N321 CARE PLAN #2

Samantha Garcia

Lakeview College of Nursing

N321: Adult Health I

Kristal Henry

09/26/25

Demographics

Date of Admission	Client Initials	Age	Biological Gender
9/16/25	CM	53	Male
Race/Ethnicity	Occupation	Marital Status	Allergies
White/ caucasian	disabled	single	Ibuprofen, Bupropion, Topiramate
Code Status	Height	Weight	
Full Code	6’3 or 75 inches	240.8 lbs or 109.5 kg	

Medical History

Past Medical History: COPD, DM, HTN, migraines, HDL, left temporal epilepsy

Past Surgical History: colonoscopy(10/4/22), hernia repair(4/2023)

Family History: not on file

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Former 35.7 year 2 pack/day smoker, vapes every day, no smokeless tobacco, alcohol use: never, no current drug use, past marijuana user

Education: 12th grade

Living Situation: Home alone, family provides transportation, Dalton his nephew stays frequently at his house.

Assistive devices: walker

Admission History

Chief Complaint: Fall, arm pain, hip pain. Fell from bed to floor at home and laid on floor for 12 hours. Complaining of left arm pain and RLQ abdominal pain.

History of Present Illness (HPI)– OLD CARTS

“Onset started about an hour after layer on the floor.” “The locations are the left arm and RLQ abdomen.” The duration for the RLQ abdominal pain “has been going on and off for a couple of days, and the left arm pain has been going on since I fell.” “My entire body was lying on my

hour for 12 hours.” Characteristics of the abdomen are “sharp and cramping.” The left arm characteristics are “throbbing, shooting, and sharp.” Aggravating factors of the abdomen are “not having a bowel movement”, and the left arm aggravating factors are “using that arm.” Relieving factors for the abdomen are “having a bowel movement”, and the left arm relieving factors are “medication and lifting it up.” “There is no specific time that my abdomen hurts.” The left arm starts to hurt “when therapy comes and wants me to do therapy.” The pain severity for the “abdomen is 4, ant the left arm is a 5.”

Admission Diagnosis

Primary Diagnosis: Rhabdomyolysis

Secondary Diagnosis (if applicable): weakness

Pathophysiology

According to Capriotti (2024), rhabdomyolysis is a serious medical condition that involves the breakdown of skeletal muscle tissue. When muscle fibers are damaged, they release their contents into the bloodstream. One of the key substances released during this process is myoglobin, a protein that helps store oxygen in muscle cells. While myoglobin is normally harmless in small amounts, excessive levels in the blood can be toxic, particularly to the kidneys. (Capriotti, 2024).

Capriotti (2024), says kidneys play a crucial role in filtering waste and excess substances from the blood structures called nephrons. In rhabdomyolysis, the kidneys are tasked with filtering large amounts of myoglobin, which can overwhelm their filtering capacity. When too much myoglobin builds in the nephrons, it can cause direct damage to the kidney tubules, potentially leading to acute kidney injury. This is one of the most dangerous complications

associated with rhabdomyolysis and can be life-threatening if not treated promptly (Capriotti, 2024).

According to Rhabdomyolysis: Symptoms, causes, & treatments (2023), the condition presents with a variety of symptoms, though they can vary widely from person to person. Classic signs include myalgia, generalized weakness, and dark-colored urine. This discoloration is due to the presence of myoglobin in the urine, this condition is known as myoglobinuria. Despite these common features, most people do not experience noticeable muscle pain or weakness, which can make it harder to recognize early on (Rhabdomyolysis: Symptoms, causes, & treatments, 2023).

Capriotti (2024) says, since the symptoms can be nonspecific or even absent in many cases, laboratory testing plays a vital role in diagnosing. The most sensitive indicator of muscle injury in rhabdomyolysis is an elevated creatine kinase (CK) level. CK is an enzyme found in high concentrations in muscle tissue, and when muscle cells are damaged, CK leaks into the bloodstream. A significantly elevated CK is a sign of muscle breakdown. It’s important to ensure that the elevated CK is not due to cardiac or brain injury, as these can also raise CK levels but involve different types of tissue. (Capriotti, 2024).

