

**N321 CARE PLAN #1**

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Lakeview College of Nursing

N321: Adult Health I

Professor Henry

3/3/26

### Demographics

<b>Date of Admission</b> 2/27/26	<b>Client Initials</b> G. W	<b>Age</b> 63	<b>Biological Gender</b> Male
<b>Race/Ethnicity</b> White	<b>Occupation</b> Disabled	<b>Marital Status</b> Divorced	<b>Allergies</b> Penicillin's
<b>Code Status</b> Full code	<b>Height</b> 5'9''	<b>Weight</b> 237Lbs	

### Medical History

**Past Medical History:** Anxiety, depression, Diabetes Mellitus, Gerd, High Cholesterol, Mitral valve regurgitation, Diabetic neuropathy, obstructive sleep apnea.

**Past Surgical History:** Mital valve repair, toe amputation (bilateral), Appendectomy, Inguinal hernia repair (right), Elbow surgery (right), Amputation below the knee (right), finger Amputation, wound treatment (right) 11/15/24.

**Family History:** No significant family history.

**Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):**  
Never smoked, No drug use, no current alcohol use.

**Education:** Obtained a GED

**Living Situation:** Lives at home alone with 2 cats.

**Assistive devices:** Prosthetic (poorly fitted), wheelchair.

### Admission History

**Chief Complaint:** Right index finger swelling and redness.

**History of Present Illness (HPI)– OLD CARTS**

Client presents to the ED from home for a swollen right index finger. Patient reports that he has minimal sensation to his hands due to his neuropathy. He states that he regularly fidgets with bottle caps, unscrewing and screwing them on again and due to his

neuropathy, he was unable to know that he cut his finger on the bottle cap. He reports the finger gradually getting more swollen and reddened for the past 3 days. He also reports worsening pain when trying to use the finger. He did not try any treatments at home or pain reliever.

### **Admission Diagnosis**

**Primary Diagnosis: Tenosynovitis of finger.**

**Secondary Diagnosis (if applicable):**

### **Pathophysiology**

Tenosynovitis of the finger is an inflammatory condition that affects the synovial sheath surrounding the tendons in the fingers (Cleveland Clinic, 2022). This condition is often triggered by factors such as infection, trauma, or repetitive strain. Immune cells, including macrophages and neutrophils, go into the synovial sheath to fight the infection. These increase vascular permeability, which results in swelling and the buildup of inflammatory fluid within the tendon sheath (Ray & Tall, 2020). Patients experience pain, swelling, and limited tendon movement due to the buildup of pressure and fibrosis that can develop over time (Cleveland Clinic, 2022). Tenosynovitis primarily influences the musculoskeletal system, impairing tendon movement and causing pain during finger mobility. When the underlying cause is a bacterial infection, it can enter the bloodstream and affect the circulatory system, potentially leading to sepsis. The immune response fights the infection but can also result in tissue damage due to prolonged inflammation. The nervous system is impacted by pain signals traveling through peripheral nerves. This can cause numbness or tingling if swelling compresses the nerves. Individuals with

tenosynovitis can show symptoms such as localized swelling in the finger, tenderness, pain that worsens with finger movement, and redness or warmth (Cleveland Clinic, 2022).

Laboratory results often show an elevated white blood cell count, a heightened erythrocyte sedimentation rate (ESR), and increased C-reactive protein (CRP), these labs are indicative to inflammation. Vital signs can change during infections including, increased temperature, tachycardia, tachypnea, hypotension and decreased oxygen saturation. To diagnosis my client the doctors used anerobic and aerobic cultures to determine the specific bacteria. The clients ESR and CRP were also used to diagnosis this client, both labs were elevated. Treatment for this client included administration of antibiotics, management of blood sugar levels, routine wound dressing changes and adequate hydration.

#### Pathophysiology References (2) (APA):

Cleveland Clinic. (2022, May 31). Tenosynovitis: Symptoms, Causes & Treatment.

Cleveland Clinic. <https://my.clevelandclinic.org/health/diseases/23448-tenosynovitis>

Ray, G., & Tall, M. A. (2020). Tenosynovitis. PubMed; StatPearls Publishing.

