

**N311 Care Plan 5**

Alaska Anacker

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Merriweather

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### Demographics

<b>Date of Admission</b> 10/14/25	<b>Client Initials</b> TJW	<b>Age</b> 61	<b>Biological Gender</b> F
<b>Race/Ethnicity</b> White	<b>Occupation</b> N/A	<b>Marital Status</b> Divorced	<b>Allergies</b> Aspirin
<b>Code Status</b> FULL	<b>Height</b> 5'5 (165.1 cm)	<b>Weight</b> 240lb (108.9 kg)	

### Medical History

**Past Medical History:** The client has a past medical history of diabetes mellitus, hyperlipidemia, kidney stones, supraventricular tachycardia, and thyroid cancer.

**Past Surgical History:** The client has a past surgical history significant for a cesarean section, hip surgery, and kidney surgery.

**Family History:** The client has a family history of breast cancer, lung cancer, and diabetes on the maternal side through the mother. The father has a history of cancer. The maternal grandmother has a history of diabetes.

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

The client denies any history of tobacco, alcohol, or illicit drug use.

**Education:** No formal education history was reported.

**Living Situation:** The client currently resides in an apartment.

**Assistive devices:** The client uses a walker, an electric wheelchair, and a shower chair.

### Admission Assessment

**Chief Complaint:** The client presented to the hospital with complaints of a urinary tract infection and dizziness.

**History of Present Illness (HPI) – OLD CARTS:** The client reports that the dizziness began approximately two weeks ago. The onset was gradual, and the episodes occur intermittently. The dizziness is not localized to a specific area but is described as a sensation of imbalance and lightheadedness. Each episode lasts for several minutes before subsiding. The symptoms are aggravated by laying down and then getting up. The symptoms are relieved by relaxing and sitting down. The client has taken several courses of antibiotics for the urinary tract infection, which has not affected the dizziness. She reports the severity as a 4/10 mild to moderate and denies any pain associated with the current condition.

### **Primary Diagnosis**

**Primary Diagnosis on Admission:** The primary diagnosis for this client is acute cystitis.

**Secondary Diagnosis (if applicable):** N/A

### **Pathophysiology**

#### **Pathophysiology of Acute Cystitis, APA format:**

A lower urinary tract infection, also called acute cystitis, happens when bacteria get into the urinary system and cause inflammation in the bladder (Capriotti, 2020). The most common bacteria that cause this type of infection are *Escherichia coli*, which normally lives in the intestines (Ignatavicius et al., 2021). In women, this happens more often because the urethra is shorter and closer to the rectum. This makes it easier for bacteria to travel from the rectal area into the bladder (Ignatavicius et al., 2021). When bacteria enter the bladder and are not cleared out by normal urine flow or immune defenses, they multiply and cause irritation and inflammation of the bladder wall (Capriotti, 2020).

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This inflammation leads to common symptoms like burning with urination, urinary urgency, frequency, cloudy urine, and sometimes blood in the urine (Ignatavicius et al., 2021). Some people may also feel discomfort or pressure in the lower abdomen. If the infection is not treated, the bacteria can travel up to the kidneys and cause a more serious infection called pyelonephritis (Capriotti, 2020). In high-risk patients, it can even spread to the bloodstream and lead to urosepsis (Ignatavicius et al., 2021).

Certain risk factors can make someone more likely to get this infection. These include poor perineal hygiene, sexual activity, wearing tight clothing, chronic conditions such as diabetes, and urinary retention (Ignatavicius et al., 2021). In older men, prostate enlargement can increase the risk as well. The body normally has ways to prevent infection, like flushing bacteria out with urine and fighting infection with the immune system (Capriotti, 2020). When those defenses are weakened, bacteria can attach to the bladder wall and grow (Ignatavicius et al., 2021).

This patient's diagnosis of acute cystitis was supported by her symptoms of dizziness and urinary tract infection, along with abnormal urinalysis results, which showed positive white blood cell esterase, nitrites, and bacteria (Ignatavicius et al., 2021). These findings are consistent with a lower urinary tract infection. Because untreated infections can lead to more serious complications, early treatment is important (Capriotti, 2020).

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

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives* (3rd ed.). F.A. Davis Company.

