

N321 Care Plan #1

Lakeview College of Nursing

Delaney Lockard

Demographics (3 points)

| | | | |
|--|--------------------------------|----------------------------------|------------------------------------|
| Date of Admission 9/5/19 | Patient Initials DLH | Age 69 years old | Gender Male |
| Race/Ethnicity White/Caucasian | Occupation Retired | Marital Status Married | Allergies Victoza, Sulfa |
| Code Status Full code | Height 183 cm | Weight 105.3 kg | |

Medical History (5 Points)

Past Medical History: CAD, CHF, COPD, cataract, diabetes mellitus, hypertension, dyspnea, history of seizures, Parkinson's disease, atrial fibrillation, GERD, obesity

Past Surgical History: Cataract surgery, total knee replacement, total hip replacement, implantation of a pacemaker, insertion of a cardiac catheter, application of a neurostimulator (no date noted for any of these)

Family History: History of maternal side with hypertension, sibling with hypertension and diabetes mellitus

Social History (tobacco/alcohol/drugs): former smoker (40 years ago), denies use of alcohol and/or substances

Assistive Devices: CPAP, BiPAP, walker and cane

Living Situation: Lives with spouse at home

Education Level: Some college

Admission Assessment

Chief Complaint (2 points): "weak, lethargic"

History of present Illness (10 points): Patient had surgery in June 2019 to put a lead in his pacemaker. Since then, he has had trouble with hypotension along with lethargy. On 9/3/19,

patient went to his PCP and had the following labs ordered and drawn; hemoglobin A1C, CMP, CBC, and urinalysis. On Thursday 9/5/19, the patient went back to his PCP. He was very confused with a LOC of 2. His BP was 89/50. The PCP also informed the patient and his wife that his creatinine was low in the lab results. His PCP advised him to be admitted to SBL. On 9/5/19, he was admitted into the ED for treatment of his hypotension and low creatinine levels. Dr. Deal was assigned to this patient for further care.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Hypotension

Secondary Diagnosis (if applicable): Decreased PO intake, confusion, lethargy, CHF and urinary tract infection

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

Low blood pressure is when blood pressure is lower than 90/60 mm Hg. This is due to the arterial blood pressure being abnormally decreased. This may happen in the human body for many reasons, acute and chronic. A number of systems feed into blood pressure and can cause this to sway from the normal blood pressure of 120/80 mm Hg. Patients with Parkinson's disease, for example, can have low blood pressure, also known as hypotension. The textbook states that older adults are also more likely to develop low blood pressure as a side effect of medicines taken to control high blood pressure. Arrhythmias, hypovolemia, reduced cardiac output, systemic vasodilation and pulmonary embolisms are also reasons hypotension can occur.

Signs and symptoms include dizziness, loss of consciousness, fainting, dehydration, blurry vision, fatigue, and weakness among others. When assessing vitals in a patient with hypotension, you will find their blood pressure is going to be abnormally low and the patient

with bradypnea. Diagnostic tests that are used to support hypotension includes an EKG, CBC and CMP. If hypotension is not treated promptly or correctly, possible lack of blood supply to the brain can occur and cause a stroke. Hypotension is often treated by increasing your fluid intake

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. (2016). Pathophysiology: Introductory Concepts and Clinical Perspectives. Philadelphia: PA. Davis Company.

NHBLI. (n.d.). Low Blood Pressure. Retrieved from

<https://www.nhlbi.nih.gov/health-topics/low-blood-pressure>

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 (taken on 9/6) | Today's Value | Reason for Abnormal Value |
|--------------------|--------------|--------------------------------|---------------|---------------------------|
| RBC | 4.5-6 | 3.79 | 3.3 | Due to renal issues |
| Hgb | 14-16 | 10.5 | 9.3 | Due to renal issues |
| Hct | 35-47 | 32.1 | 28.6 | Due to renal issues |
| Platelets | 150-400 | 233 | 191 | N/A |
| WBC | 4500-11000 | 5,000 | 8,300 | N/A |
| Neutrophils | 45-75% | 56.2 | 71.3 | N/A |