<https://www.ncbi.nlm.nih.gov/books/NBK544324/>

#### Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Erythrocyte sedimentation rate (ESR)	53	X	<20mm/h	Acute infections increase the protein fibrinogen content in the plasma, increasing their weight and causing them to descend faster. This indicates an active bacterial infection (Pagana et al., 2024).
C-reactive protein test	12.57	X	<0.50mg/dL	Crp is produced by the liver

(CRP)				during an acute inflammatory process. This indicates an active bacterial infection (Pagana et al., 2024).
Sodium	128	138	136-145mmol/L	Possibly caused by osmotic diuresis related to elevated blood sugar levels on admission (Pagana et al., 2024).
Chloride	94	103	98-107mmol/L	Possibly caused by osmotic diuresis related to elevated blood sugar levels on admission (Pagana et al., 2024).
Glucose	356	99	70-99mg/dL	Indicated by uncontrolled diabetes mellitus diagnosis (Pagana et al., 2024).
Creatinine	1.64	1.23	0.70-1.30mg/dL	Indicated by impaired kidney filtering related to diagnosis of diabetic neuropathy (Pagana et al., 2024).
Albumin/ A/g ratio	3.1	2.7	3.5-5.0g/dL	Indicated by acute infection and kidney insufficiency. When kidneys filtering ability is impaired, they can leak albumin into the urine causing low blood values (Pagana et al., 2024).
Calcium	7.9	8.2	8.7-10.5mg/dL	Related to low albumin levels, low calcium can be indicated by renal insufficiency related to the medical diagnosis of diabetic neuropathy (Pagana et al., 2024).
GFR (estimated)	52	>60	>=60	Indicated by impaired kidney

				function (Pagana et al., 2024).
WBC	12.41	7.68	4-12 $10^3/\text{Mcl}$	Indicated by current bacterial infection and inflammation (Pagana et al., 2024).
RBC	3.74	4.18	4.4-5.8 $10^6/\text{Mcl}$	Could be indicated by chronic illnesses such as DM, neuropathy, mitral valve regurgitation or impaired renal function (Pagana et al., 2024).
HGB	6.8	8.2	13-16.5g/dL	I cannot find a specific source with a cause to why the pt has decreased levels of hgb and hct, but it could be caused by a decrease in erythropoietin due to the lack of sufficient blood flow to the kidneys. Since the kidneys produce the hormone, the production could be impaired (Pagana et al., 2024).
HCT	24.9	29.6	38%-50%	I cannot find a specific source with a cause to why the pt has decreased levels of hgb and hct, but it could be caused by a decrease in erythropoietin due to the lack of sufficient blood flow to the kidneys. Since the kidneys produce the hormone, the production could be impaired (Pagana et al., 2024).
MCV	66.6	70.8	82-96FL	Related to low RBC and HCT values, indicating low blood and iron concentrated volume

				(Pagana et al., 2024).
MCH	18.2	19.6	26-33pg	Related to low RBC and HCT values, indicating low blood and iron concentrated volume (Pagana et al., 2024).
MCHC	27.3	27.7	31-36g/dL	Related to low RBC and HCT values, indicating low blood and iron concentrated volume (Pagana et al., 2024).
RDW	19.7	23.2	11.8-15.5%	Related to low RBC and HCT values, indicating low blood and iron concentrated volume (Pagana et al., 2024).
Neutrophils	78	73.2	40-68%	Indicates an active bacterial infection (Pagana et al., 2024).
Lymphocytes	13.2	16.7	19-49%	Indicates an active bacterial infection (Pagana et al., 2024).
Absolute neutrophils	9.68	5.63	1.40-5.30 10 <sup>3</sup> mcL	Indicates an active bacterial infection and increased risk for infection (Pagana et al., 2024).
Absolute immature granulocyte.	0.05	0.02	0.00-0.03 10 <sup>3</sup> mcL	Indicates an active early infection and severe inflammation (Pagana et al., 2024).

PT	15.3	X	10.1-13.1sec	Due to the home use of Warfarin to treat mitral valve regurgitation (Pagana et al., 2024).
INR	1.3	X	0.8-1.1 sec	Due to the home use of Warfarin to treat mitral valve regurgitation (Pagana et al., 2024).
Bun/creatinine ratio	15	11	12-20	Indicated by impaired kidney filtering related to diagnosis of diabetic neuropathy (Pagana et al., 2024).

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
X	X	CT scan of head, used to detect traumatic injury, fluid collections, infections, inflammation, or vascular narrowing (Pagana et al., 2024).	Altered mental status on admission.	No evidence of acute intercranial abnormalities, Ams could be due to uncontrolled high blood sugars on admission.
X-Ray of right hand (7/11/25)	No acute fractures or dislocations, mild atherosclerosis in	X-Ray of right hand used to identify Inflammation	Swelling and redness of right	Concerning for osteomyelitis