Ignatavicius, D. D., Workman, M. L., Rebar, C. R., & Heimgartner, N. M. (2021). *Medical-*

*Surgical Nursing: Concepts for Interprofessional Collaborative Care* (10th ed.). Elsevier.

### Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Point of care testing (POCT) glucose	222 mg/dL	210 mg/dL	70-99 mg/dL	Diabetes mellitus
Complete blood count (CBC) without differential hemoglobin (HGB)	13.1 g/dL	11.6 g/dL	12.0-15.8 g/dL	Slight decrease, likely related to infection
CBC with differential hematocrit (HCT)	41.0%	35.9%	36.0-47.0%	Slight decrease, likely related to infection or chronic condition
CBC with differential red cell distribution width (RDW)	16.4%	16.1%	11.8-15.5%	Increased variation in red blood cell size, possibly related to chronic illness
CBC with differential mean platelet volume (MPV)	9.4fL	9.6fL	9.7-12.4fL	Mild decrease, possibly related to infection or inflammation
Basic Metabolic Panel (BMP) sodium	135 mmol/L	134 mmol/L	136-145 mmol/L	Slight decrease, possibly related to infection or hydration status
BMP chloride	96 mmol/L	98 mmol/L	98-107 mmol/L	Slight decrease, possibly related to infection or hydration
BMP glucose	234 mg/dL	260 mg/dL	70-99 mg/dL	Diabetes mellitus

BMP creatinine, blood	0.54 mg/dL	0.47 mg/dL	0.60-1.00 mg/dL	Slight decrease, may be related to low muscle mass or hydration status
BMP BUN creatinine ratio	24 ratio	26 ratio	12-20 ratio	Possible dehydration or infection
Urinalysis with reflex white blood cell (WBC) esterase	3+	N/A	Negative	Indicates presence of white blood cells from infection
Urinalysis with reflex nitrite	Positive	N/A	Negative	Bacterial infection
Urinalysis with reflex protein random urine	2+	N/A	Negative	Inflammation or infection in urinary tract
Urinalysis with reflex urine ketones	1+	N/A	Negative	Possible dehydration or stress response
Urinalysis with reflex urine blood	3+ ery/ul	N/A	Negative ery/ul	Irritation or inflammation of urinary tract
Urinalysis with reflex WBC urine	51-150/hpf	N/A	Negative 0-5/hpf	Urinary tract infection
Urinalysis with reflex urine red blood cells (RBC's)	6-10/hpf	N/A	Negative 0-2/hpf	Irritation or inflammation from infection
Urinalysis with reflex bacteria urine	Packed/hpf	N/A	Negative/hpf	Active bacterial urinary tract infection

<b>Diagnostic Test &amp; Purpose</b>	<b>Clients Signs and Symptoms</b>	<b>Results</b>
<p>Computed tomography angiography of the chest with and without contrast with pulmonary protocol to evaluate the pulmonary vasculature for the presence of emboli, assess lung perfusion, and identify any blockages that may impair respiratory or cardiovascular function.</p>	<p>The client presented with dizziness and a urinary tract infection. The dizziness began approximately two weeks ago, occurs intermittently, and is aggravated by laying down and then getting up. The symptoms are relieved by relaxing and sitting down.</p>	<p>Pulmonary emboli were identified in the bilateral main pulmonary arteries, extending across the right and left main pulmonary arteries, consistent with a saddle embolus. Emboli were also present in the bilateral segmental and subsegmental branches.</p>
<p>Computed tomography scan of the abdomen and pelvis with contrast to evaluate the abdominal and pelvic organs, assess the bladder wall for inflammation or abnormal findings, identify any masses or lesions, and detect vascular or structural changes that may be contributing to the client's symptoms.</p>	<p>The client presented with dizziness and a urinary tract infection. The dizziness began approximately two weeks ago, occurs intermittently, and is aggravated by laying down and then getting up. The symptoms are relieved by relaxing and sitting down.</p>	<p>The results showed eccentric leftward bladder wall thickening and hyperemia with heterogeneous bony changes at the level of the pubic symphysis. A significant amount of clot was suspected within the visualized lower lobe pulmonary arterial segments.</p>
<p>Ultrasound bilateral duplex of the lower extremity veins to evaluate the venous system of both lower</p>	<p>The client presented with dizziness and a urinary tract infection. The dizziness began approximately two</p>	<p>Deep vein thrombosis was noted from the saphenofemoral junction to the popliteal vein. Additional findings were</p>

