N311 Care Plan 5

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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Demographics

Date of Admission	Client Initials	Age	Biological Gender
10/12/2025	M.A.	36 years old	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Disability	Single	Codeine and Tramadol
Code Status	**Height**	**Weight**	
No CPR	4 feet 8 inches	BMI 10.97 48lbs 15.1 ounces	

Medical History

Past Medical History: RLQ Colostomy, Leiomyosarcoma of the colon, Macroglossia, Malocclusion, generalized weakness, Psoriasis, scoliosis, Beckwith-Wiedemann Syndrome, learning disabilities, Rhabdomyosarcoma.

Past Surgical History: Foot surgery, mandible reconstruction of the bladder, colectomy, osteotomy, tympanotomy tube placement, and maxillae osteotomy.

Family History: No family history on file.

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

Education: No tobacco, alcohol, or drug use of any kind.

Living Situation: Assisted living with mother and has an at-home caregiver.

Assistive devices: A Wheelchair is required due to overall weakness and visual disability requiring glasses.

Admission Assessment

Chief Complaint:

The client presents with complaints of progressive back pain and generalized weakness that have worsened over the past several days. She describes the back pain as a constant dull ache that occasionally becomes sharp with movement. The client reports feeling weaker and more fatigued, stating that simple activities such as standing or walking cause her to feel unsteady and

exhausted. She also reports experiencing visual hallucinations**,** describing seeing “shadows and movements that aren’t really there.” The client appears confused at times and has difficulty maintaining focus during conversation. Recent laboratory results revealed severe hyponatremia, which may be contributing to her symptoms of confusion, weakness, and altered perception. She denies any recent falls, trauma, or injuries to the back. The client denies chest pain, shortness of breath, nausea, or vomiting. She reports decreased appetite and reduced oral intake over the past few days due to fatigue.

History of Present Illness (HPI) – OLD CARTS:

The client reports several days of painful urination, weakness, poor appetite, and lower back pain. She states that the symptoms began gradually and have worsened over time. The pain is described as a burning sensation during urination and a dull ache in the lower back. The discomfort is constant but intensifies when she urinates. Rest and increased fluid intake provide minimal relief. The client rates her pain as an 8 out of 10. She also reports fatigue, decreased oral intake, and experiencing hallucinations. These findings are consistent with a urinary tract infection that may be progressing to involve the upper urinary tract or systemic infection.

Primary Diagnosis

Primary Diagnosis on Admission:

The client was admitted to the hospital with symptoms of a urinary tract infection (UTI). She reports pain with urination, lower back pain, weakness, and poor appetite. The nursing diagnosis is infection related to bacterial invasion of the urinary tract**,** as evidenced by dysuria, back pain, and positive urinalysis results.

Secondary Diagnosis (if applicable): Generalized weakness due to scoliosis and Beckwith-Wiedemann Syndrome.

Pathophysiology

Pathophysiology of the Disease, Urinary Tract Infection:

Urinary tract infections (UTIs) are one of the most common bacterial infections seen in healthcare. They occur when bacteria enter the urinary tract and begin to multiply, leading to irritation and inflammation. According to the Centers for Disease Control and Prevention (CDC, 2024), UTIs can affect the urethra, bladder, or kidneys, with women being more likely to develop them due to anatomical differences. Understanding how these infections develop helps nurses and healthcare providers promote early treatment and effective prevention. In most community-acquired UTIs, the causative organism is Escherichia coli, accounting for approximately 70-80 % of cases (PMC, 2023).

Once the bacteria is established in the bladder, the bacteria may further ascend through the ureters to the kidneys in cases of immunocompromised clients or structural abnormalities of a client. The urinary tract comprises the kidneys, ureters, bladder, and urethra. Under normal conditions, multiple defense mechanisms protect against infection: regular urine flow, which flushes pathogens, an intact urothelium, mucosal immune responses, and antimicrobial properties of urine. Risk factors for UTIs include female gender, urinary stasis, indwelling catheters, structural abnormalities, immunosuppression, and prior UTIs.

The CDC reports that catheter-associated UTIs are among the most common healthcare-associated infections, and the longer a catheter remains in place, the higher the risk. Anatomical factors influence risk: for example, the shorter urethra in females and proximity to the rectum

facilitate easier bacterial access. (CDC, 2024) From a nursing perspective, understanding the pathophysiology informs key preventive and management interventions. Encouraging adequate fluid intake helps maintain urinary flushing; promoting complete bladder emptying reduces stasis, monitoring catheter use and ensuring aseptic technique reduces risk of ascending infection, and educating clients about perineal hygiene, voiding after sexual activity, and recognizing early signs of infection. Being aware of changes beyond classic symptoms, such as back or flank pain, altered mental status (especially in older adults), or systemic signs, can prompt timely escalation of care and prevent complications like sepsis.

