N431 **CARE PLAN #2**

Ashley Shields

Lakeview College of Nursing

N431: Adult Health II

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Date: October 31, 2025

Demographics

Date of Admission 10/19/2025	Client Initials JG	Age 43	Biological Gender Female
Race/Ethnicity White	Occupation Waitress	Marital Status Divorced	Allergies Cayenne pepper fruits, cefoprozil, clindamycin, codeine, erythromycin, penicillin, promethazine, metpclopramide, rizatriptan, sulfa anti-B, sulfamethexazole-trimethoprim, triptan, Maxalt, diclofenac, bactrim, cefzil, phenergen, reglan, shellfish
Code Status Full Code	Height 163 cm	Weight 81.6 kg	

Medical History

Past Medical History: borderline personality disorder, bi-polar disorder, gastric ulcer, Guillan-Barre Syndrome, post-traumatic stress disorder, poly-cystic ovarian syndrome, obesity

Past Surgical History: left and right knee arthroplasty, tonsillectomy, gastric bypass (sleeve), hysterectomy, cholecystectomy, primary umbilical hernia, lymph node biopsy and dissection, neck and esophagogastroduodenoscopy biopsy, colonoscopy with biopsy, plasma exchange, exploratory laparotomy

Family History: Mother- cancer, rheumatoid arthritis. Father- myocardial infarction, diabetes mellitus

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Marijuana, alcohol, opiates, benzodiazepines, barbiturates, amphetamines, sexual, emotional, and physical abuse, cigarettes (unknown amount on all)

Education: High school graduate with some college classes

Living Situation: Alone

Assistive devices: N/A

Admission History

Chief Complaint: Abdominal Pain

History of Present Illness (HPI)– OLD CARTS

Female, 43 years old, presented to the ED with lower abdominal pain and vomiting. Patient stated she started feeling "puny" on Friday and thought she was coming down with a stomach bug. The patient stated she started vomiting on Saturday and has not been able to eat anything since. The patient stated she thinks her last alcoholic drink was on Friday, but it could have been on Wednesday. Patient stated pain initially started in the lower abdomen and straight across the abdomen, and then it started going up her abdomen on the 19th. The patient denies any indication of blood in her vomit, pain in back, chest pain, shortness of breath, or chills today. The patient being admitted for observation and pending diagnosis.

Admission Diagnosis

Primary Diagnosis: Perforated colon

Secondary Diagnosis (if applicable): Gastric perforation due to sleeve

Pathophysiology

A perforated colon is when there is an opening in the intestinal lining that allows for gas, fluid, and intestinal matter to leak into the peritoneal cavity. This introduces bacteria into the peritoneal cavity which leads to infection. If left untreated, this can cause sepsis and be life-threatening to the patient. The prognosis of the patient widely depends on the degree of the perforation, where it is located, the timeliness of a diagnosis, and corrective measures taken (Jones et al., 2025). The pathophysiology of this condition relies on the causes such as necrotizing enterocolitis, neoplasms, foreign bodies, obstruction, trauma, and iatrogenic diseases like diverticulitis, peptic ulcer disease, appendicitis, etc. The bowel contents are highly toxic when they are not contained in the gastrointestinal tract (Jones et al., 2025). Once the intestinal lining is opened to the rest of the body, the bacteria spread, infecting the blood and other organs. This can lead into sepsis and multi-organ failure/dysfunction causing the patient to become critically ill and eventually death will occur (Jones et al., 2025). Sepsis is a condition where infection takes over and the body responds improperly by turning on itself and causing the organs to lose function. This then progresses to multiple organ dysfunction syndrome (MODS). MODS is characterized by two or more organs or organ systems to stop working properly or stop working altogether (Capriotti, 2024). Sepsis is the most common cause of MODS and the leading cause of death in the ICU (Capriotti, 2024).

Symptoms can vary with each patient. This patient had abdominal pain the progressively got worse. The patient stated the pain started in her lower abdomen and went across. Then it progressed to radiating up her abdomen and becoming more severe. She also developed fever, nausea, vomiting, tachycardia, elevated WBC, and hypertension.

This patient was positively diagnosed through exploratory surgery. There was a CT scan with contrast and a x-ray taken, but they were not conclusive for a diagnosis. Laboratory studies were performed which indicated an infection and likelihood of a perforation. The laboratory studies are nonspecific, but can help assess the severity, systemic response, and potential underlying etiologies (Jones, 2025). From the lab studies and imaging, it was concluded this patient was likely to have gastric perforation, and she needed surgery. The doctor could not locate a gastric perforation, but did find a perforation in the colon, which lead to the true diagnosis. The doctor then performed corrective surgery to repair the colon. It is still suspected there could be gastric perforation in which the doctors were discussing the need to go back into surgery to locate it. This patient is being treated with broad-spectrum antibiotics and an anti-fungal antibiotic to fight infection until the culture and sensitivity studies come back.

Clinical data for a perforated colon often include ill appearance, abdominal pain, tachycardia, tachypnea, fever, evolving signs of sepsis, distention of the abdomen, and tenderness upon palpation (Jones, 2025). Progressive abdominal pain and distention are often the first indication for patients. This pain can present milder in the beginning and progress to severe with guarding and the patient in the fetal position. A perforated colon can quickly escalate to sepsis, and timely diagnosis and treatment are crucial for the patient, especially since this carries a high mortality rate (Jones, 2025)

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Davis Advantage for Pathophysiology* (3rd ed.). F.A. Davis Company.