According to Rhabdomyolysis: Symptoms, causes, & treatments (2023), treatment of rhabdomyolysis involves early management of fluids and electrolyte balance. After the initial resting period for the muscles to heal, participation in physical therapy can help strengthen weakened muscles and restore mobility. Ongoing medical care also focuses on monitoring and addressing kidney damage, since preserving kidney function is essential for overall recovery (Rhabdomyolysis: Symptoms, causes, & treatments, 2023).

The patient presented with weakness after lying on the floor for 12 hours and was not able to get himself up. Laboratory functions showed poor kidney function. Creatinine was 0.63 and a very elevated CK 2,093 which is showing significant muscle breakdown . He presented with some chest pain and cardiac issues were ruled out. Also, he had no signs of brain injury.

Pathophysiology References (2) (APA):

Cleveland Clinic. (2023, February 24). *Rhabdomyolysis: Symptoms, causes & treatments*. In *Cleveland Clinic Health Library*. Retrieved September 26, 2025, from https://my.clevelandclinic.org/health/diseases/21184-rhabdomyolysis

Capriotti, T. (2024). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives* (3rd ed.). F. A. Davis.

Laboratory/Diagnostic Data

Lab Name	Admission Value 9/16	Today's Value 9/22	Normal Range	Reasons for Abnormal
Glucose	139mg/dL	160mg/dL	70-99mg/dL	Glucose indicates that the patient is diabetic.
Creatinine	0.63mg/dL	0.51mg/dL	0.70-1.30 mg/dL	This value indicates impaired renal function. This can also happen because patient has rhabdomyolysis.
Total protein	5.9g/dL	4.6g/dL	6.0-8.0g/dL	This can be caused by infection, inflammation,

				and hematologic malignancy. This also indicates Rhabdomyolysis.
Albumin	3.4g/dL	2.6g/dL	3.5- 5.0g/dL	This can be caused by infection, inflammation, and hematologic malignancy. This also indicates Rhabdomyolysis.
AST	82U/L	22U/L	<43U/L	This can evaluate with suspected hepatocellular disease. Some medications this patient takes can cause hepatic damage.
CK	2,093U/L	179U/L (9/19/25)	30-200U/L	This test can indicate muscle damage or disease. This also indicates Rhabdomyolysis.
MCH	32.8pg	32.9pg	26.0-32.0pg	This can help diagnose anemia. This is low

				because the patient may have a bleed somewhere or is anemic.
MPV	7.8fL	8.2fL	8.0-12.6fL	This helps evaluate platelets disorders, especially thrombocytopenia. This is low because the patient may have a bleed somewhere or is anemic.
Lymphocytes	14.7µL	55.3µL	19.0-49.0µL	This helps indicate infection, neoplasm, allergy, or immunosuppression. In this specific patient he has an infection from an open wound.
Monocytes	19.2µL	13.2µL	3.0-13.0µL	This helps indicate infection, neoplasm, allergy, or immunosuppression. In this specific patient he has an infection from an

				open wound.
Absolute monocytes	1.40µL	0.50µL	0.10-0.90µL	This helps evaluate real risk of infection. In this specific patient he has an infection from an open wound.
Calcium	9.4mg/dL	8.3mg/dL	8.7-10.5mg/dL	This helps monitor patients with renal failure. This value is off because the patient has an acute kidney injury.
BUN	12mg/dL	7mg/dL	8-26mg/dL	This is a rough measurement of renal function and GFR. Also measurement of liver function. This value is off because the patient has an acute kidney injury.
RBC	4.51million cells/µL	3.81million cells/µL	4.40-5.80million cells/µL	This helps indicate anemia. This is low because the patient may have a bleed somewhere

				or is anemic.
Hemoglobin	14.8 g/dL	12.5g/dL	13.0-16.5g/ dL	This helps indicate anemia. This is low because the patient may have a bleed somewhere or is anemic.
Hematocrit	42.8%	35.9%	38-50.0%	This helps indicate anemia. This is low because the patient may have a bleed somewhere or is anemic.
Neutrophils	65.6µL	28.8µL	40.0-68.0µL	This helps indicate infection, neoplasm, allergy, or immunosuppression. In this specific patient he has an infection from an open wound.
Absolute neutrophils	4.8µL	1.20µL	1.40-5.30µL	This helps indicate infection, neoplasm, allergy, or immunosuppression. In this specific patient he

				has an infection from an open wound.

