N311 Care Plan # 1

Lakeview College of Nursing

Emily Konrad

Demographics (5 points)

Date of Admission 9/16/2019	**Patient Initials** S.C.	**Age** 60	**Gender** M
Race/Ethnicity Caucasian	**Occupation** Factory	**Marital Status** Married	**Allergies** Amoxicillin, Codeine, Contrast media-iodine based
Code Status DNR	**Height** 66”	**Weight** 95.45 kg	

Medical History (5 Points)

Past Medical History: Bipolar, anxiety disorder, depressive disorder, GERD, cirrhosis of the liver, hepatic failure, muscle weakness, opioid dependence- in admission

Past Surgical History: Patient denied any prior surgeries. Upon examination an abdominal scare was found.

Family History: Patient denied any family history

Social History (tobacco/alcohol/drugs): Patient denied used of tobacco, alcohol, or drugs

Admission Assessment

Chief Complaint (2 points): “ammonia levels”

History of present Illness (10 points): According to the patient, the high ammonia levels started about 6 months ago. He stated that he had been in the nursing home for 6 months. He also denied being in any pain.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Cirrhosis of the liver

Secondary Diagnosis (if applicable): Hepatic failure without coma

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

Cirrhosis is one of the leading causes of death in the United States. Most patients with cirrhosis do not show symptoms until a later stage of liver damage. Some of the major signs of cirrhosis of the liver are ascites, spontaneous bacterial peritonitis, hepatic encephalopathy, and variceal bleeding from portal hypertension. Eventually, the liver becomes so badly damaged with collagen and connective tissue infiltration that it cannot be reversed.

Some of the more common causes of cirrhosis of the liver are HCV, alcoholic liver disease, and NAFLD. HCV happens to be the leading cause of cirrhosis of the liver and alcohol is the second most leading cause. NAFLD causes excessive fat accumulation in the liver and people who have the disease carry the risk factors of obesity, diabetes, or hypertriglyceridemia.

When a liver has cirrhosis, it goes through structural changes and doesn't function as it should. The stellate cells, due to cell injury, activate and produce a copious amount of collagen filled tissue. The excess amount of collagen scars and distorts the liver over the years. Another problem due to cirrhosis of the liver is portal hypertension. This happens when there is an increase of tension within the portal vein. The liver also has a decreased detoxification capability. Ammonia levels build up and the patient may display signs of lethargy, confusion, and an inability to concentrate. Some other issues that cirrhosis of the liver can bring up are decreased bile synthesis, decreased albumin synthesis, hyperbilirubinemia, bleeding of esophageal varices, coagulopathy, osteoporosis, hepatic encephalopathy, spontaneous bacterial peritonitis, iron overload, anemia, and hepatorenal syndrome (Capriotti & Frizell, 2019).

Diagnosis and treatment of cirrhosis of the liver can be difficult in its early stages. As the disease progresses the patient may have low platelet counts, high serum bilirubin and liver enzymes, and anemia. The main treatment for cirrhosis is abstinence of alcohol. It is very

important for the patient to have good nutrition. Some medications used are glucocorticoids and anti-inflammatory drugs. If the patient can prove an alcohol-free lifestyle a liver transplant may be offered. Education is a big part of treatment for cirrhosis of the liver. Teaching the client the best nutrition and ways to manage the disease is very important to patient outcomes (Alavinejad, Hajiani, Danyaee, & Morvaridi, 2019).

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Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J.P. (2016). *Pathophysiology: Introductory Concepts and Clinical Perspectives.* 1st ed. F.A. Davis Company: Philadelphia, PA. ISBN 9780803615717

Alavinejad, P., Hajiani, E., Danyaee, B., & Morvaridi, M. (2019). The effect of nutritional education and continuous monitoring on clinical symptoms, knowledge, and quality of life in patients with cirrhosis. *Gastroenterology and Hepatology from Bed to Bench, 12*(1), 17–24. Retrieved from http://ezproxy.lakeviewcol.edu:2090/ehost/pdfviewer/pdfviewer?vid=5&sid=64e15490-7a10-429a-84aa-9c73ae8147c7@pdc-v-sessmgr05

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

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				
Hgb				
Hct				
Platelets				

WBC				
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

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-				
K+				
Cl-				
CO2				
Glucose				
BUN				
Creatinine				
Albumin				
Calcium				
Mag				
Phosphate				
Bilirubin				

Alk Phos				

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				
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/ Generic	Qudexy XR, Topamax, Trokendi XR/ topiramate	Celexa/ Citalopram hydrobromide	Losec, Prilosec/omeprazole	Prinivil, Qbrelis, Zestril/ lisinopril	Advil/ ibuprofen
Dose	50 mg	10 mg	40 mg	20 mg	200 mg
Frequency	Once daily	Once daily	Once daily	Twice daily	Every 4 hours PRN
Route	Oral	Oral	Oral	Oral	Oral
Classification	anticonvulsant	antidepressant	antiulcer	Antihypertensive, vasodilator	Analgesic, anti-inflammatory, antipyretic

