N441 CARE PLAN

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N441: Adult Health 3

Professor Potts

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Demographics

Date of Admission 10/20/2025	**Client Initials** R.P.	**Age** 85	**Biological Gender** Male
Race/Ethnicity White/Caucasian	**Occupation** Retired- Engineer from the U of I	**Marital Status** Married	**Allergies** None
Code Status Full Code	**Height** 6” (182.9 cm)	**Weight** 167 lbs. 12.3 oz (76.1 kg)	

Medical History

Past Medical History: Actinic keratosis, calculus of kidney, cataract, cholithiasis, cystoscopy, diverticulosis, erectile dysfunction, hypercholesterolemia, low back pain, malignant neoplasm of urinary bladder neck, metastatic cancer in liver and lungs, urothelial cancer.

Past Surgical History: Colonoscopy, cystoscopy bladder lesion resection, hernia repair, liver biopsy, Phacoemulsification of cataract, skin biopsy, ureter stent placement (right only)

Family History: Father- deceased (head and neck cancer). Mother- deceased (brain cancer). Sister- deceased (colon cancer). Another sister- alive (colon cancer).

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

Tobacco: None

Alcohol: Not currently

Drugs: None

Education: College degree

Living Situation: This patient lives at home with his wife.

Assistive devices: Walke and shower chair

Admission History

Chief Complaint: The patient was sent to the emergency room from the cancer institute due to shortness of breath that had increased over the past two weeks, as well as having blood in his urine.

History of Present Illness (HPI)– OLD CARTS: The patient was advised to go to the emergency room from the Cancer Institute on 10/20/2025 due to shortness of breath that progressively got worse over two weeks as well as blood in his urine. The shortness of breath progressed to the point where it was hard for him to do normal daily activities, like putting on his clothes. He did not experience chest pain or a cough. The aggravating factors were when he moved or did anything besides resting. With his bladder, there was constant pressure that he was unable to relieve. At this point, his treatment is to be on bed rest and get frozen fresh plasma to help replace the plasma that he is losing, and they are considering possible surgery.

Admission Diagnosis

Primary Diagnosis: Dyspnea on Exertion

Secondary Diagnosis (if applicable): Metastatic urothelial carcinoma

Pathophysiology

Disease Process

My patient developed metastatic urothelial carcinoma, which is advanced form of bladder cancer that has spread to nearby organs, like his liver and lungs. My patient first had malignant neoplasm of urinary bladder neck which further led to the development of the cancer that later spread to other organs. What begins with this process is when a cell is transformed by genetic mutations by the DNA that becomes abnormal (Hinkle et al., 2022, p. 303). Once the cell is

deformed, the DNA begins to clone and replicate into new cells that had the deformation which will eventually take over the normal cells and their grow. Eventually these cells begin to destroy the body's immune system defense which later leads to the development of cancer. Regarding my patient, his cancer started with a tumor that grown on his urinary bladder neck that progressed to his whole bladder. His cancer was aggressive and fast developing. Since his tumor traveled from the urinary bladder neck to the whole bladder, the cancer had the opportunity to get into the blood or lymphatic channels to spread to other organs in the body. In his case, it metastasized to his liver and lungs.

Sign/Symptoms

When it comes to signs and symptoms, everyone will have different symptoms at different times or not at all. The two main symptoms that individuals have changes in their bladder habits and blood within the urine. According to the American Cancer Society, they state that the blood in the urine is the most often the first sign of bladder cancer as well as the change of bladder irritation (American Cancer Society, 2024). My patient's first indicator was the blood in his urine that progressed into having difficult urinating, fatigue, loss of appetite, and weight loss. Those later signs indicated that his cancer has advanced to other orangs. There are other symptoms that an individual could experience, which are the following lower back pain, swelling in the feet, and/or bone pain.

