

N321 Care Plan #2 Redo

Ngoc Trinh

Lakeview College of Nursing

N321: Adult Health I

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Demographics

Date of Admission 10/22/25	Client Initials B.R.	Age 55	Biological Gender Female
Race/Ethnicity Caucasian	Occupation Cashier	Marital Status Single	Allergies Loratadine Prednisone Medical adhesive remover
Code Status Full code	Height 165.1 cm	Weight 129.2 kg	

Medical History

Past Medical History: Bipolar 1 disorder, Carcinoma breast cancer, Degenerative joint diseases, Deep venous thrombosis (DVT), Esophageal varices, Hyperlipidemia, History of chemotherapy, Hypertension (HTN), Metastasis to bone, Metastasis to lymph nodes, Myalgia, Nonalcoholic steatohepatitis, Obstructive sleep apnea (OSA), Pituitary tumor, Pneumonia (PNA), Psoriasis, Rosacea, Type 2 Diabetes mellitus.

Past Surgical History: Omentectomy, Cesarean section, Umbilical hernia repair, Upper Gastrointestinal endoscopy.

Family History: Father – Prostate cancer, Mother – Diabetes, MI, HTN, Stroke, Sister – Diabetes, Hyperlipidemia.

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

The patient denies the use of smoking, tobacco, alcohol, and illicit drugs.

Education: The patient stated that she had attended 2 years of community college.

Living Situation: The patient stated that she lives alone at home.

Assistive devices: The patient stated she ambulates with a walker at home.

Admission History

Chief Complaint: The patient presented to the emergency department with a complaint of a mechanical fall with neck pain and dizziness.

History of Present Illness (HPI)– OLD CARTS

The 55-year-old Caucasian female presented to the emergency department on 10/22/2025, complaining of a recent fall at home. The patient stated she struck her head on the floor two days ago, and since then, it has caused her neck pain and dizziness. The patient stated, “The room is spinning, and I feel a sharp pain in the back of my neck when I move.” The patient rates her pain a 5/10 on the numeric scale at 1550 and reports fatigue and dizziness. The patient states movement aggravates the pain, and Tylenol alleviates the pain when taken every 6 hours, along with bed rest, which helps relieve her symptoms.

Admission Diagnosis

Primary Diagnosis: Acute Kidney Injury (AKI)

Secondary Diagnosis (if applicable): N/A

Pathophysiology

Acute kidney injury (AKI) refers to a sudden decline in renal function and waste removal from the body, leading to retention of metabolic waste products, fluid imbalance, and disturbances in electrolyte and acid-base homeostasis (Capriotti & Frizzell, 2020). At the cellular level, the process begins with injury to renal tubular epithelial cells, leading to inflammation, ischemia, and apoptosis

(Capriotti & Frizzell, 2020). The injury to the nephron causes decreased perfusion and glomerular filtration rate (GFR) and impairs the kidney's ability to excrete the wastes, including creatinine and urea (Capriotti & Frizzell, 2020). This triggers vasoconstriction and activation of the renin-angiotensin-aldosterone system, further reducing the blood flow and exacerbating ischemic injury (Capriotti & Frizzell, 2020).

The pathophysiologic classification of AKI is primarily categorized as prerenal, intrarenal, and postrenal (Capriotti & Frizzell, 2020). Prerenal AKI is mainly caused by the decreased renal perfusion related to hypovolemia, hypotension, and heart failure (Hinkle et al., 2022). Direct injury to renal tissues leads to intrarenal AKI, including acute tubular necrosis from nephrotoxic agents or ischemia (Hinkle et al., 2022). Postrenal AKI is usually associated with obstruction of urine flow in the upper urinary tract or the bladder from kidney stones, tumors, or prostatic hyperplasia (Hinkle et al., 2022). In this client, it can be a mix of both intrarenal and prerenal types that was caused by her medication, dehydration, and related comorbid conditions like liver disease, hypertension, and heart failure (Hinkle et al., 2022).

The systemic effects of AKI can result from failure to maintain fluid balance, leading to fluid overload, acid-base imbalance, electrolyte disturbances such as hyperkalemia and hyponatremia, and retention of nitrogenous wastes (Capriotti & Frizzell, 2020). This can lead to fatigue, confusion, cardiac dysrhythmia, muscle weakness, shortness of breath, and increased edema (Capriotti & Frizzell, 2020). The laboratory data expected include elevated blood urea nitrogen (BUN), decreased creatinine, decreased GFR, and a deranged electrolyte panel (Hinkle et al., 2022). The patient's labs in this case were consistent with the diagnosis of AKI, as the initial

creatinine level was 2.65 mg/dL (Hinkle et al., 2022). GFR was low at 21, and the BUN was high at 53 mg/dL on admission (Hinkle et al., 2022).

Diagnostic testing in AKI typically includes a serum BUN and creatinine, an electrolyte panel, a urinalysis, and imaging for postrenal causes (Capriotti & Frizzell, 2020). In this patient, declining renal function test results, along with daily intake and output fluctuations, aided in the diagnosis (Hinkle et al., 2022). Moreover, continuous electrolyte monitoring and daily assessment of fluid balance intake and output have also been used to evaluate recovery (Hinkle et al., 2022).

The mainstay of the treatment approach for AKI is to correct the underlying causes and prevent further injury to the renal parenchyma (Capriotti & Frizzell, 2020). This patient was started on Lasix for fluid removal and spironolactone to regulate potassium levels, while daily weights and urine output were closely monitored (Hinkle et al., 2022). Additionally, IV fluids were provided to maintain perfusion and avoid further ischemia without causing fluid overload (Capriotti & Frizzell, 2020). Patient education on medications, maintaining hydration, and continued laboratory tests are essential for his full recovery and the prevention of future injuries (Hinkle et al., 2022).

In conclusion, AKI is a complex pathological condition characterized by epithelial cell injury, an inflammatory response, and alterations in kidney microcirculation, which can affect multiple organ systems (Capriotti & Frizzell, 2020). In this case, the abnormal renal labs, fluid imbalance, and weakness are all consistent with the diagnosis of AKI (Hinkle et al., 2022). The team has effectively completed early identification, frequent monitoring, and cautious treatment to ensure recovery and prevent the development of chronic kidney disease (Hinkle et al., 2022).

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. J. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Sodium	131 mmol/L	135 mmol/L	136-145 mmol/L	The sodium level is abnormally low due to hyponatremia from fluid imbalance (Taylor et al., 2023).
Chloride	100 mmol/L	109 mmol/L	98-107 mmol/L	The chloride lab is abnormally high due to impaired renal function from acute kidney injury, which affects electrolyte regulation (Taylor et al., 2023).
CO ₂ , venous	21 mmol/L	18 mmol/L	22 - 30 mmol/L	The CO ₂ level is abnormally low due to metabolic acidosis associated with acute kidney injury (Taylor et al., 2023).
BUN	53 mg/dL	21 mg/dL	10 – 20 mg/dL	The BUN is high due to decreased kidney

				filtration (Taylor et al., 2023).
Creatinine, Blood	2.65 mg/dL	1.12 mg/dL	0.60 - 1.00 mg/dL	Creatinine is abnormally elevated due to decreased renal filtration (Taylor et al., 2023).
GFR, Estimated	21	58	>= 60	The GFR is abnormally low because reduced kidney function from acute kidney injury has impaired waste clearance (Taylor et al., 2023).
Glucose	376 g/dL	242 g/dL	70 – 99 mg/dL	The glucose is abnormally high due to uncontrolled type 2 diabetes mellitus (Taylor et al., 2023).
Albumin	3.5 g/dL	2.8 g/dL	3.5 – 5.0 g/dL	The albumin level is abnormally low due to impaired liver function and malnutrition (Taylor et al., 2023).
A/G ratio	0.9	0.5	1.0 – 2.2	The A/G ratio is abnormally low because decreased albumin and increased globulin production occur with chronic liver disease and inflammation (Taylor et al., 2023).
SGOT (AST)	34 U/L	44 U/L	<43 U/L	The AST is abnormally high due to liver inflammation and cellular injury (Taylor et al., 2023).
GFR, Estimated NONAfrican	19	51	>=60	The GFR is abnormally low due to reduced kidney filtration from acute kidney injury (Taylor et al., 2023).

