N321 Care Plan #1

Lakeview College of Nursing

Ashlie Hannagan

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
09/09/2019	GC	46YO	M
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
WHITE	CURRENTLY DISABLED	SINGLE	SEE LIST BELOW
Code Status	**Height**	**Weight**	
FULL	5’8”	216 LBS	

ALLERGIES: Incruse Ellipta, Spiriva Respimat, Advair Diskus, Meloxicam, Budesonide, Flovent

Medical History (5 Points)

Past Medical History: IBS, Asthma, Anxiety

Past Surgical History: NONE

Family History: Diabetes (Maternal)

Social History (tobacco/alcohol/drugs): Stopped smoking 8 yrs. ago, Tobacco occasional. No Alcohol

Assistive Devices: None

Living Situation: Home

Education Level: Highschool

Admission Assessment

Chief Complaint (2 points): Acute Diverticulitis

History of present Illness (10 points): Patient presented with stomach bloating, fullness, pressure and pain in ED on 09/08/2019 (Yesterday) symptoms had started 2 days prior. Patient was given antibiotic with diagnosis of acute diverticulitis. Patient was discharged home with education that if symptoms got worse to come back to be admitted. Returned 09/09/2019 with worsening of symptoms and pain 8/10. Patient states he is “unable to pass gas and has increased abdominal distention”. Patent reports no nausea or vomiting. Patient was admitted for intravenous antibiotics and observation of diverticulitis symptoms.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute Diverticulitis

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

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

Pathophysiology References (2) (APA): SEE ATTACHED

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	**4.5-6**	**5.15**	**4.85**	
Hgb	**14-16**	**14.9**	**13.9**	

Hct	**35-47**	**43.9**	**41.7**	
Platelets	**150-450**	**312**	**298**	
WBC	**4.5-11**	**12.44**	**8.15**	
Neutrophils	**4.5-7.5**	**9.18**	**4.48**	
Lymphocytes	**20-40**	**17.8**	**35.0**	
Monocytes	**4-6**	**8.0**	**8.3**	
Eosinophils	**<7**	**0.2**	**1.0**	
Bands	**45-74**	**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-	**135-145**	**136**	**139**	
K+	**3.5-5.0**	**3.6**	**3.8**	
Cl-	**98-107**	**99**	**104**	
CO2	**22-28**	**26.8**	**26.5**	
Glucose	**70-100**	**91**	**102**	**A common side effect of Albuterol is increased blood sugars. This patient takes two different forms of albuterol (Skidmore-Roth, L., 2017).**
BUN	**8-25**	**15**	**12**	
Creatinine	**0.6-1.3**	**1.09**	**1.10**	
Albumin	**3.5-5.2**	**4.1**	**3.5**	

Calcium	**8.6-10**	**9.1**	**8.6**	
Mag	**1.5-2.5**	**2.0**	**N/A**	
Phosphate	**2.5-4.5**	**7.6**	**6.6**	**Phosphates often rise when there are acute infections such as autoimmune diseases (Skidmore-Roth, L., 2017).**
Bilirubin	**0.1-1.5**	**0.6**	**0.7**	
Alk Phos	**44-147**	**74**	**63**	
AST	**10-30**	**72**	**9**	**Metronidazole (Flagyl) is known for lowering AST levels (Skidmore-Roth, L., 2017).**
ALT	**10-40**	**17**	**15**	
Amylase	**23-85**	**N/A**	**N/A**	
Lipase	**0-160**	**N/A**	**N/A**	
Lactic Acid	**0.5-1**	**N/A**	**N/A**	

Other Tests 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
INR	**3-4.5**	**N/A**	**N/A**	
PT	**9.6-11.8**	**N/A**	**N/A**	
PTT	**30-40 SEC**	**N/A**	**N/A**	

