N321 CARE PLAN #1

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Lakeview College of Nursing

N321: Adult Health I

Kristal Henry

2/27/2026

Demographics

Date of Admission	**Client Initials**	**Age**	**Biological Gender**
02/22/2026	G.J.	64 years old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Unemployed	Single	No known allergies
Code Status	**Height**	**Weight**	
Full Code	5 feet 5 inches (165.1 cm)	75.6 kg (166 lbs 10.7 oz)	

Medical History

Past Medical History: Alcohol dependence, anemia, chronic pain, colonic polyp, depressive disorder, dermatitis, hyperlipidemia, hypertension, hypokalemia, scabies, tobacco dependence.

Past Surgical History: Patient states he remembers he had a right knee surgery in the past but could not remember when it was.

Family History: Breast cancer from mother; both mother and father were alcoholics; heart disease from paternal aunt and uncle.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient states he has never used “smokeless tobacco or vape”. Patient stated he smokes 16-17 cigarettes daily for the past 30 years, and his last cigarette was this past Friday night (02/20/26). Patient stated he used to drink a 5th of vodka everyday, but quit drinking four years ago. The patient stated he uses amphetamines, cannabis, and cocaine everyday.

Education: High school diploma

Living Situation: Patient states he lives by himself.

Assistive devices: Patient stated he does not use any assistive devices.

Admission History

Chief Complaint: Headache, generalized weakness, fatigue, chills, and abdominal pain

History of Present Illness (HPI)– OLD CARTS: The patient stated he started to have symptoms Saturday morning (02/21/26). The patient stated “it was mostly in my stomach and chest area” and then showed the student nurse his stomach and chest. The patient stated “I have been having these symptoms for three days”. The patient stated “it felt like the flu” and stated “I had weakness, didn’t want to eat, was sleepy, thirsty, and had an upset stomach”. The patient stated he did not know anything that aggravated his symptoms. The patient stated he did not know anything that relieved his symptoms. The patient stated he thought it was the flu so he increased his fluids and denied taking any over the counter medications for the treatment of his symptoms. The patient rated the severity of his symptoms 6/10 on a word scale.

Admission Diagnosis

Primary Diagnosis: Cellulitis

Secondary Diagnosis (if applicable): N/A

Pathophysiology

Cellulitis is a bacterial skin infection that happens when an injury to the skin allows mainly pathogens like *Streptococcus* or *Staphylococcus aureus* to enter and release toxins into the subcutaneous tissues (Hinkle & Cheever, 2026). After the bacteria have penetrated the skin, an inflammatory response begins and chemical mediators, like cytokines, and neutrophils are recruited to the affected area (Hinkle & Cheever, 2026). This leads to increased blood flow, increased capillary permeability, dilation of the blood vessels, and congestion of local tissues, which causes the redness, swelling, pain, warmth in the area, and loss of function (Hinkle & Cheever, 2026).

This infection of the skin shows signs and symptoms of redness in a specific area, induration, elevated white blood cell count, swelling, heat in area, and tenderness in the skin affected (Capriotti & Frizzell, 2023). These symptoms correlate with the patient's left lower leg being red, taut, warm to the touch, and an elevated white blood cell count noted. Other signs and symptoms seen with infection of the skin are elevated body temperature, chills, and sweating (Hinkle & Cheever, 2026). The skin is a protective layer of the body that prevents the normal skin flora and pathogens from going into the subcutaneous tissue and lymphatic system (Hinkle & Cheever, 2026). When there is an injury to the skin, pathogens can enter the dermis and subcutaneous tissue and cause an infection in these tissue layers and eventually lead to cellulitis (Hinkle & Cheever, 2026). The patient presenting with elevated white blood cell count levels indicates the patient has an infection in his body. When an infection is seen in the body, a culture is needed to assess what type of pathogen it is so we know how to treat the infection. This would explain why the patient has an order to hold his antibiotics until his blood cultures and lab analyses are complete. The patient also has an order for a complete blood count with a differential, which would show his red blood cells, white blood cells, and platelets. If not treated soon cellulitis can go deeper into the tissue layers and eventually go in the bloodstream and cause sepsis. Sepsis is an infection of the bloodstream that overwhelms the immune system and causes a severe compromise of multiple organs (Capriotti & Frizzell, 2023). Sepsis is seen in signs and symptoms like a low blood pressure, high heart rate, low pH levels of the blood, and dilation of blood vessels (Capriotti & Frizzell, 2023). Patients with cellulitis commonly present with a poorly defined area of skin with redness, warmth, swelling, pain, and tenderness upon palpation (Capriotti & Frizzell, 2023). Other symptoms that may also be present are an elevated temperature, general feeling of discomfort, and fatigue,which shows conditions that affect the

entire body in moderate to severe cases (Capriotti & Frizzell, 2023). These symptoms explain why the patient presented with redness and warmth upon palpation to the skin on his left lower leg, and had a general feeling of discomfort and fatigue upon admission. Patients with two or more signs of infection, such as a temperature above 100.4 °F, pulse greater than ninety beats a minute, respiratory rate over twenty breaths a minute, white blood cell count above 12,000/mm³, or a white blood cell count below 4,000/mm³, need to be admitted to the hospital and started on systemic antibiotics (Hinkle & Cheever, 2026). The patient presented with a temperature of 98.6℉, respiratory rate of twenty breaths per minute, pulse of eighty-five beats per minute, blood pressure of 147/74 mm/Hg, oxygen saturation of 100% on room air, and an elevated white blood cell count above 24.74/mm³ upon admission and a current elevated white blood cell count of 16.33/mm³. Even though the patient did not meet all of the signs, he was admitted to the hospital for intravenous antibiotics. Mild cellulitis can be treated with oral antibiotics, but if the cellulitis is severe it is treated with antibiotics intravenously (Hinkle & Cheever, 2026). This correlates to the patient having the medication cefazolin because it is an antibiotic and the patient is receiving this medication intravenously. To prevent more than one cellulitis episode, the healthcare team must identify where the pathogen entered the skin, identify which antibiotic is best for the patient, and complete all antibiotics given (Hinkle & Cheever, 2026). The most common sites of entry for microbes that need to be carefully examined are fissures and ulcers between the toes (Hinkle & Cheever, 2026). Other sites where the pathogen can come in are places where drugs are injected, contusions, abrasions, ulcers, ingrown toenails, and hammer toes (Hinkle & Cheever, 2026). This would explain the way the pathogen came in, due to the patient's thick bilateral toenails and thick flaky skin around the toes and on the sole of bilateral feet.