GFR Est. African	23	>60	>=60	The GFR is abnormally low because impaired renal function limits the excretion of waste products and fluids (Taylor et al., 2023).
Glucose, Bedside POCT	408 mg/dL	236 mg/dL	70 - 99 mg/dL	The glucose level is abnormally high due to insulin resistance and poor glucose control (Taylor et al., 2023).
WBC	3.53	3.36	4.00 – 12.00 10 (3) /mcL	The WBC is abnormally low due to bone marrow suppression from chemotherapy (Taylor et al., 2023).
RBC	2.36 10 (6) /mcL	2.60 10 (6) /mcL	3.80 – 5.30 10 (6) /mcL	The RBC is abnormally low because of anemia related to chronic disease, chemotherapy, and bone metastasis (Taylor et al., 2023).
Hemoglobin	7.6 g/dL	8.0 g/dL	12.0 – 15.8 g/dL	The hemoglobin is abnormally low due to anemia from chronic illness and decreased red blood cell production (Taylor et al., 2023).
Hematocrit	23.8	25.1	36.0 – 47.0%	The hematocrit is abnormally low due to anemia from chronic disease and bone marrow suppression (Taylor et al., 2023).
MCV	100.0 fL	96.5 fL	82.0 – 96.6 fL	The MCV is high due to macrocytic anemia from chemotherapy or nutritional deficiency (Taylor et al., 2023).

Platelet count	103	83	140 – 440 10 ³ / mcL	The platelet count is abnormally low due to bone marrow suppression and decreased platelet production (Taylor et al., 2023).
RDW	16.3	18.7	11.8 – 15.5 %	The RDW is abnormally high due to variation in red blood cell size from anemia (Taylor et al., 2023).
Lymphocytes	11.9	14.3	18.0- 42.0 %	The lymphocyte level is abnormally low due to bone marrow suppression and immune compromise (Taylor et al., 2023).
Monocytes	1.7	13.1	4.0 – 12.0 %	The monocyte count is abnormally high because of ongoing inflammation and tissue injury from cancer metastasis and liver disease (Taylor et al., 2023).
Immature granulocytes	0.8	1.5	0.0 – 0.4	The immature granulocyte level is abnormally high due to bone marrow stimulation in response to infection, inflammation, or cancer-related stress (Taylor et al., 2023).
Absolute Lymphocytes	0.42	0.48	1.30 – 3.20 10 ³ /mcL	The absolute lymphocyte count is abnormally low due to bone marrow suppression and weakened immune function (Taylor et al., 2023).
Absolute Immature	0.03	0.05	0.00 – 0.03 10 ³ /mcL	The absolute immature granulocyte count is

Granulocyte				elevated due to increased bone marrow activity related to inflammation (Taylor et al., 2023).
Neutrophils	84.5	69.0	47.0 – 73.0 %	The neutrophil count is elevated due to tissue injury and the body's inflammatory response (Taylor et al., 2023).
Absolute Monocytes	0.06	0.44	0.20 – 1.00 10(3) /mcL	The absolute monocyte count is abnormally low due to bone marrow suppression and decreased immune cell production (Taylor et al., 2023).
Protein, random urine	Trace	N/A	Negative	The presence of trace protein in the urine is abnormal and may indicate kidney damage (Taylor et al., 2023).
Urine glucose, Qual	3+	N/A	Negative	Urine glucose is elevated due to hyperglycemia (Taylor et al., 2023).
Urine Blood	Trace	N/A	Negative ery/uL	A trace amount of blood in the urine is abnormal and may be due to kidney irritation or damage (Taylor et al., 2023).
Urine RBC's	3 - 5	N/A	Negative, 0-2/ hpF	The urine RBCs are abnormally high due to renal inflammation (Taylor et al., 2023).
WBC Esteria	2+	N/A	Negative	The WBC esterase is abnormally positive, indicating the presence of white blood cells in

				the urine, which suggests a urinary tract infection (Taylor et al., 2023).
Bacteria Urine	Many	N/A	Negative	The urine shows many bacteria, indicating a urinary tract infection and abnormal bacterial growth (Taylor et al., 2023).
WBC Urine	6-10	N/A	Negative, 0-5/ hpf	The urine WBC count is elevated due to inflammation and infection of the urinary tract (Taylor et al., 2023).

Lab Correlations Reference (1) (APA):

Taylor, C., Lynn, P., & Bartlett, J. L. (2023). *Fundamentals of nursing: The art and science of person-centered care* (10th ed.). Wolters Kluwer.

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
	XR Swallowing function study with video/ cine.		History of esophageal varices.	-The results indicated normal swallowing by the patient. The oral and pharyngeal phases

	Purpose: Assess the safety and efficiency of dysphagia and the need for dietary modifications (Pagana et al., 2025). Date: October 22, 2025.			of swallowing were unremarkable during the puree-consistency swallowing test. -This order was done to verify that the patient was not at risk for aspiration, and no dietary modification was needed at this time.
		Chest X-ray Single view portable Purpose: Evaluate for possible fractures, pneumothorax, hemothorax, or cardiopulmonary complications (Pagana et al., 2025). Date: October 22, 2025	Fall, fatigue, and dizziness.	-The result indicated no brain swelling, hemorrhage, or stroke on the imaging. There was a slight reduction in brain tissue. Results also suggest that elevated intracranial pressure may be a benign finding, depending on the patient's symptoms. In keeping with the patient's known history of bone metastases, hardened bone patches were again observed in the skull. -This order was done to confirm any head injury or bleeding caused by the fall.

		CT Head or brain without contrast. Purpose: Check for bleeding, stroke, tumors (Pagana et al., 2025). Date: October 22, 2025	Dizziness and a recent fall with head impact reported by the patient.	CT head: -The result indicated no brain swelling, hemorrhage, or stroke on the imaging. There was a slight reduction in brain tissue. Results also suggest elevated intracranial pressure or be a benign finding depending on the patient's symptoms. In keeping with the patient's known history of bone metastases, hardened bone patches were again observed in the skull. -This order was done to confirm any head injury or bleeding caused by the fall.
		CT cervical spine Purpose: Evaluated the injury and conditions, focusing on the neck vertebrae, spinal canal, and surrounding structures (Pagana et	Sharp pain in the back of the patient's neck, and dizziness.	CT cervical spine: -The result indicated no clear evidence of a new fracture or misalignment in the cervical spine. Mild age-related degenerative changes are present in the neck area. -This order was done to ensure alignment and stability of the spine and rule out

		al., 2025). Date: October 22, 2025		injuries to the spine from the fall.
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Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2025). *Mosby's diagnostic and laboratory test reference* (17th ed.). Mosby. ISBN 9780323828666

