

**N311 Care Plan 3**

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N311: Foundations of Professional Practice

Professor Dowell

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### Demographics

<b>Date of Admission</b> 9/24/2025	<b>Client Initials</b> LJ	<b>Age</b> 76 years old	<b>Biological Gender</b> Male
<b>Race/Ethnicity</b> White	<b>Occupation</b> Retired from the Navy	<b>Marital Status</b> Single	<b>Allergies</b> No Known Allergies
<b>Code Status</b> Full	<b>Height</b> 167.6 cm	<b>Weight</b> 160 lbs	

### Medical History

#### Past Medical History:

- Carcinoma
- Cellulitis

#### Past Surgical History:

- Tonsillectomy
- Wrist surgery
- Right inguinal hernia repair

#### Family History:

- Sister has a history of cellulitis

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

- No tobacco use
- No alcohol use
- No vaping use
- No drug use

#### Education:

- High school diploma

**Living Situation:** Lives alone in a house in Vandalia IL.

**Assistive devices:** No use of assistive devices

### **Admission Assessment**

**Chief Complaint:** Patient came into the emergency department due to his left lower extremity being infected.

#### **History of Present Illness (HPI) – OLD CARTS:**

Patient stated that the problem with his right lower extremity started in March of 2025. It has been going on for six months. Patient was unable to explain characteristics to me due to disorganized speech. Patient was unable to tell me any aggravating or relieving factors due to disorganized speech. Patient did say that he had tried treating it with over-the-counter ointments at home. Patient unable to tell me the severity of the problem due to disorganized speech.

### **Primary Diagnosis**

**Primary Diagnosis on Admission:** Cellulitis

**Secondary Diagnosis (if applicable):** No secondary diagnosis

## Pathophysiology

### Pathophysiology of the Disease, APA format:

Bacteria are free-living microorganisms that can be harmful to humans (Capriotti 2025). Cellulitis is a bacterial skin infection that is common. There are over 14 million cases that occur in the United States annually (Brown 2023). Cellulitis accounts for 3.7 billion dollars in ambulatory care cost and 650,000 hospitalizations are due to cellulitis (Brown 2023). Cellulitis usually shows up as a poorly demarcated, warm, erythematous and it is usually associated with edema and tenderness when it is palpated (Brown 2023). Cellulitis is an acute bacterial infection that is inflammation of the deep dermis and the subcutaneous tissue that is surrounding it (Brown 2023). Most times beta-hemolytic streptococci are what causes cellulitis (Brown 2023). If cellulitis is correctly identified and treated rather fast, it will typically resolve with the appropriate antibiotic treatment (Brown 2023). Our skin serves as a protective barrier and prevents normal skin flora and other microbial pathogens from getting to the subcutaneous and lymphatic system. When the barrier is broken it allows for the normal flora and other bacteria to enter the dermis and subcutaneous tissue (Brown 2023). This can then lead to an acute superficial infection that affects the deep dermis and subcutaneous tissue, which in return can cause cellulitis (Brown 2023). The risk factors for cellulitis include any type of culprit that could cause the skin barrier to breakdown. This could include skin injuries, surgical incisions, intravenous site punctures, fissures between toes, insect bites and other skin infections (Brown 2023). Cellulites usually occurs in middle-aged and older adults (Brown 2023). Cellulitis will be characterized by erythema, warmth, edema, and tenderness when palpated because of the cytokine and neutrophil response due to bacteria getting through the epidermis (Brown 2023). These two things are recruited to the affected area after the bacteria has entered the skin which

leads to an epidermal response (Brown 2023). Patients with cellulitis will experience acute pain and will need to have a pain regimen in place. “Use a pain scale when assessing pain” (Phelps 2023).

### **Pathophysiology References (2) (APA):**

Capriotti, T. (2024). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.

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

Brown, B. D. (2023, August 7). *Cellulitis*. StatPearls [Internet].

<https://www.ncbi.nlm.nih.gov/books/NBK549770/>

### **Laboratory/Diagnostic Data**

<b>Lab Name</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Normal Range</b>	<b>Reasons for Abnormal</b>
Potassium	<b>3.0</b>	<b>3.3</b>	<b>3.5-5mEq/L</b>	Could be abnormal due to the infection in patients lower left extremity.
Sodium	<b>136</b>	<b>135</b>	<b>136-145mEq/L</b>	Could be abnormal due to the body's inflammatory response to the infection

