N431 Care Plan # 1

Lakeview College of Nursing

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Sept 12, 2019

## Demographics (3 points)

| Date of Admission | Patient Initials | Age | Gender |
|---|---|---|---|
| 9/09 | JM | 71 | F |
| **Race/Ethnicity** | **Occupation** | **Marital Status** | **Allergies** |
| Caucasian | | NM | amoxicillin |
| **Code Status** | **Height** | **Weight** | |
| Full | 5'1 | 145.8 kg | |

## Medical History (5 Points)

**Past Medical History:** Sleep AP, quadriceps muscle rupture (left), pulm emb, arthritis, anxiety, osteoarthritis, HTN, edema, depression, carcinoma, back pain

**Past Surgical History:** total knee arthroplasty (left), total knee arthroplasty (right) revision total knee (left) (right), inguinal hernia, colonoscopy, cholecystectomy, breast lumpectomy, back surgery

**Family History:** Mother - deceased (diabetes, pacemaker) Father (cancer) also deceased, brother deceased (cancer)

**Social History (tobacco/alcohol/drugs):** Never used tobacco or alcohol

**Assistive Devices:** Walker

**Living Situation:** At home alone

**Education Level:** College with bachelors

## Admission Assessment

**Chief Complaint (2 points):** ~~Low HGB~~ Rectal bleed

**History of present Illness (10 points):**

71 yr old female past medical history of anxiety, arthritis, back pain, depression edema, HTN, pulm emb, & sleep apnea who presents to ER on 9/09, with complaint of abnormal labs, stays at a nursing home. for past knee surgery + chronic bleeding hemroids. Bleeding bleeding due to constipation from pain meds, she is nauseated today from milk. Denies fever, chills, diarrhea, anxious upon bedside

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points):** LOW HGB

**Secondary Diagnosis (if applicable):** N/A

**Pathophysiology of the Disease, APA format (20 points):**

**Pathophysiology References (2) (APA):** ~~RBC~~ Red blood cells contain a protein hemoglobin, Hgb. It carries oxygen to different parts of the body. Normal hemoglobin runs from 13.8 - 17.2 roughly with different ranges accordingly. A low level might not display symptoms always but with a noticable decrease it may indicate a condition. This is known as anemia. Low Hgb doesn't mean illness but could mean RBC are rapidly being destroyed. Certain conditions may be results of low hgb and they include; iron deficiency, vitamin deficiency, aplastic anemia, cirrhosis, kidney disease, etc.

Reference: MD-Health.com. (2019). LOW Hemoglobin COUNT Symptoms cause Treatment and More! Online Accessed 14 Sept 2019

## 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 | 3.8-5.3 | 2.09 | | |
| Hgb | 12-15.8 | (6.1) ~~7.~~ | (7.7) | Lack of iron in body, she also took ferrous sulfate to help (Nurse Labs, 2019). |
| Hct | 36-47 % | (18.3) ~~21.6~~ | (22.7) | Lack of oxygen perfusion due to hypertension (Nurse labs, 2019) |
| Platelets | 140-440 | 220 | N/A | |
| WBC | 4-12 | 9.2 | N/A | |
| Neutrophils | 47-73 | 71.2 | N/A | |
| Lymphocytes | 18-42 | (14.7) | N/A | Potential bacteria infection in bowel patient is anemic & has arthritis (Nurse Labs 2019). |
| Monocytes | 4-12 | 6.9 | N/A | |
| Eosinophils | 0-5 | (5.6) | N/A | Knees potentially inflamed (Nurse labs, 2019) |
| Bands | N/A | N/A | N/A | |

**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- | 133-144 | 136 | N/A | |
| K+ | 3.5-5.1 | 4 | N/A | |
| Cl- | 98-107 | 103 | N/A | |
| CO2 | 21-31 | 27 | N/A | |
| Glucose | 70-99 | (156) | N/A | Lack of physical activity possible stress, she gets anxious when people come in her room (Nurse, Labs, 2019) |