Jones, M. W., Kashyap, S., Boget, B., & others. (2025). *Bowel perforation*. In *StatPearls*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK537224/

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Chloride	**113 mmol/L**	**109 mmol/L**	**98-107 mmol/L**	**This patient came in dehydrated. After receiving fluids, she was showing signs of fluid overload and was being monitored. She was also starting to show signs of kidney and liver disfunction, which can all increase your chloride levels, but these are starting to trend down into normal ranges (Pagana et al., 2023).**
CO2	**19 mmol/L**	**30 mmol/L**	**21-31 mmol/L**	**Starvation and renal impairment are likely the cause for the**

				decreased CO2. This patient has a gastric sleeve which limits her nourishment and she was unable to tolerate food or fluids for 2 days prior to admission. The patient has been receiving TPN and fluids, which are helping the CO2 levels trend up towards normal (Pagana et al., 2023).
Creatinine	**0.63 mg/dL**	**0.20 mg/dL**	**0.60-1.20 mg/dL**	**Decreased creatinine in this patient is likely due to debilitation since she has been immobile and intubated for 8 days. These numbers are trending down indicating further damage (Pagana et al., 2023).**

Calcium	**7.5 mg/dL**	**7.9 mg/dL**	**8.6-10.3 mg/dL**	**Decreased calcium for this patient is indicative of malabsorption and renal impairment. These numbers are trending up, likely due to the patient receiving TPN and fluids (Pagana et al., 2023).**
Albumin	**2.5 g/dL**	**2.1 g/dL**	**3.5-5.2 g/dL**	**The low albumin levels in this patient are likely due to excessive alcohol intake and live damage associated with that. Malnourish patients, especially after surgery, have decreased protein levels as well. These numbers are trending down. (Pagana et al., 2023).**
Total Protein	**4.5 g/dL**	**4.4 g/dL**	**6.4-8.9 g/dL**	**Decreased total protein levels are an indication**

				of hepatic impairment, malnourishment, and surgery. This patient has all three of these problems taking place. These numbers are trending down (Pagana et al., 2023).
Albumin/Globulin Ratio	**1.3**	**0.9**	**1.1-2.5**	**With the sudden decrease in this lab, this is likely due to surgery and liver impairment. These numbers are down trending (Pagana et al., 2023).**
Alkaline Phosphate	**88 unit/L**	**133 unit/L**	**34-104 unit/L**	**Increased alkaline phosphate in this patient is an indication of hepatic impairment. Other possible causes could be the perforated colon releasing phosphates into the**

				blood stream or antibiotics, which this patient has been on several strong antibiotics for 8 days. These numbers are trending up (Pagana et al., 2023).
AST	**49 unit/L**	**127 unit/L**	**15-39 unit/L**	**Increased AST levels is an indication of hepatic cirrhosis associated with this patient's alcohol intake. These are trending up (Pagana et al., 2023).**
Total Bilirubin	**0.5 mg/dL**	**2.2 mg/dL**	**0.3-1.0 mg/dL**	**The increased levels of total bilirubin indicate hepatic impairment such as cirrhosis in this client. The labs are trending up (Pagana et al., 2023).**
WBC	**12.4 K/mcL**	**10.8 K/mcL**	**4.0-11.7 K/mcL**	**Increased WBC levels indicate infection. This patient had a perforated**

				colon, which spread germs throughout her body causing an infection. These numbers are trending down (Pagana et al., 2023).
RBC	**2.92 10^6/mcL**	**1.99 10^6/mcL**	**3.80-5.41 10^6/mcL**	**This patient suffered from dietary deficiency, hepatic impairment, and a perforated colon requiring surgery which causes bleeding and all cause low RBCs. These numbers are trending down (Pagana et al., 2023).**
Hgb	**11.0 g/dL**	**7.7 g/dL**	**11.3-15 g/dL**	**This patient suffered from dietary deficiency, hepatic impairment, and a perforated colon requiring surgery which can all cause low**

				hemoglobin. These numbers are trending down (Pagana et al., 2023).
Hct	**32.6%**	**22.1%**	**33.2-45.3%**	**This patient suffered from dietary deficiency, hepatic impairment, and a perforated colon requiring surgery which can both cause low hematocrit. These numbers are trending down (Pagana et al., 2023).**
MCV	**111.9 g/dL**	**111.0 g/dL**	**79.5-98.1 g/dL**	**Alcoholism and liver disease can both increase mean corpuscular volume, which this patient has. These numbers are slightly trending down (Pagana et al., 2023).**
MCH	**37.6%**	**38.5%**	**27.0-34.2%**	**Anemia can cause**

				increased mean corpuscular hemoglobin. The likely cause for this is due to the patient losing blood with the perforated colon and surgery. These numbers are trending up (Pagana et al., 2023).
RDW	**18.3%**	**18.3%**	**12.0-16.4%**	**With the patient having a perforated colon and surgery, that is likely why her RDW was elevated. These numbers are stable but still abnormal (Pagana et al., 2023).**
Platelets	**327**	**111**	**149-393**	**The patient undergoing surgery and an acute infection, this would cause the platelets to have a drastic decrease. These numbers are**

				trending down significantly (Pagana et al., 2023).
Lymphocytes	**4.0%**	**6.0%**	**11.8-45.9%**	**The likely cause of decreased lymphocytes would be that this patient was turning septic. The doctors and nurses discussed this during rounds. These numbers are trending up (Pagana et al., 2023).**
Monocytes	**2.0%**	**5.0%**	**4.4-12.9%**	**The likely cause of a decrease in monocytes would be the patient becoming septic for the same reason as stated above. These numbers are trending up (Pagana et al., 2023).**