	<p>soft tissues.</p> <p>Connected to the diagnosis of osteomyelitis in the hand and reduced blood supply.</p>	<p>infection, overlying bone, fracture or tumors (Pagana et al., 2024). (2/27/26)</p>	<p>index finger.</p>	<p>of right index finger foreign bodies and index finger and soft tissues. This gives evidence to the current infection and shows a new underlying bone disease.</p>
X	X	<p>Ct of right hand, used to detect traumatic injury, fluid collections, infections, inflammation, or vascular narrowing (Pagana et al., 2024). (2/27/26)</p>	<p>Swelling and redness of right index finger.</p>	<p>Soft tissue infection involving right index finger with septic arthritis last osteomyelitis at second dip joint. This gives evidence to the current infection and shows a new underlying bone disease.</p>
X	X	<p>Anaerobic culture, used to identify if a current infection or bacteria is present in the finger.</p>	<p>Swelling and redness of the right index finger.</p>	<p>Heavy finegoldia magna present, this explains the redness and swelling, indicating an active infection.</p>

X	X	Aerobic culture, used to identify if a current infection or bacteria is present in the finger.	Swelling and redness of the right index finger.	Heavy, staphylococcus aureus present. This explains the redness and swelling, indicating an active infection.
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**Diagnostic Test Reference (1) (APA):**

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2024). *Mosby's® Diagnostic and Laboratory Test Reference* (17th ed.). Elsevier Health Sciences.

**Active Orders**

Active Orders	Rationale
Full Code	To provide lifesaving measures.
General diet, carbohydrate restriction, high calorie carbs.	To promote muscle growth, healing and stable blood sugars.
Stool, occult blood.	Low Hgb, rule out gastrointestinal bleed.
Oxygen therapy at bedtime (cpap)	To manage obstructive sleep apnea.
Pulse ox continuous with cpap use, spot check off cpap	To monitor effectiveness of cpap when in use and normal monitoring when off.
Activity as tolerated (mobility goal)	Keep active when in the hospital and reduce the change of dvt's.
Admission weight	Monitor weight gain during admission compared to admission weight and obtain

	<b>baseline.</b>
<b>Change wound dressing/ wound care. PRN when saturated.</b>	<b>To promote healing and keep the wound lean. Also evaluate if the wound is improving.</b>
<b>BG 70mg/dL (juice and crackers)</b>	<b>Interventions for low blood sugar before the use of glucagon.</b>
<b>Education on blood transfusion.</b>	<b>Ensuring the patients knows the risks and benefits of receiving blood and the procedure.</b>
<b>Hold transfusion if the patient experiences chills, Abd pain, SOB, chest pain, infusion site pain and or change in vital signs.</b>	<b>The patient may be experiencing a transfusion reaction, and the doctor should be contacted.</b>
<b>Incentive spirometry</b>	<b>Prevent atelectasis after surgery.</b>
<b>Maintain iv</b>	<b>In the case of emergency admin of medications and to receive routine medication.</b>
<b>Strict intake and output</b>	<b>To monitor the patient's fluid balance and prevent dehydration or fluid overload.</b>
<b>May shower with assistance</b>	<b>To prevent falls in the hospital setting.</b>
<b>SCD's</b>	<b>To prevent dvt while the patient is less active in the hospital.</b>
<b>Transfusion reaction management</b>	<b>Monitoring the patient closely for transfusion reactions and if so, protocols to</b>

	<b>follow.</b>
<b>Vitals q4</b>	<b>Monitoring the patient regularly to ensure none or catch a change in vital signs.</b>

### Hospital Medications (Must List ALL)

Brand/ Generic	Tylenol/ acetaminophen	Proventil Ventolin/ albuterol	Eliquis/ apixaban	Lipitor/ atorvastatin	Buspiron hydrochloride	Tums/ Calcium carbonate
Dose, frequency, route	PRN q4, 650mg, oral	2.5mg, PRN q4, inhalation	5mg, oral, BID	20mg, daily, oral	10mg, BID, oral	1000mg, oral, PRN q8
Classificati on (Pharmac ological and therapeuti c and action of the drug	Nonsalicylate and antipyretic (Jones & Bartlett, 2023)	Adrenergic and bronchodilato r (Jones & Bartlett, 2023)	Factor Xa inhibitor, Anticoagulant . (Jones & Bartlett, 2023)	HMG-CoA reductase inhibitor, Antihyperlipide mic (Jones & Bartlett, 2023)	Azapirone, anxiolytic (Jones & Bartlett, 2023)	Antacid, calcium salts (Jones & Bartlett, 2023)
Reason Client Taking	Mild pain	SOB and wheezing	Manage atrial flutter.	Manage hyperlipidemia	Mood stabilization and anxiety.	Heartburn and indigestion.
Two contraindi cations (pertinent to the client)	1. Interacts with warfarin, possibly causing increased INR (Jones & Bartlett, 2023).  2. Could increase risk of atelectasis (Jones & Bartlett, 2023).	No contraindicati ons or interactions with current medications (Jones & Bartlett, 2023).	1. Interacts with warfarin, may increase the risk of bleeding (Jones & Bartlett, 2023). 2. Should not be used with Tylenol as it increases the risk of bleeding (Jones & Bartlett, 2023).	No contraindication or interactions with current medications. Although the client is not in acute renal failure, he has impaired kidney function, and this could trigger rhabdomyolysis (Jones & Bartlett, 2023).	1. Do not use with ssri's as it can increase the risk of life threatening serotonin syndrome (Jones & Bartlett, 2023). 2. Use cautiously in Patients with DM as it can have potential effects on glucose metabolism (Jones & Bartlett, 2023).	1. High fiber foods (Jones & Bartlett, 2023) 2. Use cautiously in clients with renal impairment (Jones & Bartlett, 2023).
Two side	1.	1. Infection	1. Hematomas	1. Hypoglycemia	1. Hyponatrem	1. Irregular