extremities for the presence of deep vein thrombosis, assess venous flow, and identify any areas of obstruction or impaired circulation.	weeks ago, occurs intermittently, and is aggravated by laying down and then getting up. The symptoms are relieved by relaxing and sitting down.	consistent with impaired venous return in the affected segments.
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**Diagnostic Test Reference (1) (APA):**

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2025). *Mosby's diagnostic and laboratory test reference* (17th ed.). Elsevier.

**Active Orders**

Active Orders	Rationale
IP consult to hematology	To provide specialized evaluation and management of clotting disorders and anticoagulation needs related to the pulmonary embolism and deep vein thrombosis.
Ambulate patient	Promotes circulation, reduces the risk of further clot formation, and supports respiratory and cardiovascular function as tolerated.
Diet: cardiac	Supports cardiovascular health and helps manage comorbid conditions such as diabetes mellitus and hyperlipidemia.
Perform point of care blood sugar glucose four times daily	Monitors glucose levels to guide treatment and prevent complications related to diabetes mellitus and infection.
CPR: full treatment	Ensures full resuscitative efforts are initiated if cardiopulmonary arrest occurs.

Insert and maintain peripheral intravenous line	Provides vascular access for fluids, medications, and potential emergency interventions.
Intake and output	Monitors fluid balance, kidney function, and response to treatment, which is essential in infection management.
Admission weight	Establishes a baseline for fluid status monitoring and assists with appropriate medication dosing.
Activity order	Provides guidance on the level of physical activity permitted to promote safety and prevent complications.
Vital signs per unit routine	Allows for early detection of hemodynamic instability, infection, or other changes in clinical status.
Telemetry monitoring	Monitors cardiac rhythm and rate for early detection of arrhythmias or changes related to clot burden and cardiovascular status.
Patient may shower	Promotes hygiene, comfort, and well-being while ensuring patient safety.
Notify physician of signs and symptoms of bleeding	Allows for early identification and intervention for complications related to anticoagulation therapy.
Ip consult to case management	Facilitates discharge planning, coordination of care, and resource management to support a safe transition after hospitalization.

**Current Medications (5)**

<b>Brand/Generic</b>	<b>Dosage</b>	<b>Route</b>	<b>Frequency given</b>	<b>Reason Client Taking</b>
Tylenol (acetaminophen)	650 mg	Oral	Every four hours as needed	Used for mild pain or fever management.
Albuterol (albuterol sulfate)	2.5 mg	Nebulization	Every six hours as needed	Relieves bronchospasm and improves airflow.
Eliquis (Apixaban)	10 mg	Oral	Two times daily	Anticoagulation for treatment and prevention of blood clots related to pulmonary embolism and deep vein thrombosis.
Lipitor (Atorvastatin)	40 mg	Oral	Daily	Lowers cholesterol and reduces cardiovascular risk.
Calcium Carbonate (Calcium Carbonate)	1000 mg	Oral	Every 8 hours as needed	Used as an antacid and calcium supplement.
Rocephin (Ceftriaxone)	1 g	Intravenous	Every 24 hours	Antibiotic therapy for urinary tract infection.
Tambocor (Flecainide)	50 mg	Oral	Two times daily	Management of supraventricular tachycardia.
Neurontin (Gabapentin)	600 mg	Oral	Three	Neuropathic pain management.