Previous diagnostic prior to admission (ER,	**Previous diagnostic results and correlation to**	**Current Diagnostic Test & Purpose**	**Clients Signs and Symptoms**	**Results and correlate to client diagnosis**

clinic etc.) if pertinent to admission diagnosis	client admission			and condition
N/A	N/A	XR/CT of abdomen and pelvis with contrast	Pain, laboratory studies, and fever indicated an infection in the abdominal area due to a possible gastric perforation.	There was no contrast leak noted, but small volume ascites noted.
		ABGs PRN rest distress	Per respiratory protocol for ventilation.	CO2 levels normalized.
		XR chest	Check NG tube and PICC line placement	NG tube and PICC line in appropriate location.

Diagnostic Test Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, A. (2023). ***Mosby's Diagnostic and Laboratory Test Reference*** **(6th ed.). Elsevier.**

Active Orders

Active Orders	Rationale
PICC line dressing change and care	**This is to prevent infection and functionality of the PICC line (Taylor, 2023).**
Mittens non-restraint	**The patient was severely confused and pulled out her NG tube x3 and other lines (Taylor, 2023).**
Richmond Suction JP drain	**This is used to remove fluid from the body to promote healing and keep the fluid from being stagnant in the body, which could increase infection risk (Taylor, 2023).**
Antiembolism device	**This is to prevent blood clots from forming in the legs due to immobility (Taylor, 2023).**
CIWA-AD scoring	**This patient has self-reported alcohol abuse, so this was ordered to prevent complications from alcohol withdrawal (Taylor, 2023).**
CHG Bath	**This patient has a PICC line and CHG baths are standard protocols with central lines to prevent infection (Taylor, 2023).**
Oral Care Q2	**Performing frequent oral care has been proven to help prevent ventilator**

	associated pneumonia (Taylor, 2023).
Turn patient Q2	**This patient is sedated and immobile. She also has two areas on her lower buttock that are non-blanchable, so frequent turning can help prevent those from worsening and opening (Taylor, 2023).**
Amino acids with dextrose and electrolytes (TPN) continuous infusion 2000 mL @ 83 mL/hr	**This patient was malnourished and NPO, so this order was to provide appropriate nutrition while she was intubated and unable to have oral intake (Taylor, 2023).**
NPO	**This patient is NPO because she was having a procedure later that afternoon to put in another drain in her abdomen, she was having excessive residual from the tube feeds, and the physicians were anticipating another exploratory surgery to locate a possible gastric perforation (Taylor, 2023).**

References:

Taylor, C., Lynn, P. 1., & Bartlett, J. L. (2023). ***Fundamentals of nursing: the art and science of person-centered care.*** **Tenth edition. Philadelphia, Wolters Kluwer.**

Hospital Medications (Must List ALL)

Brand/Generic	**acetylcysteine/**	**fentanyl citrate/**	**dexmedetomidine**	**fondaparinux/**

	Acetadote	Fentora	/ Igalmi	Arixtra
Dose, frequency, route	**4 mL, QID, inhalation**	**50 mcg/hr continuous infusion**	**0.4 mcg/kg/hr.= 32.64 mcg/hr, continuous infusion**	**20 mcg/hr continuous infusion**
Classification (Pharmacological and therapeutic and action of the drug	**Pharmacologic: L-cysteine derivative Therapeutic: antidote (for acetaminophen overdose), mucolytic (Nurses Drug Handbook, 2024).**	**Pharmacologic: Opioid Therapeutic: opioid analgesic**	**Pharmacologic: Alpha-2 adrenergic receptor agonist Therapeutic: sedative (Nurses Drug Handbook, 2024).**	**Pharmacologic: activated for factor X inhibitor Therapeutic: anticoagulant (Nurses Drug Handbook, 2024).**
Reason Client Taking	**This client was taking this due to ventilation and having an excess of secretions and mucous requiring frequent suction (Nurses Drug Handbook, 2024).**	**This patient received this to induce and maintain anesthesia/ sedation.**	**The client was taking this as a sedative for agitation after she became combative and pulled her NG tube out three times (Nurses Drug Handbook, 2024).**	**This client is taking this as a prophylaxis against deep vein thrombosis (Nurses Drug Handbook, 2024).**
Two contraindications (pertinent to the client)	**1. Hepatotoxicity- this patient already is showing liver damage/disease, so these labs need to be monitored more closely, or an alternative should be explored. 2. Hypersensitivity to acetylcysteine or it's components**	**1. This drug is contraindicated for patients who are also taking benzodiazepines as it can increase the risk of serotonin syndrome. 2. This drug is contraindicated in patients with compromised respiratory function due to respiratory depression (Nurses Drug Handbook, 2024).**	**1. Hypersensitivity to this drug or its components. 2. There are no other contraindications for this drug (Nurses Drug Handbook, 2024).**	**1. This drug is contraindicated for patients with impaired renal function with creatinine clearance below 30 mL/min. This patient is below the normal range threshold. 2. This drug in contraindicated in patients with thrombocytopenia. This patient had a below normal platelet level, and**