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
[redacted]	[redacted]	XR Humerus Right	Complaining of arm pain.	No acute fracture found. Patient c/o arm pain. Admitted for Rhabdomyolysis which can cause muscle weakness/pain.
		XR Forearm Right	Complaining of arm pain.	No acute fracture found. Patient c/o arm pain. Admitted for Rhabdomyolysis which can cause muscle

[redacted]				weakness/pain.
		XR hand 3 or more view Left	Swollen hand.	No acute fracture found. Patient hand was swollen. Admitted for Rhabdomyolysis and was lying on the ground for 12 hours.
		CT abdomen pelvis w/o contrast	Complaining of RLQ abdominal pain.	Rib fracture from previous fall similar to last imaging. Right sided small pleural effusion. Admitted for Rhabdomyolysis which can cause muscle weakness/pain, patient was also

				constipated.

[redacted]

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's manual of diagnostic and laboratory tests* (7th ed.). Elsevier.

Active Orders

Active Orders	Rationale
Diet: carbohydrate restriction: low carb	Diet order for patient to eat.
Admission weight	Weight for weight based drugs.
OT eval PT eval	Consulted for ambulation/ weakness. Consulted for recurrent falls/ weakness.
Aerosol nebulizer Aerosol Nebulizer-subsequent Pulse oximetry spot	Ordered for patients COPD.
Covid-19, flu, and pneumonia vaccine screen	Ordered to rule out any respiratory infections before coming up to the floor.
Discontinue foley catheter if present	Discontinued if he had one to decrease the risk of infection.
Discontinue IV if present	Patient was being discharged.
Insert/maintain peripheral IV	For getting any medications IV.
Intake and output	This is to make sure everything coming in the body is also going out.

Notify physician if pulse less than 50 or greater than 120, respirations less than 10 or greater than 30, temp 101.5, output less than 240ml/8h, systolic less than 85 or greater than 180, diastolic less than 50 or greater than 105, oxygen saturation less than 90, new onset or worsening pain	This is a basic order for every patient.
Nursing communication: Rizatriptan is non-formulary. Please check for home med availability. If home med is available, please bring it along with consent form to pharmacy for verification. Offer prune juice, provide education to reduce/avoid constipation foods such as red meat, fried fatty foods, milk, and cheese, promote adequate fluid intake if not on fluid restriction	This is to try to get the non-formulary medication brought to the hospital by an outside source, like family, and to prevent any further constipation issues.
Nursing night calls	This is a basic order for all patients.
Patient may shower	This is to make staff aware there are no contraindications for the patient being able to shower.
Up as tolerated	The patient was very weak so this is an order to have the patient be as active as they can.
Vital signs per unit routine	This is to monitor trends for the patient.

Wound/ostomy consult: left elbow and upper arm	The patient had a bunch of blisters and open wounds in these areas.

Hospital Medications (Must List ALL)

Brand/ Generic	Sympazam/ clobazam	Depakote/ divalproex	Jardiance/ empagliflozin	Lasix/ furosemide	Porcine/ heparin	Keppra/ levetiracetam
Dose, frequency, route	10mg, BID, oral	1500mg, BID, oral	10mg, daily, oral	20mg, daily, oral	5,000 units, Q8h, subQ	2,000mg BID, oral
Classification (Pharmacological and therapeutic and action of the drug	P: Benzodiazepine T: anticonvulsive A: May potentiate GABAergic neurotransmission, which causes binding at the benzodiazepine site of the GABA A receptor to stop seizure activity		T: Antidiabetic P: sodium-glucose cotransporter 2 inhibitor A: Inhibits sodium glucose cotransporter 2 in the kidneys, which prevents glucose reabsorption. This decreases blood glucose levels.	P:Loop diuretic T: antihypertensive, diuretic A: inhibits reabsorption of sodium and chloride at proximal and distal tubule and in the loop of Henle	P&T: Anticoagulant, antithrombotic A: prevents conversion of fibrinogen to fibrin and prothrombin to thrombin by enhancing inhibitory effects of antithrombin lll	P: pyrrolidine derivative T: anticonvulsive A: May protect against secondary generalized seizure activity by preventing coordination of epileptiform burst firing.
Reason Client Taking	Seizures		DM	HTN	Rhabdomylosis	Seizures