				in the left lower extremity.
CO2 Venous	<b>23</b>	<b>21</b>	<b>23-30mEq/L</b>	Could be abnormal if the infection is progressing towards an illness like sepsis.
Creatinine Blood	<b>0.89</b>	<b>0.65</b>	<b>0.5-1.1 mg/dL</b>	Could be abnormal if the infection in the body is progressing towards an illness like sepsis.
Glucose	<b>109</b>	<b>100</b>	<b>74-106mg/dL</b>	Could be abnormal due to the body's stress response to the infection in the left lower extremity.
Calcium	<b>9.5</b>	<b>8.2</b>	<b>9-10.5mg/dL</b>	Could be abnormal in a person with an infection that is progressing towards an illness like sepsis.
Hemoglobin	<b>14.2</b>	<b>12.8</b>	<b>12-16g/dL</b>	Could be abnormal due to the body's stress response to the infection in the left lower extremity.
RDW	<b>16.2</b>	<b>16.2</b>	<b>11.6%-</b>	Could be abnormal due to

			<b>14.6%</b>	the infection in the left lower extremity and the inflammatory response.
Neutrophils	<b>76.5</b>	<b>73.5</b>	<b>55-70%</b>	Could be abnormal due to the infection in the left lower extremity.
Lymphocytes	<b>14.2</b>	<b>13.8</b>	<b>20-40%</b>	Could be abnormal due to the infection in the left lower extremity and the inflammatory response.

<b>Diagnostic Test &amp; Purpose</b>	<b>Clients Signs and Symptoms</b>	<b>Results</b>
EKG 12 Lead	Tachycardia	Abnormal ST
Chest X-RAY	Sepsis	Normal

**Diagnostic Test Reference (1) (APA):**

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

**Assessment**

**Physical Exam – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS**

General, Psychosocial/Cultural, and TWO focused assessment specific to the client is required.

The student and instructor may complete these assessments together.

<p><b>GENERAL:</b></p> <p><b>Alertness:</b> Patient is alert to what is going on.</p> <p><b>Orientation:</b> Patient is orientated to person, place, time and situation.</p> <p><b>Distress:</b> Patient has no distress; breathing is not elevated. Patient is sitting in the chair calmly.</p> <p><b>Overall appearance:</b> Patient is well groomed.</p>	
<p><b>INTEGUMENTARY:</b></p> <p><b>Skin color:</b> Patients skin color is pale</p> <p><b>Character:</b> Patients quantity, distribution and texture of hair is normal. Patient has a scar on his Left upper shoulder and a scratch on his left bicep. Patients left lower extremity is wrapped in a dressing from his ankle to his mid shin and is leaking purulent mixed with sanguine. Right foot has moderate edema. Patients right lower extremity erythematous and scaly dermatitis. Patients Toenails bilaterally noted onychomycosis with associated onychia and onychorrhexis.</p> <p><b>Temperature:</b> Patients right lower extremity is warm to touch. Left lower extremity is normal. Patient's upper bilateral extremities normal.</p> <p><b>Turgor:</b> Normal mobility</p> <p><b>Rashes:</b> Patient has no rashes</p> <p><b>Bruises:</b> Patient has a purple-reddish ecchymosis above his left knee.</p> <p><b>Wounds:</b> Patient has no wounds</p> <p><b>Braden Score:</b> Patients Braden score is 18</p> <p><b>Drains present:</b> Y <input type="checkbox"/>      N <input checked="" type="checkbox"/></p> <p><b>Type:</b></p>	

<p><b>HEENT:</b></p> <p><b>Head/Neck:</b></p> <p><b>Ears:</b></p> <p><b>Eyes:</b></p> <p><b>Nose:</b></p> <p><b>Teeth:</b></p>	
<p><b>CARDIOVASCULAR:</b></p> <p><b>Heart sounds:</b></p> <p><b>S1, S2, S3, S4, murmur etc.</b></p> <p>Clear S1 and S2 without murmurs, gallops or rubs. S3 and S4 are absent</p> <p><b>Cardiac rhythm (if applicable):</b> Patients rhythm is abnormal.</p> <p><b>Peripheral Pulses:</b></p> <p>Brachial pulse bilaterally is +2 and strong</p> <p>Radial pulse bilaterally is +2 and strong</p> <p>Popliteal pulse bilaterally is +2 and strong</p> <p>Posterior tibial pulse bilaterally is +2 and strong</p> <p>Dorsalis pedis pulse bilaterally is +2 and strong</p> <p><b>Capillary refill:</b> Bilateral capillary refill on hands and feet is less than three seconds.</p> <p><b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Edema</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p><b>Location of Edema:</b> Moderate edema in left foot</p>	
<p><b>RESPIRATORY:</b></p> <p><b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Breath Sounds: Location, character</b></p>	

