N441 CARE PLAN

Lydia Gondzur

Lakeview College of Nursing

N441: Adult Health 3

Professor. Potts

October 22, 2025

Demographics

Date of Admission	**Client Initials**	**Age**	**Biological Gender**
10/01/2025	M.S	69 y.o	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Not employed	Single	None/NKA
Code Status	**Height**	**Weight**	
Full	6’0	241lbs 6.5 oz	

Medical History

Past Medical History: Hypertension, Pulmonary Embolism, Deep Vein Thrombosis, Acute Kidney Injury, Subdural Hematoma, Lung Nodule, Motorcycle Crash (no helmet), Type 2 DM.

Past Surgical History: Femur Fracture Surgery, Left Below Knee Amputation.

Family History: Not on file. The patient stated that his father had hypertension.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient stated that he does not use any tobacco anymore, he quit in 2010 and smoked about a pack a day. He currently drinks on weekends, about 3-4 drinks, and denies any drug use.

Education: Highschool Diploma

Living Situation: Home alone, daughter checks in and stops by

Assistive devices: No glasses, patient uses wheelchair

Admission History

Chief Complaint: Abdominal Pain

History of Present Illness (HPI)– OLD CARTS (pain assessment after extubating @ 13:19). Patients’ onset of pain started suddenly Monday 9/29 and still hurts even after surgery. The pain is located in the right lower quadrant. The pain has been constant and continues to stay the same. The patient described pain as a sharp continuous pain. The pain worsens with movement and any

touch and is relieved by the pain medications, “specifically fentanyl.” Treatment incudes pain management and surgical intervention and patient rates pain 10/10 on the numerical scale.

Admission Diagnosis

Primary Diagnosis: Retroperitoneal Bleed

Secondary Diagnosis (if applicable): N/A

Pathophysiology

A retroperitoneal bleed is in the area behind the peritoneum and contains the kidneys, pancreas, aorta, inferior vena cava, and some of the intestines (Capriotti., 2020). This can happen from some kind of trauma that results in the disruption of blood vessels in this space. The damage then shows collagen and tissues which causes the body to want to stop the bleeding. Platelets then bind at the injury site and attempt to clot the area. If the bleeding is large, it can then lead to an accumulation of blood and continued bleeding. If the hematoma expands, it can then lead to compression of other organs and vessels, causing damage and inflammation to them. This all can lead to hypovolemia due to the blood loss.

The signs and symptoms of a retroperitoneal bleed are hypotension, tachycardia, abdominal/flank pain and distention, tenderness, swelling or bruising over abdomen, pallor, cold skin, decreased urine output, and weakness. Another finding is the inability to bear weight without pain (Hinkle et al., 2021). The signs and symptoms that were relevant to this patient was tachycardia. Later in the day this patient’s heart rate jumped up to the 130s. He also came in with severe sudden abdominal pain. He was experiencing weakness, dizziness, altered mental status, shortness of breath, and decreased urine output. The vital signs that were relevant were

tachycardia, increased respirations, and low oxygen saturation. The lab findings that were relevant with this was low red blood cells, hemoglobin, and hematocrit. He had elevated PT and INR and also had an elevated white blood cell count possibly due to an infection from this.

Diagnosis is complicated due to etiological and presentational variability (Dorosh & Lin., 2022). The diagnostic testing was done by having a CT of the abdomen/pelvis outside study and a CT of the abdomen/pelvis with contrast. They were able to find that there were multiple areas brighter from the possible hemorrhage and a large perinephric hematoma and decrease in the left iliopsoas muscle (Pagana et al., 2023). All of these tests were able to help identify the disease, as well as CBC, coagulation profile, and renal function tests.

After the patient made it to surgery and now is recovering from it, he is in a lot of pain. The pain is now one of his biggest issues. He also seems to be at a risk for an infection due to this bleed and surgery, as these put him at a higher risk. The next step in his care is to provide pain relief, medications, fluids, and overall increase his mobility.