Diagnostic testing

There are many different ways to test bladder cancer. These are the following diagnostic tests that can be used to diagnose bladder cancer: urinalysis, cystoscopy, PET/CT scan, MRI, ultrasound, and biopsy. In some case, a patient can do genetic test to see if they have inherited the gene and if they did, it puts them at a higher risk of developing bladder cancer (American

Cancer Society, 2024). With an of the urinalysis, it can some blood that may not be visible to the naked eye and if the provider sends that urine same out for culture it can different between a UTI and bladder cancer. With that same sample, they can run a urine tumor marker that tests specific substances that would be present to indicate the cancer. If the provider orders a cystoscopy, it's where a very small camera is inserted through the urethra and up to the bladder to give the providers a better visual of the tumors. At the same time, they can get a biopsy of the tumors and other abnormalities that are present. With the biopsy, it can show what stage/grade of cancer the tumor is in. Lastly, the image is used to trach the development of a tumor without having to the scope each time. I was unable to find this biopsy result due to them being completed outside of Carle Hospital. When I was helping with the CBI is when he was telling me that he got his testing completed at Northwestern and having the history of issues with his urinary bladder necks, that they could tell that it has progressed. Other labs that were performed indicated that the cancer has metastasized to his liver and lungs. He did have future CT scan and biopsy scheduled for his liver.

Treatment

When it comes to treatment for bladder cancer will depend on what stage it is and how aggressive its developing. If it's in the early stages, an individual could do a Transurethral Resection of Bladder Tumor (TURBT) is where if the tumor is small and easily accessed, they can just remove the tumor before it gets deeper in the muscles (Hinkle et al., 2022, p. 1627). From there, it would be some kind of chemotherapy and/or immunotherapy to kill off the cancer cells. Lastly, someone can do radiation therapy to try to reduce the neoplasm and tumor cells before spreading. The second line of treatment would include immune checkpoint inhibitors and fibroblast growth factor receptor inhibitors (Stecca et al., 2021). During this line of treatment, it

aims to the new cells growth and be different to survive the cancer that was destroyed by the chemotherapy or radiation. Sometimes. The immunotherapy is continued during this to help promote the develop of health cells. Lastly, someone can do a subsequent line of therapy after completing chemotherapy and all the checkpoints. This would consist of antibody-drug conjugation. These drugs would work by microtubule disruption and apoptotic cell death. At this point with my patient, he was starting to do chemotherapy that was cisplatin-based and immunotherapy. In addition to him losing a lot of blood from his bladder, they started him on a continuous bladder irrigation and received fresh frozen plasma. It was not clear on the which type of immunotherapy he was going to receive, however, it was in the plan of care once they figured out how to stop the bleeding. There was a possibility of changing his chemotherapy due to it metastasizing to other organs but that was not being decided at that hospital stay. He will need to follow up with his Oncologist.

Pathophysiology References (2) (APA):

American Cancer Society. (2024, March 12). *Bladder cancer — Signs & symptoms*. https://www.cancer.org/cancer/types/bladder-cancer/detection-diagnosis-staging/signs-and-symptoms.html

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

Stecca, C., Abdeljalil, O., & Sridhar, S. S. (2021). Metastatic Urothelial Cancer: a rapidly changing treatment landscape. *Therapeutic advances in medical oncology*. https://doi.org/10.1177/17588359211047352

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Calcium	7.9	7.5	8.9-10.6 mg/dL	This is due to his renal failure from cancer.
BUN	97	32	8-26 mg/dL	These levels are elevated due to his renal failure and the blood clots causing an obstruction.
Creatinine	1.97	1.83	0.70-1.30 mg/dL	This is due to his urinary tract obstruction due to blood clots.
Total Protein	6.2	5.5	6.0-8.0 g/dL	These levels are trending downward due to the decrease in dietary intake and poor appetite.
Albumin	2.3	2.1	3.4-4.8 g/dL	This decreased level is due to the possibility of cancer having metastasis to his liver.
Bilirubin, Total	1.7	1.5	0.2-1.2 mg/dL	Having this level elevated is an indication that there is extensive liver metastasis and confirms the second

				diagnosis.
AST	166	161	9-43 U/L	These extreme elevated levers indicates that his liver is not functioning properly.
ALT	79	64	0-45 U/L	This level being elevated is another indication that cancer has metastasized to the liver.
Alkaline Phosphatase	264	214	40-150 U/L	These levels would be elevated since his cancer has metastasized to his liver
TSH	6.247	N/A	0.350-4.940 u[IU]/mL	His levels are expected to be elevated due to the chronic illnesses he has, which is the cancer.
Sodium	136	134	136-145 mmol/L	This is low due to renal failure.
WBC	17.24	19.94	4.00-11.0 10*30/uL	The elevation of WBC is an indication of an infection or inflammation. In his

				case, inflammation is due to cancer as no infection is found.
RBC	3.67	2.82	4.10-5.70 10*6/uL	His levels are decreased for the following reasons: advanced cancer, chronic illness, and renal disease, extreme blood loss in his urine.
HGB	10.3	8.2	12.0-18.0 g/dL	This is the same reason for the HCT to be low. His blood loss.
HCT	32.0	24.7	37.0-51.0 %	He is losing a lot of blood in his urine from the bladder cancer, which will lead to these levels being decreased.
Platelets	111	105	140-400 10*30/uL	His platelets are low because he was receiving chemotherapy and that will automatic decrease the levels.
Abs. Neutr	12.97	N/A	1.60-7.70	This level is elevated due