Two contraindications (pertinent to the client)	1. depression 2. CNS depressant		1. Hypotension 2. Hypoglycemia	-Anuria -Electrolyte depletion	-precautions for patients with diabetes -patients with renal disease	-renal disease -cardiac disease
Two side effects or adverse effects (Pertinent to the client)	1. Fatigue 2. Lethargy		1. Infection 2. ketoacidosis	-weakness - Renal failure	-rash -anemia	-dizziness -infection
Key nursing assessment(s) prior to administration	1. Assess for Rashes, blisters, or swelling n the mouth 2. Assess for severe respratory represson		-Assess patients blood glucose levels -Monitor serum creatinine	-Assess weight daily -assess for signs of hypokalemia	- assess for any signs of bleeding - monitor for increased thrombosis daily	-assess mental status -assess renal studies

Brand/ Generic	Prinival/ lisinopril	Toprol-XL/ metoprolol succinate XL	Pravachol/ pravastatin	Lyrica/ pregabalin	Inderal LA/ proprano lol SR	Maxalt, rizatriptan benzoate
Dose, frequen	20mg, daily, oral	25mg, daily, oral	10mg, daily HS, oral	150mg, BID, oral	120mg, daily,	10mg, daily, oral

cy, route					oral	
Classification (Pharmacological and therapeutic and action of the drug	T: Antihypertensive P: angiotensin-converting enzyme 1 inhibitor A: selectively suppresses renin-angiotensin-aldosterone system; inhibits ACE, thereby preventing conversion of angiotensin 1 to angiotensin 2	T: Antihypertensive P: beta blocker A: lowers b/p by beta-blocking effects; reduces elevated renin plasma levels; blocks beta 2-adrenergic receptors in the bronchial, vascular smooth muscle only at high doses; negative chronotropic effect	T: Antilipemic P: HMG-CoA reductase enzyme A: inhibits HMG-CoA reductase enzyme, which reduces cholesterol synthesis	T: Anticonvulsive, analgesic P: Gabba aminobutyric acid analog A: binds to high-voltage-gated calcium channel in CNS tissue; this may lead to anticonvulsive action similar to the inhibitory neurotransmitter GABA; anxiolytic, analgesic, and antiepileptic properties	T: Antihypertensive, antianginal, antiarrhythmic P: beta-adrenergic blocker A: nonspecific beta blocker with negative inotropic, chronotropic, dromotropic properties	P: selective serotonin receptor agonist T: antimigraine A: binds selectively to the vascular 5-HT 1B/1D receptor effect; causes vasoconstriction of the cranial arteries
Reason Client Taking	Hypertension	Hypertension	HDL	Diabetic Neuropathy	HTN	Migraines
Two contraindications (pertine	1. Renal artery steno	-DM -COPD	-renal disease -severe acute infections	-CK elevation - renal disease	-COPD -DM	-uncontrolled hypertension

nt to the client)	sis 2. Heart failure					-angina pectoris
Two side effects or adverse effects (Pertinent to the client)	1. Renal insufficiency 2. Chest pain	- Dyspnea - Hypo/hyperglycemia	-fatigue -renal failure	- rhabdomyolysis - abdominal pain	-fatigue -lethargy	- hypertension - chest tightness
Key nursing assessment(s) prior to administration	1. Assess blood pressure and heart rate 2. Assess for heart failure	- Assess abrupt withdrawal, which may cause a MI - Assess blood pressure and heart rate	- Assess for muscle tenderness or muscle pain - Assess Intake and output for those with compromised renal systems	- Assess for muscle pain, tenderness, and weakness - Assess fo	-assess for abrupt withdraw -assess Intake and output ratio	- Assess migraine symptoms - Assessingestion of tyramine foods

