

N321 Care Plan #1

Lakeview College of Nursing

Kayley Sollers

**Demographics (3 points)**

<b>Date of Admission</b> 09/02/2019	<b>Patient Initials</b> M.H.	<b>Age</b> 93	<b>Gender</b> F
<b>Race/Ethnicity</b> White	<b>Occupation</b> Retired	<b>Marital Status</b> Widower	<b>Allergies</b> N/A
<b>Code Status</b> DNAR	<b>Height</b> 5'2"	<b>Weight</b> 80 lbs.	

**Medical History (5 Points)**

**Past Medical History: Anxiety, arthritis, HTN, loss of weight**

**Past Surgical History: Hysterectomy**

**Family History: N/A**

**Social History (tobacco/alcohol/drugs): N/A**

**Assistive Devices: Walker**

**Living Situation: Nursing Home**

**Education Level: Some high school**

**Admission Assessment**

**Chief Complaint (2 points): Pain, swelling, and discomfort in right wrist**

**History of present Illness (10 points): Pain in right wrist x3 days. Admitted from the nursing home through the ER after presenting with increasing, swelling pain, and discomfort in right wrist. Admitted and started on IV antibiotics. This has been an intermittent issue according to the patient and her daughter. Patient has significant problems with anxiety she takes Xanax 1.25 regularly 3-4 times a day. No history of rheumatoid arthritis. Patient is right-handed.**

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points):**Infectious tenosynovitis

**Secondary Diagnosis (if applicable):**Chronic pain of right wrist

**Pathophysiology of the Disease, APA format (20 points):** “Infectious tenosynovitis is an infection of a tendon and its protective sheath. The most common cause is an injury that lets germs inside the tendon sheath” (Understanding Infectious Tenosynovitis of the Finger, Hand, or Wrist, 2019, para. 2).

**Pathophysiology References (2) (APA):**

(2019). Understanding Infectious Tenosynovitis of the Finger, Hand, or Wrist. Retrieved from

<https://www.saintlukeskc.org/health-library/understanding-infectious-tenosynovitis-finger-hand-or-wrist>

Steinberg, D. (2018, October). Infectious Flexor Tenosynovitis - Musculoskeletal and Connective Tissue Disorders. Retrieved from

<https://www.merckmanuals.com/professional/musculoskeletal-and-connective-tissue-disorders/hand-disorders/infectious-flexor-tenosynovitis>

## Laboratory Data (15 points)

CBC **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.50- 5.20 10 <sup>6</sup> /uL	4.27	3.99	
Hgb	11.0-16.0 g/dL	12.2	11.3	
Hct	34.0-47.0%	37.9	35.5	

Platelets	140-400 10 <sup>3</sup> u/L	338	337	
WBC	4.00-11.00 10 <sup>3</sup> /uL	10.97	9.21	
Neutrophils	1.5 to 8.0 (1,500 to 8,000/mm <sup>3</sup> )			
Lymphocytes	1,000 and 4,800 (μL)			
Monocytes	0.2–1.0×10 <sup>9</sup> /l (2–10%)			
Eosinophils	30- 350 u/L			
Bands	0.0-10.0 %			

Chemistry **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145 mmol/L	132 (L)	134 (L)	
K+	3.5-5.1 mmol/L	3.6	3.8	
Cl-	98-107 mmol/L	94 (L)	101	
CO2	21.0-32.0 mmol/L	29.1	27.9	
Glucose	60-99 mg/dL	97	83	
BUN	7-18 mg/dL	13	9	
Creatinine	0.60-1.30 mg/dL	0.68	0.57 (L)	“Low levels of the waste product creatinine in the body could be a sign that the liver or muscles are not working as well as they should; older people losing muscle mass” (Sissons, 2017, para. 1).
Albumin	3.4-5.0	3.4		

<b>Calcium</b>	<b>8.5-10.1 mg/dL</b>	<b>8.7</b>	<b>8.1</b>	<b>Hypocalcemia- “A low calcium level may result from a problem with the parathyroid glands, as well as from diet, kidney disorders, or certain drugs” (Lewis, 2018, para. 2).</b>
<b>Mag</b>				
<b>Phosphate</b>				
<b>Bilirubin</b>				
<b>Alk Phos</b>	<b>45-117 U/L</b>	<b>105</b>		
<b>AST</b>	<b>15-37 U/L</b>			
<b>ALT</b>	<b>12-78 U/L</b>			
<b>Amylase</b>				
<b>Lipase</b>				
<b>Lactic Acid</b>	<b>0.4-2.0 mmol/L</b>		<b>1.3</b>	

