

N441 CARE PLAN

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Lakeview College of Nursing

N441: Adult Health 3

Professor Potts

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Demographics

Date of Admission 9/29/25	Client Initials R.T.	Age 51 years old	Biological Gender Female
Race/Ethnicity Asian/White	Occupation Unemployed	Marital Status Single	Allergies NKA
Code Status Full Code	Height 5'2"	Weight 164 pounds	

Medical History

Past Medical History: This patient has a history of pancreatitis, gallstones, alcohol abuse, esophageal varices, anemia, type 1 diabetes, hyperlipidemia, pulmonary embolus, cirrhosis, alcohol hepatitis, gastritis, GI bleed, lactic acidosis, incisional hernia, ileus, depression, anxiety, GERD, and alcohol dependence with uncomplicated withdrawal.

Past Surgical History: This patient has a history of a tracheostomy, shunt tap, upper gastrointestinal endoscopy, abdominal surgery with a pancreatic shunt placed, EGD, colonoscopy, ventral hernia repair, hemorrhoid surgery, and liver biopsy.

Family History: This patient's family history includes her father having diabetes, brother with Parkinson's disease, maternal grandmother with pancreatic cancer, maternal grandfather with cirrhosis, paternal grandmother with ovarian cancer, paternal grandfather with colon cancer, and a maternal aunt with breast cancer.

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

This patient is a former smoker. She smoked around half a pack a day for 20 years, and she stopped in 2017. This client uses marijuana, hashish, and synthetics orally three times a week. She uses THC edibles as needed for anxiety and insomnia, which she started a couple of years ago. This patient usually drinks when she feels down, and her last drink was on the 28th of September. She stated she drinks normally around a pint.

Education: This patient has a bachelor's degree in aviation management and social work. This is her highest degree.

Living Situation: This patient lives with her parents.

Assistive devices: This patient does not use any assistive devices outside of the hospital; however, she is currently using a walker while recovering and regaining her strength.

Admission History

Chief Complaint: Red, bloody emesis

History of Present Illness (HPI)– OLD CARTS

This patient presented to the emergency department via ambulance, complaining of blood emesis. The location of this illness included her esophagus, stomach, and mouth. The duration of this illness lasted for three hours until her father called the ambulance, leading to her admission. The patient explained it felt like “burning fire,” and it was in her esophagus and mouth, where this pain was being felt. The patient rated the severity of this pain as a 10/10 on a numerical scale. This client tried to take a warm shower and hold ice chips in her mouth to try to help the pain, but it was unsuccessful. The patient had tried nothing else to help relieve the symptoms. The patient stated that coughing would exacerbate the condition. The patient stated, “It felt like I was swallowing blades.”

Admission Diagnosis

Primary Diagnosis: Diabetic ketoacidosis

Secondary Diagnosis (if applicable): Alcohol withdrawal

Pathophysiology

Diabetic ketoacidosis (DKA) is a medical emergency (Hinkle et al., 2021). This occurs when there is a deficiency in insulin, which can be triggered by infection, stress, and missed insulin doses. My patient had missed insulin doses due to vomiting and feeling sick. She also stated she does not control her diabetes well. Glucose cannot enter cells due to a deficiency in insulin, resulting in the release of glucose by the liver and leading to hyperglycemia (Hinkle et al., 2021). This is achieved through processes known as glycogenolysis and gluconeogenesis. Ischemia is present, so cells use anaerobic metabolism to produce lactic acid (Capriotti, 2020). This lack of insulin then promotes lipolysis, which releases fatty acids in the liver, causing them to be converted into ketones (Hinkle et al., 2021). These ketones are acidic, which leads to metabolic acidosis, characterized by a high anion gap and a decreased bicarbonate level. My client showed signs of metabolic acidosis on her lab panel. Dehydration and electrolyte loss occur through osmotic diuresis, which is caused by hyperglycemia. This condition progresses because the dehydration impairs the clearance of ketones and glucose (Hinkle et al., 2021). This can be caused by insulin deficiency, undiagnosed and uncontrolled diabetes, illness, or infection. Patients will assume they do not need insulin since they are sick and vomiting, so they do not take insulin, which leads to DKA, which is what my patient went through. In DKA, metabolic effects, fluid and electrolyte imbalances, hypotension, tachycardia, deep and rapid respirations, impaired kidney function, and altered mental status are observed. The manifestations of DKA include polyuria, polydipsia, weakness, headache, and fatigue (Hinkle et al., 2021). Patients can progress to having nausea, vomiting, fruity breath odor, abdominal pain, and hyperventilation. My patient presented with hyperventilation, nausea, vomiting, abdominal pain, and weakness. This can also be secondary to her withdrawal from alcohol. Expected lab findings include elevated blood glucose, positive for ketones, a low pH, a low bicarbonate level, and a low