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

Dorosh, J., & Lin, J. (2022). *Retroperitoneal Bleeding(Archived)*. PubMed. https://pubmed.ncbi.nlm.nih.gov/33085330/

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

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

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
WBC	19.33	12.8	4-11	This lab could be elevated due to an infection, inflammation, stress, or physical trauma. This patient did undergo loss of stress and a surgery (Pagana et al., 2023).
RBC	Normal	2.79	4.10-5.70	This level was normal upon admission, but has now decreased. It may be low due to an iron deficiency and acute bleeding from the retroperitoneal bleed and surgery (Pagana et al., 2023).
HGB	Normal	8.3	12-18	This level was normal at admission and then is now low. This could be due to the blood loss and trauma this patient went through (Pagana et al., 2023).
HCT	Normal	24.3	37-51	This level was normal but is now decreased. This could be decreased because of RBC

				destruction, blood loss, or excessive IV fluids (Pagana et al., 2023).
Neutrophils	16.29	10.18	1.60-7.70	This lab may be increased due to stress, trauma, and inflammation. This could also be due to trying to fight off an infection. The level has decreased and seems to be heading in the right direction (Pagana et al., 2023).
Lymphocytes	Normal	0.93	1.00-4.90	This level was normal on admission but has now decreased. The trauma of the injury, inflammation, a stress reaction, or even an infection may lower this level (Pagana et al., 2023).
Monocytes	1.89	1.63	0-1.10	This level is increased during admission and currently. This is possibly elevated due to an infection, inflammatory response, or a stress response (Pagana et al., 2023).
Calcium	8.7	7.36	8.9-10.6	This level is low. This could be due to poor dietary intake, acute kidney injury. This lab is essential for muscle, nerve, and bone health (Pagana et al., 2023).
Glucose	171	148	74-100	This lab may be high because of the client's Type 2 DM. It could also be from injury, stress, diet, or medication, such as a beta blocker (Pagana et al., 2023).
Creatinine	1.74	1.39	0.70-1.30	This level could be elevated due to the patient’s past medical history of an acute kidney injury. It could also be

				from dehydration and trauma (Pagana et al., 2023).
Potassium	5.2	Normal	3.5-5	This level was increased but is now normal. The reason this may be high is due to severe infections, kidney stress, or damaged cells from trauma (Pagana et al., 2023).
Albumin	Normal	3.1	3.4-4.8	This level was normal upon admission but is now decreased. This could be due to poor nutrition, poor protein absorption, bleeding, or leaking protein in the urine (Pagana et al., 2023).
Bilirubin	Normal	1.6	0.2-1.2	This level was normal but is now elevated. This could be due to the bilirubin unable to be expressed in the liver, an impaired conjugation enzyme, or a possible obstruction in the intestines (Pagana et al., 2023).
INR	Normal	1.8	0.9-1.1	This level was normal but is now elevated due to liver issues because the liver produces clotting factors. This could also be because of poor diet, or bleeding (Pagana et al., 2023).
PT	Normal	20.5	12.1-14.9	This was normal and is now elevated. This could be due to a bleeding risk or clotting deficiency because the blood is taking longer to clot. This could also be related to liver issues (Pagana et al., 2023).

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
CT Abdomen pelvis outside study	Multiple areas brighter from possible hemorrhage (Pagana et al., 2023).	X-Ray KUB- follow up test. The purpose of this test is to assess the urinary tract (Pagana et al., 2023). It shows us the kidneys, ureters, and bladder. It can identify any obstructions, calcifications, or any tubes, stents, or catheters. In this test they used it to identify the NG tube.	Abdominal Pain, NG Tube	The feeding tube tip is positioned over the midline portion of the stomach (Pagana et al., 2023). Indicates a correct placement of the NG tube.
CT Abdomen/pelvis with contrast	Large perinephric hematoma. Decrease in left iliopsoas muscle (Pagana et al., 2023).			

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
Wound care/dressing change	This order is so that the midline abdomen dressing is changed due to surgery.
Insulin sliding scale instructions	This order is important because we need to administer insulin if the patient's glucose is over the number scale for this patient.
Nursing communication	This order is in there to let the healthcare team know that it is ok to use the NG tube for meds.
Oral care	This order is Q2H, Vent sedation. This is going to help any infections in the mouth and keep their care as best as possible.
Cardiac monitoring	This order is important so that we continuously monitor for any changes and issues.
CCT/CVICU insulin instructions	This order is to show that the nurse should refer to protocol for dosing and titration.
Initiate electrolyte replacement if needed	This order is here because the patients' labs were abnormal and are at risk for electrolyte imbalances.
Delerium assessment	This active order is due to the increased agitation despite treatment.
NG/OG tube placement	This order was placed because this patient had to be put on the ventilator and was unable to feed himself. He was able to get nutrients from this being placed.
Intake & Output	It is important to track this so we know the number of fluids this patient is taking in and excreting and how their nutrition status is.
Foley catheter in place	This was initiated because the patient was having surgery and was on the ventilator after, so he was unable to control.
Weaning (vent sedation order)	This order is important because this ensures that the patient will be stable if they come off the ventilator.
Screen and perform spontaneous breathing trial	This order is important to see how the patient would do if they were taken off the ventilator.
Blood consent	This is important to have in case this patient needed blood during life saving measures. This is also a good precaution to take when the patient is going to have surgery.
Initiate RICE	Rest, ice, compression, elevation is implemented to reduce pain and swelling and help the healing process.
Bilateral compression stockings	This was placed because the patient is on