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (3rd ed., pp. 560–565). F.A. Davis Company.

Centers for Disease Control and Prevention. (2024, January 22). *Urinary tract infection (UTI) basics.* U.S. Department of Health and Human Services. https://www.cdc.gov/uti/about/index.html

National Center for Biotechnology Information. (2023). *Urinary tract infections: Pathogenesis and management overview. PubMed Central (PMC).* https://pmc.ncbi.nlm.nih.gov/articles/PMC10145414/

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
CBC with Diff	WBC14.55 RBC 3.73 HGB 11.8 HCT 32.8	4.78 3.38 10.5 31.6	WBC 4-12 RBC 3.80-5.30 HGB 12-15.8 g/dL HCT 36- 47%	Iron deficiency may lead to reduced hemoglobin growth
BMP with Calcium	Sodium 127 Potassium 2.7 Chloride 101 Creatinine blood 0.31	S 133 P 2.7 Ch 108 CB 0.28	Creatinine 0.60-1.00 mg/dL	Acute kidney disease, muscle injury, low muscle mass, hypercalcemia, hypocalcemia, magnesium deficiency
Magnesium	1.6	1.5	1.6-2.6 mg/dL	Cause muscle twitching, weakness, tremors.
Phosphorus	2.0	2.0	2.5-4.5 mg/dL	Muscle weakness, fatigue, confusion.
Osmolality serum	256	271	275-295	Hyponatremia (low

Hyponatremia			mOsm/kg	sodium) infection, kidney dysfunction, overhydration or impaired water excretion

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
XR (Chest)	Increasing basilar interstitial prominence. Potential intercostal lung disease.	No atypical infection.

Diagnostic Test Reference (1) (APA):

Centers for Disease Control and Prevention. (2024, February). *Facts About X-Rays.* U.S. Department of Health and Human Services. https://www.cdc.gov/radiation-health/data-research/facts-stats/x-rays.html

Active Orders

Active Orders	Rationale
Telemetry monitoring	Observe heart rate and rhythm for any abnormalities.
Insert/maintain peripheral IV	Necessary for the administration of fluids, medications, and electrolytes.
Insert/maintain 2nd IV (large bore)	Access to reliable vascular portal for administration of medication or fluids.
Cardiac Monitor	Continuous assessment on cardiac rhythm and response to treatment.

Current Medications (5)

Brand/Generic	Dronabinol (MARIOL)	Potassium chloride SA (KLORCON M)	Potassium phosphates	Colestipol (COLESTID)	Enoxaparin (LOVENOX)
Dosage, Route, Frequency given	2.5 mg oral every 48 hour	20 mEq oral 2x daily with meal	30 mmol in dextrose 5% 250 mL IV 30 mmol Intravenous	2g oral 2x daily tablet	20 mg injection daily subcutaneous
Reason Client Taking	Help stimulate appetite and reduce nausea. May cause dizziness.	Prevent muscle weakness and cramps. May cause stomach irritation.	Provides bone health and help with poor nutrition. May cause vein irritation.	Manage cholesterol. May cause constipation.	Prevent blood clots. May cause bruising at injection site.

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:** **Orientation:** **Distress:** **Overall appearance:**	Client is alert and cooperative, though exhibits mild cognitive delay related to learning disability. She is oriented to person, place, and time. No acute distress noted. Overall appearance is clean and well groomed. Vital signs are stable.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Skin color is appropriate for ethnicity. Skin shows plaques with scaling on elbows and knees consistent with psoriasis. Skin is warm and dry to touch. Turgor is slightly decreased, likely due to mild dehydration from infection. No open wounds or active drainage noted. Old surgical scar present on the abdomen from prior colon resection. No new bruises or rashes observed. No drains present. Braden score is documented as a 1 (completely limited) on sensory perception.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:**	Head and neck symmetrical without deformity. Eyes are clear, pupils equal, round, and reactive to light and accommodation (PERRLA). Ears without discharge; hearing intact to normal voice.

Teeth:	Nose patent with no drainage. Oral cavity reveals macroglossia and Angle's Class III malocclusion, both related to Beckwith-Wiedemann syndrome. Mucous membranes moist. Neck supple with full range of motion and no lymphadenopathy.
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:**	Apical pulse regular with S1 and S2 audible, no murmurs noted. No S3 or S4 sounds present. Peripheral pulses palpable and equal bilaterally. Capillary refill less than 3 seconds. No jugular vein distention observed. No cyanosis present. Trace bilateral ankle edema noted, likely dependent.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Client breathes comfortably without use of accessory muscles. Lung sounds are clear to auscultation bilaterally. No wheezes, rales, or rhonchi noted. Respiratory rate is even and unlabored.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:**	Client reports poor appetite and nausea associated with current urinary tract infection. Abdomen is soft with a right-lower-quadrant colostomy that appears pink, moist, and functioning. Stoma intact with a small amount of