			10*30/uL	to cancer, that has metastasized.
Abs. Mono	1.86	N/A	0.00-1.10 10*30/uL	Typically, when someone has an elevation of this type, it is an indication of an infection. In this patient, it is unclear why it elevated because they doctors did not find an infection.
Abs. Immature Granulocyte	0.26	N/A	0.00-0.09 10*30/uL	This is elevated due to the following reasons: cancer, acute infection, and/or severe inflammation/stress.
PTT	33.0	38.5	22.4-35.9 sec	For this level to raise overtime is due to his liver cancer and the blood clots that are happening.
Prothrombin (INR)	Prothrombin 19.0 INR 1.6	Prothrombin 17.6 INR 1.4	Prothrombin 12.1-14.9 sec INR 0.9-1.1	He is passing many blood clots from his bladder and the cancer

			ratio	that has metastasized to his liver.
Fibrinogen	106	151	201-537 mg/dL	This level is to be expected in someone who has cancer, in addition to having many blood clots.

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**
CTA of Chest	He did not have this CTA completed prior to his hospitalization.	This was to evaluate if he had a pulmonary embolism.	Shortness of breath which led to the concern for pulmonary embolism.	The results were negative for pulmonary embolism, which does not indicate the cause of his shortness of breath.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's diagnostic and laboratory test reference* (15th ed.). Mosby.

Active Orders

Active Orders	Rationale
NPO: Procedure/Surgery after 1200	This order is just in case he must go into surgery the next day if the continuous bladder irrigation does not stop the bleeding/clots.
Continuous bladder irrigation	This is being done in hopes of stopping/controlling the bleeding that is within the bladder.
Labs drawn in the AM	This is routine to monitor all his blood work levels. For example, his electrolytes, WBC, RBC, platelets, etc.
Prepare fresh frozen plasma (FFP) x2	He is getting fresh frozen plasma every day because his levels are low due to the loss of blood in his urine.
Notify the provider if suspected transfusion reaction	It is important that the provider knows of any reactions during treatment so that the provider can take quick action to prevent further harm or death to the patient. Also, the provider

	would be able to create a new course of treatment.
Vitals Q4H or Q1H during infusion	Vitals every four hours are standard at this facility. The vitals every hour during and after the infusion are to make sure that there is no complication going on or the patient is going into respiratory/cardiac failure.

Hospital Medications (Must List ALL)

Brand/ Generic	Prochlorperazine (Compazine)	Ondansetron (Zofran)	Sennosides (Senokot)	Melatonin NOT IN BOOK	Hydralazine (Apresoline)	Ceftriaxone Sodium
Dose, frequency, route	10 mg every 6 hours, PRN- oral or IV	4 mg daily as needed- oral or IV	8.6 mg twice daily, as needed- oral	3 mg at bedtime as needed- oral	25 mg every 8 hours as needed- oral	1 g daily, IV push
Classification (Pharmacological and therapeutic and action of the drug	Pharmacological: Piperazine phenothiazine Therapeutic: Antiemetic	Pharmacological: Selective serotonin (5-HT3) receptor antagonist Therapeutic: Antiemetic	Pharmacological: Stimulant laxative Therapeutic: Laxative	Pharmacological: acetamides Therapeutic: Minerals and electrolytes, Miscellaneous anxiolytics, sedatives and hypnotics, Nutraceutical products	Pharmacological: Vasodilator Therapeutic: Antihypertensive	Pharmacological: Third-generation cephalosporin Therapeutic: Antibiotic
Reason Client Taking	This helps with severe	He takes this when he feels	This helps prevent constipatio	This helps with going to sleep	This medication is to	This is an antibiotic, and, in his