	bedrest and unable to move around. His past medical history includes a PE and DVTs.
IV access	This order is important because having an IV can help the care of this patient during their stay in the hospital such as medication administration, fluids, or in case of an emergency.

Hospital Medications (Must List ALL)

Brand/ Generic	Cefazolin (Ancef) injection	Hydralazine (Apresoline) injection	Heparin	Humalog (Insulin lispro)		
Dose, frequency, route	2mg, Q8H, IV	10mg, Q6H, IV	5000 units, Q8H, subq	1-20 units, Q4H, subq		
Classification (Pharmacological and therapeutic and action of the drug	Pharm: First-gen cephalosporin Thera: Antibiotic. Inhibits bacterial cell wall synthesis (Jones & Bartlett, 2023).	Pharm: Vasodilator Thera: Antihypertensive. Relaxation of smooth muscle leads to dilation (Jones & Bartlett, 2023).	Pharm and Thera: Anticoagulant. Enhances activity of antithrombin III and slows clotting process (Jones & Bartlett, 2023).	Pharm: Rapid acting insulin Thera: Antidiabetic. Synthetic form of human insulin, used to lower glucose (Jones & Bartlett, 2023).		
Reason Client Taking	To treat strains of infection from surgery.	To treat high blood pressure.	Prevent any more DVTs or PEs.	To help the patients type 2 DM.		
Two contraindications (pertinent to the client)	1. Renal impairment 2. Prolonged use (Jones & Bartlett, 2023).	1. Severe tachycardia 2. impaired renal function (Jones & Bartlett, 2023).	1. Retroperitoneal bleed **2.** Recent surgery (Jones & Bartlett, 2023).	1. Alcohol use **2.** Stress states (surgery, infection) (Jones & Bartlett, 2023).		
Two side effects or adverse effects (Pertinent to the client)	1. Confusion 2. Abnormal creatinine level (Jones & Bartlett, 2023).	1. Edema 2. Tachycardia (Jones & Bartlett, 2023).	1. Abdominal pain 2. Hemorrhage (Jones & Bartlett, 2023).	1. Peripheral edema **2.** Weight gain (Jones & Bartlett, 2023).		
List two	1. Infection	**1**. Take	1. Watch	1. Teach patient		

teaching needs for the medication pertinent to the client	prevention measures 2. Dressing changes to prevent worsening infection (Jones & Bartlett, 2023).	consistently and do not stop abruptly. 2. Change positions slowly due to dizziness (Jones & Bartlett, 2023).	for any cuts/ scrapes due to increased risk of bleeding 2. Get lab work to check clotting factors (Jones & Bartlett, 2023).	how to give injection if they are unaware **2.** Importance of Taking this med (Jones & Bartlett, 2023).		
Two Key nursing assessment(s) prior to administration	1. WBC count 2. Infection/ wound healing (Jones & Bartlett, 2023).	1. Blood pressure 2. Heart rate (Jones & Bartlett, 2023).	1. Bleeding 2. PT/INR (Jones & Bartlett, 2023).	1. Blood glucose 2. Injection sites (Jones & Bartlett, 2023).		
Brand/ Generic	Lidoderm (Lidocaine Patch)	Pantoprazole (Protonix)	Orphenadrine injection			
Dose, frequency, route	4%, 12h on, 12h off, topical patch	40mg, Q12H, IV	60mg, Q12H, IV			
Classification (Pharmacological and therapeutic and action of the drug	Pharm: Amide derivative Thera: Class IB antiarrhythmic local anesthetic**.** Temporary loss of sensation or pain (Jones & Bartlett, 2023).	Pharm: Proton pump inhibitor Thera: Antiulcer. Binds to and inhibits the hydrogen-potassium ATPase enzyme system (Jones & Bartlett, 2023).	Pharm: Skeletal muscle relaxant Thera: anticholinergic. Blocking cholinergic receptors (Jones & Bartlett, 2023).			
Reason Client Taking	Abdominal pain from surgery.	Helps calm stomach acid and prevent GI complications	Pain relief			