D-Dimer	**<0.5**	**<0.27**	**N/A**	
BNP	**<125**	**N/A**	**62**	
HDL	**<200**	**N/A**	**N/A**	
LDL	**<120**	**N/A**	**N/A**	
Cholesterol	**<200**	**N/A**	**N/A**	
Triglycerides	**<1.7**	**N/A**	**N/A**	
Hgb A1c	**<6**	**14.9**	**13.9**	**This patient takes many bronchodilators daily. They have steroids in them. Steroids raise blood sugar. This patient has not been diagnosed with diabetes but may benefit from insulin to control sugars while he is in need of medication to control COPD and Asthma (Skidmore-Roth, L., 2017).**
TSH	**0.4-4.0**	**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	**CLEAR TO HAZY**	**YELLOW / CLEAR**	**N/A**	
pH	**4.5-8**	**7.0**	**N/A**	
Specific Gravity	**1.005-1.035**	**1.010**	**N/A**	
Glucose	**NONE**	**NEG**	**N/A**	
Protein	**NONE**	**NEG**	**N/A**	
Ketones	**NONE**	**NEG**	**N/A**	

WBC	**NONE**	**NEG**	**N/A**	
RBC	**NONE**	**NEG**	**N/A**	
Leukoesterase	**NONE**	**NEG**	**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		**N/A**	**N/A**	**NONE SINCE ADMISSION**
Blood Culture		**N/A**	**N/A**	**NONE SINCE ADMISSION**
Sputum Culture		**N/A**	**N/A**	**NONE SINCE ADMISSION**
Stool Culture		**N/A**	**N/A**	**NONE SINCE ADMISSION**

Lab Correlations Reference (APA):

Normal Lab Values - Common Laboratory Values. (n.d.). Retrieved from https://www.meditec.com/resourcestools/medical-reference-links/normal-lab-values/

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT, EKG-NORMAL SINUS (HR-85), XRAY, ULTRASOUND

Diagnostic Test Correlation (5 points): In this patient's case, the CT scan was completed to identify what diverticula were inflamed. The patient presented with "heartburn," so the 12 lead EKG then ruled out any signs of Myocardial Infarction. Abdominal x-ray then confirms that no blockages are causing constipation. Ultrasound is used to verify there are no other causes of concern throughout the lower abdomen and pelvis (Diverticulitis, 2019).

Diagnostic Test Reference (APA):

Diverticulitis. (2019, August 1). Retrieved from

https://www.mayoclinic.org/diseases-conditions/diverticulitis/diagnosis-treatment/drc-20371764

Medications (10 points, 1 point per completed med)

10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	**VENTOLIN HFA (Albuterol)**	**ALBUTEROL SULFATE (0.083%)**	**MONTELUKAST (SINGULAIR)**	**MOMETASONE-FUMOTEROL (DULERA)**	**CALCIUM CARBONATE (TUMS)**
Dose	**90 MCGL/ ACTUATION- 2 PUFF**	**2.5MG/3ML**	**10MG**	**100-5 MCG/ACTUATION- 2 PUFF**	**200MG**
Frequency	**Q4 PRN**	**Q6 PRN**	**DAILY (AM)**	**BID**	**1 TAB PRN**
Route	**INHALER**	**NEBULIZER**	**PO**	**INHALER**	**PO**
Classification	**BCONCHO DILATOR**	**BRONCHO DIALATOR**	**BRONCHODILATOR**	**BRONCHODIALATOR**	**ANTIACID**

