

N321 Care Plan #

Lakeview College of Nursing

Shayla Mitchell

**Demographics (3 points)**

<b>Date of Admission</b> 9-14-2019	<b>Patient Initials</b> JC	<b>Age</b> 36	<b>Gender</b> F
<b>Race/Ethnicity</b> White	<b>Occupation</b> Full-Time shift worker	<b>Marital Status</b> Single	<b>Allergies</b> Cabbage (Anaphylaxis), Cauliflower (Anaphylaxis), Contrast Media(Anaphylaxis), Dilaudid (Itching), Mustard (Anaphylaxis) , and Vistaril (Anaphylaxis)
<b>Code Status</b> Full Code	<b>Height</b> 162 cm	<b>Weight</b> 88.6 kg	

(Medical Chart, September 16, 2019)

**Medical History (5 Points)**

**Past Medical History:** Uncontrolled Type 2 Diabetes Mellitus, Endometriosis, Impaired Gas Exchange, PCOS

**Past Surgical History:** cholecystectomy, Spinal Decompression

**Family History:** Diabetes, HTN

**Social History (tobacco/alcohol/drugs):** Smokes ¼ pack of cigarettes per day

**Assistive Devices:** None

**Living Situation:** Lives at home with female roommate

**Education Level:** Master's Degree in Psychology

**Admission Assessment**

**Chief Complaint (2 points):** Patient presented to the E.D. with pain of the right breast

**History of present Illness (10 points):** Patient is a 36 year old female with a history of smoking (1/4 pack a day), Type 2 Diabetes Mellitus, Endometriosis, and PCOS. Patient entered the E.D. on 9/13/19 with complains of pain in the right breast. The pain had started the morning she went to the E.D. She describes the pain sharp and shooting. The patient did not state any aggravating

factors nor any home remedies or relief she attempted on her own before coming into the emergency room. She rated her pain as a seven out of ten. She was diagnosed with Cellulitis of the right breast and admitted to the 2 South floor on 9-14-2019.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Cellulitis of Right Breast

**Secondary Diagnosis (if applicable):** MRSA

**Pathophysiology of the Disease, APA format (20 points):** Cellulitis is a bacterial skin infection of soft-tissue that occurs when the physical skin barrier, immune system, or circulatory system is impaired (Cranendonk, Lavrijesen, Prins, & Wiersinga, 2017). Signs and symptoms of cellulitis include red area of the skin, swelling, tenderness, erythema, and pain. Diabetes, obesity, and old age are all risk factors that can predispose someone to cellulitis. A blood culture can be used to diagnose cellulitis with an increase in WBCs. The vast majority of cases of cellulitis is caused by *Staphylococcus Aureus*. Various hospital acquired infections can follow Cellulitis such as MRSA. MRSA causes majority of skin and soft-tissue infections. Depending on the location of the affected area, the patient should decrease physical activity and elevate the extremity, if possible. Antibiotic therapy is the most effective treatment for cellulitis and MRSA. For mild cases, MRSA is usually treated with Doxycycline, Minocycline or Clindamycin. Vancomycin continues to be the drug of choice because of its overall excellent tolerability profile, efficacy, and cost (Herchline, 2019).

**Pathophysiology References (2) (APA):** Cranendonk, D. R., Lavrijesen, A. P. M., Prins, J. M., & Wiersinga, W. J. (2017, November). Cellulitis: current insights into pathophysiology and clinical management. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/29219814>

Herchline, T. (2019, June 14). Cellulitis Treatment & Management: Approach Considerations, Outpatient Care, IV Antibiotic Therapy. Retrieved from <https://emedicine.medscape.com/article/214222-treatment#d>

**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	3.8-5.41	4.98	4.79	Within normal limits
Hgb	11.3-15.2	15.6	14.9	Within normal limits
Hct	33.2-45.3	45.4	40.9	Within normal limits
Platelets	149-393	319	308	Within normal limits
<b>WBC</b>	4-11.7	20.3	<b>15.4</b>	WBC count is elevated d/t infection of MRSA.
<b>Neutrophils</b>	2.4-8.4	15.3	<b>11.6</b>	Neutrophils is elevated d/t presence of infection.
Lymphocytes	11.8-45.9	16.2	16.8	Within normal limits
Monocytes	4.4-12	5.9	6.2	Within normal limits
Eosinophils	0-6.3	1.9	1.7	Within normal limits
Bands	0.1.0	0.6	0.4	Within normal limits

(Medical Chart, September 16, 2019)

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	139	141	Within normal limits
K+	3.5-5.1	3.6	3.6	Within normal limits
<b>Cl-</b>	98-107	105	<b>109</b>	Cl- is elevated d/t because of medication patient is on.
CO2	21-31	27	28	Within normal limits