	(Nurses Drug Handbook, 2024).			**there is no antidote at this facility for this drug to reverse it. This is dangerous considering the surgical possibilities for this patient (Nurses Drug Handbook, 2024).**
Two side effects or adverse effects (Pertinent to the client)	**1. This drug can cause fever, which this patient had even with acetaminophen administration. 2. This drug can cause respiratory distress. This patient was intubated and was not doing well when they were testing her breathing by lowering the vent, which could be due to this medication rather than the patient's ability to breathe (Nurses Drug Handbook, 2024).**	**1. This drug carries a risk of constipation and ileus. This patient is recovering from a perforated colon. Constipation and ileus could complicate that issue significantly. 2. This drug can cause confusion, delusions, anxiety and paranoia. This patient has already exhibited unpredictable, combative behavior, which all of these things can exacerbate (Nurses Drug Handbook, 2024).**	**1. Hepatic dysfunction is associated with this drug. This patient is already exhibiting signs of hepatic impairment. 2. This drug can cause anemia and/or hemorrhage. This patient already has low H&H and RBC levels (Nurses Drug Handbook, 2024).**	**1. This drug can cause thrombocytopenia , anemia, and bleeding. This patient has low platelets and is already anemic. 2. This drug can cause constipation. With the patient having surgery to repair part of her intestine, this could cause further issues.**
List two teaching needs for the medication pertinent to the client	**1. Urge this patient to drink 2-3 liters of fluid daily to decrease mucus viscosity. 2. Warn patients about acetylcysteine's**	**1. Instruct patients to avoid alcohol and other CNS depressants, including benzodiazepines during fentanyl therapy, unless**	**1. Instruct patients to remain lying down or sitting after receiving this drug until vital signs are normal to avoid**	**1. Inform the patient about the increased risk of bleeding. Instruct the patient or caregiver to watch for and report abdominal or**

	unpleasant smell; reassure them that it subsides as treatment progresses (Nurses Drug Handbook, 2024).	**prescribed. This patient tested positive for benzodiazepines and opiates, for which she did not have a prescription, 2. Tell patient to include fiber and fluid intake, unless contraindicated, because drug may cause severe constipation. If it persists or becomes severe, urge patient to notify the prescriber (Nurses Drug Handbook, 2024).**	**falls. 2. Inform patient drug can cause somnolence and therefore driving or other activities that require mental alertness should be avoided until effects of drug have worn off (Nurses Drug Handbook, 2024).**	**lower back pain, black stool, bleeding gums, headaches, or hematuria. 2. Advise patient to comply with follow-up appointments and prescribed laboratory tests (Nurses Drug Handbook, 2024).**
Two Key nursing assessment(s) prior to administration	**1. Watch for signs of hepatotoxicity such as altered coagulation, easy bruising, and prolonged bleeding time. 2. Assess characteristics, frequency, and type of patient's cough, particularly not sputum. If cough does not clear secretions, prepare to perform mechanical suctioning (Nurses Drug Handbook, 2024).**	**1.Use cautiously in patients at risk for opioid abuse, such as those with mental illness or personal or family history of substance abuse. This patient tested positive for drugs she did not have a prescription for, which is drug abuse. She also has mental illness issues that could affect her ability to take this medication only as prescribed. 2.Assess patients for overdose, such as cardiopulmonary arrest,**	**1. Monitor patient for tachyphylaxis and tolerance or withdrawal reactions because another dexmedetomidine product administered intravenously beyond 24 hours has caused these adverse reactions along with an increase for risk for other adverse reactions. 2. Monitor patient's vital signs closely for patients with diabetes mellitus, hypertension, or hypovolemia**	**1. Closely monitor patient for bleeding (such as ecchymosis, epistaxis, hematemesis, hematuria, and melena), especially those at risk for decreased drug elimination, such as those with mild to moderate renal impairment. 2. Perform periodic CBC, including platelet count, as ordered (Nurses Drug Handbook, 2024).**