Deep vein thrombosis is commonly unilateral and shows signs and symptoms of tenderness, redness, warm to the touch, and swelling in the lower extremities (Capriotti & Frizzell, 2023). Patients commonly show risk factors for deep vein thrombosis, like a history of difficulty moving, active cancer, or a family history of blood clots forming in the deep veins (Capriotti & Frizzell, 2023). The reason why the healthcare staff thought he had a deep vein thrombosis was because the patient has a history of his mother having breast cancer and he came in with a reddened, swollen leg. Deep vein thrombosis almost never manifests with elevated temperatures or elevated white blood cell count, but they can be present (Capriotti & Frizzell, 2023). Even though the patient had an elevated white blood cell count, they did the ultrasound of his lower extremity to verify if it was not a clot. To evaluate and diagnose, an ultrasound imaging is used to confirm the diagnosis (Capriotti & Frizzell, 2023). This would explain why the left duplex ultrasound of the patient's lower extremity veins was done. A d-dimer is a test for assessing a blood clot (Pagana et al., 2025). The patient tested positive for the d-dimer, which was the reason they did the left ultrasound duplex in his left lower extremity and the angio chest CT with and without contrast.

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J. P. (2023). *Pathophysiology: Introductory concepts and clinical perspectives.* (4th ed.). F.A. Davis Company. [KH1]

Hinkle, J. L., & Cheever, K. H. (2026). *Brunner & Suddarth's textbook of medical-surgical nursing* (16th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins ISBN 9781975221133

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

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Sodium	130 mEq/L	132 mEq/L	136-145 mEq/L (Pagana et al., 2025)	The patient probably has decreased sodium levels due to stating before his admission he did not want to eat a lot and mostly drank water which could dilute the sodium (Pagana et al., 2025).
Potassium	3.7 mEq/L	3.3 mEq/L	3.5-5 mEq/L (Pagana et al., 2025)	The patient probably has an abnormally low potassium due to his past medical history of hypokalemia, his statement of not wanting to eat, and a side effect of low potassium due to his hydrochlorothiazide medication (Pagana et al., 2025).

Venous CO2	20 mEq/L	21 mEq/L	23-30 mEq/L (Pagana et al.,2025)	The patient probably has an abnormally low venous CO2 due to a lack of dietary intake (Pagana et al., 2025).
Blood Creatinine	0.73 mg/dL	0.56 mg/dL	0.6-1.2 mg/dL (Pagana et al., 2025).	The patient has a slightly low creatinine, most likely due to malnutrition or low muscle mass (Pagana et al., 2025).
BUN/Creatinine Ratio	15 mg/dL	27 mg/dL	10-20 mg/dL (Pagana et al., 2025)	The patient probably has an abnormally elevated BUN/creatinine ratio due to his reduction in body fluid volume (Pagana et al., 2025).
Glucose	98 mg/dL	132 mg/dL	82-115 mg/dL (Pagana et al., 2025)	The patient probably has an abnormally elevated glucose due to an acute stress reaction (Pagana et al., 2025).
Calcium	8.8 mg/dL	8.2 mg/dL	9-10.5 mg/dL	The patient probably has an abnormally low

			(Pagana et al., 2025)	calcium due to poor dietary intake (Pagana et al., 2025).
WBC	24.74/mm3	16.33/mm3	5,000-10,000/mm3 (Pagana et al., 2025)	The patient probably has an abnormally elevated white blood cell count due to his diagnosis of cellulitis (Pagana et al., 2025).
RBC	4.40x10^6/µL	3.66x10^6/µL	4.7-6.1x10^6/µL (Pagana et al., 2025)	The patient probably has an abnormally low red blood count due to his alcohol intake and poor dietary intake. (Pagana et al., 2025).
Hemoglobin	13.8 g/dL	11.4 g/dL	14-18 g/dL (Pagana et al., 2025)	The patient probably has abnormally decreased hemoglobin due to his alcohol intake and poor dietary intake (Pagana et al., 2025).
Hematocrit	41.1%	34.8%	42%-52% (Pagana et	The patient probably has abnormally decreased

			al., 2025)	hematocrit due to his alcohol intake and poor dietary intake (Pagana et al., 2025).
Neutrophils	87.2%	86.1%	55-70% (Pagana et al.,2025)	The patient probably has abnormally elevated neutrophils due to his acute cellulitis (Pagana et al., 2025).
Lymphocytes	5.2%	6.6%	20-40% (Pagana et al., 2025)	The patient probably has abnormally low lymphocytes due to his infection of the tissues and possible sepsis (Pagana et al., 2025).
Immature Granulocytes	1.0%	0.9%	0%-2% (Pagana et al., 2025)	The patient probably has an abnormal immature granulocytes due to his acute bacterial infection (Pagana et al., 2025)
Absolute Neutrophils	21.56/mm3	14.05/mm3	2500-8000 /mm3 (Pagana et	The patient probably has abnormal absolute neutrophils due to his

			al., 2025)	acute cellulitis (Pagana et al., 2025).
Absolute Monocytes	1.57/mm3	0.80/mm3	100-700 /mm3 (Pagana et al., 2025)	The patient probably has low absolute monocytes due to his infection (Pagana et al., 2025).
Absolute Immature Granulocytes	0.24 10^3/mm3	0.15 10^3/mm3	0-0.10 10^3/mm3 (Pagana et al., 2025)	The patient has elevated absolute immature granulocytes due to his bacterial infection (Pagana et al., 2025).
Protein, random urine	2+	N/A	0 (Pagana et al., 2025)	The patient probably has an elevated protein in the urine due to possible stress (Pagana et al., 2025).
Urobilinogen	4.0 mg/dL	N/A	0.1-1.0 mg/dL (Pagana et al., 2025)	The patient probably has increased urobilinogen because the liver is unable to recycle it into bile due to possible liver cirrhosis (Pagana et al., 2025).
WBC Esterase	Trace	N/A	Nondetected	The patient probably has

				traces of WBC esterase because of his infection in his tissues (Pagana et al., 2025).
UR Amphetemine	Detected	N/A	Nondetected	The patient probably has detected amphetamines because he stated he uses amphetamines.
UR Cannabinoid	Detected	N/A	Nondetected	The patient probably has detected cannabinoid because he stated he uses cannabis.
UR cocaine metabolite	Detected	N/A	Nondetected	The patient probably has detected cocaine because he stated he uses cocaine.