| | | | | | |
|---|---|---|---|---|---|
| **BUN** | 7-25 | 16 | 16 | | |
| **Creatinine** | .5-1.0 | .94 | .95 | | |
| **Albumin** | 3.5-5.7 | (3.3) | 3.7 | her nutrition is poor she said she doesn't eat the best | (Nurse labs, 2019) |
| **Calcium** | 8.8-10.2 | (8.5) | 8.9 | Calcium not absorbed in bones history of osteoarthritis | (Nurse labs, 2019) |
| **Mag** | 1.9-2.5 | N/A | N/A | | |
| **Phosphate** | 2.5-4.5 | 3.3 | 3.4 | | |
| **Bilirubin** | 0.2-0.8 | .5 | .5 | | |
| **Alk Phos** | 34-104 | (114) | 110 | Possible fatty liver from overweight | (Nurselabs, 2019) |
| **AST** | 13-39 | 13 | 13 | | |
| **ALT** | 7-52 | 8 | 9 | | |

| | | | | |
|---|---|---|---|---|
| **PT** | 11-13 | N/A | N/A | |
| **PTT** | 25-36 | 33 | N/A | |
| **D-Dimer** | <250 | N/A | N/A | |
| **BNP** | 0-99 | N/A | N/A | |
| **HDL** | 60 | N/A | N/A | |
| **LDL** | 60-130 | N/A | N/A | |
| **Cholesterol** | <200 | N/A | N/A | |
| **Triglycerides** | <150 | N/A | N/A | |
| **Hgb A1c** | 4-6.5 | N/A | N/A | |
| **TSH** | .4-4 | N/A | N/A | |

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

| Lab Test | Normal Range | Value on Admission | Today's Value | Reason for Abnormal |
|---|---|---|---|---|
| **Color & Clarity** | yellow & clear | ~~N/A~~ yellow/clear | yellow & clear | |
| **pH** | 2.3-6.6 | 4.2 | 4.2 | |
| **Specific Gravity** | 1.015-1.025 | N/A | N/A | |
| **Glucose** | neg | N/A | N/A | |
| **Protein** | neg | N/A | N/A | |
| **Ketones** | neg | N/A | N/A | |
| **WBC** | <5 | N/A | N/A | |
| **RBC** | <5 | N/A | N/A | |
| **Leukoesterase** | absent | N/A | N/A | |

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

| Test | Normal Range | Value on Admission | Today's Value | Explanation of Findings |
|---|---|---|---|---|
| pH | 7.35-7.45 | N/A | N/A | |
| PaO2 | ~~21~~ >90 | N/A | N/A | |
| PaCO2 | 35-45 | N/A | N/A | |
| HCO3 | 22-26 | N/A | N/A | |
| SaO2 | 95-100 | N/A | N/A | |

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

| Test | Normal Range | Value on Admission | Today's Value | Explanation of Findings |
|---|---|---|---|---|
| Urine Culture | neg | N/A | N/A | |
| Blood Culture | neg | N/A | N/A | |
| Sputum Culture | neg | N/A | N/A | |
| Stool Culture | neg | N/A | N/A | |

1. Nursekoh (2014). 4 Anemia Nursing Care Plans. [online] [Accessed 14 Sept. 2019].

**Lab Correlations Reference (APA):** 2. Carter, J., Brunner/Suddarth's Textbook of Medical-Surgical Carter, J., Brunner, L. and Suddarth, D. (1998). Test bank to accompany Brunner/Suddarth's medical-surgical nursing, sixth edition. Philadelphia, Lippincott

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):** CBC labs, Hgb, Hct

**Diagnostic Test Correlation (5 points):** colonoscopy pending till following day

**Diagnostic Test Reference (APA):**

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

**Home Medications (5 required)**

| Brand/Generic | Duloxetine / Cymbalta | enoxaparin sodium / Lovenox | Lorazepam / Ativan | apixaban / Eliquis | ~~diltiazem~~ Diltiazem / Cardizem |
|---|---|---|---|---|---|
| Dose | 60 mg | N/A | 1mg | 5 mg | 180 mg |
| Frequency | daily | Q 12 hr | nightly | 2 x daily | once evening |
| Route | oral | sub Q | oral | oral | oral |
| Classification | Anti depress | anti coag | benzodiazepine | anti coag | anti anginals |
| Mechanism of Action | inhibit serotonin reuptake | prevent thrombus formation | Depress CNS | reversible Xa inhibitor for ↓ Xa | stops calcium to heart |
| Reason Client Taking | Decrease anxiety | prevent DVT | Reduce anxiety | decrease stroke or embolism risks | HTN |
| Contraindications (2) | MAOI's use<br>Avoid NSAIDs | benzyl alcohol<br>positive invitro test | use of other benzos<br>sleep apnea | active bleed<br>hepatic impairment | sick sinus syndrome<br>AV block |
| Side Effects/Adverse Reactions (2) | seizure / suicidal thoughts | headache<br>edema | lethargy<br>ataxia | bleed<br>anaphylaxis | abnormal dreams<br>anxiety |
| Nursing Considerations (2) | monitor appetite<br>monitor BP | may ↑ AST ALT<br>may cause hyperkalemia | do regular assessment neuro<br>Assess for pain | discontinue Warfarin if start apixaban<br>Not for heart valve prosthetics | Don't confuse with zinc<br>Don't open or crush / chew tabs |
| Key Nursing Assessment(s)/Lab(s) Prior to Administration | assess serotonin syndrome<br>Assess for rash | Assess angina pain<br>assess for chills, fever | Assess seizure s+s<br>assess overdose s/s | Assess for stroke<br>assess peripheral disease vascular | Monitor BP<br>Monitor I/O's |
| Client Teaching needs (2) | take as directed<br>Be alert for panic attacks | Report unusual bleed<br>Avoid aspirin | take as directed<br>Med is designed for short term use | take as directed<br>Pt may bleed or bruise longer than usual | teach how to monitor pulse<br>maintain good dental hygiene |