	nausea or vomiting.	nausea or is vomiting.	n and keeps the stool soft.	and staying asleep.	manage hypertension.	case of receiving chemotherapy which weakens his immune system, he is taking this as a preventative for the development of UTIs.
Two contraindications (pertinent to the client)	1. This medication is contraindication for the younger population, 2 years younger or CNS depression (Jones & Bartlett, 2021, p. 1113).	1. He is not concomitant with the use of apomorphine or has a hypersensitivity to this drug (Jones & Bartlett, 2021, p. 1015).	1. Renal impairment 2. Electrolyte imbalance	1. Blood clotting disorder 2. Hypertension	1. This patient does not have any known heart issues because the two contraindications are coronary artery disease or mitral valvular rheumatic heart disease (Jones & Bartlett, 2021, p. 651).	1. There is no contradiction that is pertinent to this patient because he is not a premature neonate or has hyperbilirubinemia (Jones & Bartlett, 2021, p. 245).
Two side effects or adverse effects (Pertinent to the client)	1. Drowsiness 2. Hypotension	1. Hypotension 2. Shock	1. Rectal bleeding 2. Low potassium levels	1. Drowsiness 2. Hypotension	1. Dyspnea 2. orthostatic hypotension	1. Neutropenia 2. Acute renal failure
List two teaching needs for	1. “Do not stop medication	1. If he has any signs of	1. He should drink a	1. “Take medication about 30-	1. Do not take this medication	1. “Report evidence of blood

the medication pertinent to the client	abruptly if it will be a long-term therapy" (Jones & Bartlett, 2021, p. 1113). 2. "Advise him to rise slowly from lying and sitting position to minimize effects of orthostatic hypotension" (Jones & Bartlett, 2021, p. 1113).	hypersensitivity, like chest pain, immediately after taking it, report it immediately (Jones & Bartlett, 2021, p. 1016). 2. He can take this medication about 30 minutes prior to chemotherapy or receiving frozen fresh plasma (Jones & Bartlett, 2021, p. 1016).	minimized full glass of water after taking it to provent dehydration (Puckey, 2024). 2. This medication should not be used for longer than 2 weeks (Puckey, 2024).	60 before bed" (Anderson, 2025). 2. "Limit caffeine and alcohol before bed" (Anderson, 2025.	with food (Jones & Bartlett, 2021, p. 651). 2. "Advise him to change position slowly" (Jones & Bartlett, 2021, p. 652).	dyscrasia or superinfection" (Jones & Bartlett, 2021, p. 246). 2. Report watery, bloody stool even two months after completing treatment.
Two Key nursing assessment (s) prior to administration	1. Assess/evaluate how severe his nausea is to determine which Antiemetic to give. 2. Do chart review to see if he has received any other antiemetic prior to	1. The nurse should evaluate if the patient is feeling nausea or if he has vomited recently. 2. The nurse should do a chart review to see how often he is taking the	1.The nurse will need to assess when the last bowl movement was. 2. While asking when the last bowl movement was, the nurse needs to assess the characteris	1. The nurse should assess the patient's sleeping patterns and ask how he has been sleeping. 2. The nurse should ask how long he sleeps at a time.	1. Before giving this medication, the nurse would need to check his blood pressure and pulse. 2. Check his CBC results.	1.The nurse would want to obtain labs/cultures prior to starting antibiotic treatment to see if it's the correct medication to treat the infection. 2. Review BUN and creatinine results prior to making

	asking for more.	medication to help with nausea.	tics of the stool to determine if the stool was hard.			sure his kidneys are functioning properly and not worsening due to taking this medication.

Brand/ Generic	Simvastatin (Zocor)
Dose, frequency, route	40 mg daily at bedtime- oral
Classification (Pharmacological and therapeutic and action of the drug	Pharmacological: HMG-CoA reductase inhibitor (statin) Therapeutic: Antilipemic
Reason Client Taking	This is to treat hyperlipidemia.
Two contraindications (pertinent to the client)	1. Active hepatic disease, they were in the process of seeing if the cancer metastasis is on his liver and other

	organs (Jones & Bartlett, 2021, p. 1236). 2. Low cholesterol levels.
Two side effects or adverse effects (Pertinent to the client)	1. Hepatic failure 2. Urinary track infection (UTI)
List two teaching needs for the medication pertinent to the client	1. "Take this medication in the evening" (Jones & Bartlett, 2021, p. 1237). 2. "Follow a low-fat and low-cholesterol diet" (Jones & Bartlett, 2021, p. 1237).
Two Key nursing assessment (s) prior to administration	1. Check cholesterol levels to see if this is needed and, in his case, they were holding this medication because all the

	cholesterol levels were normal. 2. Check his liver function labs, like ALT and AST, because it could complications like his blood in his urine.

