

N311 Care Plan #1

Lakeview College of Nursing

Brittany Figgins

**Demographics (5 points)**

<b>Date of Admission</b> 09/16/2019	<b>Patient Initials</b> S.C.	<b>Age</b> 60	<b>Gender</b> Male
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Factory	<b>Marital Status</b> Married	<b>Allergies</b> Amoxicillin, codeine, contrast media-iodine based
<b>Code Status</b> DNR	<b>Height</b> 5 ft 5 in 167.6 cm	<b>Weight</b> 95.2 kg 210 lbs	

**Medical History (5 Points)**

**Past Medical History: Bipolar disorder, anxiety disorder, GERD, cirrhosis of liver, other depressive disorders, hepatic failure, muscle weakness, Opioid dependence in remission**

**Past Surgical History: Patient denies past surgical history. While assisting patient when changing his clothes, a surgical scar on his abdomen was noted.**

**Family History: Patient denied any family medical history**

**Social History (tobacco/alcohol/drugs): Patient denies any tobacco, alcohol, or drug use**

**Admission Assessment**

**Chief Complaint (2 points): high ammonia levels**

**History of present Illness (10 points): 60 year old male was admitted to the nursing facility 8 days ago due to high ammonia levels. When assessing the patient he was very confused. He denied having 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 of the liver is a late stage of scarring (fibrosis) of the liver caused by many forms of liver diseases and conditions, such as hepatitis and chronic alcoholism. Each time the liver is damaged, whether by disease such as alcohol consumption or another cause, it tries to repair itself. During this process, scar tissue forms. As cirrhosis progresses, more and more scar tissue forms, making it difficult for the liver to function. Advanced cirrhosis is life-threatening (Cirrhosis, 2018).

Chronic liver disease and cirrhosis result in about 35,000 deaths each year in the United States. Cirrhosis is the ninth leading cause of death in the United States and is responsible for 1.2% of all deaths in the United States, with many patients dying from the disease in their fifth or sixth decade of life. Each year, 2,000 additional deaths are attributed to liver failure, which may be caused by viral hepatitis, drugs such as acetaminophen, toxins, autoimmune hepatitis, Wilson disease, or a variety of less common etiologies (Capriotti, & Frizzel, 2016). Patient S.C. was diagnosed with cirrhosis of the liver due to overuse of acetaminophen. Patients with liver failure have a 50% to 80% mortality rate unless they have liver transplantation (Capriotti, & Frizzel, 2016).

Some symptoms of cirrhosis of the liver may include: fatigue, loss of appetite, edema in legs, feet, and ankles, confusion, drowsiness and slurred speech, yellowing of the skin and eyes, and fluid accumulation in the abdomen (Cirrhosis, 2018). Patient S.C. however, did show some of these symptoms including: edema in the feet and ankles, confusion and drowsiness, and loss of appetite.

**Pathophysiology References (2) (APA):**

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Capriotti, T., & Frizzell, J. P. (2016). Pathophysiology: Introductory concepts and clinical perspectives. Philadelphia, PA: F.A. Davis Company

Cirrhosis. (2018, December 7). Retrieved from <https://www.mayoclinic.org/diseases-conditions/cirrhosis/symptoms-causes/syc-20351487>.

**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.**

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason for Abnormal Value</b>
<b>RBC</b>				
<b>Hgb</b>				
<b>Hct</b>				
<b>Platelets</b>				
<b>WBC</b>				
<b>Neutrophils</b>				
<b>Lymphocytes</b>				
<b>Monocytes</b>				
<b>Eosinophils</b>				
<b>Bands</b>				

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**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				

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

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>				
<b>Blood Culture</b>				
<b>Sputum Culture</b>				
<b>Stool Culture</b>				

**Lab Correlations Reference (APA):**

**Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):**

**3 Current Medications (10 points, 2 points per completed med)  
\*5 different medications must be completed\***

**Medications (5 required)**

<b>Brand/Generic</b>	<b>Topamax/ Topiramate</b>	<b>Celexa/ citalopram hydrobromide</b>	<b>Prilosec/ Omeprazole</b>	<b>Zestril/ Lisinopril</b>	<b>Advil/ Ibuprofen</b>
<b>Dose</b>	<b>50 mg</b>	<b>10 mg</b>	<b>40 mg</b>	<b>20 mg</b>	<b>200 mg</b>
<b>Frequency</b>	<b>1 x daily</b>	<b>1 x daily</b>	<b>1 x daily</b>	<b>1 x daily</b>	<b>1 x daily</b>
<b>Route</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>
<b>Classification</b>	<b>Anticonvulsant</b>	<b>Antidepressant</b>	<b>Antiulcer</b>	<b>Antihypertensive, vasodilator</b>	<b>Analgesic, anti-inflammatory, antipyretic</b>
<b>Mechanism of Action</b>	<b>May block the spread of seizures by reducing the length and frequency of excitatory transmission</b>	<b>Blocks serotonin reuptake by adrenergic nerves, which normally release this neurotransmitter from their storage sites when activated by a nerve impulse</b>	<b>Omeprazole interferes with gastric acid secretion by inhibiting the hydrogen potassium adenosine triphosphate enzyme system or proton pump, in gastric parietal cells.</b>	<b>May reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II.</b>	<b>Blocks activity of cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate inflammatory response and cause local pain, swelling, and vasodilation.</b>
<b>Reason Client Taking</b>	<b>Bipolar</b>	<b>Depression</b>	<b>GERD</b>	<b>HTN</b>	<b>Fever</b>