Mechanism of Action	**BRONCHODILATORON PULMONARY RECEPTORS, RELAXES SMOOTH MUSCLE**	**SAME AS VENTOLIN HFA**	**INHIBITS LTD4 FORMATION TO LEAD PREVENT BRONCHOCONSTRICTION**	**RELAXES SMOOTH MUSCLE FOR LONG ACTING BRONCODILATION**	**NEUTRALIZES GASTRIC ACIDITY**
Reason Client Taking	**COPD/ASTHMA**	**ASTHMA/COPD**	**ASTHMA**	**ASTHMA**	**HEART BURN**
Contraindications (2)	**HYPERSENSITIVITY SYMPATHOMIM DIABETES (PRECAUTION)**	**HYPERSENSITIVITY SYMPATHOMIM DIABETES (PRECAUTION)**	**HYPERSENSITIVITY, <6 YR ACUTE ASTHMA ATTACKS, ALCOHOL CONSUMPTION**	**GLAUCOMA, PHEOCHROMOCYTOMA** **(Flagyl)**	**HYPERCALCEMIA, BOWEL OBSTRUCTION** **(Levaquin)**
Side Effects/Adverse Reactions (2)	**BRONCHOSPASMS, TREMORS, INSOMNIA**	**BRONCHOSPASMS, TREMORS, INSOMNIA**	**SUCIDAL IDEATION, PANCREATITIS**	**EYE PAIN, HIGH BLOOD SUGAR, CONSTIPATION**	**CONSTIPATION, FLATULENCE**
Nursing Considerations (2)	**MONITOR FOR ALLERGIC REACTIONS STOP IMMEDIATELY IF BRONCHOSPASMS OCCUR. ASSESS RESPIRATORY FUNCTION PRIOR AND AFTER TX.**	**MONITOR FOR ALLERGIC REACTIONS STOP IMMEDIATELY IF BRONCHOSPASMS OCCUR. ASSESS RESPIRATORY FUNCTION PRIOR AND AFTER TX.**	**ASSESS FOR ALLERGIC REACTION (RASH), MONITOR CBC, AND CHEM PANELS**	**ASSESS FOR HIGH BLOOD PRESSURE, MONITOR FOR SIEZURES**	**ASSESS FOR HYPPERCALCEMIA, MONITOR FOR NAUSEA AND VOMITING**

Hospital Medications (5 required)

Brand/Generic	**0.9 NACL INFUSION** **NORMAL SALINE**	**ACETAMINOPHEN** **(TYLENOL)**	**APRAZOLAM** **(XANAX)**	**METRONIDAZOLE**	**LEVOFLAXACIN**
Dose	**100ML/HR**	**650MG**	**0.5MG**	**500MG (300ML/HR)**	**500MG (IN DSW 100ML)**
Frequency	**CONTINUOUS**	**Q4 PRN**	**BID PRN**	**Q6**	**Q DAILY**
Route	**INTRAVENOUS**	**PO**	**PO**	**IVPB**	**IVPB**
Classification	**ELECTROLYTE**	**NON OPIOD ANALGESIC**	**ANTIANXIETY**	**ANTINFECTIVE**	**ANTIINFECTIVE**
Mechanism of Action	**HYDRATION**	**BLOCK PAIN INPULSES**	**DEPRESSES SUBCORTICAL LEVELS OF CNS**	**INHIBITS BACTERIAL NUCLEIC ACID SYNTHESIS**	**INHIBITS TOPISOMERASE IV**
Reason Client Taking	**HYDRATION**	**PAIN CONTROL**	**ANXIETY**	**INFECTION**	**INFECTION**
Contraindi	**INCREAS**	**HYPERSENS**	**PREGNA**	**PREGNANC**	**HYPERSENS**

cations (2)	**ED SODIUM LEVELS, PITTING EDEMA**	**ITIVITY TO THIS DRUG OR PHENACETIN**	**NCY, CLOSED ANGGLE GLAUCOMA**	**Y (1ST TRIMESTER) SECONDARY MALIGNANCY**	**ITIVITY TO QUINOLONES, RENAL DISEASE**
Side Effects/Adverse Reactions (2)	**FLUID OVERLOAD, DECREASED CARDIAC FUNCTION**	**HEPATIC SIEZURES, RENAL FAILURE, GI BLEED**	**SUCICIDE, EKG CHANGES, TACHYCARIDA**	**SIEZURES, ASEPTIC MENINGITIS**	**SIEZURES, PROLONGED QT WAVE**
Nursing Considerations (2)		**MONITOR LIVER FUNCTION, ASSESS FOR CHRONIC POISIONING (RAPID WEAK PULSE)**	**ASSESS MENTAL STATUS, MONITOR B/P FOR VAGEL**	**ASSESS FOR NEPHROTOXICITY, MONITOR FOR ALLERGIC REACTION (PRURITIS)**	**MONITOR CARDIAC CHANGES, ASSESS FOR ALLERGIC REACTION AND ANAPHYLAXIS.**

Medications Reference (APA):