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Ceftriaxone Sodium	This medication is helping his body to fight off the infection that is within his body.	1. Neutropenia 2. Acute renal failure
2. Hydralazine (Apresoline)	He is to manage his blood pressure and most of the as needed medication could cause hypotension.	1. Dyspnea 2. orthostatic hypotension
3. Prochlorperazine (Compazine)	While receiving any medication, you do not want him to vomit it back up because then he will not be	1.Drowsiness 2. Hypotension

	getting the full therapeutic treatment.	

Medications Reference (1) (APA):

Anderson, L. (2025, June 25). *Melatonin: Uses, dosage & side effects information*. Drugs.com. https://www.drugs.com/melatonin.html

Jones & Bartlett Learning. (2022). *2023 Nurse's drug handbook* (22nd ed.). Jones & Bartlett Learning.

Puckey, M. (2024, March 1). *Senna: Uses, dosage & side effects information*. Drugs.com. https://www.drugs.com/senna.html

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** A/O x4 **Orientation:** A/O x4 **Distress:** None **Overall appearance:** Normal and happier than the day before due to the relief of pressure in his bladder **Infection Control precautions:** Standard **Client Complaints or Concerns:** Shortness of breath that worsened in 2 weeks.	- A/O x 4 - The patient was not in distress due to having a catheter to help relieve pressure in the bladder - Overall appearance was normal - Standard Precaution - The patient presents the emergency room with increased shortness of breath.
VITAL SIGNS: **Temp:** 98.9℉ **Resp rate:** 20 **Pulse:** 78 **B/P:** 155/89 **Oxygen:** 97% **Delivery Method:** Room air	- Overall, patient vitals were normal and stable. - His blood pressure was a little elevated. - The patient was on room air.
PAIN ASSESSMENT: **Time:** 0919 **Scale:** Verbal numerical **Location:** N/A	- The patient reported no pain or discomfort after replacing the catheter with a larger diameter the night before.

Severity: 0 **Characteristics:** N/A **Interventions:** N/A	
1st IV ASSESSMENT: **Size of IV:** 22G **Location of IV:** Anterior, left forearm **Date on IV:** 10/20/2025 **Patency of IV:** Normal **Signs of erythema, drainage, etc.:** N/A **IV dressing assessment:** Clean, dry, intact **Fluid Type/Rate or Saline Lock:** Saline Lock **2nd IV ASSESSMENT:** **Size of IV:** 18G **Location of IV:** Anterior, left antecubital **Date on IV:** 10/20/2025 **Patency of IV:** Normal **Signs of erythema, drainage, etc.:** N/A **IV dressing assessment:** Clean, dry, intact **Fluid Type/Rate or Saline Lock:** Saline Lock	- The patient has two IV placed. - The first IV was a 22G in the anterior part of his left forearm. - The dressing was clean, dry, and intact. - The IV was patent and flushed without difficulty - It had no fluids running. - The second IV was an 18G in the anterior part of his left antecubital. - The dressing was clean, dry, and intact. - The IV was patent and flushed without difficulty. - There were no fluids running.
INTEGUMENTARY: **Skin color:** Normal for ethnicity **Character:** Warm, dry, intact **Temperature:** Warm **Turgor:** Normal **Rashes:** None **Bruises:** None **Wounds:** None **Braden Score:** 20 **Drains present: Y☐ N ☒** **Type:** N/A	- Normal skin color for his ethnicity - His skin was clean, dry, warm, and intact throughout his whole body. - Normal skin turgor. - No rashes, bruises, wounds, or drains present. - Braden Scare was 20.
HEENT: **Head/Neck:** Normal **Ears:** Normal **Eyes:** Normal **Nose:** Normal **Teeth:** Normal	- Normal HEENT - The patient did not wear glasses - The patient did not have dentures
CARDIOVASCULAR: **Heart sounds:** S1 and S2 present **S1, S2, S3, S4, murmur etc.:** None **Cardiac rhythm (if applicable):** N/A **Peripheral Pulses:** Normal- 2+ **Capillary refill:** Less than 3 sec.	- S1 and S2 were normal. - No present of S3, S4, or murmurs. - He was not on a cardiac rhythm monitor. - 2+ pulses, bilaterally. - Capillary refills less than 3 seconds, bilaterally.