effects or adverse effects (Pertinent to the client)	Hypoglycemic coma (Jones & Bartlett, 2023)  2. Anemia (Jones & Bartlett, 2023)	(Jones & Bartlett, 2023).  2. Arrhythmias (Jones & Bartlett, 2023).	at injection sites (insulin) (Jones & Bartlett, 2023).  2. increased risk of bleeding (Jones & Bartlett, 2023).	(Jones & Bartlett, 2023).  2. Increased risk for infection (Jones & Bartlett, 2023).	ia (Jones & Bartlett, 2023).  2. Bronchospasm (Jones & Bartlett, 2023).	heartbeat (Jones & Bartlett, 2023).  2. Nausea and vomiting (Jones & Bartlett, 2023).
Key nursing assessment (s) prior to administration	1. Renal function (Jones & Bartlett, 2023).  2. INR (Jones & Bartlett, 2023).	1. Monitor potassium levels as this drug can cause hypokalemia (Jones & Bartlett, 2023).  2. use cautiously in patients with DM and cardiac disorders as this drug can worsen them (Jones & Bartlett, 2023).	1. Should not be used in conjunction with warfarin may cause an increased risk of bleeding (Jones & Bartlett, 2023).  2. Inform the patient of bleeding signs and what symptoms to report (Jones & Bartlett, 2023).	1. Monitor liver enzymes and lipid profiles (Jones & Bartlett, 2023).  2. Educate the client on avoiding grapefruit and lifestyle changes (Jones & Bartlett, 2023).	1. Should not be used in clients with renal impairment due to the high dose for the kidneys to handle (Jones & Bartlett, 2023).  2. educate client that this medication can cause dizziness (Jones & Bartlett, 2023).	1. Monitor for serum calcium level (Jones & Bartlett, 2023).  2. Monitor for signs of arrhythmias and hypotension (Jones & Bartlett, 2023).

Brand/Generic	Celexa/ citalopram	Jardiance/ empagliflozin	Lantus/ glargine	Milk of magnesia/ Magnesium hydroxide	Toprol-XL/ metoprolol succinate	Melatonin tablet
Dose, frequency, route	20mg, daily, oral	10mg oral daily	Sliding scale, BID, subcutaneous	50ml, daily, PRN	200mg, Daily, oral	6mg, oral, PRN
Classification (Pharmacological and therapeutic and action of the drug)	Selective serotonin reuptake inhibitor, antidepressant (Jones & Bartlett, 2023).	Sodium glucose cotransporter 2 inhibitor/antidiabetic (Jones & Bartlett, 2023)	Long-acting insulin, antidiabetic (Jones & Bartlett, 2023)	Mineral	Beta adrenergic blocker, antihypertensive (Jones & Bartlett, 2023)	Sedative, melatonin receptor agonist (Jones & Bartlett, 2023)
Reason Client Taking	Treat depression	Diabetes management	Blood sugar management	Constipation - 3 <sup>rd</sup> line	Atrial flutter	Help with sleep
Two contraindications (pertinent to the client)	1. Do not use with buspirone as it can increase the risk of serotonin syndrome (Jones & Bartlett, 2023).	1. insulin secretagogues, increased risk for hypoglycemia (Jones & Bartlett, 2023).	1. caution in patients with hypokalemia (Jones & Bartlett, 2023).  2.		1. Use cautiously with DM as it can mask the symptoms of hypoglycemia (Jones & Bartlett, 2023).	1. Use cautiously with blood thinners as it can increase the risk of bleeding