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**
N/A (no diagnostics prior to admission	N/A (no diagnostics prior to admission that	Ultrasound Left Duplex Lower Extremity Veins;	The patient's left lower leg has cellulitis that	The deep venous system of

that are related to admission diagnosis)	are related to admission diagnosis)	this test was done to rule out deep vein thrombosis.	appears red, shiny, taught, and warm to the touch.	the lower left leg was evaluated using imaging with color and spectral doppler (Pagana et al., 2025). The femoral, profunda femoris, femoral, popliteal, posterior tibial veins, and the greater saphenous vein were assessed

				from the saphenofemoral junction extending down to the knee (Pagana et al., 2025). All veins showed normal patency with compression and normal color flow (Pagana et al., 2025). These results show patent veins and no evidence of

				superficial or deep blood clot (Pagana et al., 2025). Ruling out a deep vein thrombosis helped the care team to diagnose the patient with cellulitis.
N/A (no diagnostics prior to admission that are related to admission diagnosis)	N/A (no diagnostics prior to admission that are related to admission diagnosis)	CT Angio chest w/wo contrast w/ post processing. This test was done because the patient had diffuse pain and weakness for three days, positive d-dimer, and suspected	The patient was admitted with complaints of generalized weakness, headache, fatigue, chills, and abdominal pain.	Findings include no pulmonary embolism with stable bilateral pulmonary nodules (Pagana et al., 2025).

		pulmonary embolism.		There are findings of calcified granuloma on the right lower lobe of the lung with mild emphysema (Pagana et al., 2025). Findings show bilateral diffuse brachial wall thickening (Pagana et al., 2025). This test was done in correlation

				to the patient's condition because the patient's chief complaint was of generalized weakness and pain in their chest.
N/A (no diagnostics prior to admission that are related to admission diagnosis)	N/A (no diagnostics prior to admission that are related to admission diagnosis)	MRI C-spine w/o contrast. This test was done due to suspected acute myelopathy in the cervical spine.	The patient had complaints of generalized weakness, fatigue, and a headache upon admission.	Not complete, no findings due to patient refusal.
N/A (no diagnostics prior to admission that are related to admission	N/A (no diagnostics prior to admission that are related to admission	CT Abdomen pelvis w/ contrast. This test was done because the patient upon admission had	The patient has elevated white blood cell levels.	Findings include no possible acute process of

diagnosis)	diagnosis)	abdominal pain and had elevated white blood cell levels.		the abdomen or pelvis. There is a non-obstrucing 3-4mm right renal calculi (Pagana et al., 2025). There are findings of a nodular liver that suggest cirrhosis (Pagana et al., 2025). There are no further findings of enlarged lymph

				nodes in the abdomen or pelvis (Pagana et al., 2025). This test was completed in correlation to the patient's condition because the patient had stated he experienced abdominal pain.
N/A (no diagnostics prior to admission that are related	N/A (no diagnostics prior to admission that are related to	XR Chest Single view. This test was done because the patient stated he	The patient upon admission had complaints of headache,	No findings, diagnostic test not complete.

to admission diagnosis)	admission diagnosis)	was experiencing flu-like symptoms and generalized weakness.	generalized weakness, fatigue, chills, and abdominal pain.	

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.

Active Orders

Active Orders	Rationale
Adult Diet, Diet type: Cardiac	The patient is on a cardiac diet due to his high blood pressure and hyperlipidemia.
IP Consult to Neurology-TeleNeuroHospitalist	The patient experiences bilateral upper extremity pain, possibly secondary to neuropathy.
Telepsychiatry Consult	The patient has an unhealthy coping mechanism such as cutting himself.
BMP AM x1	To assess the patient's fluid levels, kidney function, blood glucose, electrolytes, BUN, and creatinine.
CBC w/ diff AMx1	To assess the patient's red blood cells, white blood cells, and platelets due to his cellulitis

	and history of anemia.
Mag AM	To stabilize the patient's heart rhythms due to his history of low potassium and his current low potassium.
MRI C-spine w/o contrast	The patient experiences chronic pain. The care team suspected the patient was experiencing acute myelopathy of the cervical spine. Test was ordered but the patient refused.
XR Chest Single View	To rule out other diagnoses, the patient presented with a cough and fever.
Pulse oximetry	To monitor the patient's hemoglobin and oxygen to make sure oxygen enriched blood is circulating through the body.
Activity Order-as tolerated per mobility goal	To ensure the patient maintains his range of motion and good circulation.
Admission Weight	The patient's weight needs to be monitored due to his low sodium upon admission and today that can lead to fluid shifts in the body.
Insert/Maintain peripheral IV	The patient has multiple intravenous medications, 0.9% sodium chloride fluid, and an intravenous catheter will be needed if the patient needs resuscitation.

Intake and Output	To get a number of times the patient urinates, has bowel movements, and monitors how many milliliters of fluid he drinks and gets through his intravenous catheter.
Notify Physician (Specify)- Heart rate less than 50 beats per minute or greater than 120 beats per minute, respiratory rate less than 10 breaths per minute and greater than 30 breaths per minute, temperature greater than 101.5℉, urinary output less than 240 mL/8 hours, systolic blood pressure less than 85 or greater than 180, diastolic blood pressure less than 50 or greater than 105, pulse oximetry less than 90%, or new onset or worsening pain.	Monitoring vital signs can help detect early signs of worsening conditions and monitor that treatment is effective.
Notify Physician when prior to admission (PTA) medication review has been completed.	The nurse should review the patients prior to admission medications to complete medication reconciliation to prevent errors and ensure patient safety.
Nursing Communication: Hold antibiotics until BC and LA	The nurse should hold any antibiotics until blood cultures and laboratory analyses are complete to ensure the appropriate antibiotic is being given.
Nursing Communication: Offer prune juice if	To promote regular bowel movements and

available on the patient's diet.	help with constipation.
Nursing Communication: Please provide patient education to reduce and avoid constipation foods like red meat, fried or fatty foods, milk, and cheese.	The patient is on a cardiac diet due to his history of hyperlipidemia, low potassium, and high blood pressure.
Nursing Communication: Promote adequate fluid intake and encourage increased fluid intake if not on a fluid restriction.	The patient has low sodium levels and has dry flaky skin upon inspection and palpation.
Patient may shower (w/ Assistance)	So the patient is able to take a shower, but with assistance to prevent falls and promote safety since he has a low fall risk.
Vital signs per unit routine	Changes in vital signs are the first you see when the body has an infection. As well, the patient has a history of high blood pressure and low potassium.

Hospital Medications (Must List ALL)

Generic/Brand	0.9% Sodium chloride/ Normal saline	Acetaminophen/ Tylenol	Aspirin EC/Bayer	Calcium carbonate /Tums	Cefazolin/Ancef	Fluoxetine/ Prozac
Dose, frequency, route	Continuous, IV, 100mL/hr	650mg, oral tablet, every 4 hours PRN	81mg, oral, daily	1,000mg chewable tablet, oral, every 8 hours PRN	1g, IV, every 8 hours	40mg, oral, daily