| | | | | |
|--------------------|--------|------|------|-----|
| Lymphocytes | 20-40% | 32.3 | 17.8 | N/A |
| Monocytes | 1-10% | 8.8 | 8.1 | N/A |
| Eosinophils | < 7% | 1.9 | 2.5 | N/A |
| Basophils | < 3% | 0.8 | 0.5 | 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 (taken 9/6) | Today's Value (9/8) | Reason For Abnormal |
|-------------------|---------------------|------------------------------------|----------------------------|---------------------------------|
| Na- | 135-145 | 142 | 143 | Due to dehydration |
| K+ | 3.5 | 3.8 | 4.3 | N/A |
| Cl- | 97-107 | 107 | 112 | Due to dehydration |
| CO2 | 20-30 | 27 | 26 | N/A |
| Glucose | 70-110 | 121 | 128 | Due to diabetes mellitus type 2 |
| BUN | 10-20 | 52 | 16 | Due to renal issues |
| Creatinine | 0.6-1.3 | 1.95 | 1.42 | Due to renal issues |
| Albumin | 3.5-5.2 | 3.8 | N/A | N/A |
| Calcium | 8.6-10.2 | 8.4 | 8.3 | Due to renal issues |
| Mag | 1.6-2.4 | N/A | N/A | N/A |
| Phosphate | 3.0-4.5 | N/A | N/A | N/A |
| Bilirubin | 0.1-1.2 | 0.5 | N/A | N/A |
| Alk Phos | 30-120 | 65 | N/A | N/A |

| | | | | |
|--------------------|-------|-----|-----|-----|
| AST | 10-30 | 13 | N/A | N/A |
| ALT | 10-40 | < 5 | N/A | N/A |
| Amylase | 56-90 | N/A | N/A | N/A |
| Lipase | 0-110 | N/A | N/A | N/A |
| Lactic Acid | 0.5-1 | N/A | 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 | 2-4 | N/A | N/A | N/A |
| PT | 9.6-11.8 | N/A | N/A | N/A |
| PTT | 30-40 | N/A | N/A | N/A |
| D-Dimer | < or = 250 | N/A | N/A | N/A |
| BNP | < 125 | N/A | N/A | N/A |
| HDL | > 60 | N/A | N/A | N/A |
| LDL | < 130 | N/A | N/A | N/A |
| Cholesterol | < 200 | N/A | N/A | N/A |
| Triglycerides | < 150 | N/A | N/A | N/A |
| Hgb A1c | < 7% | N/A | N/A | N/A |
| TSH | 0.4-4.0 | N/A | 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 |
|-----------------|---------------------|---------------------------|----------------------|----------------------------|
|-----------------|---------------------|---------------------------|----------------------|----------------------------|

| | | | | |
|----------------------------|---|-----|--------------|--|
| | | | (9/8) | |
| Color & Clarity | Clear-slightly hazy / straw to dark yellow | N/A | Yellow, hazy | |
| pH | 4.5-8 | N/A | 6.0 | |
| Specific Gravity | 1.005-1.035 | N/A | 1.019 | |
| Glucose | None | N/A | 50 | Abnormal because of diabetes mellitus type 2 |
| Protein | None | N/A | 1+ | Positive because presence of urinary tract infection |
| Ketones | None | N/A | Negative | |
| WBC | None/rare | N/A | 11 | Due to urinary tract infection |
| RBC | None/rare | N/A | Negative | |
| Leukoesterase | None | N/A | 1+ | Positive because presence of urinary tract infection |

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 (9/8) | Explanation of Findings |
|-----------------------|--------------|--------------------|---------------------|---|
| Urine Culture | Negative | N/A | Positive | Positive because of urinary tract infection |
| Blood Culture | Negative | N/A | N/A | |
| Sputum Culture | Negative | N/A | N/A | |
| Stool Culture | Negative | N/A | N/A | |

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Echocardiogram, Ejection fraction of 39%

Diagnostic Test Correlation (5 points): Congestive heart failure is a disease where the heart fails to pump the blood sufficiently enough to meet the body's needs. This is caused by both structural and functional cardiac issues that impair the ventricle's ability to pump blood. Diagnostic testing of CHF includes many aspects. For example, chest x-rays, EKG, echocardiogram, and ejection fraction of the left ventricle. A normal score of LVEF is 50-70%. A patient with heart failure, chronic or acute, will have a lower percentage upon LVEF. LVEF is measured during an echocardiogram, an MRI or radionuclide studies.

Diagnostic Test Reference (APA):

Swearingen, P. L. (2016). All-in-one care planning resource: medical-surgical, pediatric, maternity; psychiatric nursing care plans. Philadelphia, PA: Elsevier/Mosby.