		when intubated.				
Two contraindications (pertinent to the client)	1. Hypersensitivity- swelling 2. Irritated skin at application site (Jones & Bartlett, 2023).	1. Increased risk of infections 2. Osteoporosis related to low calcium (Jones & Bartlett, 2023).	1. GI motility problems 2. GI bleeds/ sensitivity (Jones & Bartlett, 2023).			
Two side effects or adverse effects (Pertinent to the client)	1. Lethargy 2. Tenderness (Jones & Bartlett, 2023).	1. Headache 2. hypocalcemia (Jones & Bartlett, 2023).	1. Urinary retention in older males 2. constipation (Jones & Bartlett, 2023).			
List two teaching needs for the medication pertinent to the client	1. Move application sites 2. Report worsening pain (Jones & Bartlett, 2023).	1. Watch for bleeding symptoms if on blood thinner too 2. Watch for decreased urine output (Jones & Bartlett, 2023).	1. Can cause drowsiness or dizziness. 2. Avoid alcohol and CNS depressants (on opioid pain relievers) (Jones & Bartlett, 2023).			
Two Key nursing assessment(s) prior to administration	1. Pain assessment 2. Vital signs and skin (Jones & Bartlett, 2023).	1. Check electrolytes 2. Check PT/INR on anticoagulants (Jones & Bartlett, 2023).	1. Assess LOC 2. Assess for any adverse issues before administering (Jones & Bartlett, 2023).			
Brand/ Generic	0.9 NaCL infusion	LR infusion	Fentanyl injection	Labetalol		
Dose, frequency, route	500ml, 10ml/hr continuous, IV	500ml, 100ml/hr, continuous	25/50mcg, Q4H, IV	10mg, Q4H, IV		
Classification (Pharmacological and therapeutic and action of the drug	Pharm: Isotonic crystalloid solution Thera: Fluid and electrolyte replenisher. Expands the	Pharm: isotonic fluid Thera: Electrolyte replacement. Expands the extracellular	Pharm: opioid Thera: opioid analgesic. Inhibition of pain pathways by blocking signals and	Pharm: Noncardioselective beta-blocker Thera: Antihypertensive. Blocks alpha-1 adrenergic receptors causing vasodilation		

	extracellular fluid volume (Jones & Bartlett, 2023).	fluid volume (Jones & Bartlett, 2023).	reliefs pain (Jones & Bartlett, 2023).	(Jones & Bartlett, 2023).		
Reason Client Taking	Fluid restores and replenisher	Electrolyte imbalance	Pain management	High blood pressure		
Two contraindications (pertinent to the client)	1. Edema 2. Renal issues (Jones & Bartlett, 2023).	1. Renal impairment 2. Elevated electrolyte levels (Jones & Bartlett, 2023).	1. Decreased respirations 2. GI Motility issues (Jones & Bartlett, 2023).	**1.** Hypotension 2. Diabetes mellitus (Jones & Bartlett, 2023).		
Two side effects or adverse effects (Pertinent to the client)	1. Edema in extremities 2. Hypertension (Jones & Bartlett, 2023).	1. Pain/swelling 2. Edema (Jones & Bartlett, 2023).	1. Agitation 2. Constipation (Jones & Bartlett, 2023).	1. Bradycardia 2. Hypotension (Jones & Bartlett, 2023).		
List two teaching needs for the medication pertinent to the client	1. Explain why they need the fluids. 2. Have them report if they have any side effects (Jones & Bartlett, 2023).	1. Report any SOB, signs of swelling, or adverse effects 2. Explain the reason for these fluids (Jones & Bartlett, 2023).	1. Level of consciousness 2. Keep a high fiber diet (Jones & Bartlett, 2023).	1. Do not stop abruptly 2. Avoid alcohol use while taking this medication (Jones & Bartlett, 2023).		
Two Key nursing assessment(s) prior to administration	1. Assess Intake & output 2. Vital signs (Jones & Bartlett, 2023).	1. assess fluid status, I & O 2. check electrolyte labs (Jones & Bartlett, 2023).	1. Pain, Respiratory status 2. LOC/drowsiness (Jones & Bartlett, 2023).	1. Blood pressure **2.** Heart rate (Jones & Bartlett, 2023).		