Classification (Pharmacological and therapeutic and action of the drug	Pharmacological class: Intravenous replenisher, electrolyte solution, and crystalloid fluid Therapeutic class: Nutrients, minerals, and electrolytes Action: To replenish fluid in the extracellular space, maintain electrolyte balance, and promote hydration (Jones & Bartlett Learning, 2024).	Pharmacological class: Nonsalicylate, para-aminophenol derivative Therapeutic class: Antipyretic, nonopioid analgesic Action: To help with mild to moderate pain and reduce a fever (Jones & Bartlett Learning, 2024).	Pharmacological class: Salicylate Therapeutic class: NSAID Action: Inhibits platelet aggregation (Jones & Bartlett Learning, 2024).	Pharmacological class: Calcium salts Therapeutic class: Antacid, antihypermagnesemic, antihyperphosphatemic, antihypocalcemic, calcium replacement, cardiotonic Action: To provide antacid effects (Jones & Bartlett Learning, 2024).	Pharmacological class:First-generation cephalosporin Therapeutic class: Antibiotic Action: Interferes with the bacterial cell wall to kill the bacteria (Jones & Bartlett Learning, 2024).	Pharmacological class: 2nd Generation antidepressant Therapeutic class: Selective serotonin reuptake inhibitor (SSRI) Action: Inhibits the reuptake of serotonin. (Jones & Bartlett Learning, 2024).
Reason Client Taking	The patient is taking this medication to hydrate his body	The patient is taking this medication to help with his mild to	The patient is taking this medication due to his risk of a heart	The patient is taking this medication to help with his indigestio	The patient is taking this medication to treat his skin	The patient is taking this medication to treat his depressi

	and help with his dry skin.	severe pain when needed.	attack and stroke due to a blood clot because of his positive d-dimer.	n and heartburn when needed.	infectio n.	on due t o his history of depressi ve disorder .
Two contraindications (pertinent to the client)	1. High blood pressure (Jones & Bartlett Learning, 2024). 2. Fluid volume overload which can present as dyspnea, adventitio us lung sounds, or peripheral edema (Jones & Bartlett Learning, 2024).	1. Liver impairme nt due to CT angio chest findings showing cirrhotic appearanc e in the liver (Jones & Bartlett Learning, 2024). 2. Low fluid volume (Jones & Bartlett Learning, 2024).	1.Use of enoxapari n medicatio ns (Jones & Bartlett Learning, 2024). 2. Drinking alcohol (Jones & Bartlett Learning, 2024).	1. Do not give if the patient's phosphate levels become low due to malnutriti on or a history of alcohol use disorder (Jones & Bartlett Learning, 2024). 2. Do not give if the patient's kidney function decreases due to infection, since calcium is excreted through the urine (Jones & Bartlett Learning, 2024).	1. Use with caution in patients with a history of hypokal emia, as cefazoli n may further deplete potassiu m levels (Jones & Bartlett Learnin g, 2024). 2.Use with caution if the patient is also taking anticoag ulants, there may be an increase d risk of bleeding with	1. Low sodium levels (Jones & Bartlett Learnin g, 2024). 2. Use of aspirin (Jones & Bartlett Learnin g, 2024).

					certain anticoagulants (Jones & Bartlett Learning, 2024).	
Two side effects or adverse effects (Pertinent to the client)	1. High blood pressure (Jones & Bartlett Learning, 2024). 2. Fatigue (Jones & Bartlett Learning, 2024).	1. Low potassium (Jones & Bartlett Learning, 2024). 2. Hepatotoxicity due to CT angio chest showing findings of cirrhotic appearance of the liver (Jones & Bartlett Learning, 2024).	1. Short life span of red blood cells (Jones & Bartlett Learning, 2024). 2. Decreased blood iron levels (Jones & Bartlett Learning, 2024).	1. Warm sensation on skin (Jones & Bartlett Learning, 2024) 2. Peripheral vasodilation (Jones & Bartlett Learning, 2024).	1. Superinfection (Jones & Bartlett Learning, 2024). 2. Redness (Jones & Bartlett Learning, 2024).	1. Anxiety (Jones & Bartlett Learning, 2024). 2. Decreased appetite (Jones & Bartlett Learning, 2024).
Key nursing assessment(s) prior to administration	1. Assess the patient for signs and symptoms of fluid volume overload prior to giving the medicatio	1. Assess for other medications that could also contain acetaminophen/Tylenol prior to administration(Jon	1. Prior to administration you would assess if the medication has a strong vinegar smell, and if it does	1. Prior to administration I would assess the patient's serum calcium levels (Jones & Bartlett Learning,	1. Prior to administration you would want to assess the patient's medicati on	1. Prior to administration you would want to assess the patient for suicidal

	n (Jones & Bartlett Learning, 2024). 2. Evaluate creatinine and BUN levels prior to giving the medication (Jones & Bartlett Learning, 2024).	es & Bartlett Learning, 2024). 2. Assess the patient's ALT and AST to assess his liver function prior to giving the medication (Jones & Bartlett Learning, 2024).	you would not give the medication (Jones & Bartlett Learning, 2024). 2. Prior to administration you would assess if the patient is actively bleeding (Jones & Bartlett Learning, 2024).	2024). 2. Prior to administration I would assess and verify if the patient took any medications 1-2 hours before to prevent medication interactions (Jones & Bartlett Learning, 2024).	history to prevent adverse reactions (Jones & Bartlett Learning, 2024). 2. Prior to administration you want to assess the patient's creatinine levels to assess the patient's renal function (Jones & Bartlett Learning, 2024).	ideation since he uses cutting as a coping mechanism (Jones & Bartlett Learning, 2024). 2. Prior to administration you would want to assess the patient's blood glucose levels (Jones & Bartlett Learning, 2024).

Brand/Generic	Folic Acid/ Folvite	Gabapentin/ Neurontin	Hydroxyzine/ Atarax	Lisinopril / Prinivil, Zestril	Hydrochlorothiazide/ Hydrodiuril	Magnesium hydroxide/ Milk of magnesia
Dose, frequency,	1mg, oral,	300mg,	25mg,	10mg,	12.5mg,	30mL,

route	daily	oral, 3 times a day	oral, 2 times a day PRN	oral, daily	oral, daily	oral, daily PRN
Classification (Pharmacological and therapeutic and action of the drug	Pharmacological class: Water-soluble vitamin Therapeutic class: Vitamin B-complex, Hematopoietic agent Action: Helps in the formation of red blood cells (Jones & Bartlett Learning, 2024).	Pharmacological class: 1-amino-methyl cyclohexaneacetic acid Therapeutic class: Anticonvulsant Action: To manage postherpetic neuralgia (Jones & Bartlett Learning, 2024).	Pharmacological class:Piperazine derivative Therapeutic class: Anxiolytic, antiemetic, antihistamine, sedative-hypnotic Action: To relieve anxiety and tension (Jones & Bartlett Learning, 2024).	Pharmacological class: ACE inhibitor Therapeutic class: Antihypertensive Action: Lowers elevated blood pressure (Jones & Bartlett Learning, 2024)	Pharmacological class:thiazide diuretic (Jones & Bartlett Learning, 2024). Therapeutic class:thiazide diuretic/ antihypertensive agent (Jones & Bartlett Learning, 2024). Action: Inhibits sodium chloride reabsorption within the kidneys, which reduces blood volume and increases urine	Pharmacological class: Mineral Therapeutic class: Electrolyte replacement Action: Works as an osmotic laxative by drawing water into the intestines to soften stool (Jones & Bartlett Learning, 2024).