Active Orders

Active Orders	Rationale
Activity Order	To prevent complications like blood clots and support recovery after the patient's fall.
Admission Weight	Obtain a baseline weight to monitor fluid balance and ensure accurate medication dosing.
For the blood sugar of 70 mg/dL or less	To ensure prompt treatment of hypoglycemia to maintain safe blood glucose levels and prevent complications such as confusion, seizures, or loss of consciousness.
Give patient/family education on blood	To ensure the patient and family understand the purpose, procedure, and

transfusion.	possible reactions to a blood transfusion, promoting safety and informed consent if a blood transfusion is needed.
Insert/ maintain IV peripheral IV	To provide IV access needed for safe and timely medication and fluid administration.
Intake and output	To monitor kidney function, fluid balance, and treatment effectiveness for the patient with acute kidney injury.
Maintain IV while on telemetry	To ensure continuous IV access for emergency medication or fluid administration while the patient is on cardiac monitoring.
Orthostatic vital signs	To help assess for dizziness or hypotension that may contribute to the patient's fall risk.
Patient may shower	To maintain hygiene while ensuring safety and preventing falls with assistance.
Perform POC blood glucose AC-HS	To monitor blood glucose trends, detect hypo- or hyperglycemia early, and ensure prompt treatment for safe diabetes management.
Post hypoglycemia treats and blood sugar ≥ 80 mg/dL	To ensure the patient's blood glucose remains stable after hypoglycemia treatment and prevent another drop once the patient can safely eat.
Telemetry monitoring	To monitor and detect abnormal rhythms early in a patient at high risk for

	cardiac or respiratory arrest.
Transfusion reaction management	To prevent complications and maintain patient safety, if a blood transfusion reaction occurs.
Transfusion reaction management	To minimize harm and stabilize the patient if a transfusion reaction occurs, ensure rapid notification and treatment.

Hospital Medications (Must List ALL)

Brand/Generic	Tylenol/ acetaminophen	Abilify/ Aripiprazole	Aspirin/ Acetylsalicylic Acid	Lipitor/ Atorvastatin	Tums/Calcium carbonate	Coreg/ Carvedilol
Dose, frequency, route	650 mg / Q4H / PO	4 mg / Daily / PO	8 mg / Daily / PO	40 mg / nightly / PO	1000 mg/ Q8H/ PO	6.25 mg/ BID / PO
Classification (Pharmacological and therapeutic and action of the drug	Pharmacologic: No salicylate, para- aminophenol derivative (Drugs.com, 2025) Therapeutic: Antipyretic, nonopioid analgesic (Drugs.com, 2025) Action: Inhibit prostaglandin synthesis in the CNS produces analgesic to relived pain (Drugs.com,	Pharmacologic: Atypical antipsychotic (Drugs.com, 2025) Therapeutic: Antipsychotic (Drugs.com, 2025) Action: Restores the balance of dopamine and	Pharmacologic: Salicylate (Drugs.com, 2025) Therapeutic: Analgesic (Drugs.com, 2025) Action: Inhibits platelet clumping to reduce the risk of blood clots	Pharmacologic: HMG-CoA reductase inhibitor (Drugs.com, 2025) Therapeutic: Lipid-lowering agent (Drugs.com, 2025) Action: Blocks HMG-CoA	Pharmacologic: Calcium salt (Drugs.com, 2025) Therapeutic: Antacid (Drugs.com, 2025) Action: Neutralizes gastric acid and increases calcium levels	Pharmacologic: Nonselective beta-adrenergic blocker (Drugs.com, 2025) Therapeutic: Antihypertensive (Drugs.com, 2025) Action: Decreases heart rate and blood

	2025)	serotonin in the brain to help stabilize mood (Drugs.com, 2025).	(Drugs.com, 2025).	reductase enzyme to decrease cholesterol synthesis and lower LDL levels (Drugs.com, 2025).	in the body (Drugs.com, 2025).	pressure by blocking beta and alpha receptors, reducing cardiac workload (Drugs.com, 2025).
Reason Client Taking	Headache and pain (Drugs.com, 2025)	To manage mood instability (Drugs.com, 2025)	To prevent blood clots (Jones & Bartlett, 2024).	To reduce elevated cholesterol (Jones & Bartlett, 2024).	To relieve heartburn or acid indigestion (Jones & Bartlett, 2024).	To manage hypertension (Jones & Bartlett, 2024).
Two contraindications (pertinent to the client)	1. Hepatic impairment (Drugs.com, 2025) 2. Chronic alcohol use (Drugs.com, 2025)	1. Type 2 diabetes mellitus (Drugs.com, 2025). 2. Cardiovascular disease (Jones & Bartlett, 2024).	1. History of esophageal varices (Drugs.com, 2025). 2. Liver disease (Jones & Bartlett, 2024).	1. Active liver disease (Drugs.com, 2025). 2. Metastasis to liver (Drugs.com, 2025).	1. Renal impairment (Drugs.com, 2025). 2. History of bone metastasis (Drugs.com, 2025).	1. Bradycardia (Drugs.com, 2025). 2. Acute kidney injury (Drugs.com, 2025).
Two side effects or adverse effects (Pertinent to the client)	1. Elevated liver enzymes (Drugs.com, 2025). 2. Renal impairment (Drugs.com, 2025).	1. Hyperglycemia (Drugs.com, 2025). 2. Orthostatic hypotension (Jones &	1. Gastrointestinal bleeding (Drugs.com, 2025). 2. Prolonged bleeding time	1. Elevated liver enzymes (AST, ALT) (Drugs.com, 2025). 2. Myopathy (Drugs.com,	1. Hypercalcemia (Drugs.com, 2025). 2. Constipation (Drugs.com, 2025).	1. Orthostatic hypotension (Drugs.com, 2025). 2. Bradycardia (Drugs.com, 2025).

		Bartlett, 2024).	(Jones & Bartlett Learning, 2024).	2025).		
Key nursing assessment(s) prior to administration	1. Assess liver function tests such as AST, ALT, bilirubin (Drugs.com, 2025). 2. Assess renal function such as BUN, creatinine, urine output (Drugs.com, 2025).	1. Assess fasting blood glucose level (Drugs.com, 2025). 2. Assess baseline blood pressure (Jones & Bartlett, 2024).	1. Assess for signs of bleeding such as bruising, petechiae, dark stools (Jones & Bartlett Learning, 2024). 2. Review liver function test such as AST, ALT, bilirubin (Drugs.com, 2025)	1. Review recent liver function tests such as AST, ALT, bilirubin (Jones & Bartlett Learning, 2024). 2. Assess for new or worsening muscle pain or weakness (Drugs.com, 2025)	1. Check renal function such as BUN, creatinine levels (Jones & Bartlett Learning, 2024). 2. Assess for signs of hypercalcemia such as muscle weakness, confusion (Drugs.com, 2025)	1. Check blood pressure and apical pulse before each dose (Drugs.com, 2025). 2. Assess for symptoms of dizziness or lightheadedness (Drugs.com, 2025)

