N311 Care Plan 3

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Merriweather

09/28/2025

Demographics

Date of Admission 09/22/2025	Client Initials VE	Age 55 y.o.	Biological Gender Female
Race/Ethnicity White/Caucasian	Occupation Nurse	Marital Status Married	Allergies Codeine
Code Status Full Code	Height 5'11"	Weight 266 lbs.	

Medical History

Past Medical History: Patient has a past medical history that includes Anxiety, Depression, Gastroesophageal reflux (GERD), and Hypertension

Past Surgical History: Patient has a past surgical history that includes Cholecystectomy, Hysterectomy, Right Knee Surgery, Tonsillectomy, and Tubal ligation

Family History: Patient has no family history on file

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

Patient states she is a former smoker, she has never used smokeless tobacco, and uses alcohol occasionally

Education: Patient has a Bachelor's degree in nursing and is working on her Master's

Living Situation: Patient lives Independently at Home

Assistive devices: No assistive devices listed

Admission Assessment

Chief Complaint: Loss of Consciousness, Diarrhea, Left Lower Abdominal Pain, and Nausea

History of Present Illness (HPI) – OLD CARTS:

55 y.o. female with a history of Anxiety, Depression, Gastroesophageal reflux (GERD), and Hypertension presents with Loss of Consciousness, Diarrhea, Left lower Abdominal Pain, and

Nausea that start 9/28/25. Primary location is generalized abdominal pain. Patient states it is ongoing, the pain is consistent and doesn't go away. Patient states the pain feels like "cramping" and it hurts so bad sometimes that being in a fetal position is the only thing that relieves the pain. Patient states that eating makes her symptoms worse. There was so prior treatment received before patient presented to the emergency room. Patient rates the severity of her pain is a 4 out of 10 on a pain scale of 0-10.

Primary Diagnosis

Primary Diagnosis on Admission: Diverticulitis

Secondary Diagnosis (if applicable): Secondary Diagnosis not applicable

Pathophysiology

Pathophysiology of the Disease, APA format:

Diverticulitis is an inflammatory problem within the colon. Diverticulitis occurs when intestinal contents block the diverticulum, thus cutting off blood supply and providing an environment conducive to the formation of infection (Capriotti, 2024, p.774). Diverticulitis can become inflamed for many different reasons but a lot of the time it is from a diet. The most significant risk factor for diverticulitis is a diet low in fiber. According to Capriotti, When the bowel does not drain effectively, intestinal contents can become trapped, collect and form a mass, and cause diverticulitis (2024, p. 774).

When someone is going to be tested to see if they have Diverticulitis, there are a couple of different tests that can be performed to inform the provider of the results. Diagnostic studies include abdominal X-Ray, Abdominopelvic CT scan, ultrasound, and MRI (Capriotti 2024). My patient was diagnosed with Diverticulitis from having a Abdominopelvic CT scan that resulted

that my patient was having persistent acute diverticulitis of the sigmoid colon. My patient presented with symptoms of Loss of Consciousness, Diarrhea, Left Lower Abdominal Pain, and Nausea. According to Capriotti, there may be dull, episodic, or steady left quadrant or midabdominal pain. Acute lower abdominal pain, fever, and tachycardia may also be present (2024, p.774). With my patient presenting with these symptoms, it shows that before Diverticulitis was diagnosed the provider could narrow down signs and symptoms to try and pinpoint the problem.

  To treat Diverticulitis the doctor may recommend antibiotics if Diverticulitis, a clear liquid diet for a short period of time for the colon to subside may be needed, if it is severe enough it may require surgery to remove a portion of the colon (NIH). My patient is being treated with a NPO diet to let the colon rest, antibiotics, and Intravenous fluids (IV).

Pathophysiology References (2) (APA):

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

Treatment for Diverticular Disease. (n.d.). National Institute of Diabetes and Digestive and Kidney Diseases.

https://www.niddk.nih.gov/health-information/digestive-diseases/diverticulosis-diverticulitis/treatment