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

Home Medications (5 required)

| | | | | | |
|----------------------|-------------|-------------|--------------|-----------|------------|
| Brand/Generic | Ondansetron | Gabapentin/ | Lamotrigine/ | Magnesium | Metoprolol |
|----------------------|-------------|-------------|--------------|-----------|------------|

| | | | | | |
|---|---|---|--|---|---|
| | hydrochloride/ Zofran | Gralise | Lamictal | oxide/Mag-OX | succinate/Lopre ssor |
| Dose | 4 mg tablet | 600 mg tablet | 200 mg tablet | 400 mg tablet | 25 mg tablet |
| Frequency | 1x daily | HS | 1x daily | 1x daily | 1x daily |
| Route | PO | PO | PO | PO | PO |
| Classification | Antiemetic | Anticonvulsa nt | Anticonvulsa nt, mood stabilizer | Antacid, anticonvulsant, antiarrhythmic, laxative, electrolyte replacement | Antianginal, antihypertensiv e, MI prophylaxis and treatment |
| Mechanism of Action | Blocks serotonin receptors in chemorecepto r trigger zone and at vagal nerve terminals in intestine. This reduces nausea and vomiting. | Structurally like GABA in the brain. GABA inhibits the rapid firing of neurons associated with seizures. | Blocks release of neurotransmi tters, lamotrigine inhibits the spread of seizure activity in brain. | Assists all enzymes involved in ATP. Magnesium is required for normal function of ATP- dependent sodium- potassium pump. | Inhibits stimulation of beta-receptor sites, mainly in the heart, resulting in decreased cardiac excitability, cardiac output and myocardial oxygen demand |
| Reason Client Taking | Tx nausea | Tx seizures | Tx seizures | Tx hypertension | Tx hypertension |
| Contraindicatio ns (2) | Hypersensitivi ty to ondansetron, use of apomorphine at same time | Hypersensiti vity to gabapentin or components | Hypersensiti vity to lamotrigine or components | Hypersensitivity to magnesium salts or any components | Acute heart failure, pulse less than 60 per minute |
| Side Effects/Adverse Reactions (2) | Dizziness, diarrhea | Agitation, hypotension | Amnesia, chest pain | Confusion, hypotension | Anxiety, confusion |
| Nursing Considerations (2) | Hypokalemia/ hypomagnesia is present, | Gabapentin capsules can be opened | Monitor patient for suicidal | Monitor serum electrolyte levels in patients with | Use cautiously in patients with hypertension |

| | | | | | |
|--|--|---|---|---|--|
| | treat these before administering Monitor for s/s of hypersensitivity to ondansetron | and mixed with applesauce, pudding, etc. Monitor patient for suicidal thinking or behavior | thoughts/behavior Monitor patient for seizure activity | renal insufficiency Make sure pt chews all of the tablet | who have CHF because the beta blockers such as metoprolol can worsen heart failure |
|--|--|---|---|---|--|

Hospital Medications (5 required)

| | | | | | |
|-----------------------|----------------------|------------------|---|---|----------------------------------|
| Brand/Generic | Ceftriaxone/Rocephin | Apixaban/Eliquis | Aspirin | Atorvastatin/Lipitor | Acetaminophen/Ofirmev |
| Dose | 1000mg/50mL | 5 mg tablet | 81 mg tablet | Two 20mg tablets | 1000 mg/100mL |
| Frequency | 1x daily | BID | 1x daily | HS | PRN Q6H |
| Route | IV piggyback | PO | PO | PO | IV piggyback |
| Classification | Antibiotic | Antithrombotic | Anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic | Antihyperlipidemic, HMG-CoA reductase inhibitor | Antipyretic, nonopioid analgesic |
| Mechanism of | Interferes | Stops clot-bound | Blocks | Reduces | Stops pain |

| | | | | | |
|---|---|--|--|---|---|
| Action | with the bacterial cells' walls and stops peptidoglycan; therefore, cells are destroyed | factor Xa and prothrombinase activity | activity of cyclooxygenase, enzyme needed for prostaglandin synthesis – apart of inflammation process and response | cholesterol in plasma and lipoprotein levels – increases liver cells to increase uptake and breakdown | impulse generation and regulates temperature |
| Reason Client Taking | Tx uti | Tx chronic anti-coagulation | Tx atrial fibrillation | Tx high cholesterol | Tx fever |
| Contraindications (2) | Calcium-containing IV solution, IV administration of ceftriaxone solutions containing lidocaine | Active bleeding, severe hypersensitivity to apixaban or its components | Asthma, hemophilia or other bleeding issues | Active hepatic disease, breastfeeding | Hypersensitivity to acetaminophen or components, severe liver disease |
| Side Effects/Adverse Reactions (2) | Chills, fever | Hemorrhagic stroke, GI bleeding | Confusion, diarrhea | Abnormal dreams, arrhythmias | Agitation, hypotension |
| Nursing Considerations (2) | Use ceftriaxone cautiously in patients with hypersensitivity to penicillin | Don't administer to patients with severe hepatic dysfunction, discontinue 48 hours before invasive procedure/surgery | Don't crush controlled release tablets, take with food or after food | Expect to measure lipid levels every 2-4 weeks, monitor diabetic patients | Monitor renal function with long term patients, monitor end of parenteral infusion to prevent air embolisms |

