

N311 Care Plan 2

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N311: Foundations of Professional Practice

Professor Dowell

9/21/2025

Demographics

Date of Admission 9-16-2025	Client Initials CM	Age 53 years old	Biological Gender Male
Race/Ethnicity White/Caucasian	Occupation Disabled	Marital Status Single	Allergies Ibuprofen, bupropion, and topiramate
Code Status Full Code	Height 6 feet 3 inches (190.5 cm)	Weight 109.1 kg (240 lb. 8.4 oz)	

Medical History

Past Medical History: COPD (HCC), Diabetes (HCC), Hypertension

Past Surgical History: Colonoscopy (10-4-2022), Hernia Repair (04/2023)

Family History: Maternal mother (hypertension and diabetic), paternal half-brother (diabetes), paternal father (diabetes).

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

Former smoker, two packs a day for 35.7 years (71.4 pack years). No smokeless tobacco. Vaping everyday with nicotine using a fogger device. No alcohol use. No drug use currently. In the past, patient stated he used a “cart pen” with marijuana. Pt “takes a puff as needed for pain”.

Education: High School Diploma

Living Situation: Patient states “my nephew lives with me temporarily”

Assistive devices: Patient has glasses but states “I don’t use them”

Admission Assessment

Chief Complaint: Fall, arm pain, and right hip pain

History of Present Illness (HPI) – OLD CARTS: Pt stated his rhabdomyolysis started when his fall happened (01:10 AM 9/16/2025). Pt is not able to state location. Pt is not able to state

duration. Pt is not able to state characteristics. Pt states “me falling again will make it worse” associating with his previous fall (9/16). Pt unsure of relieving factors. Pt unsure of treatment factors but stated “I drink a lot of water and gatorade everyday”. Pt is not able to state severity.

Primary Diagnosis

Primary Diagnosis on Admission: Rhabdomyolysis

Secondary Diagnosis (if applicable): N/A

Pathophysiology

According to Capriotti and Frizzell, rhabdomyolysis is the breakdown of skeletal muscle tissue and is also seen in conditions like compartment syndrome (Capriotti & Frizzell, 2023). When this happens in rhabdomyolysis, the muscle breakdown products, mostly myoglobin, collect in the bloodstream (Capriotti & Frizzell, 2023). The kidneys then, primarily need to filter out the excess myoglobin out of the blood at the nephrons (Capriotti & Frizzell, 2023). Myoglobin in large amounts is toxic to the nephrons and can damage the nephron tubules, leading to dysfunction (Capriotti & Frizzell, 2023). Acute kidney injury is a common problem with rhabdomyolysis, and it presents with many symptoms which include myalgia, weakness, and myoglobinuria, which is often referred to as tea-colored urine (Capriotti & Frizzell, 2023). More than half of patients do not complain of muscle pain or weakness, with dark urine sometimes being an early sign (Capriotti & Frizzell, 2023). Creatine kinase (CK) levels deliver the most accurate laboratory test for indicating an injury to muscle that has the possibility to become rhabdomyolysis (Capriotti & Frizzell, 2023). The primary diagnosis was established due to the patient's fall on (9/16) that led to his diagnosis of rhabdomyolysis.

Upon ambulating with physical therapy, the patient was experiencing muscle weakness, myalgia, and lower extremity weakness when ambulating to the bedside commode. The patient came in due to a fall with arm pain and right hip pain. The healthcare staff drew blood to run labs and a complete blood culture (CBC), revealing the patient's increased creatine kinase (CK).

According to Pagana et. al., creatine kinase is an enzyme used overall to detect and scan for muscle diseases or injury (Pagana et al., 2025). CK levels can be affected by a patient's age, gender, race, and physical activity (Pagana et al., 2025). Rhabdomyolysis is mainly noticeable by muscle necrosis, which releases CK into the bloodstream (Pagana et al., 2025). CK levels in rhabdomyolysis are generally five times more than the normal value range, muscle pain and myoglobinuria are mainly seen in patients (Pagana et al., 2025). The seriousness of the disease differs from a symptom free increase in CK muscle enzymes, to life-threatening disease (Pagana et al., 2025). The patient was diagnosed with rhabdomyolysis due to the elevation of creatine kinase (CK).

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J. P. (2023). *Pathophysiology: Introductory concepts and clinical perspectives*. (4th ed.). F.A. Davis Company.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2025). *Mosby's diagnostic and laboratory test reference* (17th ed.). Mosby.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
07:10AM 9/18/2025	74 beats per minute	99/68	16 breaths per minute	98.2F Temporal	91% on room air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
07:10AM 9/18/2025	8	Right ribs	Pain lasts all day	Pt states “Pain goes back and forth from bad sharp pain to dull pain that isn’t as bad”	Pt states “Pain meds and repositioning helps”

Intake and Output

Intake (in mL)	Output (in mL)
1,320 mL	1,200 mL

Nursing Diagnosis

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<ul style="list-style-type: none"> ● 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 	<ul style="list-style-type: none"> ● Explain why the nursing diagnosis was chosen 			<ul style="list-style-type: none"> ● How did the client/family respond to the nurse’s actions? <ul style="list-style-type: none"> ● Client response, status of goals and outcomes, modifications

				to plan.
<p>1. Risk of adult falls related to musculoskeletal disease, as evidenced by patient's diagnosis of rhabdomyolysis (Phelps, 2023).</p>	<p>1. I picked this nursing diagnosis because due to his rhabdomyolysis he presents with decreased lower extremity weakness, as evidenced by patient stating he tripped when walking between his bed and wheelchair.</p>	<p>1. Improve environmental safety factors in the home to prevent patient falls (Phelps, 2023)</p> <p>2. Teach patient with unstable gait the proper use of assistive devices (Phelps, 2023)</p>	<p>1. Patient and/or family will make necessary physical changes prior to discharge in the home environment to ensure increased safety (Phelps, 2023).</p>	<p>1. I would evaluate the patient by speaking with the patient and/or family members on promoting safety measures at home before the patient is discharged from the hospital.</p> <p>2. I would evaluate the patient by speaking to him about using assistive devices like a walker and his glasses to prevent another fall. I would do this when the patient starts with physical therapy so he can get used to using his glasses and a walker over time.</p>
<p>2. Deficient knowledge related to cognitive dysfunction, as evidenced by patient being disabled (Phelps, 2023).</p>	<p>1. I picked this nursing diagnosis because when asked the patient about his present illness he was unsure of how to answer some questions.</p>	<p>1. Consider patient's life experiences when developing a teaching plan (Phelps, 2023).</p> <p>2. Assess the patient's level of knowledge to determine whether patient requires the basic information or</p>	<p>1. Patient will state or demonstrate understanding of what has been taught prior to discharge (Phelps, 2023).</p>	<p>1. I would evaluate the patient by taking into consideration his education level and his current knowledge of his present illness upon assessing the patient and creating goals to implement.</p> <p>2. I would evaluate the patient over time while he's</p>

		reinforcement of previous learning (Phelps, 2023).		receiving care in the hospital of his knowledge and understanding of his present illness.
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Other References (APA):

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