Neck Vein Distention: **Y** ☐ **N** ☒ **Edema Y** ☐ **N** ☒ **Location of Edema:** N/A	- No neck vein distention - No edema.
RESPIRATORY: **Accessory muscle use:** **Y**☐ **N** ☒ **Breath Sounds: Location, character** Clear sound in all lobs bilaterally	- No accessory muscle use. - Clear and normal breath sounds through all lobs, bilateral.
GASTROINTESTINAL: **Diet at home:** Regular **Current Diet:** Regular **Is Client Tolerating Diet?** Yes **Height:** 6" (182.9 cm) **Weight:** 167 lbs. 12.3 oz (76.1 kg) **Auscultation Bowel sounds:** Normoactive **Last BM:** 10/22/2025 **Palpation: Pain, Mass etc.:** None **Inspection:** Normal **Distention:** None **Incisions:** None **Scars:** None **Drains:** None **Wounds:** None **Ostomy:** **Y** ☐ **N** ☒ **Nasogastric:** **Y** ☐ **N** ☒ **Size:** N/A **Feeding tubes/PEG tube** **Y** ☐ **N** ☒ **Type:** N/A	- He was on a regular diet at home and in the hospital. He tolerates the diet well. - He was 6" tall and 167 lbs. 12.3 oz. - Normal active bowel sounds in all four quadrants. - The last bowel movement was 10/22/2025. - No pain or mass present with palpation in all four quadrants. - Normal abdominal inspection. - No ostomy, nasogastric or feeding tubes.
GENITOURINARY: **Color:** Dark red **Character:** Very thick with blood clots. **Quantity of urine:** 350 mL **Pain with urination:** **Y** ☐ **N** ☒ **Dialysis:** **Y** ☐ **N** ☒ **Inspection of genitals:** Normal **Catheter:** **Y** ☒ **N** ☐ **Type:** Urethral (3 tip) **Size:** 22 Fr	- His urine was dark red color that was thick with blood cloths present. - His urine output prior to continuous bladder irrigation was 350 mL. - He had no pain when urinating due to the catheter in place. - Normal genitals. - He was not on dialysis. - Catheter was a urethral (3 tip), size 22 Fr.
Intake (in mLs): 180 mL **Output (in mLs):** 3,250 mL - Started on Continuous Bladder Irrigation (CBI) around 1:00 pm	- His intake was low due to having no appetite and feeling nauseous after eating. - His output was low at first due to the blood clots; however, it was better once on the continuous bladder irrigation.

MUSCULOSKELETAL: **Neurovascular status:** Normal **ROM:** Normal **Supportive devices:** Walker and gate belt **Strength:** Generalized weakness, but was improving **ADL Assistance:** **Y☐ N ☒** **Fall Risk:** **Y ☒ N☐** **Fall Score:** 9 **Activity/Mobility Status:** Limited due to having the CBI in process. **Activity Tolerance:** Yes **Independent (up ad lib)** **Needs assistance with equipment:** No **Needs support to stand and walk:** 1 assistance	- Normal neurovascular status. - Normal ROM. - He does use a walker and a gate belt with one assistance. - His strengths were weak. - He does not need help with ADLs. - He has a moderate fall risk, 9. - He was limited in his mobility due to continuous bladder irrigation.
NEUROLOGICAL: **MAEW:** **Y ☒ N☐** **PERLA:** **Y ☒ N☐** **Strength Equal:** **Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** x4 **Mental Status:** Normal **Speech:** Normal **Sensory:** Normal **LOC:** Normal	- A/O x4 - Normal LOC. - Normal speech. - Normal mental status. - Normal MAEW, bilaterally. - Normal PERLA, bilaterally. - Normal sensory. - Strength was weak, but equal bilaterally.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Spending time with his family. His wife, children, and grandkids. He enjoys playing different types of instruments and singing. Also, loves being outside and enjoying nature. **Developmental level:** Appropriate for age. **Religion & what it means to pt.:** His religion is Methodist. Him and his wife will go to church even Sunday's. **Personal/Family Data (Think about home environment, family structure, and available family support):** This patient has a lot of support from his family. His wife was there the whole time. His two daughters were there the majority of the time. As well as he was receiving phone calls from his friends that were checking on him. He lives with his wife, and she is capable of helping	- His development level was appropriate for his age. - His coping methods were spending time with his family, enjoying music, singing, and being outside. - He is Methodist and goes to church every Sunday, - He lives at home with his wife. - He has a big support system that includes his wife, two daughters, and friends.

care for him during his treatment process.	