		hypoventilation, pupil constriction, respiratory and CNS depression, seizures, and shock (Nurses Drug Handbook, 2024).	**because this drug decreases sympathetic nervous system activity (Nurses Drug Handbook, 2024).**	
Brand/Generic	**furosemide/ Lasix**	**insulin aspart/ Novolog**	**levalbuterol/ Xopenex**	**labetalol hydrochloride/ Labetalol**
Dose, frequency, route	**40 mg= 4 mL, 1 time daily, intravenous**	**PRN sliding scale Q6 for blood glucose >144-199, subcutaneous injection**	**1.25 mg= 3 mL QID, nebulizer inhalation**	**10 mg= 2 mL, Q4 >160 heart rate PRN, intravenous**
Classification (Pharmacological and therapeutic and action of the drug	**Pharmacologic: loop diuretic Therapeutic: antihypertensive, diuretic**	**Pharmacologic: rapid-acting human insulin Therapeutic: antidiabetic**	**Pharmacologic: beta 2 agonist Therapeutic: bronchodilator**	**Pharmacologic: non-cardioselective beta-blocker/alpha 1 blocker Therapeutic: antihypertensive**
Reason Client Taking	**This patient is taking this as a diuretic because she was showing signs of fluid overload.**	**This patient is receiving dextrose 5% fluids and medications that can increase blood glucose levels, so this is given to bring high blood glucose down.**	**This patient is receiving this to prevent or treat bronchospasm.**	**This patient was receiving this to keep her blood pressure down because she kept spiking into the hypertensive ranges.**
Two contraindications (pertinent to the client)	**1. This drug is contraindicated in patients with hepatic ascites, which this patient was starting to exhibit. 2. This drug is contraindicated in patients with cirrhosis, and this patient had indications of**	**1. Hypoglycemia is a contraindication for this drug. 2. This drug is contraindicated in patients who are NPO, so if they remove the TPN, it would be contraindicated (Nurses Drug Handbook, 2024).**	**1. The contraindication for this is hypersensitivity to albuterol drugs (Nurses Drug Handbook, 2024). 2. N/A**	**1. Bronchial asthma is a contraindication of this drug, and this patient was exhibiting symptoms of that. 2. Obstructive airway disease is a contraindication of this drug. This patient is a smoker with a chronic cough and**

	liver impairment (Nurses Drug Handbook, 2024).			**excessive phlegm production (Nurses Drug Handbook, 2024).**
Two side effects or adverse effects (Pertinent to the client)	**1. A side effect of this medication is anemia, which this patient already has. 2. This drug can cause hypocalcemia, which this patient already has (Nurses Drug Handbook, 2024).**	**1. Hypoglycemia is a side effect of this drug, which any patient can experience. 2. There are no other side effects listed for this medication (Nurses Drug Handbook, 2024).**	**1. Metabolic acidosis is a side effect of this drug, and with this patient already exhibiting renal issues, this places them at an increased risk for this. 2. This drug can cause GERD, indigestion, nausea and vomiting. This patient is suspected to have a gastric perforation, so those issues could complicate that.**	**1. Adverse reactions of this drug are hepatic necrosis, hepatitis, elevated liver enzymes, and jaundice. This patient is exhibiting signs of hepatic impairment with a history of alcohol abuse. 2. This drug can cause anxiety, confusion, and depression, which can contribute to her mental health struggles and combative behavior (Nurses Drug Handbook, 2024).**
List two teaching needs for the medication pertinent to the client	**1. Advise the patient to change positions slowly to minimize effects of orthostatic hypotension. 2. Caution patient about drinking alcoholic beverages because this increases the hypotensive effects (Nurses Drug Handbook,**	**1. Rotate injection sites to increase absorption and prevent lipohypertrophy. 2. Administer the insulin 30 minutes before a meal (Nurses Drug Handbook, 2024).**	**1. Inform patients that common side effects with levalbuterol use include chest pain, nervousness, tachycardia, and tremor. 2. Urge patient to call provider is she has paradoxical bronchospasm (Nurses Drug Handbook, 2024).**	**1. Advise patients to report confusion, difficulty breathing, rash, slow pulse, or swelling in the arms or legs. 2. Caution patient to not stop drug abruptly because doing so could cause angina and rebound hypertension (Nurses Drug Handbook, 2024).**

	2024).			
Two Key nursing assessment(s) prior to administration	**1. Monitor blood pressure and hepatic and renal function as well as BUN, blood glucose, and serum creatinine, electrolyte, and uric acid levels, as ordered.** **2. Monitor patient for hypokalemia, which may occur with brisk diuresis, inadequate oral intake, or when cirrhosis is present (Nurses Drug Handbook, 2024).**	**1. Do not use in combination insulin if it contains precipitate that is clumped or granular.** **2. Roll the vial gently between hands to mix and do not shake it (Nurses Drug Handbook, 2024).**	**1. Use levalbuterol cautiously in patients with arrhythmia, diabetes mellitus, hypertension, hyperthyroidism, or a history of seizures.** **2. Observe for dyspnea, increased coughing, and wheezing because this drug may provoke paradoxical bronchospasm (Nurses Drug Handbook, 2024).**	**1. Monitor blood pressure to determine effectiveness of drug and when dosage should be altered.** **2. Monitor blood glucose level because labetalol may conceal symptoms of hypoglycemia (Nurses Drug Handbook, 2024).**
Brand/Generic	**hydromorphone hydrochloride/ Dilaudid**	**meropenem/ Merrem I.V.**	**micafungin sodium/ Mycamine**	**pantaprazole sodium/ Protonix**
Dose, frequency, route	**0.5 mg= 0.5 mL Q2 PRN, intravenous**	**1000 mg, Q8, intravenous**	**100 mg= 5 mL, 1 time daily, intravenous**	**40 mg= 10 mL, BID, intravenous**
Classification (Pharmacological and therapeutic and action of the drug	**Pharmacologic: opioid** **Therapeutic: opioid analgesic**	**Pharmacologic: carbapenem** **Therapeutic: antibiotic**	**Pharmacologic: Echinocandin** **Therapeutic: antifungal**	**Pharmacologic: proton pump inhibitor** **Therapeutic: antiulcer**
Reason Client Taking	**This drug is used to manage pain in opioid-tolerant patients requiring continuous around-the-clock opioid**	**This drug is an antibiotic to treat complicated intra-abdominal infections caused by susceptible strains of alpha-hemolytic**	**This patient had an undiagnosed infection believed to be in her abdominal area. This antifungal was being administered to**	**This patient is NPO and some of the drugs can cause GERD, so this drug is protecting the stomach lining form the acid.**