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:**	soft brown output. Bowel sounds present in all quadrants. No abdominal distention. Mild tenderness near colostomy site. Last bowel movement occurred this morning via stoma. No drains present. Surgical scar from prior colectomy is well healed.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Client voiding small amounts of cloudy, concentrated urine with burning on urination. Reports lower back discomfort. Pain with urination is present. No dialysis. External genitalia appear normal without lesions or discharge. No catheter present. Findings are consistent with a urinary tract infection.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:**	Client is wheelchair-bound and does not ambulate independently. Notable curvature of the ankles and inward flexion of the wrists observed. Range of motion is severely limited in all extremities due to contractures and weakness.

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**☐	Muscle strength is diminished bilaterally, rated 2/5. No redness or swelling noted in joints. Requires full assistance with mobility and activities of daily living. Fall risk assessment not applicable due to non-ambulatory status.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Client is awake and alert but has mild cognitive impairment consistent with learning disabilities. Speech is slow but clear and understandable. Client follows simple commands with some delay. Pupils are equal, round, and reactive to light. Client exhibits generalized weakness and poor muscle control in upper and lower extremities. Strength rated 2/5 bilaterally. Limited voluntary movement due to musculoskeletal contractures and scoliosis. Sensation intact to light touch. No tremors or seizure activity noted. Client is oriented to person and place but occasionally confused about time.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:**	Client presents as calm and cooperative but relies heavily on her mother and primary caregiver for reassurance, communication, and daily care

Personal/Family Data (Think about home environment, family structure, and available family support):	needs. The client depends on them for understanding, advocacy, and emotional support during hospitalization. She demonstrates limited coping skills independently and becomes anxious when her caregiver is not present. Her mother and caregiver provide comfort, assist with decision-making, and help explain medical information the client will understand. Family involvement is essential for the client's emotional stability and participation in care.

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1646	91 bpm	104/79 mmHg	16 bpm	98.8 F	100%

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
1646	8	back and hip	NA	Constant aching	Pillow support and pain medication

Intake and Output

Intake (in mL)	Output (in mL)

No intake was recorded	No output was recorded

Discharge Planning

Discharge location:

Client will be discharged home under the care and supervision of her mother and primary caregiver. The home environment is wheelchair accessible and equipped to meet her mobility and hygiene needs. Continued support from home health nursing will be arranged for colostomy care, skin assessment, and monitoring for urinary tract infection recurrence.

Equipment needs:

Wheelchair with appropriate cushioning for posture and skin protection, hospital bed with adjustable positioning, bedside commode and shower chair for safety during hygiene care, ostomy supplies (pouches, skin barriers, adhesive remover wipes, incontinence supplies as needed, and pressure-relieving mattress or overlay to prevent skin breakdown.

Education needs:

Education for the caregiver and mother should include information about preventing future urinary tract infections. They should be encouraged to ensure the client maintains adequate fluid intake to promote regular urination and flushing of bacteria from the urinary tract. The client should be assisted to empty her bladder and avoid prolonged periods without voiding. Caregivers should monitor for early signs of infection, such as changes in urine color, odor, or frequency, and report these promptly to the healthcare provider. Finally, hydration, balanced nutrition, and proper medication adherence should be maintained to strengthen the immune system and reduce recurrence risk.

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. Risk for infection related to urinary tract infection and impaired mobility as evidenced by cloudy urine, dysuria, and generalized weakness.	The client has an active urinary tract infection and decreased mobility, which can cause urinary stasis and increase the risk of worsening or recurrent infection.	**1.** Monitor urine output, color, odor, and clarity; report any worsening symptoms to the healthcare provider. **2.** Encourage increased fluid intake and assist with	**1.** The client will maintain clear urine, normal vital signs, and remain free from signs of infection by discharge.	Client tolerated increased fluid intake with assistance from caregiver. Urine output improved in clarity and volume. No new symptoms of infection noted. Continue hydration and hygiene education at home.

		toileting to promote complete bladder emptying.		
Impaired physical mobility related to musculoskeletal deformities and weakness as evidenced by wheelchair dependence and limited range of motion.	The client's scoliosis, joint deformities, and muscle weakness limit physical movement and independence, increasing the risk of contractures and skin breakdown.	1. Reposition client every two hours and ensure use of supportive cushions to prevent pressure injuries. 2. Collaborate with physical therapy to promote safe passive range of	The client will maintain skin integrity and prevent contracture progression during hospitalization and at home with caregiver support.	Caregiver demonstrated understanding of repositioning schedule and exercises. No new skin breakdown noted. Continue home care reinforcement with physical therapy follow-up.

		motion exercises as tolerated.		

Other References (APA):