N431 CARE PLAN #2

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Lakeview College of Nursing

N431: Adult Health II

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Demographics

Date of Admission	Client Initials	Age	Biological Gender
October 7, 2025	CE	98 years old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Worked at Hyster but is retired	Married	Haloperidol, venom-honey bee, insect venom, spider venom
Code Status	**Height**	**Weight**	
Attempt CPR/Full treatment	172.7 cm (5’8”)	63.4 kg (139 lb 12.4 oz)	

Medical History

Past Medical History: Patient has a past medical history of ascending aorta dilation, bilateral hearing loss, chronic atrial fibrillation, chronic kidney disease (Stage IV), hyperlipidemia, heart failure, hypertension, hypothyroidism, osteomyelitis of the left heel, peripheral vascular disease, polyneuropathy, and Vitamin D deficiency.

Past Surgical History: Patient has a past surgical history of a left bone biopsy of his heel, cataract removal, hemorrhoid surgery, hernia repair, left peripheral angiography, and tonsillectomy.

Family History: His father had congestive heart failure, and his mother had hypertension.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient has never used tobacco, does not use alcohol, and has never done drugs.

Education: Patient went to Bradley and studied engineering.

Living Situation: He lives in Danville with his wife. They still live at their original house; however, the wife's dementia has gotten worse that she receives 24/7 care.

Assistive devices: He uses his walker to get around. He also wears glasses and hearing aids too.

Admission History

Chief Complaint: left foot discomfort, chills, and left foot infection

History of Present Illness (HPI)– OLD CARTS

Patient went to convenient care on October 7th, 2025, for his nonhealing wound on his left foot. He was put on doxycycline weeks ago, but the wound showed no improvement. He was, then, sent to the emergency room. He was having left foot pain and chills. His daughter, who is a radiologist at Carle, said that his left foot was warmer, swollen, and red. His osteomyelitis was being cared for with six weeks of antibiotics through his PICC line. He was free of an infection, but it returned. Walking on it made it worse, but nothing relieved the pain.

Admission Diagnosis

Primary Diagnosis: Osteomyelitis of left foot

Secondary Diagnosis (if applicable): N/A

Pathophysiology

Osteomyelitis is an infection of the bone, which is most often caused by a bacterial infection. In the case of this patient, he has both a bacterial and fungal infection in his bone. Bone is typically resistant to bacterial attack; however, trauma, surgery, or having a prosthesis can disrupt the bones form and lead to an infection (Capriotti, 2024). There are a few different types of osteomyelitis, such as hematogenous, contiguous, and chronic. In hematogenous osteomyelitis, the bacteria attacks and lodges into the bone, forming an abscess. The abscess cuts off the blood supply, killing the bone. In contiguous osteomyelitis, the bacteria enter through trauma, such as wounds. Once the inflammatory response begins, it is already too late (Capriotti, 2024). The bone becomes weaker, which makes it easier for it to get fractured. Typically, those with diabetes or peripheral vascular disease get this type. Chronic osteomyelitis is where the infection is already in the bone for a long period of time. The bone is already damaged, leaving no blood vessels (Capriotti, 2024).

Some signs and symptoms include swelling, warmth, and tenderness. The patient may experience pain and tiredness and possibly develop a fever. Sometimes, the patient may not even experience signs and symptoms, especially if they have diabetes because they typically lose sensation in their feet. Often, when they seek care, it is too late (Mayo Clinic Staff, 2024). In the case of the patient, he experienced the swelling, warmth, redness, and tenderness.

To diagnose this, cultures can be done. Scans, such as MRIs, CTs, X-rays, can be done as well to diagnose. Supporting tests, such as a CBC, can support the diagnosis (Capriotti, 2024). In the case of the patient, he had X-rays done previously and currently, as well as an MRI.

Treatment consists of antibiotics, debridement of the wound, hyperbaric oxygen therapy, or removal of the joint are the options (Capriotti, 2024). In the case of the patient, he is on two antibiotics and one antifungal medication. There has been recent discussion about a potential amputation.

Some of the clinical data to support his diagnosis would be the X-ray, the MRI, his labs, such as his increased white blood cell count, and his signs and symptoms.

References

Capriotti, T. (2024). *Pathophysiology: Introductory concepts and clinical perspectives.* F.A. Davis.