<b>Glucose</b>	74-109	172	<b>111</b>	Glucose is elevated because patient has uncontrolled DM.
<b>BUN</b>	7-25	<b>6</b>	n/a (not taken on floor)	BUN is slightly lower d/t Vancomycin making her kidneys work harder.
<b>Creatinine</b>	0.5-0.9	0.47	<b>2.12</b>	Creatinine is extremely elevated d/t Vancomycin making her kidneys work harder.
<b>Albumin</b>	3.5-5.2	3.7	n/a (not taken on floor)	Within normal limits
<b>Calcium</b>	8.6-10.3	9.4	8.5	Within normal limits
<b>Mag</b>	n/a	n/a	n/a	n/a
<b>Phosphate</b>	35-105	n/a	93	Within normal limits
<b>Bilirubin</b>	0.3-1.0	n/a	0.4	Within normal limits
<b>Alk Phos</b>	N/a	n/a	n/a	n/a
<b>AST</b>	0-32	n/a	8	Within normal limits
<b>ALT</b>	0-33	n/a	13	Within normal limits
<b>Amylase</b>	n/a	n/a	n/a	n/a
<b>Lipase</b>	n/a	n/a	n/a	n/a
<b>Lactic Acid</b>	n/a	n/a	n/a	n/a

(Medical Chart, September 16, 2019)

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	n/a	n/a	n/a	n/a

<b>PT</b>	n/a	n/a	n/a	n/a
<b>PTT</b>	n/a	n/a	n/a	n/a
<b>D-Dimer</b>	n/a	n/a	n/a	n/a
<b>BNP</b>	n/a	n/a	n/a	n/a
<b>HDL</b>	n/a	n/a	n/a	n/a
<b>LDL</b>	n/a	n/a	n/a	n/a
<b>Cholesterol</b>	n/a	n/a	n/a	n/a
<b>Triglycerides</b>	n/a	n/a	n/a	n/a
<b>Hgb A1c</b>	< = 6.4	n/a	8.4	A1C levels are elevated d/t uncontrolled diabetes mellitus.
<b>TSH</b>	n/a	n/a	n/a	n/a

(Medical Chart, September 16, 2019)

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>	n/a	n/a	n/a	n/a
<b>pH</b>	n/a	n/a	n/a	n/a
<b>Specific Gravity</b>	n/a	n/a	n/a	n/a
<b>Glucose</b>	n/a	n/a	n/a	n/a
<b>Protein</b>	n/a	n/a	n/a	n/a
<b>Ketones</b>	n/a	n/a	n/a	n/a
<b>WBC</b>	n/a	n/a	n/a	n/a
<b>RBC</b>	n/a	n/a	n/a	n/a
<b>Leukoesterase</b>	n/a	n/a	n/a	n/a

(Patient did not have urinalysis done)

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	n/a	n/a
Blood Culture	n/a	n/a	n/a	n/a
Sputum Culture	n/a	n/a	n/a	n/a
Stool Culture	n/a	n/a	n/a	n/a

(Patient did not have cultures during inpatient visit)

**Lab Correlations Reference (APA): (Medical Chart, September 16, 2019)**

#### **Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):** CRP (Normal 0-0.5mg/dL) Today value: **6.4mg/dL**

**Diagnostic Test Correlation (5 points):** A CRP is C-Reactive Protein test that is used to monitor your bodies response to inflammation. The patient's is highly elevated because of cellulitis.

**Diagnostic Test Reference (APA): (Medical Chart, September 16, 2019)**

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

**Home Medications (5 required)**

<b>Brand/Generic</b>	Benadryl/Diphenhydramine	Lipitor/Atrovastatin	Prinivil/Lisinopril	Aleve/Naproxen	Insulin Degludec Flex Touch
<b>Dose</b>	25mg	10mg	10mg	500mg	100 units
<b>Frequency</b>	TID	Daily	Daily	BID, PRN	Daily
<b>Route</b>	PO	PO	PO	PO	SQ
<b>Classification</b>	Antihistamine	Lipid-Lowering Agent	ACE inhibitor	NSAID	Antidiabetic lin
<b>Mechanism of Action</b>	Antagonist of effector cells in respiratory tract, blood vessels, and GI muscles	Inhibits rate-limiting step in cholesterol	Dilate arteries and veins resulting in reduction in BP	Reduce anti-inflammatory activity	Insulin lowers blood glucose levels
<b>Reason Client Taking</b>	Treat nausea/vomiting	Lower LDL	Blood Pressure	Pain Management	Diabetes Management
<b>Contraindications (2)</b>	High BP Overactive Thyroid	Liver dysfunction Pregnancy	Coadministration of neprilysin inhibitors Hx of angioedema	Absolute Aspirin allergy Bleeding Disorders	During episode of hypoglycemia Document hypersensitivity
<b>Side Effects/Adverse Reactions (2)</b>	Constipation Stomach Upset	Diarrhea Arthralgia	Dizziness Cough	Abdominal Pain Constipation	Nasopharyngitis Headache
<b>Nursing Considerations (2)</b>	Encourage patient not to engage in activities that require mental alertness Education patient on potential side effects	Withhold or discontinue if signs of myopathy Report increased HbA1C levels with statin intake	Less effective in African Americans Discontinue if cholestatic jaundice occurs	Use cautiously with CHF patients May cause new onset of HTN report to provider	Inject SQ daily  Do not administer IM, or in insulin pump