Mechanism of Action	Prevents the spread of seizures by reducing the length and incidence of excitatory transmission. Increases accessibility of inhibitory neurotransmitter gamma-aminobutyric acid by blocking voltage-sensitive sodium channels. This encourages the movement of chloride ions into neurons.	Blocks serotonin reuptake by adrenergic nerves, which release neurotransmitters from their storage sites when triggered by a nerve impulse. This blocked reuptake increases serotonin levels at nerve synapses, which may improve mood and reduce depression.	Interferes with gastric acid secretion through the inhibition of hydrogen potassium adenosine triphosphatase system. Blocks the exchange Hydrogen and Potassium by preventing Hydrogen from coming into the stomach lumen and keeps additional Hydrochloric acid from forming.	Reduces blood pressure by not allowing angiotensin I to convert to angiotensin II. Prevents renal and vascular production of angiotensin II. Lowers the release of aldosterone to reduce sodium and water absorption by increasing their output. This reduces blood pressure	Blocks cyclooxygenase activity, which prevents inflammatory response, pain, swelling, and vasodilation. The antipyretic aspect comes from its effect on the hypothalamus by increasing peripheral blood flow and encouraging heat to disperse.
Reason Client Taking	Bipolar	Depression	GERD	Hypertension	Fever
Contraindications (2)	Hypersensitivity to topiramate or its components, recent alcohol use defined as within 6 hours after taking topiramate	Hypersensitivity to citalopram or its components, congenital long QT sndrome	Concurrent therapy with rilpivirine-containing products, hypersensitivity to proton pump inhibitors	Hereditary or idiopathic angioedema or history of angioedema related to previous treatment with an ACE inhibitor, use of neprilysin inhibitor within 36 hours	Angioedema, asthma

Side Effects/ Adverse Reactions (2)	Anxiety, anemia	Amnesia, depression	Fatigue, elevated liver enzymes	Elevated liver enzymes, jaundice	Heartburn, anemia

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook* (18th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** ANO x 1. **Orientation:** **Distress:** **Overall appearance:**	Patient stated he was at "Lincoln Bush Health Center." Had trouble answering questions. Correct birthdate but did not know what day it was. Patient was well groomed.
INTEGUMENTARY: **Skin color:** Normal **Character:** Intact, dry **Temperature:** Warm **Turgor:** Good **Rashes:** None **Bruises:** left abdomin **Wounds:** Abdominal **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin color was normal and warm to the touch. The skin was dry but had good turgor. Bruising was noted on left side of abdomen. Patient did have a scar on his abdomen. There were no drains present
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** No teeth	Lymph node assessment was normal. Ears looked clear and could see the tympanic membrane. No mucus drainage present. Oral mucosa was moist and intact. Patient did not have teeth and no dentures were noted.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** Radial noted, Pedal not found **Capillary refill:** 1 second **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐**	Regular cardiac rhythm and heart sounds noted. Capillary refill was good. Edema was noted in lower legs/ankles, and wrists/hands.

Location of Edema: lower legs/ankles and hands/wrists	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Non labored and non-obstructive with regular respirations. Breath sounds were clear.
GASTROINTESTINAL: **Diet at home:** regular, regular **Current Diet:** Regular, soft diet **Height:** 66” **Weight:** 95.45 kg **Auscultation Bowel sounds:** BS present **Last BM:** morning of 9/24 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** NA **Incisions:** NA **Scars:** Abdomen **Drains:** NA **Wounds:** NA **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	At home the client has a regular diet, but his current diet is a regular, soft diet. Patient did not eat any of his breakfast. Bowel sounds were present. His last BM was the morning of 9/24. Patient has a scar on his abdomen.
GENITOURINARY: **Color:** light yellow **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	No pain with urination. Patient needed assistance to use the bathroom.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** full range of motion **Supportive devices:** glasses **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:**	Full range of motion was noted during assessment. Patient demonstrated strength on both sides of the body.

Independent (up ad lib) ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** slow and quiet **Sensory:** glasses **LOC:**	Patient moved all extremities. Pupils were equal, round, reactive to light, and accommodate. Strength was equal in both legs and arms. Speech was noted as slow and quiet. Patient has glasses.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
07:05	64	128/84	14	99.7 F	97%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
07:04	0/10				