	2.Do not use with warfarin as it can increase the risk of bleeding (Jones & Bartlett, 2023).	2. Renal impairment (Jones & Bartlett, 2023).	Hypoglycemic episode (Jones & Bartlett, 2023).		Bartlett, 2023).  2. Hypotension, Systolic less than 100 (Jones & Bartlett, 2023).	(Jones & Bartlett, 2023).  2. Use cautiously with DM medications as it can affect blood sugar levels (Jones & Bartlett, 2023).
Two side effects or adverse effects (Pertinent to the client)	1. Increased anxiety (Jones & Bartlett, 2023).  2.Hyponatremia (Jones & Bartlett, 2023).	1.Acute kidney injury (Jones & Bartlett, 2023).  2.Decreased gfr rate (Jones & Bartlett, 2023).	1. weight gain (Jones & Bartlett, 2023).  2. Injection site reactions (Jones & Bartlett, 2023).		1.Anxiety and Depression (Jones & Bartlett, 2023).  2. Bronchospasm (Jones & Bartlett, 2023).	1.Dizziness (Jones & Bartlett, 2023).  2. Anxiety and depression (Jones & Bartlett, 2023).
Key nursing assessment(s) prior to administration	1.Monitor patient for serotonin syndrome (Jones & Bartlett, 2023).  2.Monitor patient for suicidal ideation (Jones & Bartlett, 2023).	1. Monitor renal function (Jones & Bartlett, 2023).  2. Monitor blood pressure (Jones & Bartlett, 2023).	1. Check blood sugar levels (Jones & Bartlett, 2023).  2. rotate injection sites (Jones & Bartlett, 2023).		1.Check heart rate and blood pressure (Jones & Bartlett, 2023).  2. Check glucose often when using (Jones & Bartlett, 2023).	Monitor for mood changes (Jones & Bartlett, 2023).  Evaluate risk for falls (Jones & Bartlett, 2023).
<b>Brand/Generic</b>	<b>Zofran/ ondansetron</b>	<b>Glucagon</b>	<b>Roxicodone/ oxycodone</b>	<b>Protonix/ pantoprazole sodium</b>	<b>MiraLAX/ polyethylene glycol</b>	<b>Lyrica/ pregabalin</b>
<b>Dose, frequency, route</b>	Sublingual and iv, 4mg, PRN q6	1mg-12.5mg, iv, IM or subcutaneous, PRN	5mg, oral PRN q6	40mg, oral, daily	17g, oral PRN BID	100mg, oral, TID
<b>Classification (Pharmacologic and therapeutic and action of the drug</b>	Selective serotonin receptor antagonist, antiemetic (Jones & Bartlett, 2023).	Pancreatic hormone, antihypoglycemic (Jones & Bartlett, 2023).	Opioid analgesic (Jones & Bartlett, 2023)	Proton pump inhibitor, antiulcer (Jones & Bartlett, 2023)	Osmotic laxative (Jones & Bartlett, 2023)	Gamma- aminobutyric acid analogue, analgesic (Jones & Bartlett, 2023)
<b>Reason Client Taking</b>	Nausea	Low blood sugars	Moderate or severe pain	Manage Gerd	Constipation 1 <sup>st</sup> line	Neuropathic pain
<b>Two contraindicatio</b>	1. SSRI's, increased risk of	No contraindicatio	1.SSRI's increased	1.Warfarin, increased pt,	No contraindicat	Opioids, increased