Brand/ Generic	Benadryl/ diphenhydramine	Ferrous sulfate/ Ferrous sulfate	Lasix/ Furosemide	Neurontin/ Carbapenem	Glucose/ Dextrose	Glycolax/ polyethylene glycol 3350
Dose, frequency,	25 mg / BID / PO	325 mg/ Daily / PO	40 mg/ Daily/PO	300 mg/ TID/ PO	15g/ PRN/ PO	17g/ BID/ PO

route						
Classification (Pharmacological and therapeutic action of the drug)	Pharmacologic: H1 receptor antagonist (Drugs.com, 2025) Therapeutic: Antihistamine (Jones & Bartlett, 2024). Action: Blocks histamine (H1) receptors to reduce allergic symptoms (Drugs.com, 2025).	Pharmacologic: Iron preparation (Drugs.com, 2025). Therapeutic: Antianemic agent (Jones & Bartlett Learning, 2024). Action: Replenishes iron stores needed for hemoglobin production and red blood cell formation (Drugs.com, 2025)	Pharmacologic: Loop diuretic (Drugs.com, 2025) Therapeutic: Antihypertensive (Drugs.com, 2025) Action: Inhibits sodium and water reabsorption in the loop of Henle, increasing urine output and reducing fluid overload (Drugs.com, 2025).	Pharmacologic: Gamma-aminobutyric acid (Drugs.com, 2025) Therapeutic: Anticonvulsant (Jones & Bartlett Learning, 2024). Action: Modifies the release of excitatory neurotransmitters to decrease nerve pain and stabilize nerve activity (Drugs.com, 2025).	Pharmacologic: Monosaccharide (Drugs.com, 2025) Therapeutic: Antihypoglycemic agent (Drugs.com, 2025) Action: Quickly raises blood glucose levels by providing a simple sugar that is rapidly absorbed (Drugs.com, 2025).	Pharmacologic: Hyperosmotic laxative (Drugs.com, 2025) Therapeutic: Laxative (Jones & Bartlett Learning, 2024) Action: Increases water retention in the stool to promote bowel movement and relieve constipation (Drugs.com, 2025).
Reason Client Taking	To relieve allergy symptoms (Jones &	To treat anemia (Jones & Bartlett Learning,	To reduce blood pressure (Drugs.com,	To relieve neuropathic pain (Drugs.com,	To correct hypoglycemia (Drugs.com,	To prevent or relieve constipation

	Bartlett Learning, 2024).	2024).	2025)	2025)	2025)	(Drugs.com, 2025)
Two contraindications (pertinent to the client)	1. History of dizziness and fall risk (Drugs.com, 2025) 2. Obstructive sleep apnea (Drugs.com, 2025)	1. Active gastrointestinal disorders such as esophageal varices (Drugs.com, 2025) 2. Liver impairment (Drugs.com, 2025)	1. Acute kidney injury (Drugs.com, 2025) 2. Electrolyte imbalance (Drugs.com, 2025)	1. Renal impairment (Drugs.com, 2025) 2. History of dizziness or falls (Jones & Bartlett Learning, 2024).	1. Unconsciousness (Jones & Bartlett Learning, 2024). 2. Severe hyperglycemia (Drugs.com, 2025)	1. Abdominal pain (Jones & Bartlett Learning, 2024). 2. Electrolyte imbalance (Jones & Bartlett Learning, 2024).
Two side effects or adverse effects (Pertinent to the client)	1. Excessive sedation or confusion (Jones & Bartlett Learning, 2024). 2. Urinary retention (Drugs.com, 2025)	1. Constipation or dark stools (Drugs.com, 2025) 2. Epigastric pain (Drugs.com, 2025)	1. Hypokalemia or hyponatremia (Drugs.com, 2025) 2. Orthostatic hypotension (Drugs.com, 2025)	1. Drowsiness or dizziness (Drugs.com, 2025) 2. Peripheral edema (Drugs.com, 2025)	1. Rebound hyperglycemia (Drugs.com, 2025) 2. Local irritation (Jones & Bartlett Learning, 2024).	1. Fluid and electrolyte imbalance (Drugs.com, 2025) 2. Abdominal bloating (Drugs.com, 2025)
Key nursing assessment(s)	1. Assess level of	1. Assess baseline	1. Check blood	1. Assess level of alertness,	1. Assess blood	1. Assess bowel

) prior to administration	alertness and orientation (Jones & Bartlett Learning, 2024). 2. Assess respiratory status and airway patency (Drugs.com, 2025)	hemoglobin, hematocrit, and serum iron levels (Drugs.com, 2025) 2. Assess for abdominal pain, black stools, or GI bleeding (Drugs.com, 2025)	pressure (Drugs.com, 2025) 2. Review recent lab values such as potassium, sodium, BUN (Jones & Bartlett Learning, 2024).	orientation, and gait stability (Drugs.com, 2025) 2. Review renal function tests such as BUN, creatinine, GFR (Drugs.com, 2025)	glucose level (Jones & Bartlett Learning, 2024). 2. Assess level of consciousness and swallowing ability (Drugs.com, 2025)	sounds, abdominal distention (Jones & Bartlett Learning, 2024). 2. Check recent electrolyte levels such as Na ⁺ , K ⁺ , Mg ²⁺ (Drugs.com, 2025).
Brand/ Generic	Glucagon/ Glucagon Emergency injection kit	Glucagon/ Glucagon Emergency injection kit	Porcine/ Heparin	Hydrochlorothiazide/ Hydrodiuril	Humalog/ Insulin lispro	Humalog/ Insulin lispro
Dose, frequency, route	1 mg/ PRN/ IM	1 mg/ PRN/ QS	7,500 Unit/Q8H/ SQ	12.5 mg/Daily/ PO	2-6 units/ nightly/ SQ	3-15 unit/ TID/ SQ
Classification (Pharmacological and therapeutic)	Pharmacologic: Hyperglycemic agent (Drugs.com,	Pharmacologic: Hyperglycemic agent (Drugs.com,	Pharmacologic: Antithrombotic (Drugs.com,	Pharmacologic: Thiazide diuretic (Drugs.com, 2025)	Pharmacologic: Rapid-acting insulin	Pharmacologic: Rapid-acting insulin

and action of the drug	2025) Therapeutic: Anti hypoglycemic (Jones & Bartlett Learning, 2024) Action: Stimulates hepatic glycogen breakdown to raise blood glucose levels (Drugs.com, 2025).	2025) Therapeutic: Anti hypoglycemic (Jones & Bartlett Learning, 2024) Action: Stimulates hepatic glycogen breakdown to raise blood glucose levels (Drugs.com, 2025).	2025) Therapeutic: Anticoagulant (Drugs.com, 2025) Action: Inhibits clot formation by enhancing the activity of antithrombin III (Drugs.com, 2025)	Therapeutic: Antihypertensive (Drugs.com, 2025) Action: Increases sodium and water excretion in the distal tubules to reduce blood volume and lower blood pressure (Drugs.com, 2025).	(Drugs.com, 2025). Therapeutic: Antidiabetic agent (Jones & Bartlett Learning, 2024). Action: Lowers blood glucose by stimulating cellular uptake of glucose and inhibiting hepatic glucose production (Drugs.com, 2025).	(Drugs.com, 2025). Therapeutic: Antidiabetic agent (Jones & Bartlett Learning, 2024). Action: Lowers blood glucose by stimulating cellular uptake of glucose and inhibiting hepatic glucose production (Drugs.com, 2025).
Reason Client Taking	Treat severe hypoglycemia when the patient cannot take oral glucose due to loss of consciousness	Treat severe hypoglycemia when the patient cannot take oral glucose due to loss of consciousness	To prevent deep vein thrombosis (Drugs.com, 2025)	To manage hypertension (Jones & Bartlett Learning, 2024).	To control elevated blood glucose levels associated with type 2 diabetes	To control elevated blood glucose levels associated with type 2 diabetes