					output (Jones & Bartlett Learning, 2024).	
Reason Client Taking	The patient is taking this medication due to his history of anemia.	The patient is taking this medication for his history of chronic pain.	The patient is taking this medication for his anxiety and his history of dermatitis.	The patient is taking this medication for his history of hypertension.	The patient is taking this medication because he has hypertension.	The patient is taking this medication for constipation when needed.
Two contraindications (pertinent to the client)	1. Unknown cause of anemia (Jones & Bartlett Learning, 2024). 2. Anticonvulsants (Jones & Bartlett Learning, 2024).	1. Depression (Jones & Bartlett Learning, 2024). 2. Suicidal thoughts (Jones & Bartlett Learning, 2024).	1. Low potassium levels (Jones & Bartlett Learning, 2024). 2. Drinking alcohol (Jones & Bartlett Learning, 2024).	1. If the patient has a cough on this medication it should be discontinued (Jones & Bartlett Learning, 2024). 2.If the patient's potassium is high this should be held (Jones & Bartlett Learning, 2024).	1. Use of medication with NSAIDs (Jones & Bartlett Learning, 2024). 2. Low potassium levels (Jones & Bartless Learning, 2024).	1. Diarrhea (Jones & Bartlett Learning, 2024) 2. If the patient has electrolyte imbalances this can further the abnormality (Jones & Bartlett Learning, 2024).

Two side effects or adverse effects (Pertinent to the client)	1. Depression (Jones & Bartlett Learning, 2024). 2. Reddening of the skin (Jones & Bartlett Learning, 2024).	1. High blood pressure (Jones & Bartlett Learning, 2024). 2. Anemia (Jones & Bartlett Learning, 2024).	1. Itchy skin (Jones & Bartlett Learning, 2024). 2. Changes in heart rhythm (Jones & Bartlett Learning, 2024).	1. Arrhythmias (Jones & Bartlett Learning, 2024). 2. Low sodium levels (Jones & Bartlett Learning, 2024).	1. Headache (Jones & Bartlett Learning, 2024). 2. Low sodium and potassium (Jones & Bartlett Learning, 2024).	1. Dehydration (Jones & Bartlett Learning, 2024). 2. Diarrhea and nausea (Jones & Bartlett Learning, 2024).
Key nursing assessment(s) prior to administration	1. Prior to administration of the medication I would obtain and assess the patient's vital signs to show signs of deficiencies (Jones & Bartlett Learning, 2024). 2. Prior to administration of the medication I would	1. Prior to administration of the medication I would assess the severity and type of pain the patient is experiencing (Jones & Bartlett Learning, 2024). 2. Prior to administration of the medication I would assess the mental	1. Prior to administration of the medication I will assess if the patient drank alcohol(Jones & Bartlett Learning, 2024). 2. Prior to administration of the medication I would assess and verify if the patient	1. Prior to administration of this medication I would assess if the patient took any NSAID medications (Jones & Bartlett Learning, 2024). 2. Prior to administration of this medication I would assess the patient's blood	1. Prior to administration of the medication I would assess the patient's blood pressure (Jones & Bartlett Learning, 2024). 2. Prior to administration of the medicati	1. Prior to administration of the medication I would assess for long-term laxative use to prevent dependence (Jones & Bartlett Learning, 2024). 2. Prior to

	assess the patient's neurological status for signs of neuropathy (Jones & Bartlett Learning, 2024).	status baseline of the patient (Jones & Bartlett Learning, 2024).	takes more than one CNS depressant to prevent oversedation (Jones & Bartlett Learning, 2024).	pressure (Jones & Bartlett Learning, 2024).	on I would assess the patient's potassium and sodium levels (Jones & Bartlett Learning, 2024).	administration of this drug I would assess if the patient took any medication two hours before giving this medication (Jones & Bartlett Learning, 2024).
Brand/Generic	Melatonin /Circadin	Nicotine/ Nicoderm CQ	Ondansetron/ Zofran-ODT	Pantoprazole/ Protonix	Polyethylene glycol/ Glycolax, Miralax	Senna/ Senokot
Dose, frequency, route	6mg, oral, nightly PRN	21mg/24 hour patch, 1 patch, transdermal, daily PRN	Oral: 4mg, oral, every 6 hours PRN IV: 4mg, IV, every 6 hours PRN	40mg, oral, daily	17g, oral, 2 times a day PRN	8.6mg tablet, oral, 2 times daily PRN
Classification (Pharmacological and therapeutic and action of the drug	Pharmacological class: Sedative/ hypnotic agent	Pharmacological class: Nicotine replacement therapy	Pharmacological class: Selective serotonin receptor	Pharmacological class: Proton pump inhibitor	Pharmacological class: Osmotic laxative Therape	Pharmacological class: Anthraquinone derivati

	Therapeutic class: Sedative/ Hypnotic agent and nutraceutical product Action: Helps develop a good circadian rhythm (Jones & Bartlett Learning, 2024).	(NRT)/Cholinergic Agonist Therapeutic class: Smoking cessation aid Action: Decreases nicotine cravings and withdrawal symptoms (Jones & Bartlett Learning, 2024).	antagonist Therapeutic class: Antiemetic Action: to prevent nausea and vomiting (Jones & Bartlett Learning, 2024).	Therapeutic class: Antiulcer Action: To treat esophagitis associated with short term GERD (Jones & Bartlett Learning, 2024).	utic class: Osmotic laxative Action: Treats constipation by moving water in the body to the patient's bowel movements to promote the increase in bowel movements (Jones & Bartlett Learning, 2024).	ve Therapeutic class: Stimulant laxative Action: Irritates the lining of the intestines to increase motility and fluid and cause a bowel movement (Jones & Bartlett Learning, 2024).
Reason Client Taking	The patient is taking this medication to help him sleep at night when needed.	The patient is taking this medication to help with his nicotine dependency.	The patient is taking this medication to help with his nausea.	The patient is taking this medication to prevent excess stomach acid production.	The patient is taking this medication to help with his constipation.	The patient is taking this medication to help with his constipation.
Two contraindications (pertinent to the	1. Patients driving	1. High blood pressure	1. Serotonin syndrome	1. Vitamin deficienc	1. Clients with	1. Low fluid intake