Skidmore-Roth, L. (2017). *Mosbys drug guide for nursing students* (12th ed.). St. Louis, MO: Elsevier.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**A/OX4** **MILD DISRESS** **APPEARS WELL GROOMED AND CLEAN**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**PINK, INTACT, WARM, DRY, NO PATECHIAE, NO RASHES, NO BRUISES, NO WOUNDS, NO DRAINS PRESENT** **BRADEN SCORE 23**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**SUPPLE NO TENDERNESS, NO ADENOPAATHY, NO RIDGITY, NO PALPABLE THYROID** **PERRLA, NORMAL NASAL MUCOSA, ORAL MUCOSA DRY, TEETH INTACT**
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):**	**REGULAR RATE AND RHYTHM, NO MURMUR AUSCULTATED, PULSES EQUAL BILATERALLY, CAP REFILL <3SEC, NO NECK VEIN DISTENTION, NO EDEMA,**

Peripheral Pulses: **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**CLEAR/DEMINISHED BILATERALLY, NO WHEEZES, NO REPORTED SOB, NO ACCESSORY MUSCLE USE.**
GASTROINTESTINAL (2 points): **Diet at home: REGULAR** **Current Diet: CLEAR LIQUIDS** **Height: 5'8"** **Weight: 216 LBS** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒**	**ABDOMEN SOFT, NON-DISTENDED, LEFT LOWER QUADRANT TENDERNESS, NO GUARDING OR REBOUND, CVA TENDRNESS NEGATIVE, LAST BOWEL MOVEMENT BEFORE ADMISSION ON 09/09/2019 NO INCISION, SCARS, DRAINS, WOUNDS, OSTOMY, NASOGASTRIC TUB, FEEDING OR PEG TUBES.** **PATIENT RATES ABDOMINAL PAIN AT 4/10**

Type:	
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**URINE YELLOW/CLEAR, NEGATIVE FOR PAIN OR PROBLEMS WITH URINATION.** ****PATIENT DID TEST POSITIVE FOR BENZODIAZEPINE****
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	**EQUAL STRENGTH BILATERALLY, NO PEDAL EDEMA, NO CALF TENDERNESS OR WARMTH, NO SUPPORTIVE DEVICES, RISK, SCORE OF 4, NO ASSISTANCE WITH EQUIPMENT OR SUPPORT TO STAND OR WALK.**

NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**NO SIGN OF ABNORMAL MAEW, PERLA, EQUAL STRENGTH BILATERALLY, A/Ox4, SPEECH LOC SENSORY WDL, PT IS SINGLE WITH GIRLFRIEND.**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**PTS REPORTED COPING METHOD IS WATCHING MOVIES, PT HAS HIGHSCHOOL EDUCATION BUT HAS WORKED UNTIL COPD AND ASTHMA INTERFERRED. PT IS NONDENOMINATIONAL, GIRLFRIEND STAYS WITH PT OFTEN AND HAS GOOD SUPPORT SYSTEM.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
09/10/2019 0818	**70**	**100/57**	**20**	**98.0**	**97% RA**
09/10/2019 1153	**76**	**113/71**	**18**	**98.2**	**98% RA**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
09/10/2019 0818	0/10	ABDOMEN	4/10	FULL, BLOATED, PRESSURE	TYLENOL 650 MG
09/10/2019 1153	0/10	ABDOMEN	2/10	BLOATED	PT REFUSED TYLENOL

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment:	20 GAUGE TO RT. A/C 09/08/2019 IV INTACT, FLUSHING WELL, NO BURNING, REDNESS, IRRITATION, DRESSING DRY/INTACT

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
PT IS NOT ON I/O	PT IS NOT ON I/O

Nursing Care

Summary of Care (2 points)

Overview of care: Patieint is receiving intravenous antibiotics, and oral pain management. Patient had a full abdominal x-ray series this morning (results have not been

read at shift change). Patient continues to have stable vital signs. Patient is wanting solid foods, but he has not had BM since admission. Patient is anticipated to discharge home but unsure of when. No discharge orders or timeframe currently.