Mayo Clinical Staff. (2024). *Osteomyelitis.* Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/osteomyelitis/symptoms-causes/syc-20375913.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Chloride	108 mEq/L	110 mEq/L	98-106 mEq/L (Pagana et al., 2023)	This level can increase because of dehydration and kidney dysfunction (Pagana et al., 2023).
CO2	20.0 mmol/L	20.0 mmol/L	23-30 mmol/L (Pagana et al., 2023)	Since he has chronic kidney disease, this will decrease the amount of CO2 (Pagana et al., 2023).
BUN	29 mg/dL	32 mg/dL	10-20 mg/dL	His BUN levels are increased because he has heart failure and pyelonephritis (Pagana et al., 2023).
Creatinine	1.52 mg/dL	1.58 md/dL	0.6-1.2 mg/dL (Pagana et al., 2023)	His creatinine levels are increased because he has heart failure and pyelonephritis (Pagana et al., 2023).
Albumin	3.0 g/dL	N/A	3.5-5.0 g/dL (Pagana et al.,	Decreased albumin is caused by chronic

			2023)	infection and kidney disease (Pagana et al., 2023).
Alkaline phosphate	161 U/L	N/A	30-120 U/L (Pagana et al., 2023)	Increased alkaline phosphate is caused by new bone growth, in which his foot is trying to do (Pagana et al., 2023).
BNP	11,597.6 pg/mL	N/A	<100 pg/mL (Pagana et al., 2023)	His BNP is elevated because he has heart failure (Pagana et al., 2023).
INR	1.9 ratio	N/A	0.8-1.1 ratio (Pagana et al., 2023)	Amiodarone can increase the INR (Improved Medical, 2024).
Prothrombin time	21.7 seconds	N/A	11.0-12.5 seconds (Pagana et al., 2023)	Amiodarone can increase the prothrombin time (Improved Medical, 2024).
RBC	3.62 10*6/uL	2.98 10*6/uL	4.7-6.1 10*6/uL (Pagana et al., 2023)	Renal disease causes a decrease in the RBC count (Pagana et al., 2023).

MCV	104.7 fL	105.7 fL	80.0-95.0 fL (Pagana et al., 2023)	Thyroid dysfunction can increase the size of the RBCs (Pagana et al., 2023).
MCH	35.6 pg	35.6 pg	27.0-31.0 pg (Pagana et al., 2023)	Thyroid dysfunction can increase the amount of hemoglobin (Pagana et al., 2023).
RDW-SD	57.2 fL	57.6 fL	39.0-46.0 fL (Bryant, 2024)	RDW-SD increases with heart failure (Bryant, 2024).
Absolute neutrophils	8.72 10*3/uL	7.43 10*3/uL	2.50-7.00 10*3/uL (McPhillips, 2024)	Bacterial and fungal infections increase the amount of absolute neutrophils (McPhillips, 2024).
Absolute lymphocytes	0.74 10*3/uL	0.69 10*3/uL	1.00-4.00 10*3/uL (Pagana et al., 2023)	Kidney disease can cause a decrease in absolute lymphocytes (MyHematology, 2025).
Absolute monocytes	1.13 10*3/uL	0.85 10*3/uL	0.00-1.10 10*3/uL	An infection can cause an increase (WebMD Editorial Contributor,

				2023).
C-Reactive Protein	16.19 mg/dL	N/A	<1.0 mg/dL (Pagana et al., 2023)	This increases with soft tissue trauma and tissue damage (Pagana et al., 2023).
Color (urine)	Cloudy	N/A	Clear (Pagana et al., 2023)	His lack of kidney function means things, such as proteins and RBC, are not being filtered appropriately and get excrete in the urine (Pagana et al., 2023).
Protein (urine)	30 mg/dL	N/A	0-8 mg/dL (Pagana et al., 2023)	Increased protein in the blood results from heart failure and kidney disease (Pagana et al., 2023).

Previous	**Previous**	**Current**	**Clients Signs**	**Results and**

diagnostic prior to admission (ER, clinic etc.) if pertinent to admission diagnosis	diagnostic results and correlation to client admission	Diagnostic Test & Purpose	and Symptoms	correlate to client diagnosis and condition
N/A	N/A	X-ray of left foot to see if the infection returned (Pagana et al., 2023)	Infected heel, which is red, warm and painful. Assess for osteomyelitis.	Soft tissue ulceration near the heel. There is a bone defect within the heal, which was seen before. There is a new finding in the amount of erosive changes, which they suspect is

				osteomyelitis (Pagana et al., 2023).
X-ray of left foot	The x-ray showed new damage to his foot.	MRI of his left foot to further evaluate the X-ray findings (Pagana et al., 2023)	Infected heel, which is red, warm and painful. Assess for osteomyelitis.	It showed the same results as the X-ray. Additionally, it showed that the patient has a tear in his Achilles tendon (Pagana et al., 2023).