				r se iz ur es		
Brand/ Generic	Bactrim DS, Septra DS/ sulfamethoxazole-trimethoprim DS	Desyrel/ trazodone	Tylenol, acetaminophen	Proventil, Ventolin/ albuterol	Tums, calcium carbonate	Norco, hydrocodone acetaminophen
Dose, frequency, route	800-160mg, BID	100mg, daily HS, oral	650mg, Q4h PRN, oral	0.083%, 2.5mg/3 ml, Q6h PRN, inhalation	1,000mg, Q8h PRN, oral	5-325mg, Q6h PRN, oral
Classification (Pharmacological and therapeutic action of the drug	T: Anti-infective P: sulfamide miscellaneous A: interferes with the bacterial biosynthesis of proteins by competitive antagonism of PABA when adequate levels are maintained; trimethoprim blocks the synthesis of tetrahydrofolic acid: the combination blocks 2 consecutive steps in the	P: Antidepressant T: triazolopyridine A: selectively inhibits serotonin uptake by brain; potentiates behavioral changes	P: nonsalicylate, para-aminophenol derivative T: antipyretic, nonopioid analgesic Action: inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system	P: adrenergic T: Bronchodilator Action: attacks the beta2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert adenosine triphosph	P: antacid, calcium supplement T: calcium product A: neutralizes gastric acidity	P: antitussive opiod analgesic/ nonopioid analgesic A: binds to opiate receptor in CNS to reduce pain

	bacterial synthesis of essential nucleic acids and proteins			ate to cyclic adenosine monophosphate		
Reason Client Taking	Skin and soft tissue infection	sleep	Mild pain	Wheezing, shortness of breath	Heartburn, indigestion	Moderate to severe pain
Two contraindications (pertinent to the client)	1. Impaired renal /hepatic function 2. Possible folate deficiency	1. Dehydration 2. Seizure disorders	1. Anemia 2. Renal/ hepatic disease	1. DM 2. Seizures	1. Decreased GI motility 2. dehydration	1. seizures 2. Respiratory depression
Two side effects or adverse effects (Pertinent to the client)	1. Renal failure 2. Fatigue	- Weakness - Acute renal failure	- Renail failure - Anemia	- Headache - chest pain	- constpation -nausea	- weakness - seizures
Key nursing assessment(s) prior to adminis	-Assess I & O ratio -assess renal studies	- assess for orthostatic hypotension - assess for serotonin syndrome	- assess for fever or pain - assess how many mg patients has consumed in	- assess lung sounds - assess pulse oximetry	-assess for signs of hyper/hypocalemia	- assess pain - assess oxygen saturation

tration			24 hours		- assess for constipation	
Brand/ Generic	Atarax/ hydroxyzine	melatonin	Nicoderm CQ/ nicotine	Zofran/ ondansetron	Nitrostat/ nitroglycerin SL	Miralax/ polyethylene glycol
Dose, frequency, route	25mg, BID PRN, oral	6mg, daily HS PRN, oral	21mg/24 hours, daily PRN, transdermal patch	4mg, Q6h PRN, oral or IVP	0.4mg, daily PRN, oral	17g, BID PRN, oral
Classification (Pharmacological and therapeutic and action of the drug	T: antianxiety/ antihistamine/ sedative/ hypnotic, antiemetic P: piperazine derivative A: depresses subcortical levels of CNS, including limbic system, reticular formation; competes with H1-receptor sites	T: sleep aid P: sleep regulator A: Binds to receptors that help promote sleep onset, regulate the timing of sleep, and synchronize the biological clock to the environmental light-dark cycle	T: smoking deterrent P: nicotinic agonist A: agonist at nicotinic receptors in peripheral central nervous systems; acts at sympathetic ganglia, on chemoreceptors of aorta, carotid bodies; also affects adrenaline-releasing catecholamines	P: selective serotonin receptor antagonist T: antiemetic Acton: blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine to reduce nausea and vomiting by preventing	T: coronary vasodilator, antianginal P: nitrate A: decreases preload and after load, which are responsible for decreasing left ventricular end-diastolic pressure, systemic vascular resistance; dilates coronary arteries, improves blood flow through coronary	P: laxative T: A: inhibits a portion of cell-wall synthesis; alters cell membranes and inhibits several fungal enzymes

				serotonin release in the small intestine and by blocking signals to the CNS	vasculature, dilates arterial and venous beds systemically	
Reason Client Taking	anxiety	sleep	Nicotine dependancy	nausea	Chest pain	constipation
Two contraindications (pertinent to the client)	1. COPD 2. Renal/ hepatic disease	1. Severe hepatic impairment 2. Autoimmune disease	3. DM 4. Coronary/ renal/ hepatic disease	1. QT prolongation 2. Torsade's depointes	1. Severe anemia 2. Increased cranial pressure	1. Cardiac disease 2. Renal/ hepatic disease
Two side effects or adverse effects (Pertinent to the	1. hypotension 2. seizures	1. hypotension 2. headache	3. seizures 4. edema	1. constipation 2. he	1. headache	1. edema 2. Rhabdomyolysis