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

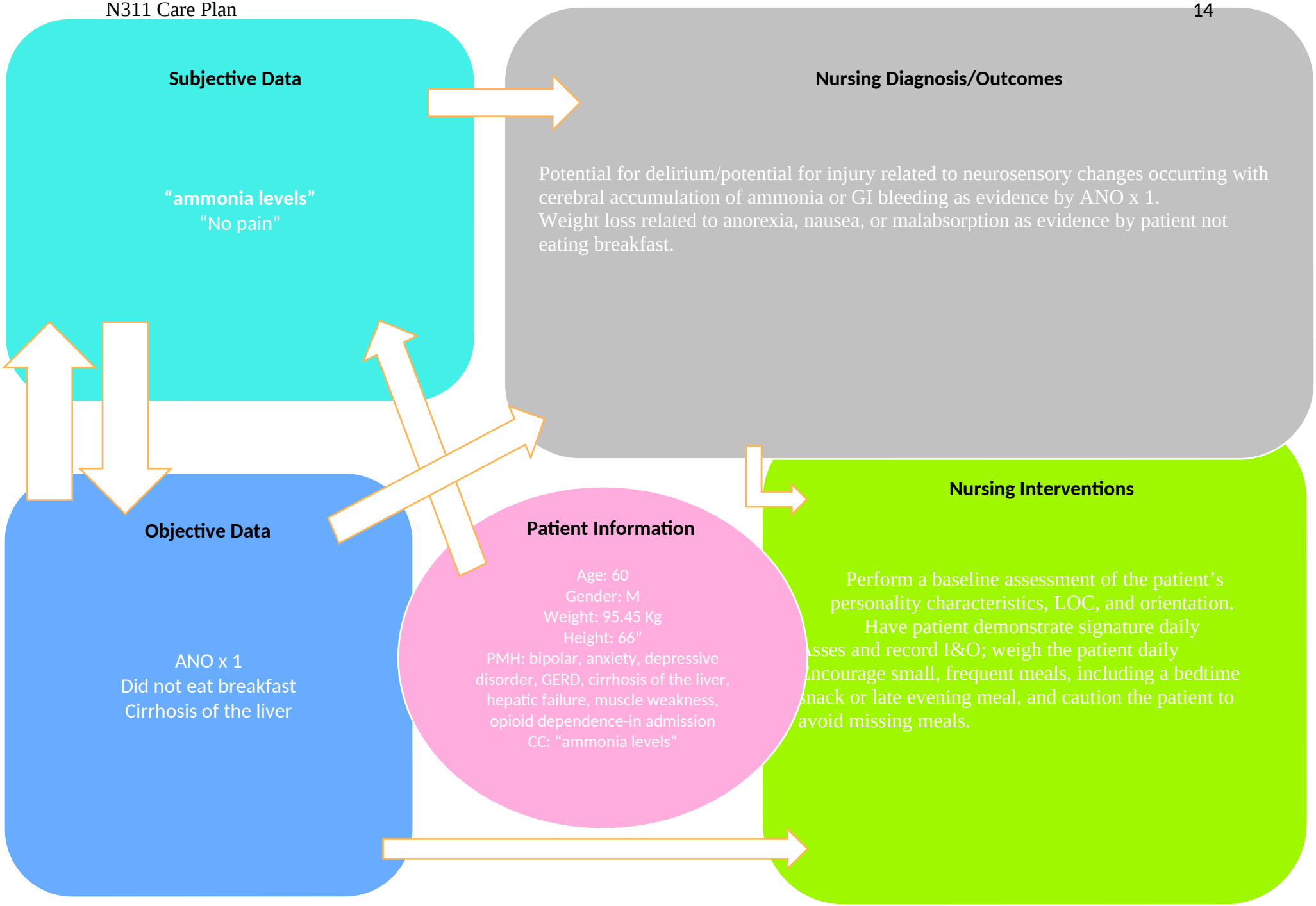
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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. Potential for delirium/potential for injury related to neurosensory changes occurring with cerebral accumulation of ammonia or GI bleeding as evidence by ANO x 1.	Patient was confused and disoriented during physical examination.	**1.**Perform a baseline assessment of the patient's personality characteristics, LOC, and orientation. **2.**Have patient demonstrate signature daily	
2. Weight loss related to anorexia, nausea, or malabsorption as evidence by patient not eating breakfast.	Patient was offered food many times during examination and he never ate his breakfast or drank any liquid.	**1.** Asses and record I&O; weigh the patient daily **2.**Encourage small, frequent meals, including a bedtime snack or late evening meal, and caution the patient to avoid missing meals.	

Other References (APA):

Swearingen, P. L., Wright, J.D. (2019). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, psychiatric nursing care plans*. St. Louis, MO: Elsevier/ Mosby.

Concept Map (20 Points)


Subjective Data
"ammonia levels"
"No pain"
Nursing Diagnosis/Outcomes
Potential for delirium/potential for injury related to neurosensory changes occurring with cerebral accumulation of ammonia or GI bleeding as evidence by ANO x 1.
Weight loss related to anorexia, nausea, or malabsorption as evidence by patient not eating breakfast.
Objective Data
ANO x 1
Did not eat breakfast
Cirrhosis of the liver
Patient Information
Age: 60
Gender: M
Weight: 95.45 Kg
Height: 66"
PMH: bipolar, anxiety, depressive disorder, GERD, cirrhosis of the liver, hepatic failure, muscle weakness, opioid dependence-in admission
CC: "ammonia levels"
Nursing Interventions
Perform a baseline assessment of the patient's personality characteristics, LOC, and orientation.
Have patient demonstrate signature daily
sses and record I&O; weigh the patient daily
ncourage small, frequent meals, including a bedtime
nack or late evening meal, and caution the patient to
avoid missing meals.