Medications Reference (APA):

Jones & Bartlett Learning. (2018). *2018 Nurses drug handbook* (17th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

| | |
|--|--|
| <p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p> | <p>Patient appeared to be in and out of sleep in his chair. He appears tired with an A&O x3. Patient is not in pain or distress. Overall appearance x3.</p> |
| <p>INTEGUMENTARY (2 points): Skin color: Normal for ethnic Character: dry Temperature: 36.4 Turgor: Loose Rashes: None Bruises: None Wounds: None Braden Score: 19 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: N/A</p> | <p>Patient is Caucasian and presents a fair skin tone. Skin is warm to touch with a normal elasticity. Skin turgor is loose. No rashes or bruises, wrinkles are on face and neck.</p> <p>Braden scale: 19</p> |
| <p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p> | <p>Patient’s head is midline with no deviations. Ears show no abnormal drainage; the tympanic membrane is visible and pearly grey. Hair is a grey color, longer length, and balding in the center. PEERLA is noted. Nose shows the turbinates equal bilaterally. Oral mucosa is pink and moist with no abnormalities. Patient uses glasses. Teeth presented normal with own still intact</p> |
| <p>CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: 2+ Capillary refill: < 3 seconds Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema: N/A</p> | <p>Patient is not currently on telemetry. Heart sounds auscultated and S1 and S2 sounds noted. Pulses graded at 2+ and present bilaterally. Capillary refill was < 3 seconds. Patient does not currently have edema. No signs of neck vein distention.</p> |
| <p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p> | <p>No accessory muscle use when breathing. Patient denies SOB. Anterior lungs were auscultated. Lung sounds clear. Patient doesn’t use oxygen at home.</p> |
| <p>GASTROINTESTINAL (2 points): Diet at home: regular Current Diet: regular Height: 183 cm Weight: 106.3 kg</p> | <p>Patient’s current diet is regular in hospital and at home. He denies alcohol use. Upon auscultation, bowel sounds were hypoactive. Patient doesn’t have pain upon palpation. No masses present. No ostomy, nasogastric or PEG tubes. Drains not</p> |

| | |
|---|---|
| <p>Auscultation Bowel sounds: Active Last BM: this morning Palpation: Pain, Mass etc.: soft, not tender Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p> | <p>present. Abdomen rounded and distended. His last BM was in the morning. Patient denies any rapid/current weight loss.</p> |
| <p>GENITOURINARY (2 Points): Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p> | <p>Patient does not require assistant to and from the bathroom. No dialysis or catheter. Urine was yellow and hazy. Patient says he does not feel pain, hesitancy or urgency upon urination. Patient is on I's and O's.</p> |
| <p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 60 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p> | <p>Patient exhibits active range of motion bilaterally. He shows no sign of neurovascular deficit. Patient has a Morse fall risk score of 60, making him at risk for falls. Patient requires no assistant to sit, stand or ambulate. Patient uses walker, cane and gait belt. Patient did need help with ADLs upon his hospital stay.</p> |
| <p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input checked="" type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status:</p> | <p>Patient has been in and out of sleep in his chair. He appears tired. A&O x3 and LOC x3. Patient speaks English well. Patient MAEW for current age and situation. Patient's strength on left arm is weaker than right arm due to previous stroke. Patient speaks at a slower pace.</p> |

| | |
|---|---|
| Speech: Sensory: LOC: | |
| 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): | Patient states he “enjoys woodworking and reading.” His developmental level is notes to be normal. Patient states that he doesn’t drink alcohol and hasn’t smoked for 40 years. Patient appears to have good family support and had his wife visit every morning. He lives in Mattoon, IL with his wife. Patient is retired. Patient appears to cope well. He states he is of the Pentecostal religion. |

Vital Signs, 2 sets (5 points)

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|-------|--------|----------------|-----------|---------|--------|
| 11:11 | 90 bpm | 120/60 mmHg | 18 | 36.4 C+ | 96% |
| 13:15 | 88 bpm | 115/66 mmHg | 17 | 36.4 C | 96% |

Pain Assessment, 2 sets (2 points)

| Time | Scale | Location | Severity | Characteristics | Interventions |
|-------|-------|----------|----------|-----------------|---------------|
| 10:04 | 0 | | | | |
| 13:15 | 0 | | | | |

IV Assessment (2 Points)

