Running head: N321 Care Plan

N321 Care Plan #1

Lakeview College of Nursing

Twila Douglas

Demographics (3 points)

Date of Admission 09/08/19	Patient Initials J.M.	Age 47	Gender Male
Race/Ethnicity Hispanic	Occupation Employed by the city	Marital Status Married	Allergies No known allergies
Code Status Full code	Height 5'11"	Weight 102 kg	

Medical History (5 Points)

Past Medical History: Physician stated in notes, "history reviewed, no significant past medical history."

Past Surgical History: Past surgical history includes abdominal soft tissue procedure which was performed on 02/27/18. The procedure included excision of soft tissue masses on the right flank, left abdominal area, right chest, forearm, and elbow.

Family History: Patient's father had a myocardial infarction at 72. Patient's sisters have been diagnosed with diabetes and hypertension. Patients paternal uncle has several heart problems, patient was unsure of diagnosis or conditions. Patient was unable to provide information pertaining to patient's mother or maternal family medical history.

Social History (tobacco/alcohol/drugs): Denies use of tobacco and drugs. Alcohol consumption consist of 12 beers per week on average.

Assistive Devices: No assistive devices needed.

Living Situation: Currently lives at home with wife. Children are grown and no longer live in the home. They visit occasionally with grandchildren. Wife and children are able to assist with at home with care if needed.

Education Level: Patient graduated high school and completed some college courses.

<center>**Admission Assessment**</center>

Chief Complaint (2 points): Flank pain, fever and burning and frequency with urination

History of present Illness (10 points):47 year old male admitted for abdominal pain that begin 09/06/2019. The pain is currently located in the LLQ pain is consistent and radiates to back. Abdomnial pain feels worse after eating. Burning and frequency with urination. Last BM was last night and consistent of a small amount. Patient stated taking hydrocodone 5-325 mg prior to be admitted to help relieve pain, but wasn't successful.

<center>**Primary Diagnosis**</center>

Primary Diagnosis on Admission (2 points):Acute diverticulitis

Secondary Diagnosis (if applicable): AKI Acute Kidney Injury

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

  Diverticulitis is the inflammation or infection of the diverticula that develop along the walls of the intestines. The diverticula are small pouches that develop and are a benign condition. The small pouches are in the large intestinal wall. Undigested food and fecal material collect in the diverticulum, which causes the obstruction. When the outer muscular layers are weakened, the pouches can push through. Diverticula usually develop in rows along the mesenteric side of the antimesenteric taeniae coli. Once chyme has entered the large intestine colonic movements triggers the form of segmentation. Peristalsis causes the segmentation contractions to begin mixing slower. Research believes the high intestinal pressure during segmentation leads to herniation of colon wall and muscular atrophy which form diverticula.

  Diverticulitis can affect different systems in the body. Patient's urinalysis may show white or red blood cells. Hyponatremia and hypokalemia can be seen in patients

experiencing nausea and vomiting. The mouth, stomach, colon, small intestine, large intestine, and esophagus can be affected but are mostly seen in the large intestine or colon. The sign and symptoms of diverticulitis depend on location and the severity of the inflammatory process and any complications. Some signs and symptoms include pain, fever, flatulence, bloating, nausea, vomiting, abdominal tenderness, and constipation. The pain is usually located on the lower left side of the abdomen. In some cases, especially in people of Asian descent, may have more pain on the right side than the left. It is common for patients to have leukocytosis. During the physical examination, the following may be present: abdominal distention, a tender mass, urinary tract findings, absent bowel sounds, hypo- or hyperactive bowel sounds and generalized abdominal pain with guarding and rebound present.

Diverticulitis diagnosis uses contrast images from a CT scan or Xrays, which will show the intestines and surrounding bones and tissues. A colonoscopy is used to examine the insides of the intestines. In some cases with an acute case of diverticulitis, a colonoscopy can injure the intestine so a CT scan may be recommended instead. The patient had a CT scan of the abdomen and pelvis with contrast. The patient's chemistry lab showed an elevation in creatinine which is related to the acute kidney injury. A CBC and urinalysis were performed to assist with diagnosing. The patients' urine was positive for glucose. On admission patients, blood glucose was elevated at 101, but the next day it was a 100. On admission, his lymphocytes were 17.3, and the next day they were elevated to 29.1. The increase in the lymphocytes is due to the body trying to fight off an infection.

It is essential to modify your diet to help prevent developing an infection. The client is encouraged to rest. It's encouraged to drink plenty of fluids because fibers absorb water

and increase the soft, bulk waste that is in the colon. Not drinking enough fluids can cause the fiber to be constipating. Antibiotics are used to treat diverticulitis. After developing diverticula, the only way to remove them is to have them removed surgically, which isn't common.

My patient was currently NPO for a 24-hour bowel rest. The patient was receiving intravenous fluids and antibiotics.   The patient intake and output was being monitored. The patient was given acetaminophen and hydrocodone for pain that he rated an 8 out of 10.