	(Jones & Bartlett Learning, 2024).	(Jones & Bartlett Learning, 2024).			mellitus (Jones & Bartlett Learning, 2024).	mellitus (Jones & Bartlett Learning, 2024).
Two contraindications (pertinent to the client)	1. Pheochromocytoma (Drugs.com, 2025). 2. Insulinoma (Drugs.com, 2025).	1. Pheochromocytoma (Drugs.com, 2025). 2. Insulinoma (Drugs.com, 2025).	1. Active bleeding (Jones & Bartlett Learning, 2024). 2. Severe liver impairment (Drugs.com, 2025).	1. Decreased renal function (Drugs.com, 2025). 2. Hepatic disease (Jones & Bartlett Learning, 2024).	1. Hypoglycemia (Drugs.com, 2025). 2. Decreased oral intake (Jones & Bartlett Learning, 2024).	1. Hypoglycemia (Drugs.com, 2025). 2. Decreased oral intake (Jones & Bartlett Learning, 2024).
Two side effects or adverse effects (Pertinent to the client)	1. Tachycardia (Jones & Bartlett Learning, 2024). 2. Hypertension (Drugs.com, 2025).	1. Tachycardia (Jones & Bartlett Learning, 2024). 2. Hypertension (Drugs.com, 2025).	1. Heparin-induced thrombocytopenia (Jones & Bartlett Learning, 2024). 2. Prolonged bleeding or bruising (Jones & Bartlett Learning, 2024).	1. Hypokalemia (Drugs.com, 2025). 2. Orthostatic hypotension (Jones & Bartlett Learning, 2024).	1. Hypoglycemia (Drugs.com, 2025). 2. Hyponatremia (Jones & Bartlett Learning, 2024).	1. Hypoglycemia (Drugs.com, 2025). 2. Hyponatremia (Jones & Bartlett Learning, 2024).

Key nursing assessment(s) prior to administration	1. Assess level of consciousness (Jones & Bartlett Learning, 2024). 2. Check current blood glucose level (Drugs.com, 2025).	1. Assess level of consciousness (Jones & Bartlett Learning, 2024). 2. Check current blood glucose level (Drugs.com, 2025).	1. Check recent platelet count (Jones & Bartlett Learning, 2024). 2. Assess for signs of active bleeding (Drugs.com, 2025).	1. Check recent electrolyte levels such as Na ⁺ , K ⁺ , Cl ⁻ (Drugs.com, 2025). 2. Assess baseline blood pressure (Drugs.com, 2025).	1. Check current blood glucose level (Drugs.com, 2025). 2. Assess dietary intake (Drugs.com, 2025).	1. Check current blood glucose level (Drugs.com, 2025). 2. Assess dietary intake (Drugs.com, 2025).
Brand/ Generic	Chronulac / Lactulose	Lamictal/ Lamotrigine	Ativan/ Lorazepam	Milk of magnesium/ Magnesium hydroxide	Circadin/ Melatonin	Monistat/ Miconazole 2 % powder
Dose, frequency, route	20g/QID/ PO	100 mg/BID/ PO	0.5 mg/Daily PRN/ PO	30 mL/ PRN/ PO	6mg/nightly PRN/ PO	BID/ Topical
Classification (Pharmacological and therapeutic action of the drug)	Pharmacologic: Osmotic laxative (Drugs.com, 2025) Therapeutic: Laxative (Drugs.com, 2025)	Pharmacologic: Phenyltriazine anticonvulsant (Drugs.com, 2025) Therapeutic: Mood stabilizer (Drugs.com, 2025)	Pharmacologic: Benzodiazepine (Drugs.com, 2025) Therapeutic: Sedative-hypnotic (Jones & Bartlett	Pharmacologic: Saline laxative (Drugs.com, 2025) Therapeutic: Laxative (Drugs.com, 2025)	Pharmacologic: Endogenous hormone supplement (Drugs.com, 2025) Therapeutic: Sedative-hypnotic	Pharmacologic: Imidazole antifungal (Drugs.com, 2025). Therapeutic: Antifungal agent

	Action: Draws water into the colon to soften stool (Drugs.com, 2025)	2025) Action: Stabilizes neuronal membranes by inhibiting sodium transport, reducing abnormal electrical activity in the brain (Drugs.com, 2025).	Learning, 2024) Action: Enhances the effects of gamma-aminobutyric acid (GABA) in the central nervous system (Drugs.com, 2025)	Action: Draws water into the intestines through osmosis to stimulate bowel movement and neutralize gastric acid (Drugs.com, 2025).	(Drugs.com, 2025) Action: Regulates the sleep–wake cycle by acting on melatonin receptors in the brain to promote sleep onset (Drugs.com, 2025).	(Jones & Bartlett Learning, 2024) Action: Inhibits synthesis of fungal cell membranes, causing fungal cell death (Drugs.com, 2025).
Reason Client Taking	To manage constipation (Jones & Bartlett Learning, 2024).	To stabilize mood and prevent depressive or manic episodes associated with bipolar I disorder (Jones & Bartlett Learning, 2024).	To manage anxiety, agitation (Jones & Bartlett Learning, 2024).	To relieve constipation (Drugs.com, 2025)	To help regulate sleep patterns (Jones & Bartlett Learning, 2024).	To treat or prevent fungal skin infections in warm (Drugs.com, 2025)
Two contraindications (pertinent to	1. Bowel obstruction (Drugs.com, 2025)	1. Severe hepatic impairment (Jones &	1. History of obstructive sleep apnea (Jones &	1. Renal impairment (Jones & Bartlett	1. Concurrent CNS depressant	1. Irritated skin lesions (Jones & Bartlett

the client)	2. Dehydration (Jones & Bartlett Learning, 2024).	Bartlett Learning, 2024). 2. History of dizziness (Drugs.com, 2025)	Bartlett Learning, 2024). 2. Older age and fall risk (Drugs.com, 2025)	Learning, 2024). 2. Abdominal pain (Drugs.com, 2025)	(Jones & Bartlett Learning, 2024). 2. Liver impairment (Drugs.com, 2025)	Learning, 2024). 2. Severe hepatic impairment (Drugs.com, 2025)
Two side effects or adverse effects (Pertinent to the client)	1. Fluid and electrolyte imbalance (Drugs.com, 2025) 2. Abdominal cramping (Jones & Bartlett Learning, 2024).	1. Stevens–Johnson syndrome (Jones & Bartlett Learning, 2024). 2. Ataxia (Drugs.com, 2025)	1. Excessive sedation (Jones & Bartlett Learning, 2024). 2. Evaluate anxiety level (Drugs.com, 2025)	1. Hypermagnesemia (Drugs.com, 2025) 2. Dehydration (Drugs.com, 2025)	1. Daytime drowsiness (Jones & Bartlett Learning, 2024). 2. Mood changes (Drugs.com, 2025)	1. Local burning, redness, or irritation (Jones & Bartlett Learning, 2024). 2. Pruritus or rash (Drugs.com, 2025)
Key nursing assessment(s) prior to administration	1. Assess bowel sounds (Drugs.com, 2025) 2. Review recent electrolyte values such as Na ⁺ , K ⁺ (Drugs.com,	1. Assess baseline skin condition for rash (Drugs.com, 2025) 2. Assess level of alertness (Jones &	1. Assess respiratory rate (Drugs.com, 2025) 2. Assess anxiety level (Jones & Bartlett Learning,	1. Review recent magnesium, potassium, and creatinine levels (Jones & Bartlett Learning, 2024). 2. Assess	1. Assess sleep pattern (Drugs.com, 2025) 2. Assess liver function such as AST, ALT	1. Inspect affected skin area (Jones & Bartlett Learning, 2024). 2. Assess for improveme