References

Pagana et al. (2023). *Mosby's Diagnostic & Laboratory References.* Elsevier.

Active Orders

Active Orders	Rationale
Isolation- contact	Patient is on contact isolation because of his bacterial and fungal infection in his heel.
High protein diet	A high protein diet helps the body heal wounds.
Pulse ox continuous- sepsis	Since patient is on sepsis watch, he is monitored with a continuous pulse ox. His vitals will show first as far as declining to septic shock.
Height and weight-sepsis	Since the patient is on sepsis watch, his height and weight are monitored. If he does advance to septic shock, the team can give medications and fluids based on their information. Also, his weight is important to monitor since he has heart failure.
Cardiac monitoring	The patient has heart failure and has atrial fibrillation.
Consult rehab	Rehab will be important for him when he is discharged from the hospital. They will be able to recommend rehab facilities or get him home health PT or OT.
Consult palliative medicine	This allows the patient to be comfortable

	given his advanced age and stage in his life.
Consult podiatry	Patient has a wound on his foot, hence his consultation with podiatry.
Consult infectious diseases	Infectious disease is typically contacted when handling any suspected isolation patient, but especially for the patient since his wound has not really healed.

Hospital Medications (Must List ALL)

Brand/ Generic	amiodarone/ Nexterone (Jones and Bartlett Learning, 2024)	apixaban/ Eliquis (Jones and Bartlett Learning, 2024)	clopidogrel/ Plavix (Jones and Bartlett Learning, 2024)	daptomycin/Cubicin (Jones and Bartlett Learning, 2024)	isavuconazonium sulfate/Cresemba (Multum, 2025)	levothyroxine sodium/ Eltroxin (Jones and Bartlett Learning, 2024)
Dose,	100 mg tablet	2.5 mg	75 mg tablet	550 mg IV	372 mg	75 mcg

frequency, route	taken by mouth once a day.	tablet taken by mouth twice a day	take once daily by mouth	push done every 48 hours	capsule by mouth taken once daily	tablet taken once daily by mouth
Classification (Pharmacological and therapeutic and action of the drug	Pharmacologic: Benzofuran derivative Therapeutic: Class III antiarrhythmic (Jones and Bartlett Learning, 2024)	Pharmacologic: Factor Xa inhibitor Therapeutic: Anticoagulant (Jones and Bartlett Learning, 2024)	Pharmacologic: P2Y12 platelet inhibitor Therapeutic: Platelet aggregation inhibitor (Jones and Bartlett Learning, 2024)	Pharmacologic: Cyclic lipopeptide (Jones and Bartlett Learning, 2024) Therapeutic: Antibiotic (Jones and Bartlett Learning, 2024)	Pharmacologic: Azole sulfate/Therapeutic: Antifungal (Multum, 2025)	Pharmacologic: Synthetic thyroxine (T4)/Therapeutic: Thyroid hormone replacement (Jones and Bartlett Learning, 2024)
Reason Client Taking	While this medication is not often	The patient takes this medication	Patient takes this because he has	Patient is taking this because of	Patient is taking this because of	Patient is taking this to

	prescribed for atrial fibrillation, it is for this patient as it is a chronic condition (Jones and Bartlett Learning, 2024).	for his atrial fibrillation (Jones and Bartlett Learning, 2024).	peripheral vascular disease (Jones and Bartlett Learning, 2024).	his bacterial infection (Jones and Bartlett Learning, 2024).	his fungal infection that is also in his foot (Multum, 2025).	treat his hypothyroidism (Jones and Bartlett Learning, 2024).
Two contraindications (pertinent to the client)	1. Do not take this medication with second- or third-degree heart block, unless a pacemaker is present (Jones and Bartlett Learning,	1. Do not take if patient is actively bleeding (Jones and Bartlett Learning, 2024). 2. Do not take this medication	1. Do not take if there is an active bleed (Jones and Bartlett Learning, 2024). 2. Do not take if patient has a peptic ulcer (Jones and	1. Do not take if allergic to the medication (Jones and Bartlett Learning, 2024). 2. Do not take this medication	1. Do not take it if patient has short QT syndrome (Multum, 2025). 2. Do not take if allergic to medication	1. Do not take if allergic (Jones and Bartlett Learning, 2024). 2. Do not take if patient has

