

N311 Care Plan 2

Autumn Eldridge

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Merriweather

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Demographics

Date of Admission 09/17/2025	Client Initials L.A.	Age 32	Biological Gender Female
Race/Ethnicity African American	Occupation Not Employed	Marital Status Single	Allergies No known Allergies
Code Status FULL	Height 5' Foot	Weight 272 lbs. 11.3 oz (123.7 kg)	

Medical History

Past Medical History: Obesity, End Stage Renal Disease (ESRD) on hemodialysis, Diabetic Mellitus, History of Parathyroidectomy, Hypocalcemia, Hypertension, Hyperlipidemia

Past Surgical History: Quadricepsplasty (Right, 2021), Parathyroidectomy (2022), Dialysis Fistula (Left, 3/2024, 4/2024), Cyst Removal (Arm, N.D.), Cesarean Section (N.D.), Angio Consultation (Left, 2023)

Family History: Mother (deceased) – Hypertension and Diabetes, Father (alive) – Diabetes, Sister (deceased) – Diabetes, Brother (deceased) – Congenital Heart Disease.

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

Tobacco usage – have been smoking cigarettes for 20 years. Drug usage – Marijuana. No alcohol consumption.

Education: High school graduate

Living Situation: Single, has two children living with her. One is her child, and the other one is her nephew that she is raising.

Assistive devices: No assistive devices.

Admission Assessment

Chief Complaint: Dizziness and feeling lightheaded. The client came in for hypotension. *note: At the time the client was admitted, their blood pressure was 102/68 mmHg. On an average client, this would be considered a fair to normal range for a blood pressure but with her chart information this indicates that it is abnormal for their usual blood pressure, as they typically run higher.

History of Present Illness (HPI) – OLD CARTS:

The client reports experiencing dizziness that began 09/17/2025. The head fog has feeling been consistent. The severity was worse when transitioning from sitting to standing. The client described the dizziness as feeling lightheaded. The client described their dizziness as feeling faint, accompanied by spinning sensations and blurred vision. Sudden position changes have aggravated the dizziness. The client denies chest pain or nausea.

Primary Diagnosis

Primary Diagnosis on Admission: End Stage Renal Disease (ESRD) and Insulin-Dependent Diabetes Mellitus (IDDM)

Secondary Diagnosis (if applicable): Hypertension and Morbid Obesity

Pathophysiology

Pathophysiology of the Disease, APA format:

The client has End Stage Renal Disease (ESRD), which is the final stage of chronic kidney disease. (*National Kidney Foundation. N.D.*) The client requires hemodialysis. Hemodialysis is a machine that pumps the blood and filters the blood to discard waste and then returns the clean blood into the body. The dialysis treatment replaces the function of the kidneys. ESRD is an irreversible and progressive disease. It is the loss of functional nephrons that then makes the glomerular filtration rate decline. The kidneys filter about 90 to 120 mL per minute of cardiac output. Hyperfiltration will occur in the remaining healthy nephrons. (*Clinical Professor Teresa Capriotti. 2024.*) The client was placed on two rounds of dialysis when admitted. The first dialysis treatment was performed at 1330 on 09/18/2025, and the second treatment was performed at 0850 on 09/18/2025.

If the body is unable to eliminate waste products such as urea, uric acid, creatinine, and excess minerals due to kidney failure, it can build up in the blood and may lead to uremia, which can cause confusion, pericarditis, and even fluid overload. Fluid overload then causes hypertension and edema. The client was experiencing fluid overload when she was admitted with having elevated creatinine levels of 10.19 and potassium levels being at 5.3. Hypertension can be a result of renal and metabolic disease. (*CDC. 1989*). In a client with ESRD and IDDM,

having a high blood pressure is concerning because it increases the risk of cardiovascular complications, such as a stroke or heart failure, and can even lead to accelerated kidney damage. Type 1 Diabetes Mellitus is a chronic autoimmune disease. It is responsible for the destruction of the pancreatic beta cells, which produce the body's insulin.

The client with Insulin-Dependent Diabetes Mellitus (IDDM) has little or no endogenous insulin production and are dependent on exogenous insulin. Insulin is essential for transporting glucose to cells in the body. Without exogenous insulin for clients with IDDM, the glucose cannot enter cells and can lead to hyperglycemia which is elevated blood glucose levels in the bloodstream. High blood glucose may be harmful to the body if not treated over time and will lead to diabetes related complications, such as blurry vision, fatigue, and cuts and bruises that are slower to heal. (*American Diabetes Association. 2023*). A client with elevated blood glucose can experience dehydration and electrolyte imbalance. The client was experiencing elevated blood glucose levels when she was admitted, the blood glucose level was 440, and was placed on 12 units of IV insulin and repeat until levels dropped to 312.

Pathophysiology References (2) (APA):

American Diabetes Association. (2023). *Understanding Type 1 Diabetes*. Retrieved from <https://diabetes.org/about-diabetes/type-1>

Capriotti, T. (2024). *Davis Advantage for Pathophysiology (3rd ed)*. F.A. Davis Company.

CDC. (1989) *End-Stage Renal Disease Associated with Diabetes – United States, 1988*.

Morbidity and Mortality Weekly Report. Retrieved from

<https://www.cdc.gov/mmwr/preview/mmwrhtml/00001439.htm>

National Kidney Foundation. (N.D.) *Stages of Chronic Kidney Disease (CKD)*. Retrieved from

<https://www.kidney.org/kidney-topics/stages-chronic-kidney-disease-ckd>

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1326 09/18/2025	90 bpm	139/103 mmHg Hypertension	19 bpm	97.2 F	95% @ 0300 *O2 levels did not pick up on pulse oxygen machine before client was discharged.

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
1326	0	NA	NA	NA	NA

Intake and Output

Intake (in mL)	Output (in mL)
P.O. 360 mL intake I.V. 100% food intake @ 1322	No urine or stool output 4 L during dialysis

Nursing Diagnosis
Must be NANDA approved nursing diagnosis

Nursing Diagnosis <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 	Rationale <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation <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.
1. Excess Fluid Overload Volume. Related to impaired renal excretion. Evidenced by increased blood pressure of 139/103 mmHg.	ESRD results in a decreased response to excrete fluids and increasing the risk of fluid overload.	1. Blood Urea Nitrogen lab (BUN) will test the amount of urea nitrogen is in the blood and will assess the renal function. 2. Monitor vital signs closely after dialysis for elevated pulse and blood pressure.	1. Client will lower levels of creatinine and potassium in the blood before discharge. This will indicate that there are no signs of fluid overload.	The client is educated on the importance of fluid retention and will continue to monitor vital signs at home and understands the importance of not missing dialysis appointments. The client will be compliant of going to all dialysis appointments to avoid the risk of fluid overload.
2. The risk of high blood glucose levels which is	Increased risk of both hypo and hyperglycemia.	1. Monitor blood glucose levels before	1. The client will maintain blood glucose levels closer to	The client is educated on a renal diabetic diet and

<p>related to inconsistent insulin administration and poor dietary intake. Evidence shown by high blood glucose levels of 440 and BMI of >53.</p>		<p>meal and at bedtime. 2. Ensure client is receiving renal appropriate diabetic meals.</p>	<p>180 but lower if possible.</p>	<p>acknowledges to continue following the diet plan after discharge. The client's glucose levels will stabilize, and medication protocol will be followed as instructed by the physician.</p>
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