client)				adache	2. postural hypotension	
Key nursing assessment(s) prior to administration	1. Assess blood pressure 2. Assess sedation level	1. Assess neurological status 2. Assess liver function	3. Assess smoking cessation 4. Assess for smoking withdrawal	1. Assess for nausea/vomiting 2. Assess for electrolyte imbala	1. Assess chest pain 2. Assess for hypotensive episodes	1. Assess I&O 2. Assess for infection

				nce		
Brand/ Generic	Phenergan/ promethazine	Senokot/ senna				
Dose, frequency, route	25mg, Q6h PRN, oral	8.6mg, BID PRN, oral				
Classification (Pharmacological and therapeutic and action of the drug	T: antihistamine, H1-receptor antagonist, antimetic P: phenothiazine A: acts on blood vessels , GI, respiratory system by competing with histamine for H1-receptor sites; decreases allergic response by blocking histamine	T: laxative P: stimulant laxative A: stimulates the bowel muscles and increases water secretion, helping push stool through the colon and ease constipation.				
Reason Client Taking	nausea	Constipation				
Two contraindications (pertinent to the client)	1. Seizure disorder 2. COPD	1. Severe dehydration 2. Acute abdominal				

		pain
Two side effects or adverse effects (Pertinent to the client)	1. Hypo/ hypertension 2. Constipation	1. Urine discoloration 2. Abdominal pain
Key nursing assessment(s) prior to administration	1. Assess cardiac status 2. Assess I&O	1. Asses s bowel patterns 2. Asses s for abdominal pain, cramps, bloating, or distention

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Keppra	This patient was having seizures, which can be a safety concern if not supervised.	1. dizziness 2. infection

2. Lasix	This patient has some edema and he also has hypertension.	1. weakness 2. renal failure
3. Bactrim	He has open wounds. If this is not properly taken care of he can get septic.	1. renal failure 2. fatigue

Medications Reference (1) (APA)

Skidmore-Roth, L. (2024). *Mosby's 2024 Nursing Drug Reference* (37th ed.). Elsevier.

Jones & Bartlett Learning. (2025). *NDH Nurse's Drug Handbook* (24th ed.). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress: Overall appearance: Infection Control precautions: Client Complaints or Concerns:	Appears alert and oriented to person, place, time, and situation. Well groomed. No signs of acute distress. Patient is on standard precautions. The patient said his buttocks are really sore from not being able to get up and move around.
VITAL SIGNS: Temp: Resp rate: Pulse: B/P: Oxygen: Delivery Method:	T: 97.1 orally RR: 18 P: 69 B/P: 108/83 Right arm, sitting 98% On room air
PAIN ASSESSMENT: Time: Scale: Location: Severity: Characteristics: Interventions:	 0700 1-10 numerical Buttocks 1/10 Sore Shift hips while sitting, and stand up and march in place.

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:	No IV present. Patient is leaving.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y☐ N ☒ Type:	White/pale Warm and dry upon palpation. Skin turgor normal mobility. Scattered bruising to the right and left arms. Blisters/rash to left arm. Scabs to left lower leg and knee. Normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Braden score: 18
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Head and neck are symmetrical. Bilateral carotids are palpable and are 2+. Bilateral auricles no visible or palpable deformities, lumps, or lesions. Bilateral sclera white. No visible drainage in the eyes. PERRLA and EOMS intact bilaterally. Left eye is a lazy eye. Septum is midline. Patient is missing most of his teeth. No lesions in mouth noted.
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: 2+ throughout bilaterally Capillary refill: Less than 2 seconds, fingers and toes bilaterally. Neck Vein Distention: Y ☐ N ☒ Edema Y ☒ N ☐ Location of Edema: Bilateral lower legs from knees to ankles +1 pitting, bilateral ankles to toes +2 pitting.	Clear S1 and S2 without murmurs, gallops, or rubs. Normal rate (69) and rhythm (regular).
RESPIRATORY:	Normal rate (18) and pattern of respirations.

