ability to advocate for themselves.	1. Assess the patient's current level of understanding 2. Provide clear verbal education and written materials. (Phelps, 2023).	The patient was educated on their restrictions and regimens and was discharged home feeling confident in her ability to remain compliant.

Other References (APA):

Phelps, L.L. (2023) *Nursing Diagnosis Reference Manual.* Wolters Kluwer.

Nursing Process Prioritization	Rationale
1. Risk for infection related to the surgical incision and indwelling drain, as evidenced by the patient's surgical incision and indwelling drain.	An open incision with an indwelling drain is an open portal for bacteria and infection. The

	incision site must be carefully monitored.
2. Risk for impaired skin integrity related to restricted immobility, surgical incision site, and the use of an LSO brace, as evidenced by the presence of a surgical incision, minimal ambulation by the patient, and the patient's use of an LSO brace.	This patient already has a surgical incision, any added openings in the skin would be detrimental to the patient's health.
3. Acute pain related to the surgical incision as evidenced by the patient complaining of pain at the incision site.	As nurses it is our mission to keep our patients comfortable and not to let them suffer unnecessarily.
4. Deficient knowledge related to post-surgical restriction after discharge as evidenced by the patient demonstrating uncertainty about their physical limits.	If our patient is discharged with insufficient knowledge on their condition and how to properly manage it, they will be at high risk of causing themselves harm.

Other References (APA):

Phelps, L.L. (2023) *Nursing Diagnosis Reference Manual.* Wolters Kluwer.