client)	while using this medication (Jones & Bartlett Learning, 2024). 2. Taking antihypertensive blood pressure medications with this medication (Jones & Bartlett Learning, 2024).	(Jones & Bartlett Learning, 2024). 2. Arrhythmias (Jones & Bartlett Learning, 2024).	due to his fluoxetine medication (Jones & Bartlett Learning, 2024). 2. Patients with abnormal EKGs, specifically prolonged QT segments due to the patient's low potassium (Jones & Bartlett Learning, 2024).	y (Jones & Bartlett Learning, 2024). 2. Patients with C. diff or severe diarrhea because this medication can worsen symptoms of diarrhea (Jones & Bartlett Learning, 2024).	abnormal electrolytes (Jones & Bartlett Learning, 2024). 2. Low fluid intake (Jones & Bartlett Learning, 2024).	(Jones & Bartlett Learning, 2024). 2. Stomach pain (Jones & Bartlett Learning, 2024).
Two side effects or adverse effects (Pertinent to the client)	1. Headache (Jones & Bartlett Learning, 2024). 2. Mood changes (Jones & Bartlett Learning, 2024).	1. Reddening of the skin at the site of application (Jones & Bartlett Learning, 2024). 2. Headache (Jones & Bartlett Learning, 2024).	1. Headache (Jones & Bartlett Learning, 2024). 2. Arrhythmias due to the patient's low potassium levels (Jones & Bartlett Learning, 2024).	1. Low calcium levels (Jones & Bartlett Learning, 2024). 2. Low sodium levels (Jones & Bartlett Learning, 2024).	1. Anxiety (Jones & Bartlett Learning, 2024). 2. Stomach pain (Jones & Bartlett Learning, 2024).	1. Low potassium levels (Jones & Bartlett Learning, 2024). 2. Severe dehydration (Jones & Bartlett Learning, 2024).

Key nursing assessment(s) prior to administration	1. Prior to administration of this medication I would assess if the patient is using proper sleep hygiene, like avoiding television, caffeine, and big meals before bed (Jones & Bartlett Learning, 2024). 2. Prior to administration of this medication I would assess the time of day it is and ensure it is nighttime to prevent the patient from having a disrupted	1.Prior to administration of this medication I would assess the patient's blood pressure due to nicotine increasing the patient's blood pressure (Jones & Bartlett Learning, 2024). 2. Prior to administration of this medication I would assess the patient's smoking history to verify the correct dosage (Jones & Bartlett Learning, 2024).	1. Prior to administration of this medication I would assess the patient's potassium and magnesium levels to prevent a risk of fatal arrhythmias (Jones & Bartlett Learning, 2024). 2. Prior to administration of this medication I would assess the patient's liver enzymes to assess the patient's liver function to ensure the patient can metabolize the medication well (Jones &	1. Prior to administration of this medication I would assess the patient's calcium, magnesium, and potassium levels (Jones & Bartlett Learning, 2024). 2. Prior to administration of this medication I would assess if the patient tested positive for *Helicobacter pylori*, due to it suppressing *H. pylori* and leading to a false positive result (Jones & Bartlett Learning, 2024).	1. Prior to giving this medication I would assess the patient's creatinine and BUN to assess if the patient can excrete the medication (Jones & Bartlett Learning, 2024). 2. Prior to giving this medication I would assess if the patient has diarrhea already (Jones & Bartlett Learning,	1. Prior to giving this medication I would assess the patient's bowel sounds, and assess for any tenderness or distension (Jones & Bartlett Learning, 2024). 2. Prior to giving this medication I would assess if the patient already has diarrhea (Jones & Bartlett Learning, 2024).

	sleep-wake cycle (Jones & Bartlett Learning, 2024).		Bartlett Learning, 2024).		2024).	
Brand/Generic	Thiamine/ Vitamin B1	Enoxaparin/ Lovenox	Iopamidol /Isovue-370 76%	Potassium chloride SA/ Klorco M	Iopamidol/ Isovue-300 61%	N/A
Dose, frequency, route	100mg tablet, oral, daily	80mg, subcutaneous, once	84 mL, IV, once	40mEq, oral, once	89mL, IV, once	N/A
Classification (Pharmacological and therapeutic and action of the drug	Pharmacological class: Vitamin B complex, water-soluble vitamin Therapeutic class: Water-soluble vitamin and vitamin B complex Action: To metabolize carbohydrates and produce ATP (Jones & Bartlett Learning, 2024).	Pharmacological class: Low-molecular-weight heparin Therapeutic class: Anticoagulant Action: To prevent deep vein thrombosis (Jones & Bartlett Learning, 2024).	Pharmacological class: Non-ionic, low-osmolar, water-soluble iodinated contrast medium Therapeutic class: Diagnostic agent Action: Absorbs x-rays to provide contrast between normal and infected tissue (Jones & Bartlett Learning,	Pharmacological class: Electrolyte cation Therapeutic class: Electrolyte replacement Action: To prevent or treat low potassium levels (Jones & Bartlett Learning, 2024).	Pharmacological class: Iodinated contrast media Therapeutic class: Diagnostic Imaging Agent Action: Enhances visualization of internal organs and vessels in diagnostic imaging (Jones	N/A

			2024).		& Bartlett Learning, 2024).	
Reason Client Taking	The patient is taking this medication because of his low nutritional intake.	The patient is taking this medication due to his positive d-dimer result.	The patient is taking this medication because the patient had diagnostic tests done to show abnormalities.	The patient is taking this medication because he has low potassium levels.	The patient is taking this medication during the diagnostic imaging performed (CT scan).	N/A
Two contraindications (pertinent to the client)	1. Red blood cell count elevated (Jones & Bartlett Learning, 2024) 2. Be cautious with changing the route of this medication to intravenous (Jones & Bartlett Learning, 2024)	1. High blood pressure (Jones & Bartlett Learning, 2024). 2. Amphetamine use (Jones & Bartlett Learning, 2024).	1. Active infections (Jones & Bartlett Learning, 2024). 2. Do not mix with other medications (Jones & Bartlett Learning, 2024).	1. Significantly low fluid intake (Jones & Bartlett Learning, 2024). 2. High levels of potassium (Jones & Bartlett Learning, 2024)	1.Dehydration (Jones & Bartlett Learning, 2024). 2. Kidney dysfunction due to the medication being nephrotoxic (Jones & Bartlett Learning, 2024).	N/A
Two side effects or adverse effects (Pertinent to the	1. Feeling of warmth	1. Bleeding (Jones &	1. Warm sensation (Jones &	1. Low potassium levels	1. Stomach pain	N/A

client)	on the skin (Jones & Bartlett Learning, 2024). 2. Itching (Jones & Bartlett Learning, 2024)	Bartlett Learning, 2024). 2. Anemia (Jones & Bartlett Learning, 2024).	Bartlett Learning, 2024). 2. Swelling (Jones & Bartlett Learning, 2024).	(Jones & Bartlett Learning, 2024). 2. Low sodium levels (Jones & Bartlett Learning, 2024).	(Jones & Bartlett Learning, 2024). 2. Headache (Jones & Bartlett Learning, 2024).	
Key nursing assessment(s) prior to administration	1. Prior to administration of the medication I would assess the patient for signs of Wernicke-Korsakoff syndrome (Jones & Bartlett Learning, 2024). 2. Prior to administration of the medication I would assess the patient's magnesium levels (Jones & Bartlett	1. Prior to giving this medication I would assess if the patient is actively bleeding (Jones & Bartlett Learning, 2024). 2. Prior to giving this medication I would assess the patient's kidney function to ensure they can excrete the medication out of their body (Jones &	1. Prior to giving this medication I would assess the patient's BUN and creatinine due to this medication being nephrotoxic (Jones & Bartlett Learning, 2024). 2. Prior to giving this medication I would assess for dehydration due to it increasing the risk of kidney failure	1. Prior to administration I would assess for cardiac arrhythmias (Jones & Bartlett Learning, 2024). 2. Prior to administration I would assess the patient for low and high levels of potassium before giving the medication (Jones & Bartlett Learning, 2024).	1. Prior to giving this medication I would assess the patient's potassium level to prevent hyperkalemia (Jones & Bartlett Learning, 2024). 2. Prior to giving this medication I would assess the	N/A

	Learning,	Bartlett Learning, 2024).	(Jones & Bartlett Learning, 2024).		patient's BUN and creatinine levels to evaluate the patient's kidney function due to the medication being nephrotoxic (Jones & Bartlett Learning, 2024).	