Procedures/testing done: XRAYS FOR COMPETE ABDOMINAL WORKUP

Complaints/Issues: PT STILL FEELS BLOATED, DISTENDED, AND PAIN IN ABDOMEN

Vital signs (stable/unstable): VITAL SIGNS STABLE

Tolerating diet, activity, etc.: PT STATES THAT HE IS HUNGRY, IS ON CLEAR LIQUIDS, NO BM SINCE ADMISSION, PT IS MOBILE SELF AND COMPLETING SELF ADL'S

Physician notifications: NONE THIS SHIFT

Future plans for patient: DISCHARGE HOME

Discharge Planning (2 points)

Discharge location: HOME

Home health needs (if applicable): TBD

Equipment needs (if applicable): TBD

Follow up plan: TBD

Education needs: DIET/ FLUID EDUCATION, OTHER TBD

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. INADEQUATE AIRWAY CLEARANCE	**R/T COPD AND ASTHMA**	**1.ASSESS RESPIRATORY STATUS Q4** **2.ASSIST PATIENT IN COUGH AND DEEP BREATHING EXCERCISES**	**1. ASSESSMENT FOLLOW UP DECREASES ANXIETY OF PT AS TRUST IN GAINED THAT NURSE WILL DECREASE RISK OF PNEUMONIA AND RESPIRATORY FAILURE** **2. PROMOTION OF CHEST EXPANSION AND VENTILATION OF ALL LUNG FIELDS**
2. ACUTE PAIN	**R/T DIVERTICULITIS**	**1. ASSESS PTS PAIN AND SYMPTOMS AND ADMINISTER MEDICATIONS WITH**	**1. ASSESSMENT ALLOWS FOR FOLLOW UP AND CARE PLAN MODIFICATION** **2. PATIENT WILL UNDERSTAND**

		FOLLOW UP ASSESSMENT **2.EDUCATION OF PAIN MEDICATIONS AND CONSTIPATION RISK**	**PAIN MEDICATION EFFECTS AND DECREASE THE FREQUENCEY RESULTING IN LESS ACUTE DIVERTICULITIS ADMISSIONS.**
3. CONSTIPATION	**R/T DECREASED ACTIVITY AND INTAKE**	**1.ENCOURAGE INTAKE OF FLUIDS AND CLEAR LIQUIDS** **2TEACH THE PATIENT THE SENSIBLE USE OF LAXATIVES AND ENEMAS**	**1. TO MAINTAIN NORMAL METABOLIC PROCESSES AND PREVENT EXCESSIVE REABSORPTION OF FLUIDS FROM GI CONTENT** **2. TO AVOID BUILDUP OF BOWEL CAUSING A RELAPSE OF DIVERTICULITIS.**

Other References (APA):

Lippincott Williams & Wilkins. (2013). *Spark & Taylors: Nursing diagnosis reference manual* (9th ed.). London.

Concept Map (20 Points):


Subjective Data
PAIN 8/10
BLOATED
UNABLE TO BURP OR PASS GAS
HEARTBURN
Nursing Diagnosis/Outcomes
INADEQUATE AIRWAY CLEARANCE- PROMOTION OF CHEST EXPANSION AND VENTILATION OF ALL LUNG FIELDS
ACUTE PAIN- PATIENT WILL UNDERSTAND PAIN MEDICATION EFFECTS AND DECREASE THE FREQUENCEY RESULTING IN LESS ACUTE DIVERTICULITIS ADMISSIONS.
CONSTIPATION- TO MAINTAIN NORMAL METABOLIC PROCESSES AND PREVENT EXCESSIVE REABSORPTION OF FLUIDS FROM GI CONTENT
Nursing Interventions
Objective Data
GRIMICES WHEN ABDOMINAL PALPITATION
APPEARS IN DISTRESS
Patient Information
46 YO MALE, ACUTE DIVERTICULITIS. PRESENTED ER YESTERDAY FOR DIVERTICULITIS, PRESCRIBED ANTIBIOTICS THEN DISCHARGED, RETURNED FOR WORSENING DISCOMFORT AND PAIN, NO FEVER OR VOMITING