	2025)	Bartlett Learning, 2024).	2024).	bowel sounds, abdominal distention (Drugs.com, 2025)	(Jones & Bartlett Learning, 2024).	nt or worsening of skin irritation (Drugs.com, 2025)
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Brand/Generic	Montelukast/ Singular	Zofran- ODT/ Ondansetron	Zofran- ODT/ Ondansetron	Ditropan-XL/ Oxybutynin	Protonix/ pantoprazole	Benadryl/ diphenhydramine
Dose, frequency, route	10 mg/ Every Evening/PO	4mg/ Q6H/ PO	4mg/ Q6H/ IV	10mg/ Daily/ PO	40mg/every morning before breakfast/ PO	25 mg/ Once/PO
Classification (Pharmacological and therapeutic and action of the drug)	Pharmacologic: Leukotriene receptor antagonist (Drugs.com, 2025) Therapeutic: Antiasthmatic (Drugs.com, 2025) Action: Blocks leukotriene receptors in the lungs and airways to decrease	Pharmacologic: Selective 5-HT ₃ receptor antagonists (Drugs.com, 2025) Therapeutic: Antiemetic (Jones & Bartlett Learning, 2024) Action: Blocks serotonin receptors in the chemoreceptor trigger zone of	Pharmacologic: Selective 5-HT ₃ receptor antagonists (Drugs.com, 2025) Therapeutic: Antiemetic (Jones & Bartlett Learning, 2024) Action: Blocks serotonin receptors in the chemoreceptor trigger zone of	Pharmacologic: Anticholinergic (Drugs.com, 2025) Therapeutic: Urinary antispasmodic (Jones & Bartlett Learning, 2024) Action: Relaxes smooth muscle in the bladder to reduce urinary urgency and frequency	Pharmacologic: Proton pump inhibitor (Drugs.com, 2025) Therapeutic: Anti-ulcer agent (Jones & Bartlett Learning, 2024) Action: Suppresses gastric acid secretion by inhibiting the proton pump in the stomach	Pharmacologic: Antihistamine (Drugs.com, 2025) Therapeutic: Sedative (Jones & Bartlett Learning, 2024) Action: Blocks histamine (H ₁) receptors to reduce allergic symptoms and produce mild sedation (Drugs.com,

	inflammation (Drugs.com, 2025)	the brain and the GI tract to prevent nausea and vomiting (Drugs.com, 2025).	the brain and the GI tract to prevent nausea and vomiting (Drugs.com, 2025).	(Drugs.com, 2025).	lining (Drugs.com, 2025).	2025).
Reason Client Taking	To reduce airway inflammation (Drugs.com, 2025)	To prevent or treat nausea, dizziness (Drugs.com, 2025)	To prevent or treat nausea, dizziness (Drugs.com, 2025)	To manage bladder spasms (Jones & Bartlett Learning, 2024)	To prevent or treat gastroesophageal reflux (Drugs.com, 2025)	To relieve allergic reaction (Jones & Bartlett Learning, 2024).
Two contraindications (pertinent to the client)	1. Severe hepatic impairment (Drugs.com, 2025) 2. Acute asthma attacks (Drugs.com, 2025)	1. Hepatic impairment (Drugs.com, 2025) 2. Electrolyte imbalance (Jones & Bartlett, 2024).	1. Hepatic impairment (Drugs.com, 2025) 2. Electrolyte imbalance (Jones & Bartlett, 2024).	1. Urinary retention risk (Jones & Bartlett, 2024). 2. Glaucoma (Jones & Bartlett, 2024).	1. Severe hepatic impairment (Jones & Bartlett, 2024). 2. Long-term use (Jones & Bartlett, 2024).	1. Obstructive sleep apnea (Jones & Bartlett, 2024). 2. History of dizziness and fall risk (Jones & Bartlett, 2024).
Two side effects or adverse effects (Pertinent to the client)	1. Neuropsychiatric symptoms such as agitation, anxiety (Jones & Bartlett, 2024). 2. Elevated liver enzymes such as ALT, bilirubin	1. Cardiac arrhythmia (Jones & Bartlett, 2024). 2. Lightheadedness (Drugs.com, 2025)	1. Cardiac arrhythmia (Jones & Bartlett, 2024). 2. Lightheadedness (Drugs.com, 2025)	1. Dry mouth and constipation (Drugs.com, 2025) 2. Confusion or blurred vision (Jones & Bartlett, 2024).	1. Hypomagnesemia (Drugs.com, 2025) 2. Clostridioides difficile infection (Drugs.com, 2025)	1. Sedation or confusion (Drugs.com, 2025) 2. Urinary retention (Jones & Bartlett, 2024).

	(Drugs.com, 2025)					
Key nursing assessment(s) prior to administration	1. Review liver function tests such as AST, ALT, bilirubin (Drugs.com, 2025) 2. Assess respiratory status (Jones & Bartlett, 2024).	1. Assess Cardiac history (Jones & Bartlett, 2024). 2. Assess hydration status (Drugs.com, 2025)	1. Assess cardiac history (Jones & Bartlett, 2024). 2. Assess hydration status (Drugs.com, 2025)	1. Assess for bladder distention (Drugs.com, 2025) 2. Assess hydration status (Drugs.com, 2025)	1. Assess for abdominal pain, reflux symptoms (Drugs.com, 2025) 2. Review recent magnesium and liver function such as AST, ALT results (Drugs.com, 2025)	1. Assess level of consciousness and orientation (Drugs.com, 2025) 2. Assess respiratory rate and airway patency (Jones & Bartlett, 2024).

Brand/ Generic	Kisqali/ ribociclib	Senokot/ Senna	Aldactone/ Spironolactone	Carafate/ Sucralfate	Nolvadex/ Tamoxifen	Ultram/ Tramadol
Dose, frequency, route	400 mg/Daily/ PO	8.6 mg/BID/ PO	100 mg/ Daily/ PO	1g/ BID/ PO	20 mg/ Daily/PO	50 mg/ Q6H PRN/ PO
Classification (Pharmacological and therapeutic action of the drug)	Pharmacologic: Cyclin-dependent kinase (CDK) 4/6 inhibitor (Drugs.com, 2025)	Pharmacologic: Stimulant laxative (Drugs.com, 2025) Therapeutic:	Pharmacologic: Potassium-sparing diuretic (Drugs.com, 2025) Therapeutic:	Pharmacologic: Gastroprotective agent (Drugs.com, 2025) Therapeutic:	Pharmacologic: Selective estrogen receptor modulator (Drugs.com, 2025)	Pharmacologic: Centrally acting synthetic opioid analgesic (Drugs.com, 2025)