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			times daily	
Glucotrol (Glipizide)	10 mg	Oral	Two times daily after meals	Improves glycemic control in diabetes mellitus.
Glucose 40% (Oral Glucose Gel)	15 g	Oral	As needed	Rapid treatment of hypoglycemia.
Dextrose 50% (Dextrose)	12.5 g	Intravenous	As needed	Immediate treatment of hypoglycemia when oral intake is not possible.
Glucagon	1 mg	Intravenous	As needed	Emergency treatment of severe hypoglycemia.
Humalog (Insulin Lispro)	0.1 units per kilogram (108.9 kg) plus 11 units	Subcutaneous	Three times daily after meals	Glycemic control in diabetes mellitus.
Synthroid (Levothyroxine)	137 mcg	Oral	Every morning before breakfast	Thyroid hormone replacement therapy.
Milk of Magnesia (Magnesium Hydroxide)	30 mL	Oral	Daily as needed	Laxative for constipation relief.
Melatonin	6 mg	Oral	Nightly as needed	Sleep aid.
Bengay (Menthol-Methyl)	Cream	Topical	As needed	Topical pain relief for minor

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Salicylate)				muscle or joint pain.
Micatin (Miconazole)	2% powder	Topical	Two times daily	Antifungal treatment for skin infection.
Zofran (Ondansetron)	4 mg	Oral	Every six hours as needed	Nausea and vomiting prevention or treatment.
Zofran (Ondansetron)	4 mg	Intravenous	Every six hours as needed	Nausea and vomiting prevention or treatment.
Protonix (Pantoprazole)	40 mg	Oral	Every morning before breakfast	Proton pump inhibitor for acid suppression.
Miralax (Polyethylene Glycol)	17 g	Oral	Two times daily as needed	Laxative for constipation.
Requip (Ropinirole)	2 mg	Oral	Nightly	Used to manage symptoms of restless leg syndrome.
Senna	8.6 mg	Oral	Two times daily as needed	Laxative to promote bowel movements.

**Assessment**

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

General, Psychosocial/Cultural, and TWO focused assessments specific to the client are required. The student and instructor may complete these assessments together.