PaCO₂ (Hinkle et al., 2021). Electrolyte imbalances vary depending on the level of dehydration, but in my patient's case, she had decreased magnesium and calcium levels. My patients' labs correlated with the labs indicating metabolic acidosis. There is an anion gap that is typically increased, and BUN and Creatinine are elevated, which was present in my client. Patients are normally tachycardic, hypotensive, and have deep, labored breathing. They are dehydrated and have a fruity breath (Hinkle et al., 2021). A patient in DKA will likely undergo blood tests, a urinalysis to detect the presence of ketones, a chest x-ray to rule out infections or respiratory issues, and an electrocardiogram to assess for cardiac issues associated with this diagnosis (Lizzo et al., 2023). My patient received blood tests, a chest x-ray, and an electrocardiogram to aid in diagnosis. Treatment of DKA includes restoring electrolytes, rehydration, and reversing acidosis (Hinkle et al., 2021). Fluid replacement with isotonic saline is crucial to correct dehydration, and then you can switch to D5W with 0.45% sodium chloride once the blood glucose level falls within a certain range. Insulin therapy is crucial for lowering blood glucose levels until ketoacidosis resolves. Ketoacidosis is resolved once the anion gap is closed and the bicarbonate level returns to normal. Electrolyte therapy is crucial, especially when potassium levels are not within normal limits, as this can lead to cardiac issues. Replacing electrolytes is crucial for maintaining neuromuscular function, preventing cardiac issues, supporting cellular metabolism, and avoiding complications. Reversing acidosis occurs when fluid and insulin levels are corrected. It is also important to treat the underlying cause, such as an infection. My client was treated with fluid and insulin, which in turn corrected her ketoacidosis.

Pathophysiology References (2) (APA):

Capriotti, T.M. (2020). *Davis advantage for pathophysiology introductory concepts and clinical preservations* (2nd ed.) F.A. Davis.

<https://fadavisreader.vitalsource.com/books/9781719641470>

Hinkle, J.L., Cheever, K. H. & Overbaugh, K. (2021). *Lippincott coursepoint enhanced for Brunner & Suddarth's textbook medical-surgical nursing* (15th ed.). Wolters Kluwer Health. <https://coursepoint.vitalsource.com/books/9781975186722>

Lizzo, J., Goyal, A., & Gupta, V. (2023, July 10). Adult Diabetic Ketoacidosis. *StatPearls*. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/books/NBK560723/>

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
pH	7.126	N/A	7.310-7.410	This lab is decreased in this patient. This patient is in diabetic ketoacidosis, so it is causing her pH to be low (Pagana et al., 2023). This is because ketones accumulate leading to metabolic acidosis with a low pH.
pCO ₂	21.7 mmHg	N/A	41.0-51.0 mmHg	This lab is decreased in this patient. The reason for the decrease is this

				<p>client has a low pH, so the body is trying to compensate for that by blowing off CO₂ (Pagana et al., 2023). This leads to a decrease which relates to her admitting diagnosis of diabetic ketoacidosis. In alcohol withdrawal, there is hyperventilation which can lead to the abnormality in this lab as well.</p>
pO ₂	203.6 mmHg	N/A	35.0-45.0 mmHg	<p>This lab is increased. The patient is hyperventilating due to the metabolic acidosis which leads to the patient breathing in more O₂ (Pagana et al., 2023). This is seen in DKA. In alcohol withdrawal, there is hyperventilation which</p>

				can lead to the abnormality in this lab as well.
Lactate	21.37 mmol/L	N/A	0.5-2.0 mmol/L	This lab is elevated. In a patient in alcohol withdrawal and DKA, there is decreased tissue perfusion and dehydration (Pagana et al., 2023). Lactate is developed by the reduction in tissue perfusion and hypoxia.
HCO ₃	7.0 mmol/L	N/A	21.5-25.5 mmol/L	This lab is decreased. This lab correlates with the other's above. This client is in DKA which is why the level is decreased (Pagana et al., 2023). In DKA ketones build up leaving to metabolic acidosis where the bicarbonate is decreased.
Phosphorus	12.0	3.3 mg/dL	2.5-4.5	At first this lab was

	mg/dL		mg/dL	elevated which can be from DKA (Pagana et al., 2023). Insulin deficiency leads to acidosis and phosphate being shifted into the cells. Today's value was decreased because after insulin is initiated it puts phosphate back into the cells and can often pull in too much with osmotic diuresis.
Lactic acid	>15.0 mmol/L	N/A	0.5-2.0 mmol/L	This lab is increased. This is from dehydration and hypoperfusion in DKA (Pagana et al., 2023).
Glucose	400 mg/dL	135 mg/dL	74-100 mg/dL	This lab was elevated on admission and still is today. This client came in with DKA, so the glucose is high since she was not taking her insulin (Pagana et al., 2023). When

				someone has absence in insulin, glucose can't enter the cells. This lab is going down back toward normal range but is still trying to be controlled through insulin administration.
CO2	9 mmol/L	25.0 mmol/L	22.0-29.0 mmol/L	This lab is decreased. In DKA there is a buildup in ketones and the body trying to compensate by hypoperfusion and tried to raise the pH (Pagana et al., 2023). This lab is back to normal which is a good sign.
BUN	26 mg/dL	15 mg/dL	10-20 mg/dL	This lab is increased due to dehydration (Pagana et al., 2023). In DKA BUN rises due to the insulin deficiency. This lab is back in normal range