Laboratory/Diagnostic Data

Lab Name		Admission Value	Today's Value	Normal Range	Reasons for Abnormal
CBC (Complete Blood Count) :	WBC (White Blood Cells)	11.70	7.20	4.0-10.5 x10^3/L	
	RBC (Red Blood Cell)	4.59	4.04	4.2-5.4	
	Hemoglobin	13.7	12.1		
	Platelet count	146	178		
BMP (Basic Metabolic Panel):	Glucose	136	79		
	Sodium	137	135		
	Potassium	3.6	3.4		
	Chloride	107	135		
	CO2 (Venous)	21	23		
	BUN	15	7		
	Creatinine	0.78	0.64		
	Calcium	8.8	8.4		
CMP (Comprehensive Metabolic Panel):	Anion Gap	9.0	7.0		
	BUN-Creatinine Ratio Test	19	11		
	Total Protein	6.6	No labs drawn today		
	Albumin	3.6	No labs drawn today		
	Calcium	8.8	8.4		

	Total Bilirubin Test (TBIL):	0.7	No labs drawn today		
	Alkaline Phosphatase (ALP):	75	No labs drawn today		

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
CT (Computed Tomography) of Abdomen/Pelvis	Patient complaining of generalized Abdominal Pain	CT scan impression: Persistent acute diverticulitis of the Sigmoid colon
FLU A Swab, to test patient for virus	Patient complaining of nausea	Negative FLU A
FLU B Swab, to test patient for virus	Patient complaining of nausea	Negative FLU B
Covid-19 Swab, to test patient	Patient complaining of nausea	Negative Covid-19

for virus		
Urinalysis, to test the urine for infection	Patient complaining of Abdominal Pain	Urinalysis is positive, White blood cells in Urine

Diagnostic Test Reference (1) (APA):

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Assessment

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Physical Exam – <mark>HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS</mark>

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

The student and instructor may complete these assessments together.

GENERAL: **Alertness:** Patient alert **Orientation:** Oriented x4 **Distress:** Patient in no distress **Overall appearance:** Patient well groomed	
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	
HEENT: **Head/Neck:** **Ears:**	.

Eyes: **Nose:** **Teeth:**	
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:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** All fields clear and equal bilaterally	.
GASTROINTESTINAL: **Diet at home:** General Diet at Home **Current Diet:** NPO (Nothing by Mouth) **Height:** 5'11" **Weight:** 266 lbs **Auscultation Bowel sounds:** Bowel sounds Hyperactive **Last BM:** 9/24/25 @ 1900 **Palpation: Pain, Mass etc**.: Lower Left Quadrant, soft and tender **Inspection:** **Distention:** No distention noted	.

Incisions: No incisions noted **Scars:** No scars noted **Drains:** No drains noted **Wounds:** No wounds noted **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:**	
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** ☐	
NEUROLOGICAL: **MAEW: Y** ☐ **N** ☐ **PERLA: Y** ☐ **N** ☐ **Strength Equal: Y** ☐ **N** ☐ **if no - Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **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):**	.

Vital Signs, 1 set – <mark>HIGHLIGHT ALL ABNORMAL VITAL SIGNS</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1300	<mark>58 bpm</mark>	137/76	14 bpm	97.3 F Temporal	98% Room Air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
1415	0-10	Abdominal	4/10	Patient describes pain as "Cramping"	Patient refuses pain medication at this time

Intake and Output

Intake (in mL)	Output (in mL)
Patient NPO (Nothing by Mouth) currently	Urine occurrence x2 Patient independently up to the bathroom so urine is not directly measured

Nursing Diagnosis
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • 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 • Explain why the nursing diagnosis was chosen	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Acute pain related to physical injury agent as evidenced	Chosen because patient rating the pain a 4 out of 10	1.Assess patient's vital signs and symptoms of pain behavioral	1. Patient will express relief from pain within a reasonable time after interventions took place	Patients will identify most effective pain relief measures

by patient rating her pain on a scale of 0-10 a 4		cues and administer pain medication as prescribed. Monitor and record the medication's effectiveness and adverse effects. 2.Using a pain flowchart, recording the time of medication administration and results of pain assessment every hour until the next dose to monitor the therapy's effectiveness		
2. Imbalanced Nutrition: Less than Body Requirement related to inadequate food supply as evidenced by patients' diet being nothing by mouth (NPO)	Chosen because patient not able to eat anything due to NPO status before Diverticulitis treatment	1. Monitor electrolyte levels and report abnormal labs 2.Avoid asking whether patient is hungry or wants to eat	1. Patient and family plan appropriate diet for patient to follow discharge	Patient and family members will demonstrate ability to plan diet after discharge

Other References (APA):

Gedas Gudenas, J. K. (n.d.). *Nursing diagnosis reference manual. text with access code*. Books.

https://www.matthewsbooks.com/productdetail.aspx?pid=9751PHE9895