ns (pertinent to the client)	serotonin syndrome (Jones & Bartlett, 2023).	ns	risk for serotonin syndrome (Jones & Bartlett, 2023).  2.Bronchial asthma (Jones & Bartlett, 2023).	inr, and bleeding risk. (Jones & Bartlett, 2023) 2. kidney impairment, may increase the risk of kidney issues (Jones & Bartlett, 2023).	ions	risk of constipation or paralytic ileus (Jones & Bartlett, 2023).  Suicidal ideation-will increase/worsen (Jones & Bartlett, 2023)
Two side effects or adverse effects (Pertinent to the client)	1. Hypotension (Jones & Bartlett, 2023). 2.Shortness of breath (Jones & Bartlett, 2023).	Hypotension (Jones & Bartlett, 2023).  Respiratory distress (Jones & Bartlett, 2023).	1. increased anxiety (Jones & Bartlett, 2023).  2. Hyponatremia (Jones & Bartlett, 2023).	1. Hyponatremia (Jones & Bartlett, 2023). 2. Increased anxiety and depression (Jones & Bartlett, 2023).	1. Abdominal pain and cramping (Jones & Bartlett, 2023).  2. Nausea and gas (Jones & Bartlett, 2023).	1. Hypoglycemia (Jones & Bartlett, 2023).  2. weight gain and edema (Jones & Bartlett, 2023).
Key nursing assessment(s) prior to administration	1.Evaluate if hypokalemia is present prior to admin (Jones & Bartlett, 2023).  2.Monitor for serotonin syndrome (Jones & Bartlett, 2023).	Check the clients blood sugar (Jones & Bartlett, 2023).  Check gag reflex if given oral (Jones & Bartlett, 2023).	1. Blood pressure and resp rate (Jones & Bartlett, 2023).  2. Pain assessment (Jones & Bartlett, 2023).	Check pt and INR before admin (Jones & Bartlett, 2023).  Monitor urine output (Jones & Bartlett, 2023).	Evaluate for constipation severity (Jones & Bartlett, 2023).  Monitor electrolyte imbalances (Jones & Bartlett, 2023).	Monitor for CNS depression (Jones & Bartlett, 2023)  Monitor for weight gain and edema (Jones & Bartlett, 2023)
<b>Brand/Generic</b>	<b>Senna cot/ senna</b>	<b>Flomax/ tamsulosin hydrochloride</b>	<b>Vancomycin/ Vancocin</b>			
<b>Dose, frequency, route</b>	<b>8.6mg, oral PRN BID</b>	<b>0.4mg, oral, nightly</b>	<b>1250mg, iv, daily</b>			
<b>Classification (Pharmacological and therapeutic and action of the drug)</b>	<b>Stimulant laxative (Jones &amp; Bartlett, 2023)</b>	<b>Alpha-adrenergic antagonist, benign prostatic (Jones &amp; Bartlett, 2023).</b>	<b>Glycopeptide , antibiotic (Jones &amp; Bartlett, 2023).</b>			
<b>Reason Client Taking</b>	<b>Constipation 2<sup>nd</sup> line</b>	<b>Urinary tract symptoms.</b>	<b>Treat infection</b>			
<b>Two contraindications (pertinent to the client)</b>	<b>No contraindications</b>	<b>No contraindications or drug interactions.</b>	<b>No contraindications or drug interactions.</b>			

<b>Two side effects or adverse effects (Pertinent to the client)</b>	<b>1. Abdominal pain and cramping (Jones &amp; Bartlett, 2023)</b> <b>2. Nausea and gas (Jones &amp; Bartlett, 2023)</b>	<b>1. Dizziness (increased fall risk) (Jones &amp; Bartlett, 2023)</b> <b>2. chest pain (Jones &amp; Bartlett, 2023)</b>	<b>Hypotension (Jones &amp; Bartlett, 2023).</b>  <b>Acute kidney injury (Jones &amp; Bartlett, 2023).</b>			
<b>Key nursing assessment(s) prior to administration</b>	<b>Evaluate for constipation severity (Jones &amp; Bartlett, 2023).</b>  <b>Monitor electrolyte imbalances (Jones &amp; Bartlett, 2023).</b>	<b>Monitor blood pressure (Jones &amp; Bartlett, 2023)</b>  <b>Assess CNS status (Jones &amp; Bartlett, 2023).</b>	<b>Check blood levels of antibiotic (Jones &amp; Bartlett, 2023)</b>  <b>Check BUN and creatinine levels (Jones &amp; Bartlett, 2023).</b>			

### Prioritize Three Hospital Medications

<b>Medications</b>	<b>Why this medication was chosen</b>	<b>List 2 side effects. These must correlate to your client</b>
<b>1. Vancomycin</b>	<b>To treat the active infection</b>	<b>1. Hypotension (Jones &amp; Bartlett, 2023).</b> <b>2. Acute kidney injury (Jones &amp; Bartlett, 2023).</b>
<b>2. Insulin</b>	<b>To manage blood sugars and promote healing of wounds.</b>	<b>1. Weight gain (Jones &amp; Bartlett, 2023).</b> <b>2. Injection site reactions (Jones &amp; Bartlett, 2023).</b>
<b>3. Metoprolol</b>	<b>Manage atrial flutter</b>	<b>1. Anxiety and Depression (Jones &amp; Bartlett, 2023).</b> <b>2. Bronchospasm (Jones &amp; Bartlett, 2023).</b>

### Medications Reference (1) (APA)

Jones, & Bartlett. (2023). 2023 Nurse's Drug Handbook. Jones & Bartlett Learning.