	2025) Therapeutic: c: Antineoplastic agent (Jones & Bartlett Learning, 2024) Action: Inhibits CDK 4 and 6 enzymes to slow cell division and tumor growth in hormone-receptor-positive breast cancer (Drugs.com, 2025).	c: Laxative (Jones & Bartlett Learning, 2024) Action: Stimulates peristalsis by irritating the intestinal mucosa to promote bowel movement (Drugs.com, 2025).	diuretic (Jones & Bartlett Learning, 2024) Action: Blocks aldosterone receptors in the distal renal tubules to promote sodium and water excretion while retaining potassium (Drugs.com, 2025).	c: Antiulcer agent (Jones & Bartlett Learning, 2024) Action: Forms a protective barrier over ulcers and irritated gastric tissue, shielding it from acid and promoting healing (Drugs.com, 2025).	Therapeutic: Antineoplastic (Jones & Bartlett Learning, 2024) Action: Blocks estrogen receptors on breast cancer cells to slow or stop tumor growth (Drugs.com, 2025).	, 2025) Therapeutic: c: Analgesic (Jones & Bartlett Learning, 2024) Action: Binds to opioid receptors and inhibits reuptake of norepinephrine and serotonin to decrease pain perception (Drugs.com, 2025).
Reason Client Taking	To treat metastatic breast cancer (Jones &	To relieve constipation related to immobility (Jones &	To control blood pressure (Jones & Bartlett, 2024).	Treat gastric irritation (Drugs.com, 2025).	To treat and prevent recurrence of estrogen-receptor–	To manage moderate to severe pain (Jones & Bartlett

	Bartlett, 2024).	Bartlett Learning, 2024).			positive breast cancer (Jones & Bartlett Learning, 2024).	Learning, 2024).
Two contraindications (pertinent to the client)	1. Hepatic impairment (Drugs.com, 2025). 2. Electrolyte imbalance (Jones & Bartlett, 2024).	1. Bowel obstruction (Jones & Bartlett, 2024). 2. Electrolyte imbalance (Drugs.com, 2025).	1. Hyperkalemia (Drugs.com, 2025). 2. Acute kidney injury (Jones & Bartlett, 2024).	1. Chronic kidney disease (Jones & Bartlett, 2024). 2. Esophageal stricture (Jones & Bartlett, 2024).	1. History of deep vein thrombosis (Drugs.com, 2025). 2. Severe hepatic impairment (Jones & Bartlett, 2024).	1. Severe hepatic or renal impairment (Jones & Bartlett, 2024). 2. Concurrent use of CNS depressants (Drugs.com, 2025).
Two side effects or adverse effects (Pertinent to the client)	1. Neutropenia (Drugs.com, 2025). 2. Elevated liver enzymes such as ALT, AST (Jones & Bartlett, 2024).	1. Hypokalemia (Jones & Bartlett, 2024). 2. Abdominal cramping (Drugs.com, 2025).	1. Hyperkalemia (Drugs.com, 2025). 2. Hypokalemia (Jones & Bartlett, 2024).	1. Constipation (Drugs.com, 2025). 2. Aluminum toxicity (Jones & Bartlett, 2024).	1. Thromboembolic events (Drugs.com, 2025). 2. Endometrial changes or uterine bleeding (Jones & Bartlett, 2024).	1. Sedation and dizziness (Jones & Bartlett, 2024). 2. Seizures (Drugs.com, 2025).

Key nursing assessment(s) prior to administration	1. Review CBC such as WBC, ANC, platelets (Jones & Bartlett, 2024). 2. Assess liver function such as AST, ALT, bilirubin and ECG (Drugs.com, 2025).	1. Assess bowel sounds, abdominal distention (Drugs.com, 2025). 2. Review recent electrolyte levels such as Na ⁺ , K ⁺ (Jones & Bartlett, 2024).	1. Review recent electrolyte results such as K ⁺ , Na ⁺ , BUN, creatinine (Jones & Bartlett, 2024). 2. Assess blood pressure (Drugs.com, 2025).	1. Assess for bowel function (Jones & Bartlett, 2024). 2. Review renal function such as BUN, creatinine (Drugs.com, 2025).	1. Assess for leg pain, swelling, or shortness of breath (Jones & Bartlett, 2024). 2. Review liver function tests such as AST, ALT, bilirubin (Drugs.com, 2025).	1. Assess pain level, location, and characteristics (Drugs.com, 2025). 2. Assess respiratory rate, level of alertness (Jones & Bartlett, 2024).

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
Lasix (Furosemide)	This medication was chosen because it helps to manage hypertension and fluid retention in this client with a history of acute kidney	1. Hypokalemia or hyponatremia (Drugs.com, 2025) 2. Orthostatic hypotension (Drugs.com, 2025)

	injury and heart strain.	
Humalog (Insulin Lispro)	This medication was chosen because the client has type 2 diabetes mellitus with elevated blood glucose levels (up to 376 mg/dL)	1. Hypoglycemia (Drugs.com, 2025). 2. Hyponatremia (Jones & Bartlett Learning, 2024).
Tramadol	This medication was chosen because the patient rated her pain on a 5/10 on a numeric scale. This medication will help manage moderate to severe pain.	1. Sedation and dizziness (Jones & Bartlett, 2024). 2. Fatigue and weakness (Drugs.com, 2025).

Medications Reference (1) (APA)

Drugs.com. (2025). *Prescription drug information, interactions & side effects*. Drugs.com. <https://www.drugs.com/>

Jones & Bartlett Learning. (2024). *NDH: Nurse's Drug Handbook: Twenty-Four Edition*. World headquarters.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress: Overall appearance: Infection Control precautions: Client Complaints or Concerns:	Alertness: Patient was alert and oriented x 4 Orientation: The patient was alert and oriented and was able to verify name, DOB, location (OSF hospital), and the reason for admission. Distress: The patient showed no signs of distress. Overall appearance: The patient was well-groomed and presented with good hygiene. Infection Control precautions: Standard precaution Client Complaints or Concerns: Fall with neck pain and dizziness.
VITAL SIGNS: Temp: Resp rate: Pulse: B/P: Oxygen: Delivery Method:	Temp: 98.2 F Temporal Resp rate: 18 respirations per minute Pulse: 76 bpm B/P: 116/65 mmHg Oxygen: 100 % Room air Delivery Method: N/A
PAIN ASSESSMENT: Time: Scale: Location: Severity: Characteristics: Interventions:	Time: 1550 Scale: Numeric Scale Location: N/A Severity: 0/10 Characteristics: N/A Interventions: N/A
IV ASSESSMENT: Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.:	Size of IV: 22 G Location of IV: Posterior, right forearm Date on IV: 10/26/2025 Patency of IV: No complication, IV patent, flushes with normal saline well

IV dressing assessment: Fluid Type/Rate or Saline Lock:	Signs of erythema, drainage, etc.: Dry, no sign of redness, pain, or infiltration. IV dressing assessment: Clean, dry, intact. Fluid Type/Rate or Saline Lock: Saline Lock
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y ☐ N ☐ Type:	Skin color: Color is appropriate for ethnicity. Character: Dry, intact, normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Capillary refill is less than 3 seconds in fingers and toes bilaterally. Temperature: Skin is warm and dry upon palpation. Turgor: Loose and elastic Rashes: None reported/assessed Bruises: None reported/assessed Wounds: None reported/assessed Braden Score: 19; No Risk Drains present: Y ☐ N ☒ Type:
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Head/Neck: Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, and no nodules. Bilateral carotid pulses are palpable; no lymphadenopathy in the head or neck is visible. Ears: Bilateral auricles with no visible or palpable deformities, lumps, or lesions. Eyes: PERLA; patient's pupils constricted normally; EOM was normal. Sclera appears white with no inflammation or drainage bilaterally. Nose: Septum is midline, turbinate is moist and pink bilaterally, and no visible bleeding or polyps. Bilateral frontal sinuses are nontender to palpation. Teeth: No signs of dental caries. Patient denies use of dentures.
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:	Heart sounds: S1 and S2 auscultated. Aortic, Pulmonic, Erb's Point, Tricuspid, and Mitral heart sounds were auscultated. Regular S1, S2 sounds, no murmur noted. Cardiac rhythm (if applicable): Normal sinus rhythm. Peripheral Pulses: 3+ brachial, radial, popliteal, posterior tibial, dorsalis pedis bilaterally. Capillary refill: Fingertips blanched white in less than 3 seconds. Toes blanched in less than 3 seconds. Neck Vein Distention: Y ☐ N ☒ Edema Y ☒ N ☐ Location of Edema: Left: leg 2+, ankle 2+ Right: leg 2+, ankle 2+
RESPIRATORY: Accessory muscle use: Y ☐ N ☐ Breath Sounds: Location, character	Accessory muscle use: Y ☐ N ☒ Breath Sounds: Normal rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted. Location: Lung sounds were normal for age; breath sounds in all lobes bilaterally anteriorly and posteriorly. Character: Equal bilaterally
GASTROINTESTINAL: Diet at home: Current Diet: Is Client Tolerating Diet? Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection:	Diet at home: Regular Diet Current Diet: Diabetic diet Is Client Tolerating Diet? Yes Height: 5'5 (165.1 cm) Weight: 129.2 kg (284 lb) Auscultation Bowel sounds: normoactive bowel sounds in all four quadrants. Last BM: 10/27/25 Palpation: Pain, Mass, etc.: Abdomen is soft, nontender, with no

Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y ☐ N ☐ Nasogastric: Y ☐ N ☐ Size: Feeding tubes/PEG tube Y ☐ N ☐ Type:	organomegaly or masses noted upon palpation of all four quadrants. Inspection: Distention: N/A Incisions: N/A Scars: N/A Drains: N/A Wounds: N/A No ostomy, nasogastric, or feeding/PEG tube.
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y ☐ N ☐ Dialysis: Y ☐ N ☐ Inspection of genitals: Catheter: Y ☐ N ☐ Type: Size:	Color: Yellow Character: Dark, concentrated • Quantity of urine: 50 mL Pain with urination: Y ☐ N ☒ Dialysis: Y ☐ N ☒ Inspection of genitals: No rashes, lumps, or discharge, hair distribution. Catheter: Y ☐ N ☒ Type:
Intake (in mLs) Output (in mLs)	Intake (in mLs) 480 mL Output (in mLs) 50 mL
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength:	Neurovascular status: Patient was alert and oriented x 4. The patient was alert and oriented and was able to verify name, DOB, location (OSF hospital), and the reason for admission. ROM: All extremities have a full range of motion (ROM). Cervical back:

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	tenderness present. Neck pain, left thigh pain, and tingling. Right knee: two circular Abia sinuses with eschar Supportive devices: Walker, gait belt Strength: Lower extremities are equally weak bilaterally; upper extremities are strong and equal bilaterally. ADL Assistance: Y ☒ N ☐ Fall Risk: Y ☒ N ☐ Fall Score: 95; High Risk Activity/Mobility Status: Dependent Activity Intolerance: unable to walk long distances independently 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:	MAEW: Lower extremities are equally weak bilaterally; upper extremities are strong and equal bilaterally. PERLA: Pupils constrict normally. Strength Equal: Y ☐ N ☒ if no - Legs ☒ Arms ☐ Both ☐ Orientation: A/Ox4 Mental Status: Normal cognition, alert, and Oriented Speech: Clear Sensory: Intact, responds to commands and stimuli. LOC: Alert and oriented
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):	Coping method(s): The patient uses techniques such as deep breathing to manage discomfort. Developmental level: Appropriate for age, the patient had 2 years of college Religion & what it means to pt: The patient identifies as Christian and expresses that her faith is a source of strength, providing her with emotional support during difficult times. Personal/Family Data (Think about home environment, family

	structure, and available family support): The patient lives alone at home.
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Discharge Planning

Discharge location: The patient will be discharged from the hospital to home/self-care.

Home health needs: Home health skilled nursing for medication management, glucose monitoring, and lab draws (CBC, BMP, liver function). Physical therapy for mobility and fall prevention.

Equipment needs: Walker, gait belt, shower chair, and home blood pressure/glucose monitor.

Follow up plan: Follow up with the primary care provider in 1 week, and nephrology/endocrinology as scheduled. Continue weekly lab monitoring for renal and hepatic function.

Education needs: Monitor hydration and nutrition at home. Reinforce infection-control practices and fall-prevention education. Education on medication use, such as insulin, Lasix, pain management, low-sodium/diabetic diet, signs of bleeding or infection, and when to seek medical attention.

Nursing Process

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

Nursing Diagnosis	Rationale	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
• Include full nursing diagnosis with “related to” and “as evidenced by” components • Listed in order by priority –	• Explain why the nursing diagnosis was chosen			

highest priority to lowest priority pertinent to this client				
1. Ineffective renal tissue perfusion related to altered blood flow and fluid imbalance as evidenced by elevated BUN and creatinine, decreased GFR, and changes in urine output (Phelps, 2020).	This diagnosis was chosen because the patient's acute kidney injury indicates decreased blood flow to the kidneys, resulting in poor filtration and the buildup of waste products.	Patient maintains adequate urine output and improves BUN and creatinine levels within 48 hours. (Phelps, 2020).	1. Monitor vital signs, urine output, and daily weight (Phelps, 2020). 2. Encourage adequate PO fluid intake. (Phelps, 2020).	The patient responded well to nursing interventions, maintaining stable blood pressure and urine output with improved renal lab values during hospitalization. The goal was met with the patient's response as she verbalized understanding of her kidney function and how to maintain its functionality.
2. Excess fluid volume related to fluid retention as evidenced by pitting edema and decreased urine output (Phelps, 2020).	The nursing diagnosis was chosen because the patient presented with pitting edema and decreased urine output upon assessment.	The patient will demonstrate a reduction in edema and show a gradual increase in urine output within 48 hours (Phelps, 2020).	1. Administer diuretics as prescribed (Phelps, 2020). 2. Maintain strict I & O's and monitor for signs of fluid overload (Phelps, 2020).	The patient responded well to nursing interventions with improved urine output and decreased edema. The goal was met due to the patient's response to the interventions. The patient verbalized understanding of fluid restrictions and the importance of monitoring urine output and daily weight.
3. Risk for fall related to dizziness and weakness as	This diagnosis was chosen because of the patient's	The patient will remain free from	1. Keep the call light and personal items	The patient responded well to nursing

evidenced by a recent fall with head injury, unsteady gait, and need for assistance (Phelps, 2020).	recent fall and experiences of dizziness and weakness.	falls during hospitalization and demonstrate safe ambulation with a walker within 48 hours (Phelps, 2020).	within reach (Phelps, 2020). 2. Ensure bed and chair alarms are activated and non-skid footwear is worn (Phelps, 2020).	interventions, remained free from falls, and safely ambulated with a walker and assistance throughout the hospital stay. The goal was met, as the patient demonstrated understanding of safety precautions and called for help before ambulating.
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Nursing Process Prioritization	Rationale
1. Ineffective renal tissue perfusion	This diagnosis was chosen because the patient's acute kidney injury indicates decreased blood flow to the kidneys, resulting in poor filtration and the buildup of waste product.
2. Excess fluid volume	The nursing diagnosis was chosen because the patient presented with pitting edema and decreased urine output upon assessment.
3. Risk for fall	This diagnosis was chosen because of the patient's recent fall and experiences of dizziness and weakness.

Other References (APA):

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Cherry, K. (2024). *Erikson's Stages of Development: A closer look at the Eight Psychosocial Stages*. Very well mind.

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