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Fentanyl	I chose this medication because this patient was in severe pain the whole shift. He constantly was complaining of his pain and only felt any relief when he got this medication. His pain scale was a 10/10 and this pain could lead to stressors of other issues.	1. Agitation (Jones & Bartlett, 2023). 2. Constipation (Jones & Bartlett, 2023).
2. Cefazolin (Ancef) injection	I chose this medication because the patient did have surgery and an abdominal incision that was healing. This surgery increases his risk of infection and could cause more complications if it is not maintained.	1. Confusion (Jones & Bartlett, 2023). 2. Abdominal cramping/ pain (Jones & Bartlett, 2023).
3. Heparin	I chose this because this patient is on bedrest and is unable to move much. He has a history of DVTs and a pulmonary embolism.	1. Abdominal distention and pain (Jones & Bartlett, 2023). 2. Pain, redness, bleeding (Jones & Bartlett, 2023).

Medications Reference (1) (APA)

Nurses drug handbook. (2023). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:**	The patient was alert and oriented x3 to person, place, situation. He was unaware of the time or day. This patient was slightly distressed when we first got there due to weaning him off the

Overall appearance: **Infection Control precautions:** **Client Complaints or Concerns:**	ventilator. He was kept well-groomed and was calm after extubating and given pain meds. Overall, he was stressed and the only complaint at this time is pain. Standard infection control precautions implemented.
VITAL SIGNS: **Temp:** **Resp rate:** **Pulse:** **B/P:** **Oxygen:** **Delivery Method:**	This patients' vital signs were taken at 12:40. The temperature was 99.2 degrees Fahrenheit. The respirations were 18 per minute and pulse was 88 beats per minute. Blood pressure was 121/65 and oxygen was 93% 2L nasal cannula.
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	This pain assessment was done at 13:19 and using the numerical scale. The pain was located in the right lower quadrant. The pain has been constant and continues to stay the same. The patient described pain as a sharp continuous pain. The pain worsens with movement and any touch and is relieved by the pain medications (specifically fentanyl). Treatment includes pain management and surgical intervention and patient rates pain 10/10.
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:**	This patient has a 20 G IV in the right AC. The date on the IV was 9/29/25. The IV was patent, saline locked, no redness, no bruising, no swelling, and no irritation noted on and around the IV site. The dressing was dry, intact, and flushed well.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	The clients skin color was tan, warm to touch, skin turgor was less than 3 sec, and the clients Braden score was 16. There were no rashes on the patient, a bruise on the right forearm and on the right lower leg. There was a large incision across his abdomen due to the surgery and a wound on the right lower leg. No drains present at this time.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:**	The patient's head, neck, ears, eyes, and nose were all symmetrical for the face. The patient has a good range of motion in their neck and head, trachea is midline with no scars, lesions, or bumps. Dentition was without abnormalities on

Teeth:	visual examination, all teeth intact. There was no draining from the nose or ears. The patient's oral mucosa was pink and moist. PERRLA and EOMS were intact, and sclera was white, and conjunctiva was pink. No drainage from the eyes, but was slightly sluggish. .
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 was present and palpable. There were no murmurs noted, gallops, or rubs heard upon auscultation. The patient was tachycardic, but with a regular rhythm. All peripheral pulses were palpable, capillary refill was less than 2 seconds. No neck vein distention, slight edema located in the right lower leg/foot.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	No accessory muscle use upon assessment. Breath sounds clear, no wheezing, crackles, rhonchi noted upon auscultation posteriorly and anteriorly. Patients' oxygen was 93% on 2L NC, so this patient was sitting up and trying to take slow deep breaths. Normal breathing pattern.
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating Diet?** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☒ N ☐** **Size:** **Feeding tubes/PEG tube Y ☒ N ☐** **Type:**	Patients' diet at home is regular 3 meals a day. He currently is on a tube feeding and is tolerating it well. The patient is 6'0 and 241 lbs 6.5 oz. Bowel sounds were hypoactive in all four quadrants. Last bowel movement was prior to admission and patient did have pain upon palpation of the abdomen. Abdomen is hard, incision in mid abdomen from surgery, scar was covered by dressing, wound from surgical opening. Patient does not have an ostomy, has a 16 F NG tube and the feeding tube is the NG.
GENITOURINARY: **Color:**	Urine was a dark yellow color that was very concentrated. Patient urinated 175 ml during the