				which is a good sign.
Creatinine	1.79 mg/dL	0.76 mg/dL	0.55-1.02 mg/dL	This lab is increased because of dehydration and hypovolemia due to DKA (Pagana et al., 2023). High glucose leads to loss of water and electrolytes as well as vomiting which reducing kidney function and increasing creatinine levels. This lab is in normal range now which is a good sign.
Magnesium	1.5 mg/dL	N/A	1.6-2.6 mg/dL	This lab is decreased slightly. This is due to loss of electrolytes and water from hyperglycemia and is lost in the urine (Pagana et al., 2023).
Calcium	8.8 mg/dL	9.4 mg/dL	8.9-10.6 mg/dL	This lab is slightly decreased. This can be due to DKA (Pagana et

				al., 2023). This is from the low magnesium which leads to low calcium. This can also be a dietary deficiency in calcium as well.
AST	52.0 U/L	109 U/L	9-43 U/L	This lab is increased and is showing worsening decrease. This is from chronic alcohol use (Pagana et al., 2023). This patient also has poor nutritional status as well as a potential of underlying liver disease from the chronic alcohol use.
WBC	21.05 10 ³ /uL	2.60 10 ³ /uL	4.0-11.0 10 ³ /uL	This lab was increased at admission and is now decreased. An increase in this lab can be a stress response (Pagana et al., 2023). This can be from

				inflammation from the acidosis or the alcohol withdrawal. The decrease can be from the suppression of bone marrow function from alcohol. This patient may also have an underlying acute infection.
Hemoglobin	13.5 g/dL	9.9 g/dL	11.0-16.0 g/dL	This lab was normal on admission, but it now decreased. Patients who are chronic alcohol users can have a decreased hemoglobin (Pagana et al., 2023). This patient also has a medical history of anemia which can decrease her hemoglobin.
Hematocrit	42.9 %	30.6%	34.0-47.0 %	This lab was in normal range on admission but is now decreased. This patient has a medical

				history of anemia which can be the cause of this decrease (Pagana et al., 2023). The client can also be at risk for renal disease from the DKA. This can also be from the alcohol use leading to the anemia.
Platelets	311 10 ³ /uL	64 10 ³ /uL	140-400 10 ³ /uL	This lab was in normal range on admission and is now decreased. This can be low due to chronic alcohol use (Pagana et al., 2023). This patient can also have an underlying acute infection as well.
Absolute neutrophils	15.62 10 ³ /uL	1.60 10 ³ /uL	1.60-7.70 10 ³ /uL	This lab was increased on admission. This can be from the stress from the DKA and hypoglycemia (Pagana et al., 2023).
Absolute lymphocytes	2.48 10 ³ /uL	0.96 10 ³ /uL	1.00-4.90 10 ³ /uL	This lab was normal on admission but is now

				decreased. The reason for this decrease can be from the stress the DKA caused the patient (Pagana et al., 2023). It can result in high cortisol levels leading to suppression of lymphocyte growth.
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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
There were no previous diagnostics related to this clients admission that I was able to find on the clients chart.	There were no previous diagnostics related to this clients admission that I was able to find on the clients chart.	Chest x-ray. This test was given to rule out an acute abnormality. This test is done to view the lungs and chest cavity (Pagana et al., 202). This test is used to detect fluid, air, heart	The clients symptoms were complaints of chest pain from the bloody emesis.	“No acute pulmonary disease, heart, Mediastinum, pulmonary vascularity, lung parenchyma, plural spaces and osseous

		size, and inflammation.		anatomy are all negative for acute abnormality.”
There were no previous diagnostics related to this clients admission that I was able to find on the clients chart.	There were no previous diagnostics related to this clients admission that I was able to find on the clients chart.	CT abdomen/pelvis without contrast. this test was given due to patient complaining of abdominal pain, acute and nonlocalized. This test can be given to view inflammation, bleeding, obstruction, or any other abnormalities to help in the diagnosing process (Pagana et al., 2023).	The client was complaining of abdominal pain which warranted for a CT.	“No acute process. Hepatic stenosis. Nodular liver contour splenomegaly.”
There were no previous	There were no previous	EKG 12 Lead. This test was done due	This test was preformed	“Sinus tachycardia.”

diagnostics related to this clients admission that I was able to find on the clients chart.	diagnostics related to this clients admission that I was able to find on the clients chart.	to the tachycardia the patient was presenting with. This test is given to view the impulses of the hearts conductivity (Pagana et al., 2023). This test can identify heart rhythm, and abnormalities. This was done to rule out cardiac issues.	because of the client being tachycardic on physical assessment.	
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Diagnostic Test Reference (1) (APA):

Pagana, K., Pagana, T., & Pagana, T. (2023). *Mosby's diagnostic & laboratory test reference* (16th ed.). Elsevier.