### Physical Exam

#### HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

<b>GENERAL:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b> <b>Infection Control precautions:</b> <b>Client Complaints or Concerns:</b>	<b>Alert and oriented x4 and no acute distress.</b> <b>Denies shortness of breath. Appearance is appropriate, follows commands and no isolation precautions.</b>
<b>VITAL SIGNS:</b> <b>Temp:</b> <b>Resp rate:</b> <b>Pulse:</b> <b>B/P:</b> <b>Oxygen:</b> <b>Delivery Method:</b>	<b>97.7 F</b> <b>72 bpm</b> <b>95% on room air</b> <b>20 respirations</b> <b>109/55</b>
<b>PAIN ASSESSMENT:</b> <b>Time:</b> <b>Scale:</b> <b>Location:</b> <b>Severity:</b> <b>Characteristics:</b> <b>Interventions:</b>	<b>Complains of pain around the end of shift.</b> <b>Rates pain 7/10</b> <b>Describes the pain as nerve pain in his lower extremity.</b> <b>Given 5mg hydrocodone</b> <b>Pain improved to a 3/10</b>
<b>IV ASSESSMENT:</b> <b>Size of IV:</b> <b>Location of IV:</b> <b>Date on IV:</b> <b>Patency of IV:</b> <b>Signs of erythema, drainage, etc.:</b> <b>IV dressing assessment:</b> <b>Fluid Type/Rate or Saline Lock:</b>	<b>20g iv in left hand posterior.</b> <b>Placed 2/27/26</b> <b>Patent and flushes easily.</b> <b>Clean dressing, no redness or swelling</b> <b>No pain in iv site.</b> <b>Vancomycin running at 25ml/hr</b>
<b>INTEGUMENTARY:</b> <b>Skin color:</b> <b>Character:</b> <b>Temperature:</b> <b>Turgor:</b> <b>Rashes:</b> <b>Bruises:</b> <b>Wounds:</b> <b>Braden Score:</b> <b>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Type:</b>	<b>Fair skin tone, warm and excessive dryness.</b> <b>Elastic skin turgor.</b> <b>No bruises or rashes present.</b> <b>Wound to lower left leg at amputation site, below the knee. Small round quarter sized. Pt reports from poorly fitted prosthetic.</b> <b>Wound on right index finger from intentional incision and stitches in place. Redness and swelling present.</b> <b>Braden score 15</b> <b>No drains present.</b>

<b>HEENT:</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	<b>Head symmetrical, vision and hearing adequate. Ears are symmetrical</b> <b>Missing a couple teeth.</b> Nose is free of discharge and drainage.
<b>CARDIOVASCULAR:</b> <b>Heart sounds:</b> <b>S1, S2, S3, S4, murmur etc.</b> <b>Cardiac rhythm (if applicable):</b> <b>Peripheral Pulses:</b> <b>Capillary refill:</b> <b>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Location of Edema:</b>	<b>S1 and S2 audible.</b> <b>Pulses are normal in upper extremities and weak in the left foot.</b> <b>No edema present</b> <b>Capillary refill &gt; 2 seconds in lower extremity and &lt;2 seconds in upper extremities.</b> <b>No neck vein distention.</b>
<b>RESPIRATORY:</b> <b>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Breath Sounds: Location, character</b>	<b>No use of accessory muscles. Lung sounds are diminished in all fields.</b> No crackles or stridor present. Unlabored breathing.
<b>GASTROINTESTINAL:</b> <b>Diet at home:</b> <b>Current Diet:</b> <b>Is Client Tolerating Diet?</b> <b>Height:</b> <b>Weight:</b> <b>Auscultation Bowel sounds:</b> <b>Last BM:</b> <b>Palpation: Pain, Mass etc.:</b> <b>Inspection:</b> <b>Distention:</b> <b>Incisions:</b> <b>Scars:</b> <b>Drains:</b> <b>Wounds:</b> <b>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Size:</b> <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Type:</b>	<b>Tolerating hospital diet.</b> <b>Normoactive bowel sounds in all quadrants.</b> <b>Last BM 3/1/26</b> <b>No pain with palpation</b> <b>No mass or distention noted.</b> <b>Most recent weight 237 lbs</b>
<b>GENITOURINARY:</b> <b>Color:</b> <b>Character:</b> <b>Quantity of urine:</b>	<b>Clear yellow urine without foul odor, no report of pain with urination. 300ml of urine</b>