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Cefazolin/Ancef	I chose this medication because the patient currently has an infection in his skin and has an elevated white blood cell count.	**1.** Superinfection (Jones & Bartlett Learning, 2024). **2.** Redness (Jones & Bartlett Learning, 2024).
2. Potassium Chloride SA/ Klorco M	I chose this medication because the patient has low potassium and has a risk of	**1.** Low potassium levels (Jones & Bartlett Learning, 2024). **2.** Low sodium levels (Jones

	cardiac arrhythmias and cardiac arrest.	& Bartlett Learning, 2024).
3. Lisinopril/ Prinivil, Zestril	I chose this medication because the patient has hypertension which can lead to silent damage to blood vessels and organs.	**1.** Arrhythmias (Jones & Bartlett Learning, 2024). **2.** Low sodium levels (Jones & Bartlett Learning, 2024).

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2024). *2025 Nurse's Drug Handbook* (22nd ed.). Jones & Bartlett Learning .

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** Alert and responsive **Orientation:** Alert and oriented x4 **Distress:** No signs of acute distress. **Overall appearance:** Cooperative and calm. **Infection Control precautions:** Standard **Client Complaints or Concerns:** Patient states he wants to go home.	
VITAL SIGNS: **Temp:** 98.6 ℉ **Resp rate:** 20 breaths per minute **Pulse:** 85 beats per minute **B/P:** 147/74 mm/Hg **Oxygen:** 100% **Delivery Method:** Room air	
PAIN ASSESSMENT: **Time:** 02/23/2026 at 1645 **Scale:** Numeric Pain Rating Scale 1-10	

Location: Patient stated no pain. **Severity:** 0 **Characteristics:** No characteristics due to the patient rating his pain at a 0. **Interventions:** No interventions due to the patient rating his pain at a 0.	
IV ASSESSMENT: **Size of IV:** 20 Gauge **Location of IV:** Left anterior proximal forearm. **Date on IV:** 02/22/2026 **Patency of IV:** Fluids flow with no resistance. **Signs of erythema, drainage, etc.:** No signs of drainage, redness, swelling, and tenderness. **IV dressing assessment:** Transparent dressing. **Fluid Type/Rate or Saline Lock:** 0.9% sodium chloride 100mL/hr continuous	
INTEGUMENTARY: **Skin color:** Patient's skin is usual for ethnicity upon inspection. **Character:** Dry and flaky skin upon palpation. **Temperature:** Warm upon palpation. **Turgor:** Returns in less than two seconds. **Rashes:** No rashes noted. **Bruises:** No bruises noted. **Wounds:** Bilateral lower arms have superficial self inflicted wounds that are scabbed over. Three self-inflicted wounds noted on the right lower arm. Six self-inflicted wounds noted on the left lower arm. Patient stated he has four cigarette burns on his right lower arm and then showed the nursing student. **Braden Score:** 19 **Drains present: Y☐ N X** **Type:** N/A	
HEENT **Head/Neck:** Head and neck appear symmetrical to the patient's face. All lymph nodes are not palpable or tender. Trachea is midline with no deviation. **Ears:** Bilateral ears have no lesions, lumps,	.

or deformities upon inspection and palpation. Bilateral canals show no signs of pain or drainage. Patient responds well during conversation and shows good hearing skills. **Eyes:** Bilateral sclera is white, bilateral cornea is clear, bilateral conjunctiva is pink, no visible drainage noted in bilateral eyes. Bilateral eyelids upon inspection appear pink, dry, and no lesions or discharge noted. Bilateral pupils are equal and round, but do not accommodate to light. **Nose:** Bilateral septum is intact and midline with no lesions, discharge, blood, edema, or discharge. **Teeth:** Yellow teeth with food particles noted upon inspection, and back bilateral teeth have cavities. Mucous membranes are intact and moist with no lesions. Uvula and tongue are midline. The soft palate rises and falls symmetrically, and the hard palate is intact.	
CARDIOVASCULAR: **Heart sounds:** S1 and S2 with normal rate and rhythm. S1 and S2 heard upon auscultating aortic, pulmonic, ERBs point, tricuspid, and mitral heart sounds. **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** S1 and S2 were noted with no S3 or S4 murmurs. **Peripheral Pulses:** Bilateral carotid, brachial, radial, femoral, popliteal, posterior tibial, and dorsalis pedis pulses were normal and graded 3+. **Capillary refill:** Returns in less than two seconds on bilateral fingers. Bilateral toes are unable to assess due to thickening on bilateral toenails. **Neck Vein Distention: Y ☐ N X** **Edema Y ☐ N X** **Location of Edema:** No edema present.	
RESPIRATORY: **Accessory muscle use: Y☐ N X** **Breath Sounds: Location, character:**	.

Bilateral anterior and posterior lung sounds are non-labored and symmetrical upon inspection. Bilateral anterior and posterior lung sounds are clear throughout with no wheezes, crackles, or rhonchi noted.	
GASTROINTESTINAL: **Diet at home:** Patient states "I eat fried and fatty foods but not everyday, and I eat salads and other healthy foods like coleslaw." **Current Diet:** Cardiac **Is the Client Tolerating Diet? -**Yes **Height:** 5 feet 5 inches **Weight:** 166 lbs 10.7 oz **Auscultation Bowel sounds:** Bowel sounds are active in all four quadrants. **Last BM:** 02/23/2026 at 0726 **Palpation: Pain, Mass etc.:** Abdomen is soft, nontender, with no masses or pain noted upon palpation of all four quadrants. **Inspection:** Abdomen is pink and usual for ethnicity. **Distention:** No abdominal distention noted. **Incisions:** No incisions noted on patient's abdomen. **Scars:** No scars noted on patient's abdomen. **Drains:** No drains noted on patient's abdomen. **Wounds:** No wounds noted on patient's abdomen. **Ostomy: Y ☐ N X** **Nasogastric: Y ☐ N X** **Size:** N/A **Feeding tubes/PEG tube Y ☐ N X** **Type:** N/A	.
GENITOURINARY: **Color:** Yellow **Character:** Urine is clear with no foul odor present. Urine has no clots, mucous, or sediments noted. Urine does not appear	