Active Orders

Active Orders	Rationale
Seizure precautions	Ambu bag, padded rails, and bed low. ETOH and hallucinations.
Diabetic diet	Uncontrolled diabetes; DKA.
Initiate acute alcohol withdrawal protocol	With patients coming in for alcohol

	<p>withdrawal it is important to initiate protocol to prevent them from further neurological damage such as seizures or falls.</p>
<p>Notify provider if there are abnormal vitals, new delirium, hallucinations, disorientation, agitation, or seizure.</p>	<p>It is important to know what to notify the provider for to aid in the care and well-being of the patient and to keep them in the defined limits. Notifying the provider of these abnormalities will allow for new orders to be given to help this patient.</p>
<p>Notify provider if CIWA score is greater than 20, greater than 18 after treatment, or greater than 15 after two measurements.</p>	<p>Scores above these thresholds show a need for urgent reassessment and no plan of care. CIWA is the assessment for alcohol withdrawal is and assessing these scores will help put it in place preventative measures for this patient.</p>
<p>Blood glucose level AC/HS and 0300</p>	<p>This active order describes action of taking the patient's blood glucose which aids in making treatment decisions this means before bed and before meals in at 3:00.</p>
<p>Insulin sliding scale instructions</p>	<p>Insulin sliding scale provides reactive dosing based on the clients glucose level. This is to help prevent hyperglycemia and keep the patient safe.</p>

Vitals every hour with cardiac monitoring	Continuous monitoring and vitals is very important when a patient is in the ICU. This helps the care team observe the clients stability and progression as well as identify a decline in health through vitals and monitoring.
Assess RASS every hour prior to all sedative doses and PRN	This order is important to ensure appropriate sedation level and help guide sedation dosing. This is also helpful in preventing complications such as hypotension and respiratory depression. Assessing every hour helps in timely changes and helps in plan of care.
Assess for hypoxia if the patient develops sudden change in neurological status	Since the patient was in the ICU for alcohol withdrawal and DKA, they are at increased risk for hypoxia and altered mental status. So, assessing for hypoxia is important to preserve brain function and take immediate action.
Notify provider if O2 becomes less than 92%	Notifying the provider of this threshold will help in the plan of care if this does happen to make sure there is immediate intervention. This threshold is because it is an early sign of respiratory compromise and clinical

	deterioration.
Do not administer flumazenil for oversedation and/or respiratory depression.	This is just an active order for medication administration. Patients who are at risk for seizures should not have flumazenil.
Initiate electrolyte replacement order set if early morning magnesium is less than or equal to 1.6 mg/dL and potassium is equal or lesser than 3.6 mmol/L and if GFR or CrCl > 30 mLs/min	It is important for electrolytes to be stable because if not it can result in cardiac arrhythmias, neurological changes, and musculoskeletal changes. It is important to observe and treat accordingly for good patient outcomes.
Initiate ICU mobility protocol	The purpose of this order is to promote early mobilization to help improve outcomes and reduce weakness and shorten the length of stay.
Activity increase as tolerated	This order is to let the care team know that if this patient can get up and move to let them do so. This helps the patient reduce risk of weakness and decrease muscle strength.
Delirium daytime interventions as appropriate, lights on, window opens, patients glasses in place, increase mobility, orient patient frequently, and assess for adequate hydration.	This is an active order to prevent delirium. Delirium is a common ICU problem, and these interventions are to help normalize circadian rhythm and improve/promote physical activity.

Hospital Medications (Must List ALL)

Brand/ Generic	Thiamine (Vitamin B)	Atorvastatin (Lipitor)	Ceftriaxon e (Rocephin)	Enoxapari n (Lovenox)	Escitalopr am (Lexapro)	Famotidin e (Pepcid)
Dose, frequency, route	200 mg tablet orally daily	20 mg oral tablet, daily	1g 120 mL/hr. IV push daily	40 mg subcutane ous daily	5 mg oral tablet daily	20 mg tablet twice a day
Classificati on (Pharmacol ogical and therapeutic and action of the drug	Stated on the rubric only needing the reason for vitamin.	The pharmacolo gical class is HMG- Coa reductase inhibitor, and the therapeutic class is antihyperlip idemic (Jones & Bartlett, 2023). The action of this drug is to inhibit the enzyme HMG-CoA reductance and it reduced the livers production of cholesterol.	The pharmacol ogical class is third generation cephalosp orin, and the therapeuti c class is an antibiotic (Jones & Bartlett, 2023). The action of the drug inhibits the bacterial cell wall synthesis.	The pharmacol ogical class is low- molecular- weight heparin and the therapeuti c is anticoagul ant (Jones & Bartlett, 2023). The action of this drug is to enhance the activity of antithromb in III which inhibits Factor Xa which decreased thrombin formation and	The pharmacol ogical class is selective serotonin reuptake inhibitor (Jones & Bartlett, 2023). The therapeuti c class is antidepress ant (Jones & Bartlett, 2023).	The pharmacol ogical class of this medicatio n is a histamine- 2 blocker, and the therapeuti c class is an antiulcer agent (Jones & Bartlett, 2023). The action of this drug blocks histamine receptors in the stomach ling to reduce the stomach acids.