<b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Inspection of genitals:</b> <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b> <b>Size:</b>	
<b>Intake (in mLs)</b>  <b>Output (in mLs)</b>	<b>500 ml of water and soda with meals</b>  <b>300ml of urine output</b>
<b>MUSCULOSKELETAL:</b> <b>Neurovascular status:</b> <b>ROM:</b> <b>Supportive devices:</b> <b>Strength:</b> <b>ADL Assistance:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>Fall Score:</b> <b>Activity/Mobility Status:</b> <b>Activity Tolerance:</b> <b>Independent (up ad lib)</b> <b>Needs assistance with equipment</b> <b>Needs support to stand and walk</b>	<b>Full range of motion</b> <b>Uses prosthetic and wheelchair at home.</b> <b>Equal strength in upper extremities.</b> <b>Good strength in lower extremity.</b> <b>Right leg amputation below the knee.</b> <b>High fall risk and fall score of 77</b> <b>Tolerates activity like moving to the bedside commode and moving back to bed.</b> <b>Needs assistance to shower</b>
<b>NEUROLOGICAL:</b> <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - <b>Legs</b> <input checked="" type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/> <b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	<b>Oriented x4, normal cognition, and clear speech. Equal strength in arms and strong strength in left leg.</b>
<b>PSYCHOSOCIAL/CULTURAL:</b> <b>Coping method(s):</b> <b>Developmental level:</b> <b>Religion &amp; what it means to pt.:</b> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>	<b>Uses pet therapy to cope with life's hardships.</b> <b>Can read to appropriate level.</b> <b>No religious</b> <b>Reports a good home environment but does live alone.</b>

### Discharge Planning

**Discharge location:** Going home to self.

**Home health needs:** Transportation help and a nurse visit for wounds.

**Equipment needs:** possibly a new prosthetic that fits well.

**Follow up plan:** follow up with wound care and primary care provider in outpatient clinics.

**Education needs:** management if diabetes mellitus, lifestyle changes like diet and exercise, weight loss, hand hygiene, medication management, and when to call the doctor about wounds and worsening symptoms.

### Nursing Process

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

<b>Nursing Diagnosis</b> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<b>Rationale</b> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<b>Outcome Goal (1 per dx)</b>	<b>Interventions (2 per goal)</b>	<b>Evaluation of interventions</b>
<b>1. Ineffective health maintenance</b>	<b>Uncontrolled blood sugar levels are</b>	<b>Patient will express</b>	<b>1. Evaluate level of knowledge</b>	<b>Pt was able to share the importance of</b>

<p>related to medical diagnosis of diabetes mellitus as evidenced by uncontrolled blood sugar levels (Phelps, 2022).</p>	<p>affecting is his kidneys, healing and overall health.</p>	<p>desire to improve health behaviors (Phelps, 2022).</p>	<p>about routine health practices, safety measures and treatment follow-up (Phelps, 2022).</p> <p>2.Evaluate level of motivation to preform self-care practices (Phelps, 2022).</p>	<p>blood sugar management and barriers to self-care practices.</p>
<p>2. Impaired physical mobility related to below the knee amputation as evidenced by poor fitting prosthetic and developing wounds (Phelps, 2022).</p>	<p>Impaired mobility is affecting the client's ability to stay active and have bettering lifestyle practices.</p>	<p>Pt will achieve the highest level of mobility as tolerated (Phelps, 2022).</p>	<p>1. Encourage activity with assistance and without. Moving back and forth to the bedside commode (Phelps, 2022).</p> <p>2. Carry out a medical regimen to manage or prevent complications (Phelps, 2022).</p>	<p>The patient was able to Move to the commode and back to bed without assistance.</p>
<p>3. Impaired skin integrity related to pressure over boney prominence as evidenced by alteration in</p>	<p>His poorly fitted prosthetic is causing wounds and his uncontrolled blood sugars are impairing healing.</p>	<p>Patient will not exhibit new skin breakdown during hospital stay</p>	<p>1. Encourage the patient to keep shifting his weight while in bed to relieve pressure on boney</p>	<p>The patient was able to remain free of new skin break down during my shift and was consistently</p>

<p><b>skin integrity and redness (Phelps, 2022).</b></p>		<p><b>(Phelps, 2022).</b></p>	<p><b>prominences (Phelps, 2022).</b></p> <p><b>2. Inform the client on the importance of managing blood sugars and how it can affect healing (Phelps, 2022).</b></p>	<p><b>shifting his weight during the day.</b></p>
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<b>Nursing Process Prioritization</b>	<b>Rationale</b>
<p><b>1. Ineffective health maintenance</b></p>	<p><b>Uncontrolled blood sugars increase healing time and contribute to worsening diabetic neuropathy. This is causing reduced blood flow to the kidney which is leading to imbalanced electrolytes.</b></p>
<p><b>2. Impaired skin integrity</b></p>	<p><b>Impaired skin can increase the risk for infection and cause pain for the client.</b></p>
<p><b>3. Impaired physical mobility</b></p>	<p><b>A decrease in activity can increase the client's risk for DVT's and increase healing time.</b></p>

**Other References (APA):**

**Phelps, L. (2022). Nursing Diagnosis Reference Manual (12th ed.). Lippincott  
Williams & Wilkins.**