	analgesia for an extended period. This patient has undergone surgery and intubation, which both cause pain and discomfort, and with her history and testing positive for drug abuse, this drug was chosen.	**streptococci and other pathogens. This patient had a perforated bowel and showed signs of infection due to that, so this drug was used to treat the most likely cause of the infections.**	**try to fight the pathogen and get the infection under control.**	
Two contraindications (pertinent to the client)	**1. This drug is contraindicated in patients GI abnormalities, and this patient had a perforated colon. 2. This drug is contraindicated in patients with acute or severe bronchial asthma, and this patient has airway issues which is part of the reason for intubation (Nurses Drug Handbook, 2024).**	**1. The only contraindication for this drug is hypersensitivity to meropenem, carbapenems, or beta-lactams. 2. N/A**	**1. The contraindication of this drug is a hypersensitivity to micafungin, echinocandins, or their components. 2. N/A (Nurses Drug Handbook, 2024).**	**1. This drug is contraindicated in patients with hypersensitivity. 2. N/A (Nurses Drug Handbook, 2024).**
Two side effects or adverse effects (Pertinent to the client)	**1. This patient is prescribed a serotonin reuptake inhibitor at home, which takes a significant time to leave the system, so this drug can**	**1. One side effect of this drug is pseudomembranous colitis, which is inflammation of the colon. This patient had surgery on her colon, which could exacerbate the issues going on with her.**	**1. This drug can cause hepatic dysfunction and worsening hepatic failure, and this patient already shows signs of hepatic impairment. 2. This drug causes**	**1. This drug can cause hepatic failure, hepatitis, and hepatotoxicity. This patient exhibits hepatic impairment. 2. This drug can cause thrombocytopenia**

	increase the risk of serotonin toxicity. 2. This drug can reduce the effects of diuretics, which this patient is currently taking (Nurses Drug Handbook, 2024).	**2. This drug could cause elevated BUN and serum creatinine levels. Since those are being monitored, it could mask the true hepatic/renal function (Nurses Drug Handbook, 2024).**	**constipation. This patient had surgical repair of a perforated colon, so constipation could complicate that (Nurses Drug Handbook, 2024).**	**. This patient has lower than normal platelet levels and is likely undergoing further surgeries (Nurses Drug Handbook, 2024).**
List two teaching needs for the medication pertinent to the client	**1. Advise patient to take drug with food to avoid GI stress. 2. Instruct patient and family on use of naloxone and importance of having naloxone available in case of an overdose (Nurses Drug Handbook, 2024).**	**1. Urge patients to tell prescriber about diarrhea that is severe or lasts longer than 3 days. 2. Tell patient that bloody or watery stools can occur 2 or more months after antibiotic therapy and can be serious, requiring prompt treatment (Nurses Drug Handbook, 2024).**	**1. Stress importance of seeking emergency treatment if difficulty breathing or swallowing occurs, or other signs of allergic reaction occur. 2. Tell patients to report any persistent, serious, or unusual signs and symptoms to the prescriber (Nurses Drug Handbook, 2024).**	**1. Instruct patients to notify the prescriber if diarrhea occurs and becomes prolonged or severe. 2. Advise patients to notify the prescriber if patient notices a decrease in urine or if there is blood in the urine (Nurses Drug Handbook, 2024).**
Two Key nursing assessment(s) prior to administration	**1. Monitor patient for coma, hypotension, profound sedation, or respiratory depression when administering hydromorphone around-the-clock. 2. Expect to taper dosages of**	**1. Monitor patients closely for diarrhea, which may indicate pseudomembranous colitis caused by C. diff. 2. Monitor patient with creatinine clearance of 10-26 mL/min for signs and symptoms of renal failure as well as for heart failure,**	**1. Monitor patients' liver and renal function closely throughout therapy because liver and renal abnormalities may occur. 2. Monitor patient's hematologic status closely because**	**1. Monitor calcium, magnesium, and potassium levels before and during therapy. 2. Monitor patient's urine output because this drug may cause acute tubulointerstitial nephritis. Notify prescriber if urine**

	hydromorphone that have been administered for an extended period because this will help prevent signs and symptoms of withdrawal (Nurses Drug Handbook, 2024).	**seizures, or shock (Nurses Drug Handbook, 2024).**	**abnormalities may occur (Nurses Drug Handbook, 2024).**	**output decreases or there is blood in the urine (Nurses Drug Handbook, 2024).**
Brand/Generic	**propofol/ Diprivan**			
Dose, frequency, route	**20 mcg/hr, continuous infusion**			
Classification (Pharmacological and therapeutic and action of the drug	**Pharmacologic: phenol derivative Therapeutic: sedative-hypnotic**			
Reason Client Taking	**This drug is used for sedation for critically ill patients in intensive care who are intubated and mechanically ventilated, which this patient is.**			
Two contraindications (pertinent to the client)	**1. This drug is contraindicated for patients with hypersensitivity to propofol, eggs, or soy products. 2. This drug is**			