	2024). 2. Do not take this medication if patient's SA node is not functioning (Jones and Bartlett Learning, 2024).	and NSAIDs, aspirin, or heparin at the same time (Jones and Bartlett Learning, 2024).	Bartlett Learning, 2024).	as first line defense for any bacterial infection. This medication is used as a last result (Multum, 2024).	(Multum, 2025).	uncorrected adrenal insufficiency (Jones and Bartlett Learning, 2024).
Two side effects or adverse effects (Pertinent to the client)	1. This medication can cause heart failure, which the patient has (Jones and Bartlett Learning, 2024). 2. This	1. This medication can cause hematuria (Jones and Bartlett Learning, 2024). 2. This medication can cause	1. This medication can cause hypertension (Jones and Bartlett Learning, 2024). 2. This medication can cause	1. This medication can cause atrial fibrillation (Jones and Bartlett Learning, 2024). 2. This medication	1. This medication can cause low potassium (Multum, 2025). 2. This medication can cause	1. This medication can cause heart failure (Jones and Bartlett Learning, 2024).

	medication can cause acute renal failure, in which the patient already has kidney dysfunction (Jones and Bartlett Learning, 2024).	elevated alkaline phosphate (Jones and Bartlett Learning, 2024).	musculoskeletal bleeding (Jones and Bartlett Learning, 2024).	can cause renal failure (Jones and Bartlett Learning, 2024).	shortness of breath (Multum, 2025).	2. This medication can cause decreased bone mineral density (Jones and Bartlett Learning, 2024).
List two teaching needs for the medication pertinent to the client	1. If taken orally, take it with meals (Jones and Bartlett Learning, 2024). 2. Monitor for signs of bleeding,	1. Patient should remain on bleeding precautions, such as using a soft-bristled toothbrush	1. Patient should not take this medication with grapefruit (Jones and Bartlett Learning, 2024).	1. Patient needs to take the full course of antibiotics, even when they start to feel better	1. Swallow the capsule whole and do not crush, chew, break, or dissolve it	1. Take medication thirty minutes before breakfast, as it absorbs better on empty

	such as bruising or low blood pressure (Jones and Bartlett Learning, 2024).	and electric razor (Jones and Bartlett Learning, 2024). 2. Monitor for bleeding, such as bruising (Jones and Bartlett Learning, 2024).	2. Patient should not take NSAIDs or proton pump inhibitors with this medication (Jones and Bartlett Learning, 2024).	(Jones and Bartlett Learning, 2024). 2.) Patient may have up to two months or more of diarrhea. However, report if it is prolonged or severe (Jones and Bartlett Learning, 2024).	(Multum, 2025). 2. Do not take this medicatio n with St. John's wort (Multum, 2025).	stomach (Jones and Bartlett Learning, 2024). 2. Take any antacids for hours after levothyro xine (Jones and Bartlett Learning, 2024).
Two Key nursing assessme nt(s)	1. Monitor blood levels of amiodarone.	1. Assess if a patient has a surgery	1. Assess their renal and hepatic function with	1. Assess the culture and sensitivity	1. Assess patients medicatio n, as this	1.) Assess the patients

prior to administration	It should be between 1.0-2.5 mcg/mL (Jones and Bartlett Learning, 2024). 2. Monitor thyroid levels before giving this medication (Jones and Bartlett Learning, 2024).	coming up, as this medication needs stopped 48 hours ahead of time (Jones and Bartlett Learning, 2024). 2. Check liver labs, as this medication should not be given with hepatic impairment (Jones and	this medication (Jones and Bartlett Learning, 2024). 2. Assess and see if they have a procedure, as this should be stopped five days prior (Jones and Bartlett Learning, 2024).	before starting the medication (Jones and Bartlett Learning, 2024). 2. Monitor patients BUN and creatinine levels (Jones and Bartlett Learning, 2024).	interacts with a substantial number of drugs, such as carbamazepine (Multum, 2025). 2. Assess the culture of it to ensure there is actually a fungal infection (Multum, 2025).	thyroid levels, as this gets monitored throughout the course of the treatment (Jones and Bartlett Learning, 2024). 2. Assess PT levels while receiving anticoagulants because a Levothyr