<p><b>GASTROINTESTINAL:</b></p> <p><b>Diet at home:</b></p> <p><b>Current Diet</b></p> <p><b>Height:</b></p> <p><b>Weight:</b></p> <p><b>Auscultation Bowel sounds:</b></p> <p><b>Last BM:</b></p> <p><b>Palpation: Pain, Mass etc.:</b></p> <p><b>Inspection:</b></p> <p>    <b>Distention:</b></p> <p>    <b>Incisions:</b></p> <p>    <b>Scars:</b></p> <p>    <b>Drains:</b></p> <p>    <b>Wounds:</b></p> <p><b>Ostomy:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Nasogastric:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>    <b>Size:</b></p> <p><b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>    <b>Type:</b></p>	<p>.</p>
<p><b>GENITOURINARY:</b></p> <p><b>Color:</b></p> <p><b>Character:</b></p> <p><b>Quantity of urine:</b></p> <p><b>Pain with urination:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Dialysis:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Inspection of genitals:</b></p> <p><b>Catheter:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>    <b>Type:</b></p>	

<b>Size:</b>	
<b>MUSCULOSKELETAL:</b> <b>Neurovascular status:</b> NA <b>ROM:</b> Patient can perform range of motion himself. <b>Supportive devices:</b> No supportive devices <b>Strength:</b> Moderate strength. <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>Fall Score:</b> 20 <b>Activity/Mobility Status:</b> <b>Independent (up ad lib)</b> <input type="checkbox"/> <b>Needs assistance with equipment</b> <input type="checkbox"/> <b>Needs support to stand and walk</b> <input type="checkbox"/> √	.
<b>NEUROLOGICAL:</b> <b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>PERLA:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Strength Equal:</b> Y <input type="checkbox"/> N <input type="checkbox"/> if no - <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/> <b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	.
<b>PSYCHOSOCIAL/CULTURAL:</b> <b>Coping method(s):</b> Patient unable to answer due to disorganized speech. <b>Developmental level:</b> Patient demonstrates a developmental level consistent with his age. He shows age related appropriate cognitive functioning, emotional regulation, and social	.

<p>engagement. Patient is orientated to person, place, time and situation. Patient is capable of making independent decisions. Patient's physical capabilities are within the expected range for his age, with some mild age-related changes. There are no significant impairments that limit his daily functions. There is no indication of developmental delay.</p> <p><b>Religion &amp; what it means to pt.:</b> Patient unable to answer due to disorganized speech.</p> <p><b>Personal/Family Data (Think about home environment, family structure, and available family support):</b> Patient unable to answer due to disorganized speech.</p>	
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**Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0705	106 bpm	112/84 mmHg	17 RR	97.5 °F	97%

**Pain Assessment, 1 set**

Time	Scale	Location	Severity	Characteristics	Interventions
0705	0-10	NA	NA	NA	NA

**Intake and Output**

Intake (in mL)	Output (in mL)
Breakfast- 100%	Urination- 225mL
Liquid- 290mL	

**Nursing Diagnosis**  
**\*Must be NANDA approved nursing diagnosis\***

<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<p><b>Rationale</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Interventions (2 per dx)</b></p>	<p><b>Outcome Goal (1 per dx)</b></p>	<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the client/family respond to the nurse’s actions? <ul style="list-style-type: none"> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul> </li> </ul>
<p><b>1. Acute pain related to a biological injury agent as evidenced by patient reporting</b></p>	<p>This diagnosis was chosen because the patient is experiencing pain in his left lower extremity due to the inflammation</p>	<p><b>1.</b> Assess patient’s signs and symptoms of pain behavioral cues and administer pain medication.  <b>2.</b></p>	<p><b>1.</b> Patient will report decrease in pain level from 8/10 to 4/10 within 30 minutes after receiving medication.</p>	<p>Patient states satisfaction with pain management regimen.</p>

<p>discomfort in the left lower extremity and presence of localized redness, swelling and warmth.</p>	<p>process that is associated with cellulitis.</p>	<p>Use a pain scale when assessing pain.</p>		
<p><b>2.</b> Impaired physical mobility related to pain as evidenced by patient verbalizing pain rated an 8 out of 10 when standing, limiting ability to</p>	<p>This diagnosis was chosen because the patient is experiencing a significant amount of pain when standing in the left lower</p>	<p><b>1.</b> Monitor and record daily any evidence of immobility complications. <b>2.</b> Carry out medical regimen to manage or prevent</p>	<p><b>1.</b> Patient will ambulate 50 feet within 4 days.</p>	<p>Patient achieves highest level of mobility possible identified by health care team.</p>

ambulate.	extremity, which makes ambulation difficult.	compilations.		
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**Other References (APA):**