| | | | |
|---|---|---|---|
| **Route** | oral | oral | oral |
| **Classification** | laxative | antianemic | Diuretic |
| **Mechanism of Action** | incorporates water in stool | mineral in hgb goes to blood stream | inhibits absorb of sodium |
| **Reason Client Taking** | Constipated | prevent iron deficiency | hypertension |
| **Contraindications (2)** | abdominal pain<br>Nausea | hemochromatosis<br>allergies to irons | hepatic coma<br>alcohol products |
| **Side Effects/Adverse Reactions (2)** | Cramps<br>rashes | syncope<br>vomitting | blurred vision<br>vertigo |
| **Nursing Considerations (2)** | Dont confuse with Cozaar<br>may dilute with milk | ~~crush~~ Dont crush med<br>may stain teeth | Dont confuse with Lasix<br>IV better than IM |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | Assess ab distention<br>assess stool color/consistency | assess nutrition<br>assess bowel function | assess fluid status<br>assess BP/Pulse |

## Assessment

### Physical Exam (18 points)

| | |
|---|---|
| **GENERAL (1 point):**<br>**Alertness:** Awake & responsive<br>**Orientation:** Aware of time & date<br>**Distress:** none for pain, some for delayed colonoscopy<br>**Overall appearance:** little agitated, looks & sounds healthy | |
| **INTEGUMENTARY (2 points):**<br>**Skin color:** pink<br>**Character:** dry<br>**Temperature:** 97<br>**Turgor:** rapid recoil<br>**Rashes:** no rashes<br>**Bruises:** bruising on left leg<br>**Wounds:** left leg healing<br>**Braden Score:** 21<br>**Drains present:** Y☐ N☑<br>**Type:** | |
| **HEENT (1 point):**<br>**Head/Neck:** thyroid symmetrical, well groomed<br>**Ears:** no drainage or ear wax<br>**Eyes:** PERRLA<br>**Nose:** symmetrical, no discharge<br>**Teeth:** white, no decay | |
| **CARDIOVASCULAR (2 points):**<br>**Heart sounds:**<br>**S1, S2, S3, S4, murmur etc.** $S_1, S_2$ & heart murmer present<br>**Cardiac rhythm (if applicable):** regular with murmer<br>**Peripheral Pulses:** WDL<br>**Capillary refill:** rapid recoil<br>**Neck Vein Distention:** Y☐ N☑<br>**Edema** Y☐ N☑<br>**Location of Edema:** | |
| **RESPIRATORY (2 points):**<br>**Accessory muscle use:** Y☐ N☑<br>**Breath Sounds: Location, character**<br>Clear when auscultated no wheezing or crackles | |