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|------------------------------------|
| Size of IV: 22 g Location of IV: Peripheral IV L. forearm Date on IV: 9/8/19 Patency of IV: Good, normal Signs of erythema, drainage, etc.: No signs IV dressing assessment: Clean, dry, intact, | NS (0.9% sodium chloride) 150mL/hr |

| | |
|------|--|
| safe | |
|------|--|

Intake and Output (2 points)

| Intake (in mL) | Output (in mL) |
|------------------|---------------------|
| 350 mL water | Void 1x |
| 215 mL Coca-Cola | No BM in this shift |

Nursing Care

Summary of Care (2 points)

Overview of care: Patient has been in the hospital receiving care since 9/5/19. Patient came in with doctor's orders and stated he was "weak and lethargic." During my shift I assessed his vitals and pain. A head-to-toe assessment was performed. HPI, PMH, and PSH was noted. Patient is feeling less weak and lethargic.

Procedures/testing done: Patient received an EKG and an ejection fraction. Urinalysis was completed. CBC and CMP were also completed.

Complaints/Issues: Patient stated that his pain was 0 on the pain scale. Patient has no other complaints during his stay.

Vital signs (stable/unstable): Patient's vitals were all normal or stable upon both assessments.

Tolerating diet, activity, etc.: Patient's diet is regular at home and in the hospital

Physician notifications: Physician was called before my shift to put an order for Rocephin to treat his positive urine culture.

Future plans for patient: Discharge tomorrow, 9/10/19

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): Follow instructions on medications

Equipment needs (if applicable): None

Follow up plan: Patient has a follow up appointment with PCP to reassess CMP and CBC.

Education needs: Patient should be educated on the new medications he is taking. He also needs to be educated on the importance of increasing his PO intake.

Nursing Diagnosis (15 points)

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

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

| | | | outcomes, modifications to plan. |
|---|---|---|---|
| 1. Fall risk related to unsteady gait as evidence by lethargy, weakness confusion, and urinary tract infection. | To prevent risk of falls and further injury for the patient | 1. Remind patient to always keep an up-right position, not down, when walking. 2. Encourage range of motion exercises and stretching every day | Patient and his wife responded well when nurse was educating. Patient was compliant when assessing ROM. |
| 2. At risk for impaired skin integrity related to reduced blood flow as evidence by hypotension | Braden scale score of 19 | 1. Teach patient to report signs of rash to the nurse or health care provider. 2. Reposition patient every two hours. | Patient and wife responded well when assessing Braden scale and skin integrity. Patient responded well when educated on the need to be repositioned |
| 3. Imbalanced nutrition: less than body requirements related to lethargy and weakness as evidence by dehydration and urinary tract infection. | Fluid volume deficit present as well as urinary tract infection | 1. Assess patient's I's & Os 2. Coordinate meal planning and dietary teaching with the patient and family members. | Patient and wife respond well and agree that his PO intake prior to hospitalization was at a deficit and was a problem. Patient is compliant and eager to learn more about the importance of PO intake. |

Other References (APA):

Swearingen, P. L. (2016). All-in-one care planning resource: medical-surgical, pediatric, maternity; psychiatric nursing care plans. Philadelphia, PA: Elsevier/Mosby.

Concept Map (20 Points)

Subjective Data

Weakness, lethargy for the past day or so accompanied by low blood pressure. Also on day of admission, patient was confused and did not know where he was (LOC x2)

Nursing Diagnosis/Outcomes

Risk / prevention
Outcome: The patient remains free of falls or injury as evidence by him feeling more confident upon ambulation and a steadier gait.
Risk for impaired skin integrity
Outcome: Patient remains free of pressure ulcers as evidence by Braden scale assessment and repositioning every 2 hours.
Imbalanced nutrition: less than body requirements
Outcome: Following intervention and treatment, the patient is less lethargic and weak with a steadier gait and less hypotensive.

Objective Data

-Febrile upon admission
-Hypotensive with BP around 89/50
-CBC shows an increase of WBC, creatinine and urinalysis is positive for leukoesterase.

Patient Information

D.L.H. is a 69-year-old male with a history of hypertension, CHF, CAD, COPD, diabetes mellitus, dyspnea, Parkinson's disease, a history of seizures, Atrial fibrillation, obesity and GERD. Pertinent past surgical history includes cataract surgery, total knee and hip replacement.

Nursing Interventions

Rocephin administration
Monitor all vitals and report any significant findings
Auscultate breath sounds often
Assess patient's pain
Monitor for signs of pressure ulcers
Monitor WBC count
Administer acetaminophen PRN fever
Speak in therapeutic manner when speaking to patient and family
Be sure to explain all interventions, diagnostics and medications