		Bartlett Learning, 2024).				oxine adjustment may be needed (Jones and Bartlett Learning, 2024).
Brand/ Generic	meropenem/ Merrem I.V. (Jones and Bartlett Learning, 2024)	metoprolol succinate ER/Toprol XL (Jones and Bartlett Learning, 2024)	sodium bicarbonate/ Sellymin (Jones and Bartlett Learning, 2024)			
Dose, frequency, route	500 mg IV push done every 8 hours.	25 mg tablet taken orally once	650 mg tablet taken three times a day orally			

		a day and 50 mg taken orally at nighttime				
Classification (Pharmacological and therapeutic and action of the drug	Pharmacologic: Carbapenem/ Therapeutic: Antibiotic (Jones and Bartlett Learning, 2024)	Pharmacologic: Beta1-adrenergic blocker/Therapeutic: antianginal, antihypertensive (Jones and Bartlett Learning, 2024)	Pharmacological: Electrolyte/Therapeutic: Antacid (Jones and Bartlett Learning, 2024)			
Reason Client Taking	Patient is taking this for his bacterial infection	Patient is taking this medication for his	Patient is taking this to treat his hyperacidity			

	(Jones and Bartlett Learning, 2024).	high blood pressure (Jones and Bartlett Learning, 2024).	(Jones and Bartlett Learning, 2024).			
Two contrain dications (pertinen t to the client)	1. Do not take if allergic to beta-lactams (Jones and Bartlett Learning, 2024). 2. Do not take if allergic to other carbapenem drugs (Jones and Bartlett Learning, 2024).	1. Do not take if allergic to other beta-blockers (Jones and Bartlett Learning, 2024). 2. Do not take for moderate to severe cardiac failure (Jones and Bartlett	1. Do not take if on diuretics, as this can cause hyperchlore mic acidosis (Jones and Bartlett Learning, 2024). 2. Do not take if continually vomiting because it can cause			

		Learning, 2024).	hyperchloremic acidosis (Jones and Bartlett Learning, 2024).			
Two side effects or adverse effects (Pertinent to the client)	1. This medication can cause renal failure (Jones and Bartlett Learning, 2024). 2. This medication can cause sepsis (Jones and Bartlett Learning, 2024).	1. This medication can cause heart failure (Jones and Bartlett Learning, 2024). 2. This medication can cause hypertension (Jones and Bartlett Learning,	1. This medication can cause an irregular heartbeat (Jones and Bartlett Learning, 2024). 2. This medication can cause muscle spasms (Jones and Bartlett Learning,			

		2024).	2024).			
List two teaching needs for the medication pertinent to the client	1. Teach patient to alert provider if diarrhea is severe or lasts longer than three days (Jones and Bartlett Learning, 2024). 2. Do not drive while on this medication until their CNS effects are known (Jones and Bartlett Learning, 2024).	1. Take this medication with food (Jones and Bartlett Learning, 2024). 2. Take this medication at the same time every day (Jones and Bartlett Learning, 2024).	1. Do not take this medication with large amounts of dairy products (Jones and Bartlett Learning, 2024). 2. Do not take this medication with other medications within two hours (Jones and Bartlett Learning, 2024).			

Two Key nursing assessment(s) prior to administration	1. Assess the culture and sensitivity of the bacteria before administering the medication (Jones and Bartlett Learning, 2024). 2. Monitor patients creatinine clearance while on this medication (Jones and Bartlett Learning, 2024).	1. Assess patients peripheral vascular disease while on this medication, as it can make it worse (Jones and Bartlett Learning, 2024). 2. Assess patients vitals, such as heart rate and blood pressure, before	1. Assess patients sodium level (Jones and Bartlett Learning, 2024). 2. Assess the patients intake of calcium, as too much can cause milk-alkali syndrome (Jones and Bartlett Learning, 2024).			

		administering (Jones and Bartlett Learning, 2024).				

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. meropenem/ Merrem I.V.	This medication was chosen first because of his active bacterial infection. He can easily become septic, and if that happens, none of his other medical problems will matter at that moment.	1. Do not take if allergic to beta-lactams (Jones and Bartlett Learning, 2024). 2. Do not take if allergic to other carbapenem drugs (Jones and Bartlett Learning, 2024).
2. daptomycin/ Cubicin	Similar to the first line of reasoning, this specific	1. This medication can cause atrial fibrillation

	antibiotic was placed second because of its more serious side effects.	(Jones and Bartlett Learning, 2024). 2. This medication can cause renal failure (Jones and Bartlett Learning, 2024).
3. isavuconazonium sulfate/Cresemba	Similar to the first medication, he can easily become septic, and if that happens, none of his other medical problems will matter at that moment.	1. This medication can cause low potassium (Multum, 2025). 2. This medication can cause shortness of breath (Multum, 2025).