<b>Brand/Generic</b>	Lovenox/Enoxaprin	NovoLog/Insulin Aspart	Zestril/Lisinopril	Glucophage/metformin	Piperacillin/Tazobactam
<b>Dose</b>	40mg	1 unit	10mg	1,000 mg	3.375g=50ml
<b>Frequency</b>	Daily	Daily	Daily	BID	Q6H
<b>Route</b>	SQ	SQ	PO	PO	IV – Administer over 15 min
<b>Classification</b>	Anticoagulant	Antidiabetic	ACE inhibitor	Antidiabetics	Penicillin
<b>Mechanism of Action</b>	Without thrombin, fibrinogen cannot convert to fibrin and clots can't form	Regulates glucose metabolism	Dilate arteries and veins resulting in reduction in BP	Decreases hepatic glucose production	Inhibits biosynthesis of cell wall mucopeptides
<b>Reason Client Seeking</b>	DVT Prevention	Uncontrolled Diabetes Mellitus	BP maintenance	DM Management	Cellulitis
<b>Contraindication (2)</b>	Active major bleeding Hx of HIT	During episode of hypoglycemia Hypersensitivity	Coadministration of neprilysin inhibitors Hx of angioedema	CHF Severe renal disease	Allergies to penicillin Diarrhea from Cdiff
<b>Side Effects/Adverse Reactions (2)</b>	Bleeding Bruising at the site	Nasopharyngitis UTI	Dizziness Cough	Asthenia Diarrhea	Diarrhea Constipation
<b>Nursing Considerations (2)</b>	Don't give drug by I.M. injection Use with extreme caution in patients with history of HIT	Do not mix SC injection with insulin preparations other than NPH insulin Administer within 20 minutes before a meal	Less effective in African Americans Discontinue if cholestatic jaundice occurs	Observe for signs for hypoglycemia Explain to client the risk for lactic acidosis	Infusion over 30 minutes Store at controlled room temperature

**Hospital Medications (5 required)**

**Medications Reference (APA):** (Medical Chart, September 16, 2019)

Goodman, D. M. (2019, July 11). Drugs and Diseases . Retrieved from <https://www.medscape.com/nurses>

**Assessment**

**Physical Exam (18 points)**

<b>GENERAL (1 point):</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	A/O x 4 No signs of distress Dressed appropriately for season
<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:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b>	Erythema and swelling of right breast Cellulitis on right breast and spreading down right arm No pruritis or abrasions Skin pink, warm, dry No noted Braden Score

<p><b>4HEENT (1 point):</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>No ear pain, nasal congestion, or sore throat  No visual disturbances  PERLA noted  Teeth have no decay  .</p>
<p><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 checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Location of Edema:</b></p>	<p>No chest pain, palpitations, or syncope  Normal rate and rhythm  Capillary refill less than 3 seconds  Edema on right breast</p>
<p><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></p>	<p>No wheezes, crackles, or rhonchi</p>
<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>Consistent carbohydrate diet  162 cm  88.6 kg  Bowel sounds active in all 4 quadrants  Last BM not known</p>

<b>GENITOURINARY (2 Points):</b> <b>Color:</b> <b>Character:</b> <b>Quantity 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>	Urinalysis not performed No reported pain during urination
<b>MUSCULOSKELETAL (2 points):</b> <b>Neurovascular status:</b> <b>ROM:</b> <b>Supportive devices:</b> <b>Strength:</b> <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Fall Score:</b> <b>Activity/Mobility Status:</b> <b>Independent (up ad lib)</b> <input type="checkbox"/> <b>Needs assistance with equipment</b> <input type="checkbox"/> <b>Needs support to stand and walk</b> <input type="checkbox"/>	No back, neck, joint, or muscle pain Equal ROM all 4 extremities No support devices Fall Score not noted
<b>NEUROLOGICAL (2 points):</b> <b>MAEW:</b> Y <input type="checkbox"/> N <input checked="" 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 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>	A/O x 4 No noted mental deficits No noted speech or sensory deficits
<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>	No anxiety or depression Coping methods include playing on cell phone No noted religion Not much known information about personal/family data