Pathophysiology References (2) (APA):

Diverticulitis: Practice Essentials, Background, Pathophysiology. (2019). Retrieved 18 September 2019, from
https://emedicine.medscape.com/article/173388-overview#a6
Diverticulitis - Symptoms and causes. (2019). Retrieved 18 September 2019, from https://www.mayoclinic.org/diseases-conditions/diverticulitis/symptoms-causes/syc-20371758

Laboratory Data (15 points)

CBC <mark>Highlight All Abnormal Labs</mark>—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	**4.5 million -5.9 million cells/mcL**	**n/a**	**5.03**	
Hgb	**14-17.5 gm/dL**	**15.9**	**14.6**	
Hct	**41.5%-50.5 %**	**46.8**	**42.4**	

Platelets	150,000-450000 platelets/mcL	177	167	
WBC	4,500-10,000 cells/mcL	8.15	6.85	
Neutrophils	2.0-7.0	n/a	3.9	
Lymphocytes	20-40	17.3	29.1	
Monocytes	2-10	11.0	11.5	
Eosinophils	1-6	n/a	1.2	
Bands		n/a	n/a	

Complete blood count (CBC) - Mayo Clinic. (2019). Retrieved 18 September 2019, from https://www.mayoclinic.org/tests-procedures/complete-blood-count/about/pac-20384919

Chemistry <mark>Highlight All Abnormal Labs</mark>—**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-		137	138	
K+		3.5	3.5	
Cl-		101	103	
CO_2		28.1	27.1	
Glucose		101	100	
BUN		13	12	
Creatinine		1.32	1.28	
Albumin		3.5	n/1	
Calcium		8.7	8.5	
Mag		n/a	n/a	

Phosphate		**n/a**	**n/a**	
Bilirubin		**0.9**	**n/a**	
Alk Phos		**165**	**n/a**	
AST		**30**	**n/a**	
ALT		**102**	**n/a**	
Amylase		**n/a**	**n/a**	
Lipase		**79**	**n/a**	
Lactic Acid		**n/a**	**n/a**	

NONE

Other Tests <mark>Highlight All Abnormal Labs</mark>—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
INR				
PT				
PTT				
D-Dimer				
BNP				
HDL				
LDL				
Cholesterol				
Triglycerides				
Hgb A1c				
TSH				

Urinalysis <mark>Highlight All Abnormal Labs</mark>—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		clear/yellow	N/A	
pH		6.5	N/A	
Specific Gravity		1.025	N/A	
Glucose		Neg	N/A	
Protein		1	N/A	
Ketones		Negative	N/A	
WBC		0-3	N/A	
RBC		Negative	N/A	
Leukoesterase		Negative	N/A	

NONE

Cultures <mark>Highlight All Abnormal Labs</mark>—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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Diagnostic Test Correlation (5 points):

Diagnostic Test Reference (APA):

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	Hydrocodone				
Dose	5-325 mg				
Frequency	Q 4-6 hr PRN				
Route	Oral				
Classification	Opiod				

Mechanism of Action					
Reason Client Taking					
Contraindications (2)	1.Hydrocodone should not be administered to patients who have had hypersensitivity to hydrocodone or acetaminophen. 2. Patients known to be hypersensitive to other opioids may exhibit cross sensitivitity to hydrocodone.				
Side Effects/Adverse Reactions (2)	Stomache pain and dry mouth				
Nursing Considerations (2)					

Hospital Medications (5 required)

Brand/Generic	Flagyl/ Metronidazole	Levofloxacin	Hydrocodone	Acetaminophen	Hydromorphonr
Dose	500 mg	500 mg	5-325mg	650 mg	1mg/mL
Frequency	Q 8hr	Q24	Q4 PRN	Q 4 PRN	Q6 PRN
Route	IV	IV	Oral	Oral	IV push
Classification	Antibiotic	Antibiotic	Opiod	Anti inflammatory	Opioids
Mechanism of Action					
Reason Client Taking	Infection	Infection	Pain	Pain	Pain
Contraindications (2)					
Side Effects/Adverse Reactions (2)					
Nursing Considerations (2)					

Medications Reference (APA):

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness: X4** **Orientation:X3** **Distress: no** **Overall appearance: Stable**	
INTEGUMENTARY (2 points): **Skin color: tan** **Character:** **Temperature: warm** **Turgor: less than 3 seconds** **Rashes: none** **Bruises: nones** **Wounds:none** **Braden Score: 20** **Drains present: Y☐ N ☐X** ** Type:**	
HEENT (1 point): **Head/Neck: Head normocephalic, oral mucosa, conductive clear, neck is nontender, no bruises no JVD** **Ears: tympanic membrane pearly gray and intact, no drainage or cerumen present** **Eyes: PERRLA** **Nose: no septal deviation, no polyps** **Teeth: good dentention**	.