Character: **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** **Size:**	shift. Patient did not have any pain upon urination and is not on dialysis. Upon inspection genitals appeared normal with no deformities. Patient had a 16 F foley catheter.
Intake (in mLs) **Output (in mLs)**	This patient was NPO and did not have any intake (0%) from his tubes during the shift. His output was 175 ml of urine during the shift.
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**	The clients nail beds were intact, warm to the touch, and well groomed. The patient had a good range of motion but was on bedrest so he did not get up during the shift. When at home the patient uses a wheelchair. Strength was equal in all extremities. Patient does need ADL assistance currently and has a moderate fall risk score of 28, he needs assistance with equipment, and needs support to stand or walk.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	This patient moved all extremities well. He did have a left below knee amputation. PERRLA was intact but had slow movements. Strength was equal in all extremities. Patient was alert and oriented x3 to person, place, and situation. He was able to answer questions and follow commands. His speech was a little hard to understand after extubating but got better as the day went on. The client was sensory aware and his level of consciousness was a little sluggish and sleepy.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and**	This patient likes to watch TV as a coping method. His development is appropriate for age. Patient stated that he was not religious. He currently lives at home alone and has family support from his daughters and they frequently check in on him and help him with anything he

available family support):	needs.

Discharge Planning

Discharge location: Patient is expected to eventually be discharged back to his home after recovery.

Home health needs: His needs will include wound care needs such as dressing changes.

Equipment needs: He will continue to need a wheelchair.

Follow up plan: Patient will need to follow up with a GI specialist and how to manage pain at home.

Education needs: Will need education on wound care/ dressing changes, follow up appointments and importance of these, routine lab draws, and where to pick up and how to take medications.

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. Fluid volume deficit related to blood loss as evidenced by decreasing hematocrit/hemoglobin (Phelps, 2023).	I chose this nursing diagnosis because this patient had a lot of blood loss	Patients' hematocrit and hemoglobin will be elevated to normal	1. Monitor vitals every 15 mins (Phelps, 2023). 2. Check bleeding	I was unable to see if the patients' labs had become to a normal level before the end of

	before this surgery and his most recent labs had a very low hematocrit and hemoglobin .	level before the patient is discharged.	labs such as PT/INR and recheck hemoglobin and hematocrit (Phelps, 2023).	shift, but we were able to constantly monitor his vitals and make sure that they maintained stability.
2. Ineffective tissue perfusion related to impaired blood flow as evidenced by low urine output (Phelps, 2023).	I chose this nursing diagnosis because this patient had an extremely low urine output. He only had 175 ml for the whole time I was there which was 7-16:45.	Patient will have a urine output of at least 30 ml/hr. by discharge.	1. Increase fluid intake to maintain adequate blood flow (Phelps, 2023). 2. Monitor skin color, temp, and cap refill to check circulation (Phelps, 2023).	I was able to see that we continued to get more fluid and electrolytes in this patient and his skin color, temp, and cap refill were all normal upon assessment.
3. Acute pain related to internal bleeding as evidenced by verbalization of pain (Phelps, 2023).	I chose this nursing diagnosis because this patient was constantly in extreme pain and showed many signs of it. He also was in pain when moving his body.	This patient will be down to a 5/10 pain level by the end of shift.	1. Assess pain frequently to monitor effectiveness (Phelps, 2023). 2. Administer pain medication as ordered (Phelps, 2023).	We were able to continue to assess his pain throughout the shift and it eventually got down to a 6/10. Also observed that this patient took his medications well.
4. Possible infection related to invasive procedure as evidenced by	I chose this nursing diagnosis because this	This patient's WBC count will	**1.** Assess surgical site and maintain	This patient seemed to still have a very red

antibiotic therapy (Phelps, 2023).	patient was at a high risk for infection after he had surgery. Also, he had an elevated WBC count and was on antibiotics.	be back to normal by the time of discharge.	strict aseptic technique (Phelps, 2023). 2. Perform hand hygiene and have patient report any signs (Phelps, 2023).	surgical site and I made sure to always have proper hygiene when I would be with this patient.
5. Anxiety related to sudden health crisis as evidenced by life threatening complications (Phelps, 2023).	I chose this nursing diagnosis because when I first got there in the morning the patient was extremely stressed and seemed scared.	Patient will be calm and show no anxiousness by the end of shift.	1. Explain everything in a calm and clear manner (Phelps, 2023). 2. Provide reassurance and a quiet environment (Phelps, 2023).	Patient was able to be calmer toward the end of shift and was excited for his family to come visit him.

Other References (APA):

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