				reduced clot formation.		
Reason Client Taking	The client is taking this medication for alcohol use.	The client is taking this medication for their medical diagnosis of hyperlipidemia.	The client is taking this medication for an infection. This is an antibiotic. The client's WBC, neutrophils, and lymphocytes were elevated.	This medication is given for deep vein thrombosis prevention while the client is in the hospital.	This medication is being taken for the client's medical diagnosis for anxiety.	This medication is given for the client's GERD.
Two contraindications (pertinent to the client)	1. Stated on the rubric only needing the reason for vitamin. 2.	Severe kidney impairment and elevated AST (Jones & Bartlett, 2023).	History of gallstones and hepatic impairment (Jones & Bartlett, 2023).	Low platelets and renal impairment (Jones & Bartlett, 2023).	Liver impairment and suicidal thoughts (Jones & Bartlett, 2023).	Liver impairment and renal impairment (Jones & Bartlett, 2023).
Two side effects or adverse effects (Pertinent to the client)	1. Stated on the rubric only needing the reason for vitamin. 2.	Elevated liver enzymes and myopathy (Jones & Bartlett, 2023).	Seizures and hepatic failure (Jones & Bartlett, 2023).	Elevated liver enzymes and anemia (Jones & Bartlett, 2023).	Seizures and sleeping problems (Jones & Bartlett, 2023).	Seizures and hallucinations (Jones & Bartlett, 2023).
List two teaching needs for the medication pertinent to the client	1. Stated on the rubric only needing the reason for vitamin. 2.	The purpose of this medication and to avoid grapefruit juice with this drug (Jones & Bartlett, 2023).	Purpose of the medication and signs of an allergic reaction (Jones & Bartlett, 2023).	Notify health care team if you have bleeding and inform NSAIDs increased risk for bleeding and inform the patient	Take this medication either in the morning or evening and using alcohol with this drug will decrease thinking	Store this medication at room temperature is taking at home and avoid alcohol and smoking which can irritate the

				they may bleed for a longer period when on this medication (Jones & Bartlett, 2023).	ability and preform motor skill (Jones & Bartlett, 2023).	stomach (Jones & Bartlett, 2023).
Two Key nursing assessment (s) prior to administration	1. Stated on the rubric only needing the reason for vitamin. 2.	Viewing the clients liver studies as well as blood glucose since this medication can affect blood glucose control (Jones & Bartlett, 2023).	Assess for hypersensitivity to penicillin's and observe the culture and sensitivity results prior to administration (Jones & Bartlett, 2023).	Check platelet count and assess renal function prior to administration (Jones & Bartlett, 2023).	Assess the clients mental health and cardiac assessment (Jones & Bartlett, 2023).	Assess for mental status change and assess for any other uses of acid-reducing agents (Jones & Bartlett, 2023).
Brand/ Generic	Folic acid (vitamin B6)	Gabapentin (Neurontin)	Insulin glargine (Lantus)	Insulin lispro (Humalog)	Pantoprazole (Protonix)	
Dose, frequency, route	1 mg tablet orally daily	600 mg capsule orally three times a day	10 units daily, subcutaneous	5 units subcutaneous before meals	40 mg tablets orally twice a day	
Classification (Pharmacological and therapeutic and action of the drug)	Stated on the rubric only needing the reason for vitamin.	The pharmacological class is 1-amino-methyl cyclohexane acetic acid and the therapeutic class is an anticonvulsant (Jones	The pharmacological class of long-acting insulin and a therapeutic class of an antidiabeti	The pharmacological class is rapid-acting and the therapeutic class biologic medication (Jones &	The pharmacological class of this medication is proton pump inhibitor and therapeutic class is	

		& Bartlett, 2023). Action of this drug is it binds to a voltage-gated calcium channel and reducing the calcium influx and decreasing the release of excitatory neurotransmitters.	c (Jones & Bartlett, 2023). This medication controls blood glucose in diabetes.	Bartlett, 2023). This medication controls blood glucose in diabetes that is rapid acting.	an antiulcer (Jones & Bartlett, 2023). The action of this drug is to reduce stomach acid production.	
Reason Client Taking	This medication is taken by the client for their medical diagnosis of anemia.	The client is taking this medication for their alcohol withdrawal seizures.	This client is taking this medication due to their DKA and medical diagnosis of type 1 diabetes.	This client is taking this medication for their medical history of diabetes and their DKA.	This client is taking this medication for their medical diagnosis of GERD.	
Two contraindications (pertinent to the client)	Stated on the rubric only needing the reason for vitamin.	Substance abuse and depression (Jones & Bartlett, 2023).	Active hypoglycemia and liver disease (Jones & Bartlett, 2023).	Active hypoglycemia and irregular eating patterns (Jones & Bartlett, 2023).	Liver impairment and magnesium deficiency (Jones & Bartlett, 2023).	
Two side effects or adverse effects (Pertinent to the client)	Stated on the rubric only needing the reason for vitamin.	Seizures, drowsiness, and sedation (Jones & Bartlett, 2023).	Injection area irritation and hypoglycemia (Jones & Bartlett, 2023).	Hypoglycemia and injection site reactions (Jones & Bartlett, 2023).	Hepatotoxic and hyperglycemia (Jones & Bartlett, 2023).	