CARDIOVASCULAR (2 points): **Heart sounds: S1,S2 present, regular rate** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses: Present in both** **Capillary refill: less than 3 seconds** **Neck Vein Distention: Y ☐ N X☐** **Edema Y ☐ N ☐X** **Location of Edema:**	.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐X** **Breath Sounds: Location, character** **Present all 4 quadrants, equal bilaterally, clear and no wheezes**	.

GASTROINTESTINAL (2 points):
Diet at home: Regular diet, currently trying to eat healthier options.
Current Diet:NPO
Height: 5'11'
Weight:225 lbs
Auscultation Bowel sounds: bowels sound active in all four quadrants.
Last BM: 09/08/19
Palpation: Pain, Mass etc.: Bowel sounds present, soft, non distended.
Inspection:
   Distention: no
   Incisions: no
   Scars: no
   Drains: no
   Wounds: no
Ostomy: Y ☐   N ☐ X
Nasogastric: Y ☐   N ☐X
  Size:
Feeding tubes/PEG tube   Y ☐   N ☐X
  Type:
	.

GENITOURINARY (2 Points):
Color: yellow
Character: Yellow
Quantity of urine:700 mL
Pain with urination: Y ☐X   N ☐
Dialysis: Y ☐   N X☐
Inspection of genitals: n/a
Catheter: Y ☐   N ☐X
   Type:
   Size:	

MUSCULOSKELETAL (2 points): **Neurovascular status:WDL** **ROM: ROM with all extremities** **Supportive devices: none** **Strength: weaker than normal** **ADL Assistance: Yx☐ N ☐** **Fall Risk: Y x☐ N☐** **Fall Score: 3** **Activity/Mobility Status: up with assist and gait belt** **Independent (up ad lib) x** **Needs assistance with equipment** **Needs support to stand and walk**	.
NEUROLOGICAL (2 points): **MAEW: Y x☐ N☐** **PERLA: Y x☐ N☐** **Strength Equal: Yx ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:x4** **Mental Status: stable and alert** **Speech: clear** **Sensory: normal** **LOC: Alert and oriented**	.

PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s): relaxing and watching television** **Developmental level: to get better and go home without pain.** **Religion & what it means to pt.: Patient is catholic and believes everyone should have a higher being.** **Personal/Family Data (Think about home environment, family structure, and available family support): Patient lives at home with his wife, who is willing to assist with care. His children are also available if needed.**	.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
13:04	**82**	**131/80**	**20**	**97.8**	**96 % roomair**
14:35	**78**	**137/100**	**20**	**97.5**	**98 % roomair**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
13:00	**6**	**LLQ**	**8**	**Sharp**	**Pain medications**
14:35	**4**	**LLQ**	**8**	**Sharp**	**Pain medications**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock

Size of IV: 20g **Location of IV: Antecubital** **Date on IV: 09/09/19** **Patency of IV:** **Signs of erythema, drainage, etc.: none** **present** **IV dressing assessment: Intact, dry, clean**	0.9% NaCL W KCL 20 mEq 100 rate

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
345.9 mL	**600mL**

Nursing Care

Summary of Care (2 points)

    Overview of care:

    Procedures/testing done: CT abdomina/ Pelvis with contrast.

    Complaints/Issues:

    Vital signs (stable/unstable): Stable

    Tolerating diet, activity, etc.:

    Physician notifications: Follow up with colonoscopy to exclude underlying mass.

Follow up CT to reevaluate diverticulitis.

    Future plans for patient: Admit patient to Med/Surg unit for observation;

continue bowel rest, symptomatic measures, surgery consultation on aboard

Discharge Planning (2 points)

    Discharge location: Home with wife after condition is stable.

    Home health needs (if applicable): None

Equipment needs (if applicable): None

Follow up plan: Surgery consult on board and follow up with CT scan

Education needs: Patient needs to be educated on a diet that works better with diverticulitis.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	Rational • Explain why the nursing diagnosis was chosen	Intervention (2 per dx)	Evaluation • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. **Pain related to inflamed bowel**	**Assess abdominal pain**	**1. Abdominal assessment will help identify location of pain** **2.**	**Patient stated feeling better shortly after pain medications were administered**
2. **Risk for deficient fluid volume r/t inadequate fluid intake AEB nausea**	**Asses for fluid deficit**	**1. Assess intake and out put** **2. Monitor patient for signs and symptoms of fluid deficit**	**Patient intake and output was being monitored and documented. Patient will continue to be NPO until the 24 hours are up.**

3. Constipation r/t feeling nausea aeb not eating due to nausea		1. Increase fiber 2.decrease nausea	

Other References (APA):

Concept Map (20 Points):

Subjective Data
Burning when urinating
Fatigue
Pain LLQ

Nursing Diagnosis/Outcomes

Objective Data
Vital signs: 97.8f, 82 bpm, 20r, 96% roomair, 131/80 97.5f,78bpm 20r,98% room air, 137/100

Patient Information

47 year old male
Lives with wife
Works for the city

Relieve pain
Monitor intake and output
Assess labs