Other Tests **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

**These labs were not drawn.**

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today’s Value</b>	<b>Reason for Abnormal</b>
<b>INR</b>				
<b>PT</b>				
<b>PTT</b>				
<b>D-Dimer</b>				
<b>BNP</b>				

<b>HDL</b>				
<b>LDL</b>				
<b>Cholesterol</b>				
<b>Triglycerides</b>				
<b>Hgb A1c</b>				
<b>TSH</b>				

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Color &amp; Clarity</b>	<b>Colorless Yellow</b>	<b>Yellow</b>	<b>Yellow</b>	
<b>pH</b>	<b>5.0-8.5 pH</b>	<b>7.5</b>	<b>7.0</b>	
<b>Specific Gravity</b>	<b>1.000-1.030 arbitrary unit</b>	<b>1.015</b>	<b>1.015</b>	
<b>Glucose</b>	<b>Negative mg/dL</b>	<b>Negative</b>	<b>Negative</b>	
<b>Protein</b>	<b>Negative mg/dL</b>	<b>Negative</b>	<b>Negative</b>	
<b>Ketones</b>	<b>Negative mg/dL</b>	<b>Negative</b>	<b>Negative</b>	
<b>WBC</b>	<b>0-5 /HPF</b>	<b>0-3</b>	<b>0-3</b>	
<b>RBC</b>	<b>0-4 /HPF</b>	<b>2-4</b>	<b>2-4</b>	
<b>Leukoesterase</b>	<b>Negative</b>	<b>Negative</b>	<b>Negative</b>	

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

**These tests were not drawn.**

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
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		<b>n</b>		
<b>Urine Culture</b>				
<b>Blood Culture</b>				
<b>Sputum Culture</b>				
<b>Stool Culture</b>				

**Lab Correlations Reference (APA):**

Lewis , J. (2018, September). Hypocalcemia (Low Level of Calcium in the Blood) -

Hormonal and Metabolic Disorders. Retrieved from

<https://www.merckmanuals.com/home/hormonal-and-metabolic-disorders/electrolyte-balance/hypocalcemia-low-level-of-calcium-in-the-blood>

Sissons, C. (2017, November 2). Low creatinine levels: Causes, symptoms, and treatments.

Retrieved from <https://www.medicalnewstoday.com/articles/319892.php>

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points): XR of right wrist**

**Diagnostic Test Correlation (5 points): Severe swelling in her posterior hand and in her fingers, swelling and pain since Saturday.**

**Diagnostic Test Reference (APA):**

Jones, J. (2019). Wrist radiograph (approach): Radiology Reference Article. Retrieved from <https://radiopaedia.org/articles/wrist-radiograph-approach?lang=us>

**Current Medications (10 points, 1 point per completed med)  
\*10 different medications must be completed\***

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	Xanax(alprazolam )	Cholecalciferol(Vitamin D)	Vancomycin(VANCOCIN)	Ceftriaxone (ceftriaxone)	Ondansetron HCL (Zofran)
<b>Dose</b>	0.25 mg	1,000 Units	750 mg	1 g	4 mg
<b>Frequency</b>	1 tab QID	Daily	Q 48 hrs.	Q 24 hrs.	Q 8 hrs. PRN
<b>Route</b>	Oral	Oral	IVPB	IV Push	IV Push
<b>Classification</b>	Benzodiazepines	Fat soluble vitamin	Glycopeptide antibiotics	cephalosporin antibiotics	Serotonin 5-HT <sub>3</sub> receptor antagonists
<b>Mechanism of Action</b>	Bind to GABA receptors	Helps body absorb calcium and phosphorus	Inhibits cell wall synthesis of bacteria	Inhibits bacterial cell wall synthesis	Blocking serotonin receptors
<b>Reason Client Taking</b>	Anxiety	Functioning of calcium in body	Infectious tenosynovitis Prevent infections	Treat bacterial infection	Prevent nausea and vomiting
<b>Contraindications (2)</b>	Benzodiazepine hypersensitivity COPD	Hypercalcemic Malabsorption	Amikacin(amikacin sulfate) Garamycin (gentamicin)	UTI Meningitis	Hypersensitivity Hypotension
<b>Side Effects/Adverse Reactions (2)</b>	Confusion Urinary incontinence	Changes in behavior Chest pain	Bitter taste Low BP	Rash Watery stools	Tachycardia SOB
<b>Nursing Considerations (2)</b>	Reassess patient reaction Reassess vitals	Observe Calcium labs Assess patient for bone weakness	Assess vitals Assess IV site	Assess vitals Assess IV site	Assess vitals Assess client for nausea