Accessory muscle use: Y☐ N ☒ Breath Sounds: Location, character	Respirations are symmetrical and non-labored. Lung sounds are clear throughout anterior and posterior bilaterally. No wheezes, crackles, or rhonchi noted.
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: Wounds: Ostomy: Y ☐ N ☒ Nasogastric: Y ☐ N ☒ Size: Feeding tubes/PEG tube Y ☐ N ☒ Type:	 Low carb Carbohydrate restriction: low carb Yes 6 foot 3 inches 240.8 pounds Bowel sounds are hypoactive in all four quadrants. 09/20/25, large, formed, and brown. Abdomen soft, nontender, nondistended, no organomegaly, or masses noted upon palpation of all four quadrants. No scars, drains, or wounds present.
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y ☐ N ☒ Dialysis: Y ☐ N ☒ Inspection of genitals: Catheter: Y ☐ N ☒ Type: Size:	 Bright/dark yellow Clear, no odor 600ml
Intake (in mLs) Output (in mLs)	240ml 600ml
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices:	All extremities have full range of motion. Hand grips and pedal pushes and pulls demonstrate weak and equal strength. Unbalanced and shuffled gait. Patient uses a 2 wheeled walker.

Strength: ADL Assistance: Y☒ N ☐ Fall Risk: Y ☒ N☐ Fall Score: High fall risk Activity/Mobility Status: Activity Tolerance: Independent (up ad lib) Needs assistance with equipment Needs support to stand and walk	Up with assist only. Up as tolerated. Patient needs assistance with standing, sitting, and all ADL's. Patients gait is unbalanced, shuffled, and moves slowly so staff assistance is needed.
NEUROLOGICAL: MAEW: Y ☒ N☐ PERLA: Y ☒ N☐ Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐ Orientation: A & O X4 Mental Status: answering questions appropriately Speech: clear Sensory: patient has numbness and tingling to bilateral lower legs and feet. Patient has diabetic neuropathy. LOC: awake and alert. Obeys commands.	.
PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Patient is at Piaget's preoperational stage since patient does not yet demonstrate understanding of cause and effect. Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):	Spending time with family. Loves to hang out with his nephew. Christian. Patient has lots of family support nephews visits and stays over frequently, other family members help take him places.

Discharge Planning

Discharge location: SNF for rehab.

Home health needs: Need physical and occupational therapy services. Would benefit from a home health aid to help.

Equipment needs: Needs a walker, a lifted toilet seat, grabber device, and slide board.

Follow up plan: Needs to follow up with PCP, and therapy services.

Education needs: Needs education regarding safety, proper ways to conserve his energy, and slowly working his strength up.

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

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	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
1. Impaired physical mobility related to muscle weakness as evidenced by altered gait.	This patient has significant weakness with a shuffled gait.	Patient will demonstrate increased strength and mobility this shift.	1. Assist patient with ADL. 2. Recommend starting therapy slowly.	Patient did ADL's with minimal assistance and walked with therapy in the halls.
2. Impaired urinary elimination related to poor kidney function as	This patients Creatinine and BUN are telling me his kidney function is not very good.	The patient will void 100ml per hour this shift.	1. Ensure patients hydration. 2.Monitor the Intake and output.	Patient drank plenty of fluids. Intake and output are not equal yet.

evidenced by decreased urine output.	This patient urine was also significantly dark yellow.			
3. Impaired tissue integrity related to immobility as evidenced by muscle pain.	The patient stated during assessment his buttocks has been getting very sore from sitting and not being able to move around like he was.	This patient will demonstrate improved muscle strength and mobility by the end of this month.	1. Implement frequent neurovascular checks. 2 Educate patient to not overexert themselves while exercising.	No signs of compartment syndrome or any other neurovascular issues. Patient is working his way up with therapy.

Nursing Process Prioritization	Rationale
1. Impaired physical mobility related to muscle weakness as evidenced by altered gait.	Patient is doing better than he was when he was admitted, but if he does not continue with therapy he will have more muscle weakness.
2. Impaired urinary elimination related to poor kidney function as evidenced by decreased urine output	Patient is voiding well, but his kidney functions are still abnormal.
3. Impaired tissue integrity related to immobility as evidenced by muscle pain.	Patient said he is not moving around like he was before he fell, so this puts him at great risk for impaired skin integrity since he is sitting a lot.

Other References (APA):

Phelps, L. L. (2022). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.