	contraindicated for patients also on fentanyl (Nurses Drug Handbook, 2024).			
Two side effects or adverse effects (Pertinent to the client)	**1. This drug can cause nausea and vomiting, and this patient had abdominal surgery which could cause further issues for her. 2. This drug can cause apnea, and this patient was struggling to breathe on her own when they tested her on the ventilator (Nurses Drug Handbook, 2024).**			
List two teaching needs for the medication pertinent to the client	**1. Instruct the patient to not consume alcohol with this drug as it can cause further CNS depression. 2. Urge patients and caregiver to voice concerns and ask question prior to administration (Nurses Drug Handbook, 2024).**			
Two Key nursing assessment(s) prior to	**1. Monitor patients for propofol infusion**			

administration	**syndrome, especially with prolonged use, which can cause metabolic acidosis, hyperkalemia, lipemia, rhabdomyolysis, hepatomegaly, and cardiac and renal failure.** **2. Expect patient to recover from sedation within 8 minutes (Nurses Drug Handbook, 2024).**			

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. meropenem/ Merrem I.V.	**This drug is being used to treat infection and to prevent sepsis.**	**1. One side effect of this drug is pseudomembranous colitis, which is inflammation of the colon. This patient had surgery on her colon, which could exacerbate the issues going on with her.** **2. This drug could cause elevated BUN and serum creatinine levels. Since those are being monitored, it could mask the true hepatic/renal function (Nurses Drug Handbook, 2024).**
2. propofol/Diprivan	**This patient was combative and interfered with her care**	**1. This drug can cause nausea and vomiting, and this patient had abdominal surgery which could cause**

	and required higher oxygen demands which necessitated intubation and this drug is being used as sedation.	**further issues for her. 2. This drug can cause apnea, and this patient was struggling to breathe on her own when they tested her on the ventilator (Nurses Drug Handbook, 2024).**
3. Furosemide/Lasix	**This patient is developing ascites and has crackles in both lungs bilaterally, which indicates fluid overload.**	**1. A side effect of this medication is anemia, which this patient already has. 2. This drug can cause hypocalcemia, which this patient already has (Nurses Drug Handbook, 2024).**

Medications Reference (1) (APA)

Nurse's Drug Handbook. (2024). *Nurse's Drug Handbook* (2024 ed.). Wolters Kluwer.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress: Overall appearance: Infection Control precautions: Client Complaints or Concerns:	**This patient was sedated. She would respond to moving her toes but not squeezing my fingers. Patient did not appear to be in distress. There was no infection control precautions in place.**
VITAL SIGNS: Temp: 38.1 C Resp rate: 20 Pulse: 101 B/P: 162/91 Oxygen: 95% Delivery Method: Ventilation	**The patient's temperature was 38.1, respirations were 20, pulse was 101, blood pressure was 162/91, and O2 was 95%.**
PAIN ASSESSMENT: CPOT Time: 0800 Scale: CPOT Location: N/A Severity: 2 Characteristics: N/A Interventions: Pain meds and reposition	**This patient was assessed using the CPOT scale due to ventilation and sedation. Facial- relaxed and neutral. Body movements- protection. Muscle tension- relaxed. Complicance with ventilator- coughing but tolerating. Score- 2.**

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:**	**22 gauge in left forearm on 10/19. No phlebitis, erythema, or drainage noted. Flushed with 10 mL of saline and good blood return. Triple lumen PICC line in right upper arm on 10/19 for antibiotics, hydration, meds, labs, and TPN/lipids. Site looks clean with no redness or swelling noted.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 14** **Drains present: Y☒ N ☐** **Type: JP drain**	**Patient's skin was fair, warm, dry, and appropriate color for patient's ethnicity and age. The patient had good skin turgor. Bruise noted on right wrist. Surgical wound noted on patient's abdomen midline with no purulent drainage or redness noted. The patient had mepilex and polymem wound dressing applied to coccyx and lower buttock bilaterally for red, non-blanchable areas. Jackson-Pratt drain on left lower abdominal area. Braden score of 14.**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Patient's head is normocephalic. Head, neck, and trachea are symmetrical and midline. Thyroid and lymph nodes were not palpable with no lumps, lesions, or nodules noted. Sclera has a jaundice color, PERRLA intact, and conjunctiva was moist and pink. Ears are symmetrical, no abnormalities noted. Nares were moist and pink. Patient's teeth were not easily visible due to the ventilation tube.** .
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:**	**Clear S1 and S2. No rubs, murmurs, or gallops noted. Normal rate and regular rhythm. Peripheral pulses were +2 bilaterally on all extremities. Capillary refill was <3 seconds. No edema or jugular vein distention noted.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Patient had coarse crackles in all lobes bilaterally anteriorly, unable to assess posterior sounds. Normal rate and pattern due to ventilation. No accessory muscle use noted. Patient ventilated
GASTROINTESTINAL: **Diet at home:** **Current Diet:**	Patient was NPO. Patient last bowel movement was on 10/25. Patient height is 163 cm and weight is 81.6 kg. Distension noted on abdomen.