Discharge Planning

Discharge location: He will be discharged to his home with his wife.

Home health needs: The patient would benefit from home health since he will receive chemotherapy treatment. Also, the home health nurse can help with care with his catheter.

Equipment needs: He needs his walker.

Follow up plan: The patient is to follow up with his primary care provider within 5 days. Also, will follow up with Oncology and Urology for continuous care.

Education needs: He would need education on how to care for his catheter and signs of infections.

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) (SMART)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. Decreased activity tolerance related to imbalance between oxygen supply and demand as	When I was helping him around the room, I saw how fast he got short of breath with simple transfers from	The goal is that he will slowly tolerate doing basic daily living activities, such as	1. "Teach patient exercise for increasing strength and endurance to improve breathing and promote	The patient was involved with his efforts in improving his breathing efforts and not getting short of breath. When

evidenced by the patient reporting the feeling of shortness of breath and fatigue.	the bed to the chair.	getting dressed or moving from the bed to the chair, without getting short of breath by time he gets discharged from the hospital.	general physical reconditioning" (Phelps, 2023, p. 3). 2. "Gradually increase activity to meet patient abilities" (Phelps, 2023, p. 4).	educating him of ways to exercise, he would demonstrate them without an issue and no feeling of short breath. He understood the importance and did see him doing some of the exercise on his own.
2. Urinary retention is related to urinary tract obstruction as evidenced by blood clots coming out of the catheter.	When he was first admitted, he was urinating blood that progressively started to clot and making it difficult to urinate or the urine flow through the catheter.	The goal is for him to maintain clear or light pink urine output with no blood clots by the time he discharged.	1. "Monitor intake and output" (Phelps, 2023, p. 727). 2. "Assist with the ordered bladder elimination procedure as the continuous bladder irrigating is in process" (Phelps, 2023, p. 727).	The patient agreed with the plan and felt relief when the bigger size catheter was placed. In addition, during the CBI, he maintains clear urine irrigation.
3. Fatigue related to stressors as evidenced by cancer treatment and the loss of blood.	Having multiple cancers and his body trying to overcome the disease is making him feel fatigued and weak.	The goal is the improvement of performing daily activities, such as getting dressed, without experiencing	1. "Discuss effects of fatigue on daily living and personal goals" (Phelps, 2023, p. 250). 2. "Encourage the patient to eat foods rich	He agreed with the plan to improve the feeling of fatigue and not to overdue things that cause him fatigue.

		fatigue or shortness of breath by the he goes home.	in iron and minerals" (Phelps, 2023, p. 250)	
4. Impaired walking related to environmental barriers as evidenced by being on a continuous bladder irrigation and feeling fatigue and short of breath.	This is a concern for him because he is limited to what he can do without getting fatigued or having shortness of breath. He is on a continuous bladder irrigation with limits his movement as well.	The goal is to ambulate safely within his room or the garden with assistance without experiencing shortness of breath or fatigue by the time he goes home.	1. "Identify and records patients' level of independence using the functional mobility scale" (Phelps, 2023, p. 746). 2. "Provide progressive ambulation up to the limits imposed by patient's condition to maintain muscle tone" (Phelps, 2023, p. 746).	He has expressed a couple of times how he would like to be able to go for walks without getting short of breath and agrees with the goals and interventions. Later that even, he was able to ambulate from the chair to the bed without feeling shot of breath or fatigue. He demonstrated proper safe techniques.
5. Impaired skin integrity is related to medical devices as evidenced by him having an indwelling catheter.	This is imported because having an indwelling catheter can cause skin irritation and break down around the head of the penis or the adhesive on the thigh to make sure the tube is secured and the limit of movement.	The patient will maintain intact skin around the urethral with no signs of infection or irritation throughout his hospitalization with the indwelling catheter is in place.	1. "Inspect patient's skin every 8 hours, describe and document skin condition" (Phelps, 2023, p. 623). 2. "Maintain infection control standard to help minimize the risk" (Phelps, 2023, p. 623).	He agreed with monitoring his skin in the perineal area to see signs of infection or irritation and demonstrated proper hygiene.

Other References (APA):

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