References

Jones and Bartlett Learning. (2024). *NDH: National Drug Handbook*. Ascend Learning Company.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:**	Patient is alert and oriented times person, pace, time, and situation. Patient is well groomed and shows no signs of distress. Patient is on contact isolation. He came into the emergency department because his left heal was causing him

Overall appearance: **Infection Control precautions:** **Client Complaints or Concerns:**	pain, while showing signs of warmth and redness.
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	Temperature was 97.6℉. Respiratory rate was sixteen. Pulse was seventy-four. Blood pressure was 125/74. Oxygen saturation was 97% on room air.
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	Pain assessment was done at 0946. It was done through the verbal pain scale. Patient stated that he did not have any pain. No interventions at that time.
IV ASSESSMENT: **Size of IV:** **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:**	The size of the IV was a 22 gauge. It was in the anterior right arm. It was inserted on October 9th, 2025. The IV was patent and showed no signs of redness or drainage. It flushed well with return of blood. It had a saline lock on it.

IV dressing assessment: **Fluid Type/Rate or Saline Lock:**	
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Patient was pale. Skin was warm and dry upon palpation. Skin turgor returned immediately. Capillary refill was less than three seconds. He has lots of bruises, scabs, and cuts upon his body. Some of the bruises were from previous IV insertions. He had a scab on his head. His foot was wrapped, so it could not be assessed skin wise. His Braden Score was a 20. No drains present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck were symmetrical. Trachea was midline with no deviation. Thyroid was not palpable. No noted nodules. No lymphadenopathy noted in head or neck. Bilateral sclera white. Bilateral cornea clear. Bilateral conjunctiva pink. Bilateral lids are moist and pink without lesions or discharge. PERRLA intact bilaterally. EOMs bilaterally. Patient had hearing aids due to extreme hard of hearing. Septum was midline. Hard palate was intact.

	Dentition was good. Oral mucosa is moist and pink with no noted lesions. .
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:**	No gallops or rubs. S1 and S2 seemed out of beat on some heart beats. Rhythm and rate were not normal. Peripheral pulses 2+ were palpable in hands and right foot, unable to feel in left. Capillary refill less than three seconds. No neck vein distention. No edema noted.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	No accessory muscle use. Lung sounds were clear throughout anterior and posterior bilaterally. No rhonchi, wheezes, or crackles noted.
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating Diet?** **Height:** **Weight:**	He stated his diet at home is “mediocre.” In the hospital, he is on a regular diet and is tolerating it well. He is 172.7 centimeters and weighs 63.4 kilograms. His bowel sounds were hypoactive. His last bowel movement was the day before, October 8th. Upon palpation of abdomen, it was

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:**	nontender and no organomegaly. No distention, incisions, scars, or drains present. No ostomy present. No nasogastric tube present.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐**	Unable to determine the color, characteristic, or quantity of urine as he went to the bathroom right as I got there and did not go after. When asked if he has any frequency, hesitancy, or urgency, he said no. Patient is not on dialysis. Did not inspect genitals. Patient does not have a catheter.

Type: **Size:**	
Intake (in mLs) **Output (in mLs)**	Intake and Output were not calculated. Patient drank his juice and water and voided when he needed to.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	All extremities have full range of motion, except the left foot. Hand grips and pedal pushes were strong except for the left foot. It was weaker. Patient uses a walker to move. He does need ADL assistance. He is not a fall risk. He does try and walk when he can. He is not fully independent. Even though he did not score as a fall, he was a one assist.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐**	Patient moves all extremities well, except his left foot. PERRLA was intact. His strength was equal bilaterally, except for his left foot. He was alert

Strength Equal: Y ☐ N ☐ if no - **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	and oriented times four. He does have a strong mental status. He recalled stories from when he was in college to his grandkids. His speech was clear. He was aware of his surroundings. He did not experience any loss of consciousness.
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):**	Patient is religious. He has been a part of his Lutheran church since the 1940s. He told the chaplain that he does not struggle with the meaning of his life or have any religious struggles. When asked what his coping skills were, he said he had "great coping skills." He is in the Integrity vs. Despair stage. He still lives at home with his wife, who unfortunately has dementia.