| | |
|---|---|
| **GASTROINTESTINAL (2 points):**<br>**Diet at home:** high sodium foods microwaved meals<br>**Current Diet** clear liquid<br>**Height:** 5'1<br>**Weight:** 145.8kg<br>**Auscultation Bowel sounds:** heard in all regions normal sounds<br>**Last BM:** day of clinical<br>**Palpation: Pain, Mass etc.:** no masses, pain at most 2/10<br>**Inspection:**<br>**Distention:** None<br>**Incisions:** left leg<br>**Scars:** left leg<br>**Drains:** none<br>**Wounds:** old scar on left leg (week- month ago)<br>**Ostomy:** Y ☐ N ☑<br>**Nasogastric:** Y ☐ N ☑<br>**Size:**<br>**Feeding tubes/PEG tube** Y ☐ N ☑<br>**Type:** | |
| **GENITOURINARY (2 Points):**<br>**Color:** Yellow<br>**Character:** odorless<br>**Quantity of urine:** 30 mL/hr<br>**Pain with urination:** Y ☐ N ☑<br>**Dialysis:** Y ☐ N ☑<br>**Inspection of genitals:** normal no odd color or odor<br>**Catheter:** Y ☐ N ☑<br>**Type:**<br>**Size:** | |
| **MUSCULOSKELETAL (2 points):**<br>**Neurovascular status:**<br>**ROM:** flexible to do ADL with some support<br>**Supportive devices:** walker<br>**Strength:** 5/10<br>**ADL Assistance:** Y ☑ N ☐<br>**Fall Risk:** Y ☑ N ☐<br>**Fall Score:** 26<br>**Activity/Mobility Status:**<br>**Independent (up ad lib)** ☐<br>**Needs assistance with equipment** ☐<br>**Needs support to stand and walk** ☑ | |

| | |
|---|---|
| **NEUROLOGICAL (2 points):**<br>**MAEW:** Y ☑ N ☐<br>**PERLA:** Y ☑ N ☐<br>**Strength Equal:** Y ☑ N ☐ **if no -**<br>**Legs** ☐ **Arms** ☐ **Both** ☑<br>**Orientation:** alert, talkative<br>**Mental Status:** appropriate for age<br>**Speech:** well developed<br>**Sensory:** good coordination<br>**LOC:** awake and aware of surroundings | |
| **PSYCHOSOCIAL/CULTURAL (2 points):**<br>**Coping method(s):** relaxing, thinking<br>**Developmental level:** appropriate for age<br>**Religion & what it means to pt.:** none<br>**Personal/Family Data (Think about home environment, family structure, and available family support):** No family | |

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| 8:00 | 87 | 125/70 | 18 | 97. | 97 |
| 11:00 | 90 | 120/65 | 18 | 97.2 | 98 |

**Vital Sign Trends:**

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

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| 8:00 | 0/10 | N/A | N/A | N/A | N/A |
| 10:00 | 2/10 | All over | low | dull | Tylenol |

**IV Assessment (2 Points)**

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| **Size of IV:** 22g<br>**Location of IV:** Right clavicle<br>**Date on IV:** 9/12<br>**Patency of IV:** correct/working<br>**Signs of erythema, drainage, etc.:** None<br>**IV dressing assessment:** Changed day of care | ferrous sulfate |

**Intake and Output (2 points)**

| Intake (in mL) | Output (in mL) |
|---|---|
| 1560 | 3925 |

Net: −2365 mL

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care:** Set of vitals, admistered meds including vit B12, Docusate, Zanaflex physical assessment on pt. Listened to heart murmur.

**Procedures/testing done:** Colonoscopy would be moved to following day

**Complaints/Issues:** Complained of delayed colonoscopy, pt was agitated

**Vital signs (stable/unstable):** stable vitals during day of care

**Tolerating diet, activity, etc.:** clear liquid diet was tolerated, only got up to use restroom

**Physician notifications:** Informed of reason for delayed colonoscopy

**Future plans for patient:** No straining, eat healthy diet for weight loss

**Discharge Planning (2 points)**

**Discharge location:** Presume shell go back to nursing home

**Home health needs (if applicable):** Nurse

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

**Follow up plan:** Call provider for prolonged bleed, or signs of unusual breathing

**Education needs:** Teach healthy foods for weight loss, teach importance of taking medications as directed

| | | |
|---|---|---|
| **2.** Risk for infection related surgery as evidenced by incision on left leg | Patient underwent surgery ~~prior~~ prior to low hgb level | **1.** Monitor site of previous incision on leg<br>**2.** Assess for bruise |
| **3.** Risk for deficient knowledge related to treatment as evidence by questions health care team | Patient did not understand that her stool wasn't clear enough for colonoscopy and got angry | **1.** Assess current knowledge of diagnosis, disease<br>**2.** Explain function of blood elements |
| **4.** Risk for fatigue related to diminished oxygen of blood as evidence by inability to maintain physical activity | Patient is well over weight and hypertension doesn't help with oxygen | **1.** Assess specific cause of fatigue<br>**2.** Assist pt in planning new activities |

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