List two teaching needs for the medication pertinent to the client	Stated on the rubric only needing the reason for vitamin.	These pills need to be swallowed whole and to not take this medication within 2 hours of taking an antacid (Jones & Bartlett, 2023).	Rotation of injection sites and regular monitoring of blood glucose (Jones & Bartlett, 2023).	Rotation of injection sites and the importance of following the prescription to help manage blood sugar effectively (Jones & Bartlett, 2023).	Swallow the pill whole and take before a meal (Jones & Bartlett, 2023).	
Two Key nursing assessment (s) prior to administration	Stated on the rubric only needing the reason for vitamin.	Assess renal function and neurological status (Jones & Bartlett, 2023).	Assess the clients blood sugar and review labs that can be affected by this medication (Jones & Bartlett, 2023).	Assess the clients blood sugar and blood pressure prior to administration (Jones & Bartlett, 2023).	Assess for gastrointestinal symptoms and evaluate liver function (Jones & Bartlett, 2023).	
Brand/ Generic	Quetiapine (Seroquel)	Rifaximin (Xifaxan)	Sennosides (Senokot)			
Dose, frequency, route	50 mg/75 mg tablet orally at bedtime	550 mg tablet twice a day orally	8.6 mg tablet orally twice a day			
Classification (Pharmacological and therapeutic and action)	The pharmacological class of this medication is	The pharmacological class is rifamycin and the therapeutic	I was unable to find the specifics of the classification			

of the drug	dibenzodiazepine derivative and an antipsychotic (Jones & Bartlett, 2023). The action of this drug is to block dopamine D2 receptors in the brain.	class is antibiotic (Jones & Bartlett, 2023). The action of this drug is the inhibition of bacterial RNA synthesis by binding to DNA-dependent RNA polymerase and blocking the transcription (Jones & Bartlett, 2023). It blocks the ammonia absorption.	on, but this drug belongs to the laxative class (Drugs.com, 2025). This drug stimulates the nerve endings in the intestines to increase movement.			
Reason Client Taking	The client is taking this medication for agitation, depression, and delirium related to alcohol withdrawal.	The client is taking this medication for hepatic encephalopathy risk reduction.	The client is taking this medication due to constipation. This is given to most patients in the hospital to promote a bowel movement.			
Two contraindications (pertinent)	Severe hepatic impairment and history	Severe liver impairment and allergy to rifaximin	Acute abdominal pain and nausea/vom			

to the client)	if cardiac arrhythmia (Jones & Bartlett, 2023).	(Jones & Bartlett, 2023).	miting (Drugs.com, 2025).			
Two side effects or adverse effects (Pertinent to the client)	Neuroleptic malignant syndrome and ketoacidosis (Jones & Bartlett, 2023).	Anemia and depression (Jones & Bartlett, 2023).	Hypokalemia and loss of fluids (Drugs.com, 2025).			
List two teaching needs for the medication pertinent to the client	Educate on the purpose of the medication and educate on how and when to take it (Jones & Bartlett, 2023).	Educate on the purpose of the medication and educate on the possible side effects (Jones & Bartlett, 2023).	Purpose of the medication and how to take it correctly (Drugs.com, 2025).			
Two Key nursing assessment (s) prior to administration	Assess vitals and evaluate baseline psychological status (Jones & Bartlett, 2023).	Assess for indication of use and review liver function studies for worsening liver function (Jones & Bartlett, 2023).	Assess the need for the medication and abdominal assessment (Drugs.com, 2025).			

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Insulin lispro (Humalog)	This medication was chosen due to its importance in	1. Hypoglycemia (Jones &

	reversing DKA and to help in rapid correction of blood glucose. I chose the rapid acting over the long acting for the rate of lowering glucose and ketones.	Bartlett, 2023). 2. Injection site reactions (Jones & Bartlett, 2023).
3. Gabapentin (Neurontin)	I chose this medication because it can help with alcohol withdrawal symptoms such as anxiety and sleep disturbances.	1. Seizures (Jones & Bartlett, 2023). 2. Drowsiness and sedation (Jones & Bartlett, 2023).
4. Escitalopram (Lexapro)	I chose this medication due the clients depression and anxiety. This patient experiences severe anxiety and depression which was shown during my time with her and stated in her past medical history.	1. Seizures (Jones & Bartlett, 2023). 2. Sleeping problems (Jones & Bartlett, 2023).

Medications Reference (1) (APA)

Drugs.com. (2025, July 14). *Senna*. Drugs.com. <https://www.drugs.com/npp/senna.html#side-effects>