Discharge Planning

Discharge location:

- Patient is planning on discharging home.

Home health needs:

- It depends. There was some discussion on a possible foot amputation for the patient. Regardless, he may have to keep the PICC line in for his antibiotics. He will need home health nurses that come by and help. He will need OT and PT regardless.

Equipment needs:

- Patient will need his walker or, possibly, a prosthetic. He will need IV equipment, such as his antibiotics, gloves, and alcohol wipes for his PICC line. He will continue his hearing aids, as he is very hard of hearing. He will need all the equipment that comes with having a prosthetic, such as the special sock.

Follow up plan:

- He will need to visit his podiatrist and keep in contact with infectious disease. He is going to need to see a nutritionist to help with meals that contain high protein. He will need to visit his primary care provider. He will need to continue visiting his cardiologist for his atrial fibrillation, heart failure, peripheral vascular disease, and hypertension.

Education needs:

- He will need to be educated on following his antibiotic regime. He needs to take them consistently as ordered by the provider. He will need education on how to keep his PICC line sterile. He also needs taught how to keep his foot clean to help reduce the risk of further infection. If it does get amputated, he will need education about his prosthetic, such as how to keep it clean and the care for it. This may even cause emotional distress to him, so seeking a therapist or someone from his church could be beneficial.

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. Risk for bloodstream infection related to decreased immune response and medication	This diagnosis was chosen because of the high risk of him becoming septic.	The patient will understand the risks of the infection by verbally stating so	1. Put the patient in isolation (Caruso, 2025). 2. Continue monitoring	To evaluate these interventions, I will see anyone entering the room have protective gear on and will

efficiency (Caruso, 2025).		and following precautions.	his foot, noting signs of redness, foul smelling drainage, or warmth (Caruso, 2025).	report any negative changes immediately with the result of no further infection.
2. Activity intolerance related to decreased mobility as evidenced by signs of pain with movement (Cumpian, 2025).	This diagnosis was chosen because even though he gets up to use the bathroom, that's it, and this can lead to lack of activity or a DVT.	The patient will work with PT and OT and walk around throughout the day.	1. When he is not up and walking, he will do ROM exercises in bed with the help of someone (Cumpian, 2025). 2.Patient will continue to use his walker upon ambulation	To evaluate these interventions, the patient will be able to do the ROM exercises by himself and will cooperate with the use of his walker with the overall

			(Cumpian, 2025).	result of his activity level to not decrease.
3. Decreased cardiac output related to altered heart rate and rhythm as evidenced by dysrhythmias (Wagner, 2025).	This diagnosis was chosen because the less amount the heart pumps out, the less blood flows to his organs.	The patients vital signs will exhibit stability and will have no shortness of breath.	1. One intervention is to take his cardiac medications, such as Eliquis and amiodarone (Wagner, 2025). 2. Continue resting when needed to reduce the work of the heart (Wagner, 2025).	To evaluate these interventions, the patient would be cooperative with his medications and continue to rest with the overall result of no exacerbations of his heart failure.
4. Electrolyte imbalance related to kidney dysfunction as	This nursing diagnosis was chosen because having hyperchloremia	The patient will make smart dietary choices to	1. One intervention would be to restrict high sodium and high	To evaluate these interventions, the patient will place

evidenced by chloride level (Wagner, 2023).	can lead to high blood pressure, which he already has.	help control his electrolyte balances.	chloride foods such as table salt and canned goods (Wagner, 2023). 2. Avoid giving normal saline, as it contains a significant amount of chloride, as well as salt (Wagner, 2023).	themselves on a restricted diet and monitor their water intake with the result of lowering their chloride levels.

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Nursing Process Prioritization	**Rationale**
1. Follow medication regime.	Medication is the only thing at this point that will get him remotely discharged from the hospital, which is why it is ranked first.
2. Foot amputation	Personally, foot amputation should be the next step. There is a possibility that the infection could still spread, so getting this amputated would decrease the risk.
3. Consult with palliative care	While it may seem contradictory based on the previous rankings, both routes of continuing care, while also being comfortable, need to be explored, as he is ninety-eight.
4. Rest	His body is tired. Whether the route is palliative care or to continue with further treatment, his body needs to rest.

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