**Home Medications (5 required)**

<b>Brand/Generic</b>	Acticlate (Doxycycline hyclate)	Motrin (Ibuprofen)	Lactobacillus Rhamnosus GG	Cholecalciferol(Vitamin D)	Xanax(alprazolam )
<b>Dose</b>	100 m	400 mg	10 billion cell capsule	1,000 Units	0.25 mg
<b>Frequency</b>	TID	TID PRN	1 capsule/day	Daily	1 tab QID
<b>Route</b>	PO	PO	PO	PO	Oral
<b>Classification</b>	Tetracycline antibiotics	NSAIDs	L. rhamnosus	Fat soluble vitamin	Benzodiazepines
<b>Mechanism of Action</b>	Inhibits bacterial protein synthesis	Exerts its anti-inflammatory and analgesic effects through inhibition of isoforms	Bacteria found in intestine intestines	Helps body absorb calcium and phosphorus	Bind to GABA receptors
<b>Reason Client Taking</b>	Antibiotic to fight bacteria	Pain relief	Probiotic	Functioning of calcium in body	Anxiety
<b>Contraindications (2)</b>	Liver disease Yeast infections	Hypersensitivity to other NSAIDs Active GI bleeding or peptic ulceration	Allergies to Lactobacillus rhamnosus	Hypercalcemic Malabsorption	Benzodiazepine hypersensitivity COPD
<b>Side Effects/Adverse Reactions (2)</b>	Nausea/vomiting Diarrhea	Upset stomach Decreased appetite	Stomach gas or bloating High fever	Changes in behavior Chest pain	Confusion Urinary incontinence
<b>Nursing</b>	Do not administer	May cause	Call the Dr. if	Observe Calcium labs	Reassess patient

Considerations (2)	with meals Administer at least 1 hr before patient eats or two hrs after	anaphylaxis Monitor renal and liver labs	the condition does not improve Keep taking the capsule daily as advised	Assess patient for bone weakness	reaction Reassess vitals
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**Medications Reference (APA):**

(2019). PDR Search. Retrieved from

<https://www.pdr.net/drug-summary/Xanax-alprazolam-1873.31>

(2019). Vitamin D3 Uses, Side Effects & Warnings. Retrieved from

<https://www.drugs.com/mtm/vitamin-d3.html>

(2019, July 11). Vancocin (vancomycin) dosing, indications, interactions, adverse effects, and more. Retrieved from

<https://reference.medscape.com/drug/firvanq-vancocin-vancomycin-342573>

(2019). Rocephin (Ceftriaxone): Side Effects, Interactions, Warning, Dosage & Uses.

Retrieved from [https://www.rxlist.com/rocephin-drug.htm#side\\_effects](https://www.rxlist.com/rocephin-drug.htm#side_effects)

(2019). Ondansetron Side Effects: Common, Severe, Long Term. Retrieved from

<https://www.drugs.com/sfx/ondansetron-side-effects.html>

(2019). Doryx (Doxycycline Hyclate): Side Effects, Interactions, Warning, Dosage & Uses.

Retrieved from <https://www.rxlist.com/doryx-drug.htm>

Haws, S. (2016, July 7). Ibuprofen: Advil / Motrin (antipyretics, antirheumatics, nonopioid analgesics, nonsteroidal anti-inflammatory agents). Retrieved from

<https://www.nrsng.com/ibuprofen-advil-motrin-antipyretics-antirheumatics-nonopioid-analgesics-nonsteroidal-anti-inflammatory-agents/>

(2019). Lactobacillus Rhamnosus GG Oral : Uses, Side Effects, Interactions, Pictures, Warnings & Dosing. Retrieved from