**GENERAL:**

**Alertness:** Alert and responsive to verbal stimuli

**Orientation:** Oriented to person, place, time, and situation

**Distress:** No acute distress noted

**Overall appearance:** Well groomed, cooperative

**INTEGUMENTARY:**

**Skin color:** Pink and appropriate for ethnicity

**Character:** Intact, warm, and dry

**Temperature:** Warm

**Turgor:** Normal

**Rashes:** None observed

**Bruises:** None observed

**Wounds:** None observed

**Braden Score:** 20

**Drains present:** Y  N

**Type:**

**HEENT:**

**Head/Neck:** Normocephalic, atraumatic

**Ears:** No drainage or abnormalities noted

**Eyes:** Pupils equal, round, and reactive to light

**Nose:** Patent, no drainage

**Teeth:** Intact, mucous membranes moist

**CARDIOVASCULAR:**

**Heart sounds:** S1 and S2 audible and regular

**S1, S2, S3, S4, murmur etc.:** No extra heart sounds or murmurs noted

**Cardiac rhythm (if applicable):** Normal sinus rhythm

**Peripheral Pulses:** Present and palpable in all extremities

**Capillary refill:** Less than 3 seconds

**Neck Vein Distention:** Y  N  **Edema** Y  N

**Location of Edema:** Bilaterally lower extremities

**RESPIRATORY:**

**Accessory muscle use:** Y  N

**Breath Sounds: Location, character:** Clear bilaterally with no adventitious sounds

**Diet at home:** Regular

**Current Diet:** Cardiac

**Height:** 5'5 (165.1 cm)

**Weight:** 240lb (108.9 kg)

**Auscultation Bowel sounds:** Present in all quadrants

**Last BM:** Today x2

**Palpation:** No tenderness or masses

**Inspection:** Abdomen soft, non-distended

**Distention:** None

**Incisions:** None

**Scars:** None

**Drains:** None

**Wounds:** None

**Ostomy:** Y  N

**Nasogastric:** Y  N

**Size:**

**Feeding tubes/PEG tube** Y  N

**Type:**

**GENITOURINARY:**

**Color:** Yellow

**Character:** Clear

**Quantity of urine:** Unable to determine exact amount, client was unsure.

**Pain with urination:** Y  N

**Dialysis:** Y  N

**Inspection of genitals:** No abnormalities noted.

**Catheter:** Y  N

**Type:**

**Size:**

**MUSCULOSKELETAL:**

**Neurovascular status:** Intact

**ROM:** Limited due to fatigue

**Supportive devices:** Walker, electric wheelchair, shower chair

**Strength:** Mildly decreased in lower extremities

**ADL Assistance:** Y  N

**Fall Risk:** Y  N

**Fall Score:** Moderate

**Activity/Mobility Status:** Needs assistance with equipment

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: Oriented x4

Mental Status: Calm and cooperative

Speech: Clear

Sensory: Intact

LOC: Alert

**PSYCHOSOCIAL/CULTURAL:**

Coping method(s): Verbalizing needs, accepting assistance

Developmental level: Adult

Religion & what it means to pt.: Christian, source of comfort and support

Personal/Family Data (Think about home environment, family structure, and available family support): Lives in apartment with strong support from her daughter.

**Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1500	93 bpm	151/90 mmHg	22 breaths/min	97.9°F	96%

**Pain Assessment, 1 set**

Time	Scale	Location	Severity	Characteristics	Interventions

1500	0-10	Both feet	10 during ambulation	Sharp	Rest and offloading pressure from feet
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### Intake and Output

Intake (in mL)	Output (in mL)
<p>The client's intake included 240 mL of oral water, 30 mL of magnesium hydroxide, 240 mL of polyethylene glycol solution, and 100 mL of intravenous ceftriaxone.</p> <p>100% of breakfast and lunch consumed</p>	<p>Urine: Unable to determine exact amount, client was unsure.</p> <p>Stool: Defecated twice</p>

### Discharge Planning

**Discharge location:** OSF Bloomington for extensive care

**Equipment needs:** Walker, electric wheelchair, and shower chair.

**Education needs:** Education provided regarding medications, follow-up appointments, signs and symptoms to report to the provider, and discharge instructions reviewed with the caregiver.

### Nursing Diagnosis

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

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<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 –</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>			<ul style="list-style-type: none"> <li>• How did the client/family respond to the nurse's actions?</li> <li>• Client response, status of goals and outcomes, modifications to</li> </ul>

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highest priority to lowest priority pertinent to this client				plan.
<p><b>1.</b> Impaired gas exchange related to altered pulmonary perfusion secondary to pulmonary embolism as evidenced by increased respiratory rate and oxygen saturation of 96%.</p>	<p>Pulmonary embolism can impair oxygen exchange by obstructing blood flow to the lungs, leading to decreased oxygenation and increased work of breathing.</p>	<p><b>1.</b>Monitor oxygen saturation, respiratory rate, and lung sounds regularly to assess respiratory status and detect changes early.</p> <p><b>2.</b>Administer prescribed anticoagulant therapy and ensure oxygen therapy is</p>	<p><b>1.</b> The client will maintain oxygen saturation greater than or equal to 95%, demonstrate normal respiratory rate, and verbalize ease of breathing.</p>	<p>The client maintained oxygen saturation at 96%, respiratory rate remained stable, and the client denied shortness of breath. No further respiratory distress was noted. Goal met.</p>

		available as needed to maintain adequate oxygenation.		
<p><b>2. Risk for infection related to presence of urinary tract infection and chronic health conditions as evidenced by positive urinalysis findings (white blood cells, nitrites, and</b></p>	<p>The urinary tract infection places the client at increased risk for worsening infection and potential complications due to comorbidities such as diabetes mellitus.</p>	<p><b>1. Monitor</b> temperature, vital signs, urine output, and characteristic signs to detect signs of worsening infection.</p> <p><b>2. Administer</b> prescribed antibiotic therapy and encourage adequate</p>	<p><b>1. The client</b> will show no signs of worsening infection, including stable temperature, improved urine characteristics, and absence of new symptoms.</p>	<p>The client remained afebrile, vital signs remained stable, and the client denied urinary pain. Urine characteristics improved following treatment. Goal met.</p>

bacteria).		fluid intake to support urinary elimination and reduce bacterial load.		
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**Other References (APA):**

Vera, M. (2024, November 22). *Risk for infection – nursing diagnosis & care plan*. Nurseslabs.

<https://nurseslabs.com/risk-for-infection/>

Wayne, G. (2024b, November 20). *Impaired gas exchange – nursing diagnosis & care plan*.

Nurseslabs. <https://nurseslabs.com/impaired-gas-exchange/>

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