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
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0700	66	96/53 (low)	18	36.5	94
0900	82	122/92 (low)	18	37.1	98

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

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric Pain Rating Scale	Right Breast	4/10	Inflammation Warmth	Acetaminophen
0900	Numeric Pain Rating Scale	Right breast	7/10	Sharp Shooting	Acetaminophen

**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>	22 gauge Peripheral right hand 9-14-2019 0.9% Sodium Chloride 75ml/hr, IV Drip Cont. Dry, intact. No signs of erythema/drainage Transparent dressing

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)

2712.8 ml IV fluid intake Oral intake (Breakfast, Lunch, Dinner)	904.2 ml Urine Emesis

### Nursing Care

#### Summary of Care (2 points)

**Overview of care:** Patient being treated for cellulitis of right breast and MRSA

**Procedures/testing done:** n/a

**Complaints/Issues:** Patient complains of pain on right breast and nausea/vomiting

**Vital signs (stable/unstable):** Unstable. Patient's BP is consistently low.

**Tolerating diet, activity, etc.:** Patient is having nausea and vomiting therefore, not holding much of solids at the moment

**Physician notifications:** Notify physician that patient has MRSA

**Future plans for patient:** Continue to treat patient for Cellulitis and send patient home on antibiotics to treat MRSA

#### Discharge Planning (2 points)

**Discharge location:** Patient's home with female roommate

**Home health needs (if applicable):** n/a

**Equipment needs (if applicable):** n/a

**Follow up plan:** Not determined during my time of care

**Education needs:** Patient received a pamphlet for education about MRSA

**Nursing Diagnosis (15 points)**

**\*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> </ul>	<b>Rational</b> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b> <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 outcomes, modifications to plan.</li> </ul>
<b>1.</b> Impaired skin integrity related to cellulitis as evidence by rash on right breast	This nursing dx was chosen because cellulitis causes break down of the skin	<b>1.</b> Assess skin and note erythema, edema, and tenderness  <b>2.</b> Encourage the patient to avoid aggravating factors	The patient was very cooperative. The cellulitis is spreading to arm.
<b>2.</b> Infection related to MRSA as evidence by positive labs for MRSA	The patient’s culture for staph came back positive for MRSA	<b>1.</b> Monitor WBC count  <b>2.</b> Assess nutritional status, weight, and serum albumin	Patient has an elevated WBC count of 15.4. goal is the have patient’s WBC count lowered for discharge.
<b>3.</b> Risk for situational low self-esteem related to cellulitis spreading as evidence by	The patient expressed concern whether she would be able to interact with others while she has MRSA and spreading	<b>1.</b> Encourage the patient to verbalize thoughts and feelings about the current situation	The patient was very open with me about her feelings of her diagnosis. She stated that she wanted to go back home and not be isolated from her family.

<p>patient stated, “Will I be able to be around other people now?”</p>	<p>cellulitis. This has potential to affect her self-esteem.</p>	<p>2. Help the client identify the resources and social support available to them.</p>	<p>I gave the client a pamphlet about MRSA so she could have some information and she also did some research on her own.</p>
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**Other References (APA):** Vera, M. (2016, August 4). 4 Dermatitis Nursing Care Plans. Retrieved from <https://nurseslabs.com/dermatitis-nursing-care-plans/>

**Concept Map (20 Points):**

## Subjective Data

Patient rates pain 4/10 at 0700  
Patient rates pain 7/10 at 0900  
Patient stated "I feel so nauseous"

## Nursing Diagnosis/Outcomes

Impaired skin integrity related to cellulitis as evidence by rash on right breast  
The cellulitis has started to spread to right arm  
Infection related to MRSA as evidence by positive labs for MRSA  
Elevated WBC Count and continuing to manage through antibiotics  
Risk for situational low self-esteem related to cellulitis spreading as evidence by patient stated, "Will I be able to be around other people now?"  
Patient was educated on MRSA and understands that she is able to return home on antibiotics to kill the infection

## Objective Data

Patient vomited at 0800  
Vital signs at 0700  
Pulse - 66  
BP - 96/53  
RR - 18  
Temp - 36.5  
O2 - 94  
Vital signs at 0900  
Pulse - 82  
BP - 122/92  
RR - 18  
Temp - 37.1  
O2 - 98

## Patient Information

36 year old, female  
Cellulitis right breast  
MRSA  
Patient has T2DM,  
uncontrolled

## Nursing Interventions

Assess skin and note erythema, edema, and tenderness  
Encourage the patient to avoid aggravating factors  
Monitor WBC count  
Assess nutritional status, weight, and serum albumin  
Encourage the patient to verbalize thoughts and feelings about the current situation  
Help the client identify the resources and social support available to them

Encourage the patient to avoid aggravating factors