cloudy upon inspection. **Quantity of urine:** 900 mL **Pain with urination: Y ☐ N X** **Dialysis: Y ☐ N X** **Inspection of genitals:** Genitals are intact, hair is observed upon inspection, and usual for ethnicity. **Catheter: Y ☐ N X** **Type:** N/A **Size:** N/A	
Intake (in mLs): 490 mL **Output (in mLs):** 900 mL	
MUSCULOSKELETAL: **Neurovascular status:** No cyanosis or clubbing noted. Thick bilateral toenails with thick flaky skin around the toes and on the sole of bilateral feet. Bilateral arms are dry, warm, and flaky. The left lower leg appears red, shiny, taught, and warm to the touch. The right leg is dry, flaky, and warm upon palpation. No pain, numbness, or tingling was noted in bilateral upper and lower extremities. **ROM:** Active ROM **Supportive devices:** Patient uses no supportive devices, due to him being a stand by assist. **Strength:** 5 **ADL Assistance: Y X N ☐** **Fall Risk: Y X N☐** **Fall Score:** Universal/Low **Activity/Mobility Status:** Stand by assist **Activity Tolerance:** Patient tolerates activity well, and requires a stand by assist. **Independent (up ad lib):** Patient is not independent, and is a stand by assist. **Needs assistance with equipment:** Patient requires a shower chair. **Needs support to stand and walk:** Patient needs support when standing and walking due to stand by assist mobility status.	.

NEUROLOGICAL: **MAEW: Y X N☐** **PERLA: Y ☐ NX** **Strength Equal: Y X N ☐** **If no - Legs ☐ Arms ☐ Both ☐** **Orientation:** Alert and oriented x4 **Mental Status:** Patient has normal cognition, follows commands well, and no long or short term memory deficits noted. The patient is attentive to the nursing student and answers questions appropriately. **Speech:** The patient's speech is clear. **Sensory:** Patient feels touch upon palpation all through his body. **LOC:** Patient is alert, awake, and answers questions well.	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Patient states he cuts himself to cope with stress. **Developmental level:** Generativity vs. Stagnation **Religion & what it means to pt.:** The patient states he is a Christian and he has no religious concerns. **Personal/Family Data (Think about home environment, family structure, and available family support):** Patient states he does not feel safe at home due to people coming in and stealing his money and personal items, and breaking items in his home. The patient stated he has no family support, but his neighbors help him out when needed.	.

Discharge Planning

Discharge location: Upon discharge, the patient is going home and will care for himself.

Home health needs: The patient is in need of home health to assess and monitor his infection after discharge, and prevent an infection from coming back. The patient is in need of home health to assess and monitor his mental health due to his history of depressive disorder.

The patient is in need of home health to evaluate and monitor his unhealthy coping mechanism of cutting himself to ensure he starts a healthy coping mechanism and does not have suicidal ideations.

Equipment needs: Upon discharge, the patient will need a shower chair.

Follow up plan: I would follow up each week with the patient to assess if his new coping mechanisms work. I would follow up each week to assess the patient's mental health to assess for early signs of decline. I would follow up each week with the patient to assess and evaluate how well his skin care regiment is working. I would follow up to evaluate the patient's infection of the tissues each week by marking his tissue infection site with a border and evaluate it slowly improving over time.

Education needs: I would educate the patient about different coping mechanisms to help with stress than cutting himself. I would educate the patient about having a skin care regimen to help with his dry skin and prevent another infection of the skin due to cuts or scrapes. I would educate the patient about monitoring his infection and contacting his provider when his tissue infection moved past the border created on his leg.

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	● Explain why the nursing diagnosis was chosen			

priority – highest priority to lowest priority pertinent to this client				
1. Infection related to a breach in skin barrier, as evidenced by elevated white blood cell count and diagnosis of cellulitis (Phelps, 2023).	I picked this nursing diagnosis because the patient presents with an elevated white blood cell count and an infection in the skin.	The patient's white blood cell count and differential will be within normal limits upon discharge (Phelps, 2023).	**1.** Help the patient with washing their hands before and after meals and using the bathroom, to prevent further infection (Phelps, 2023). **2.** Maintain standard precautions, to prevent further infection and spread of bacteria (Phelps, 2023).	I would evaluate the progression of the patient's infection and their white blood cell count to assess and monitor the treatment regimen. I would evaluate how the client maintains his skin integrity throughout treatment by washing his hands before and after meals and using the bathroom.
2. Ineffective coping related to the patient's history of depressive disorder, as evidenced by the patient utilizing cutting himself as a coping mechanism (Phelps, 2023).	I picked this nursing diagnosis because the patient has a history of depressive disorder and chronic pain, and currently takes gabapentin to stabilize his mood. The client uses an unhealthy coping skill such as making superficial cuts in his arm.	The patient will talk about resources for crisis prevention and management upon discharge (Phelps, 2023).	**1.** The patient will use relaxation practices like deep breathing, guided imagery, and meditation (Phelps, 2023). **2.** Use a caring, warm, nonjudgmental manner (Phelps, 2023).	The client demonstrated relaxation techniques such as deep breathing using the teach back method to show understanding. The client stated he would put these relaxation techniques into practice whenever he felt depressive thoughts.
3. Impaired skin integrity related to his electrolyte imbalances, as evidenced by his	I chose this nursing diagnosis because the patient has low sodium and	The patient will identify triggering	**1.** Instruct the patient in a skin care regimen (Phelps, 2023).	I would evaluate the patient by assessing if the patient does not experience any

skin being dry and flaky. (Phelps, 2023).	calcium and these electrolytes can lead to fluid shifts in the body and dental problems. The patient appeared with yellow teeth with food particles and back bilateral teeth cavities.	factors and relate them into a skin care routine upon discharge (Phelps, 2023).	**2**. Encourage the patient to talk about his feelings about his skin condition (Phelps, 2023).	new skin breakdown or any other skin complications upon discharge (Phelps, 2023).

Nursing Process Prioritization	**Rationale**
1. Infection	I picked this for my nursing diagnosis because the patient already has an infection and an elevated white blood cell count that needs to be monitored or it can lead to an infection in the blood.
2. Ineffective coping	I picked this for my nursing diagnosis because the patient uses cutting himself as a coping mechanism and has a history of depressive disorder, which puts the patient at a higher risk for suicidal ideation. As well, when the patient cuts himself it increases his risk of infection.
3. Impaired skin integrity	I picked this for my nursing diagnosis because with the patient showing low calcium and sodium it can lead to fluid shifts in the body

	and cause edema, just like low calcium can lead to dental and bone problems.

Other References (APA):

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