Nurse's drug handbook. (2023). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance: Infection Control precautions: Client Complaints or Concerns:</p>	<p>This client was alert and oriented to person, place, and time. The client appeared sad, upset, appears sleepy. The patient complains of still experiencing hallucinations. The clients overall appearance was well-groomed, and she was cooperative when I was asking questions and doing my assessment. Standard isolation precautions were implemented. The client complained of still being in pain. This was being managed with hydrocodone.</p>
<p>VITAL SIGNS: Temp: Resp rate: Pulse: B/P: Oxygen: Delivery Method:</p>	<p>Vitals were taken at 0906. The clients temperature was 97.8 degrees Fahrenheit. The clients pulse was 75. The clients respirations were 16. The clients blood pressure was 153/101. The clients oxygen was 100% on room air.</p>
<p>PAIN ASSESSMENT: Time: Scale: Location: Severity: Characteristics: Interventions:</p>	<p>The clients pain assessment was done at 1605. This pain assessment was done using a numeric scale. The pain was rated 8/10, on the side of the patient and down the front, esophagus area. This was described as burning, shredding, tearing pain and it is worse when the client inhales. Interventions were done to help with the pain such as giving hydrocodone.</p>
<p>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:</p>	<p>This patient has an 18-gauge peripheral IV on the anterior of the left arm, 20-gauge peripheral IV on right arm, and a 20-gauge peripheral IV on the anterior left shoulder. The day on the IV's is 9/29. All IV's were checked for patency and were all patent. There were no signs of erythema, drainage, bruising, or swelling. The client was saline locked. The dressing was dry and intact.</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds:</p>	<p>The clients skin color was olive skin tone, warm to the touch, skin turgor was good, and the clients Braden score was 19. There were no rashes on the patient, a scar on the clients abdomen, a bruise on the clients left arm, and a scar on the clients leg. There were no wounds present on the client. There were no drains present.</p>

Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	<p>The client head, neck, ears, eyes, and nose were all symmetrical. The client has range of motion of the head and neck. Trachea is midline with no scars, lesions, or bumps. Dentation was without abnormalities on visual examination. There was no draining from the nose or ears. The clients PERRLA and EOMS were intact, sclera was white and conjunctiva was pink. The client wears glasses. There was no drainage from the clients eyes. Oral mucosa was pink and moist.</p>
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:	<p>Apical pulse was present and palpable. Normal rate and rhythm on all spots. No murmurs noted, no gallops, no rubs heard upon auscultation. Peripheral pulses were present and palpable. Capillary refill was less than three seconds on fingers and toes bilaterally. There was no edema noted and no neck distention.</p>
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character	<p>The client does not use accessory muscles when breathing. There was no wheezing, stridor, crackles, or rhonchi noted upon auscultation posteriorly and anteriorly. The clients respirations were not labored, and they were clear on the assessment.</p>
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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	<p>The clients diet while in the hospital is a diabetic diet and they are tolerating it well. The clients diet outside of the hospital is regular. The clients height is 5'2" and she is 164 pounds. Upon auscultation of the bowels, the clients bowels were normoactive in all four quadrants, and I was able to hear gurgling in the right lower quadrant. The clients last bowel movement was earlier in the day. There was no pain, mass noted, distention observed upon inspection and palpation. There was a scar along the clients abdomen from a previous surgery. The client has no drains or wounds upon inspection. The client does not have an ostomy, no nasogastric tube, and no feeding tube.</p>

Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:	<p>The clients urine was clear, yellow, no odor, no dialysis, and no catheter in place. I was unable to inspect the clients genitalia. There was no pain with urination as stated by the client. I was unable to measure the quantity of the clients urine as they were able to ambulate to the toilet.</p>
Intake (in mLs) Output (in mLs)	<p>The client ate 75% of her breakfast and 100% of their lunch. The client also ate around 50 mLs of Ben and Jerrys ice cream. I was unable to measure the clients output based on them being able to get up on their own. The client got up around three times to use the restroom during my time with them.</p>
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Activity Tolerance: Independent (up ad lib) Needs assistance with equipment Needs support to stand and walk	<p>The clients nail beds were intact warm to the touch, and well groomed. The client had good range of motion and was active. The client is using a walker currently until she gains her strength back. The client has good strength. 5/5 pushes and pulls bilaterally on all extremities. The client can move all extremities well. The client is a fall risk with a fall risk score of 31. She is at a moderate fall risk. The client got up to go to the restroom and walked with a walker once during my shift. She was able to stand on her own, but there was a gait belt just in case.</p>
NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	<p>The client moves all extremities well. PERRLA was intact. Equal strength. The client is oriented to person, place, time, and situation. The client has normal speech, LOC, and sensory. The patient can follow commands and retain memory and recite long-term memory back to me. The clients speech was clear and concise. Earlier in the day the client stated that she saw people in the corner of the room. She stated she was frightened, and she said “they looked like they were going to hurt you and didn’t like you” when</p>

	I would get closer to the patient. I notified the nurse of this situation. I also observed the client sitting in the chair with a blanket covering her head during my shift.
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):	The client explained to me that they like to write to help them cope with stress. This was unstated by the client, but she also drinks alcohol to cope with is stated in her H&P on the chart. This is her fourth admission with alcohol withdrawal. It stated in her H&P that she recently experienced the death of a friend, which led her to drink. The client is not religious but does believe in a higher power. This client does not drive and has not had a driver's license for many years. She lives with her parents, and they take her where she needs to go or she walks. She also explains she is close to her friend who she can turn to for whatever she needs. She has a brother who has children and she is close with them as well. She is not married and has no children of her own .

Discharge Planning

Discharge location: Home, where she lives with her parents.

Home health needs: There will be no home health needs for this client when discharged.

Equipment needs: There will be no equipment that this client will require upon discharge home.