**Assessment**

**Physical Exam (18 points)**

<b>GENERAL (1 point):</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	<b>Alert and orient</b> <b>No distress noted</b> <b>Overall appearance good</b>
<b>INTEGUMENTARY (2 points):</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>Flesh-toned skin color</b> <b>Good skin turgor</b> <b>No pigmentation changes</b> <b>No noted temperature</b> <b>No rashes, bruises, or wounds</b> <b>Braden score: 25</b> <b>No drains present</b>
<b>HEENT (1 point):</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	<b>Ears: auricle is moist and pink; no lesions. No hearing loss noted.</b> <b>Eyes: PERRLA, sclerae nonicteric, conjunctive pink.</b> <b>Nose: center of face</b> <b>Teeth: dentition is good</b>
<b>CARDIOVASCULAR (2 points):</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>Normal sinus; clear S1, S2; no murmur</b> <b>Peripheral pulses 3+</b> <b>Capillary refill: 2 seconds</b> <b>No use of neck vein distention noted</b> <b>No edema noted</b>
<b>RESPIRATORY (2 points):</b> <b>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Breath Sounds: Location, character</b>	<b>Clear to auscultation; no wheezing, rhonchi, or dullness.</b> <b>Breath sounds: no noted abnormality</b>

<p><b>GASTROINTESTINAL (2 points):</b>  <b>Diet at home:</b>  <b>Current 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></p>	<p><b>Regular home and hospital diet.</b>  <b>Height: 5'2"</b>  <b>Weight: 80 lbs.</b>  <b>Bowel sounds: X4</b>  <b>Last BM: 09/01/2019</b>  <b>Palpation: no pain, or mass noted</b>  <b>Inspection: no distention, incisions, scars, drains, or wounds.</b>  <b>N/A ostomy</b>  <b>N/A nasogastric</b>  <b>N/A feeding tubes/PEG tube</b></p>
<p><b>GENITOURINARY (2 Points):</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Inspection of genitals:</b>  <b>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>      <b>Type:</b>      <b>Size:</b></p>	<p><b>Color: Yellow; clear</b>  <b>Character: Colorless; no odor noted</b>  <b>Quantity of urine: 300 cc output per 5 hr.</b>  <b>No pain with urination noted</b>  <b>No dialysis</b>  <b>No catheter</b></p>
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib) N <input type="checkbox"/> <input checked="" type="checkbox"/></b>  <b>Needs assistance with equipment Y <input type="checkbox"/> <input checked="" type="checkbox"/></b>  <b>Needs support to stand and walk Y <input type="checkbox"/> <input checked="" type="checkbox"/></b></p>	<p><b>Neurovascular status: pain 13:30 4/10; 16:00 3/10</b>  <b>ROM: Active</b>  <b>Supportive devices: Walker</b>  <b>Strength: Equal leg strength; right arm not as strong as left side-due to infectious tenosynovitis.</b>  <b>Fall score: 40</b>  <b>Activity/Mobility Status: Balance is unsteady</b>  <b>Independent (up ab lib): Needs assistance walking with walker</b>  <b>Needs assistance with equipment: Yes</b>  <b>Needs support to stand and walk: Yes</b></p>

<b>NEUROLOGICAL (2 points):</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 type="checkbox"/> N <input checked="" type="checkbox"/> if no - <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input checked="" 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>Moves all extremities</b> <b>PERRLA</b> <b>Strength is equal in both lower extremities</b> <b>Strength is not equal in arms due to Infectious tenosynovitis in right wrist</b> <b>Patient is alert and orient</b> <b>Proper mental status</b> <b>Clear speech</b> <b>Clear sensory</b> <b>Conscious</b>
<b>PSYCHOSOCIAL/CULTURAL (2 points):</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>Coping method: Praying, positive thinking, closing eyes to relax.</b> <b>Developmental level: Older aged</b> <b>Religion: Christian; very important to patient and the family</b> <b>Personal/Family Data: Very strong family bond; family is very supportive</b>

**Vital Signs, 2 sets (5 points)**

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
13:30	71	217/91	17	97.8 °F	97% Room Air
16:00	64	178/76	20	97.9 °F	95% Room Air

**Pain Assessment, 2 sets (2 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
13:30	4/10	Right wrist	Intermittent	Throbbing, swollen, uncomfortable	Right wrist pain is related to infectious tenosynovitis of right wrist

					evidence by patient report of 4/10 pain level.
16:00	3/10	Right wrist	Intermittent	Throbbing, swollen, uncomfortable	Right wrist pain is related to infectious tenosynovitis of right wrist evidence by patient report of 3/10 pain level.

#### IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
<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>18 gauge</b> <b>Left AC</b> <b>09/02/19</b> Correctly placed, allowing the treatment to flow directly into the patient's vein. No signs of erythema, drainage, etc. IV is taped well and intact; no infiltration or phlebitis noted

#### Intake and Output (2 points)

Intake (in mL)	Output (in mL)
150 mL	300 mL

#### Nursing Care

##### Summary of Care (2 points)

**Overview of care:** Patient has a lot of pain and discomfort in the right wrist due to infectious tenosynovitis. Patient is on the way to recovery; hand swelling has decreased per nurse handoff.

**Procedures/testing done:** X-ray of right wrist

**Complaints/Issues:** Pain and discomfort in the right wrist and hand

**Vital signs (stable/unstable): Stable**

**Tolerating diet, activity, etc.: Tolerated regular diet**

**Physician notifications: N/A**

**Future plans for patient: Continue with IV antibiotics, local therapy moist heat/ice packs. Anticipate return to nursing home soon.**

**Discharge Planning (2 points)**

**Discharge location: Nursing home**

**Home health needs (if applicable): Assistance with ADL'S**

**Equipment needs (if applicable): Walker**

**Follow up plan: Follow up with a provider on what could have caused the swelling in the right wrist. Follow up to prevention infectious tenosynovitis from future flare-up.**

**Education needs: Patient should be educated on fall risks/precautions. Patient needs to call provider if symptoms reappear in order to obtain antibiotics to fight the infection. The patient needs to be educated to respond quickly if encountered any signs or symptoms, not treated quickly can cause tissue death.**

**Nursing Diagnosis (15 points)**

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

<b>Nursing Diagnosis</b>	<b>Rational</b>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b>
<ul style="list-style-type: none"><li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li></ul>	<ul style="list-style-type: none"><li>• Explain why the nursing diagnosis was chosen</li></ul>		<ul style="list-style-type: none"><li>• How did the patient/family respond to the nurse’s actions?</li><li>• Client response, status of goals and</li></ul>

			outcomes, modifications to plan.
<b>1. Impaired physical mobility related to pain in right wrist as evidence by inflammation and swelling.</b>	<b>Patient will have less ROM due to infection and inflammation.</b>	<b>1.Pain management 2.Cold compress to decrease inflammation</b>	<b>Patient/family responded well to nursing diagnosis.</b>
<b>2. Self-care deficit related to limited ROM as evidence by weak arm strength.</b>	<b>Patient will have less ROM due to swelling right wrist.</b>	<b>1. Assisted ADL's 2.Keeping patient as independent as able</b>	<b>Patient/family responded well to nursing diagnosis.</b>
<b>3. Acute pain as evidence by patient rating pain a 3/10 as evidence by pain scale and grimacing.</b>	<b>Patient rates pain a 3/10 on pain scale.</b>	<b>1. Pain management 2. Q4 pain/vital assessment</b>	<b>Patient/family responded well to nursing diagnosis.</b>

**Other References (APA):**

(2019, June 17). Tenosynovitis. Retrieved from

<https://emedicine.medscape.com/article/2189339-overview>

(2015). Nursing Care Plan related to Infection. Retrieved from

<https://nanda-diagnosis.blogspot.com/2014/08/nursing-care-plan-related-to-infection.html>

**Concept Map (20 Points):**

### Subjective Data

Patient is experiencing pain, swelling, and discomfort in right wrist.

### Nursing Diagnosis/Outcomes

Impaired physical mobility related to pain in right wrist as evidence by inflammation and swelling.

Self-care deficit related to limited ROM as evidence by weak arm strength.

Acute pain as evidence by patient rating pain a 3/10 as evidence by pain scale and grimacing.

Nursing outcomes: Patient responds well to pain management regimen.

### Objective Data

- Height: 5'2"
- Weight: 80 lbs
- V/S taken as follows:  
BP: 178/76  
Pulse: 64  
Temp: 97.8 °F  
Resp: 20  
SpO2: 95% room air

### Patient Information

M.H.  
93 years old  
Female  
Code Status: DNAR  
Date of Admission:  
9/2/19

### Nursing Interventions

- Pain management
- Cold compress to decrease inflammation
- Assisted ADL's; also keeping patient independent as able
- Q4 pain/vital assessment