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:16** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	No masses noted. Surgical wound noted midline abdomen around 8-9 inches long with no drainage or redness noted. Bowel sounds hyperactive in all four quadrants. JP drain on right lower abdomen. NG tube order was discontinued but it had not been pulled yet.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type: Foley** **Size: 16**	**Inspection of genitals deferred. Urine was amber color with no strong odor or cloudiness noted. Urethral 16 foley catheter in place. Patient received Lasix and had a 1450 mL output in two hours.**
Intake (in mLs) **Output (in mLs)**	**Input- 625 mL** **Output- 1450**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 50** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)**	Unable to assess strength or range of motion due to intubated and sedated. Morse fall scale of 50. Patient is immobile.

Needs assistance with equipment **Needs support to stand and walk**	
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is sedated and intubated so unable to assess. PERLA intact. Patient does respond to her name and when asked to move her toes. She does not grip fingers when asked. Some sensory and mental abilities are intact but extremely limited to what is stated above.
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):**	**Unable to assess coping or developmental level due to sedation. The patient does not have a preferred religion per her chart on Epic. The patient does appear to have supportive parents. Developments level is generativity vs. stagnation.**

Discharge Planning

Discharge location: Patient from home. Plans depend on status after being removed from intubation. Likely discharged to mother's home or a rehabilitation facility.

Home health needs: Home health needs depend on final diagnosis and further surgical interventions.

Equipment needs: Equipment depends on final diagnosis or further surgical intervention.

Follow up plan: Same as equipment and home health needs. Likely PT/OT will be consulted.

Education needs: Same as equipment and home health needs.

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. Risk for infection related to health status and surgical procedures as evidenced by vital signs **(Phelps, 2023, pg. 183).**	**This patient had a perforated colon, increased WBC, and fever consistently for several days.**	**Patient is free of infection as evidenced by vital signs within normal range and afebrile (Phelps, 2023, pg. 183).**	**1.Monitor for signs of infection including vital signs, labs, redness or purulent drainage.** **2.Practice hand hygiene and aseptic technique when providing care (Phelps, 2023, pg. 183).**	**The patient was receiving an antibiotic and antifungal pending true diagnosis, and her WBC was going down and her fever was improving.**
2. Risk for bleeding related to surgery and medication as evidence by low platelet count (Phelps, 2023, pg. 183).	**This patient had surgery, will likely have more, and is on an anticoagulant medication without a reversal agent with a low platelet count.**	**The patient does not experience bleeding as evidenced by hemoglobin and hematocrit, PT and INR, and platelets within**	**1.Administer blood products as ordered.** **2. Monitor labs and vital signs for indications of bleeding or improvement of condition (Phelps, 2023,**	**The patient was being monitored closely, and preparations were being made pending more surgeries.**

		normal range (Phelps, 2023, pg. 183).	**pg. 183).**	
3. Excessive fluid volume related to excess fluid intake as evidenced by adventitious breath sounds **(Phelps, 2023, pg. 183).**	**This patient is starting to exhibit signs of fluid overload. (Phelps, 2023, pg. 183).**	**The patient will present with clear breath sounds and a normal respiratory rate. (Phelps, 2023, pg. 183).**	**1. Monitor intake and output.** **2.Monitor lung sounds. (Phelps, 2023, pg. 183).**	**Patient had more output than input, but adventitious breath sounds were still present.**
4. Impaired skin integrity related to immobility as evidenced by changes in skin color **(Phelps, 2023, pg. 183).**	**This patient had an area on her coccyx and her lower buttock bilaterally which were red and non-blanchable.**	**Patient will maintain intact skin integrity (Phelps, 2023, pg. 183).**	**1. Conduct a thorough head to toe skin assessment every shift or PRN.** **2. Reposition patient every 2 hours and implement wound care protocols (Phelps, 2023, pg. 183).**	**Mepilex and Polymem were applied to the concerning areas, and they were being monitored.**

Other References (APA):

Phelps, L. L. (2023a). ***Nursing Diagnosis Reference Manual*** **(12th ed.). Wolters Kluwer**

Nursing Process Prioritization	Rationale
1. Risk for infection related to health status and surgical procedures as evidenced by vital signs **(Phelps, 2023, pg. 183).**	**With a perforated colon and surgery, the patient already carries a high risk for infection. She also had malnutrition prior to admission, potential hepatic and renal impairment, and she also suffers from alcoholism, which immunosuppresses her. This patient has a higher chance of infection and turning septic due to all of these factors.**
2. Risk for bleeding related to surgery and medication as evidence by low platelet count (Phelps, 2023, pg. 183).	**This patient had surgery, will likely have more, and is on an anticoagulant medication without a reversal agent with a low platelet count.**
3. Excessive fluid volume related to excess fluid intake as evidenced by adventitious breath sounds **(Phelps, 2023, pg. 183).**	**This patient exhibiting signs of fluid overload. She had coarse crackle lung sounds bilaterally and has had a higher intake than output.**
4. Impaired skin integrity related to immobility as evidenced by changes in skin color **(Phelps, 2023, pg. 183).**	**This patient had an area on her coccyx and her lower buttock bilaterally which were red and non-blanchable.**

Other References (APA):

Phelps, L. L. (2023a). ***Nursing Diagnosis Reference Manual*** **(12th ed.). Wolters Kluwer**