Follow-up plan: The client will need a follow-up plan with someone to help with her coping strategies for drinking. Hopefully, this client can get into rehab.

Education needs: The client will need education on the risks of alcohol abuse and the effect it is having on her health, especially for her age.

Nursing Process

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

Nursing Diagnosis <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
1. Deficient fluid volume related to hyperglycemia as evidenced by elevated blood glucose, creatinine, and BUN (Phelps, 2023).	I chose this nursing diagnosis because this is the highest priority. Dehydration is life threatening and can lead to risk of hypovolemic shock. This requires immediate intervention of fluid resuscitation. This patient was vomiting so they were losing fluid volume.	The goal is for this client to return to baseline and show improvements in hydration by the end of her stay. The clients glucose will be in normal range, vitals will remain stable, and the clients intake and output will be within normal limits.	1. Administer fluids to replace lost fluids and monitor effectiveness (Phelps, 2023). 2. Monitor and evaluate the clients labs and clinical evaluation for any signs of dehydration or for signs of adequate hydration (Phelps, 2023).	The client remained in stable condition during my assessment. When I was at clinical, she has been having these interventions in place for a couple days. The client showed improvement in hydration and her vitals remained stable through the interventions put in place. She tolerated the interventions well.
2. Ineffective tissue perfusion related to acidosis and dehydration as evidenced by	I chose this nursing diagnosis because the primary diagnosis of DKA puts the	The goal for this patient is for them to experience adequate perfusion to the organs.	1. Monitor neurological status regularly including orientation and level of consciousness to detect any improvements or	The client tolerated these interventions well. It was helpful or this client to

<p>altered mental status (Phelps, 2023).</p>	<p>patient at risk for organ dysfunction especially the kidneys. This patient is acidotic secondary to dehydrated. This clients BUN and Creatinine were elevated indicating kidney dysfunction and dehydration.</p>	<p>By correcting the underlying cause of the clients acidosis, it will help with the dehydration and the tissue perfusion. This will occur by the end of the patients stay.</p>	<p>worsening condition (Phelps, 2023). 2. Administer insulin to help with reducing blood glucose to help improve perfusion and cerebral metabolism (Phelps, 2023).</p>	<p>be reoriented frequently and to have a conversation. This client responded to the insulin therapy well and it helped regain her mental status. The insulin helped correct the ketoacidosis and reduce the blood sugar.</p>
<p>3. Acute confusion related to cerebral hypoperfusion , and dehydration as evidenced by hallucinations (Phelps, 2023).</p>	<p>I chose this nursing diagnosis for this client for safety reasons. Due to this clients confusion, alteration in level of consciousness , and dehydration, it puts this patient at risk for falls. The client was also in alcohol withdrawal, so this is also a reason for her confusion and altered neurologic status.</p>	<p>The outcome goal is the patient will demonstrate improved cognitive function by showing an absence in hallucinations and improvement in hydration by the end of her stay.</p>	<p>1. Assess patients level of consciousness and neurologic status to assess for an improvement or decline in the patients mental status (Phelps, 2023). 2. Initiate fall precautions such as low bed, nonskid socks, call light within reach, bed and chair alarm on (Phelps, 2023).</p>	<p>The client tolerated these interventions well. The client did not have a fall or ever put themselves at risk for a fall. The client followed the fall precautions put in place. The client was shown to have a decrease in hallucinations but still had some occurring during my time with her. The client was aware of</p>

				where was during my shift. She was showing an improvement in her mental status.
4. Imbalanced nutrition related to altered metabolic state as evidenced by vomiting and elevated blood sugar and vomiting (Phelps, 2023).	I chose this diagnosis because this client uses alcohol chronically and in DKA which interfere with glucose metabolism.	The goal for this client is to return to baseline nutritionally. The patient will be free of vomiting up oral intake and blood sugar return to be within normal limits by the time of discharge.	1. Monitor labs that relate to nutritional status to establish a baseline and track improvements or declines in nutritional status (Phelps, 2023). 2. Monitor blood glucose (Phelps, 2023).	The client tolerated these interventions well. The client's blood glucose is still elevated during my time with her, but it is decreased significantly from the time of her admission. The client showed improvement in oral intake of food, but albumin lab is decreased slightly.
5. Ineffective coping related to substance dependence as evidenced by prior admissions of alcohol withdrawal (Phelps, 2023).	I chose this nursing diagnosis because the use of alcohol led to the patient admitting diagnosis of diabetic ketoacidosis. This patient also has a history of	The outcome of this is for the patient is for them to express their need to develop better coping behaviors by the end of their stay. It is important this patient understands	1. Establish an environment of trust with the patient (Phelps, 2023). 2. Encourage a conversation on positive and healthy coping strategies (Phelps, 2023).	The patient responded well with these interventions. I was able to build a client-nurse relationship, and she was open to speaking with me about

	using alcohol as a coping method and their past medical history is related to being a chronic alcohol user.	the reason for admission and express an understanding of the importance of stopping alcohol use.		anything. The patient was able to express emotions and concerns. During my assessment, this client expressed to me some healthy coping strategies they practice and when praised for it, they were happy.
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Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.