<b>Contraindications (2)</b>	<b>Hypersensitivity to Topiramate; metabolic acidosis with metformin use</b>	<b>Congenital long QT syndrome; hypersensitivity to citalopram or its components,</b>	<b>Concurrent therapy with rilpivirine containing products; hypersensitivity to omeprazole</b>	<b>Concurrent aliskiren use in patients with renal impairment</b>	<b>Angioedema, asthma</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>Tremors; hot flashes</b>	<b>Angina; GI bleeding</b>	<b>Pancreatitis; psychic disturbance</b>	<b>Ataxia, acute renal failure</b>	<b>Fluid retention, aseptic meningitis</b>

**Medications Reference (APA):**

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook* (18<sup>th</sup> edition). Burlington, MA.

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL:</b>  <b>Alertness:</b> ANO x2  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p>Patient was confused and needed assistance/prompting with ADLs. Patient had a difficult time answering questions. He stated he was at “Lincoln Bush Health Center”. He knew his birthday but did not know what day it was. No distress. Well groomed.</p>
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b> good  <b>Rashes:</b> none  <b>Bruises:</b> left side of abdomen  <b>Wounds:</b> .  <b>Braden Score:</b>  <b>Drains present:</b> Y <input type="checkbox"/>      N <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p>Skin has normal elasticity and warm to touch. Bruising noted on left side of abdomen. Skin dry and intact.</p>
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b> No teeth or dentures</p>	<p>Head is midline with no deviations. Ears show no abnormal drainage, tympanic membrane visible, and pearly grey. PERRLA is noted. Nose shows no deviated septum. Lymph node assessment was normal. No abnormalities noted, oral mucosa moist and intact. Gums were pink with no</p>

	<p>abnormalities. No dentures present.</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses: radial pulse noted; pedal not found</b>  <b>Capillary refill: 1 second</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>  <b>Legs and ankles; wrists and hands/fingers</b></p>	<p>Regular cardiac rhythm noted and regular heart sounds. Capillary refill less than 3 seconds. Edema noted in legs and ankles bilaterally and wrists and hands bilaterally.</p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Breath Sounds: Location, character</b></p>	<p>No accessory muscles used when breathing. Non-labored and non-obstructive regular Respirations, breath sounds regular. Trachea midline, no deviations.</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:Regular</b>  <b>Current Diet: Regular</b>  <b>Height: 66 in</b>  <b>Weight: 210 lbs</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM: morning of 9/24/19</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>  <b>Distention: N/A</b>  <b>Incisions: N/A</b>  <b>Scars: abdominal scar</b>  <b>Drains: N/A</b>  <b>Wounds:N/A</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>The patient has an ordered regular diet. His normal diet at home is a normal balanced diet. Patient did not eat any food on his breakfast tray. Abdomen was soft and non-tender. No ostomy, nasogastric, or PEG tubes present. Bowel sounds active and present in all four quadrants. Last bowel movement was the morning of 9/24/19.</p>
<p><b>GENITOURINARY:</b>  <b>Color: light yellow</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Inspection of genitals:</b>  <b>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b></p>	<p>Patient is voiding with no difficulty. No dialysis or catheter. Urine is yellow and clear and does not have strong odor. Patient denies pain, hesitancy, or urgency on urination. Patient needed assistance using the bathroom.</p>

<b>Type:</b> <b>Size:</b>	
<b>MUSCULOSKELETAL:</b> <b>Neurovascular status:</b> <b>ROM: Full ROM</b> <b>Supportive devices:</b> <b>Strength:</b> <b>ADL Assistance: Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>Fall Risk: Y</b> <input type="checkbox"/> <b>N</b> <input 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"/>	Full ROM was noted on assessment. Patient demonstrated equal strength on both sides of the body. Patient needed assistance with ADLs due to being confused.
<b>NEUROLOGICAL:</b> <b>MAEW: Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>PERLA: Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>Strength Equal: Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/> <b>if no -</b> <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>	Patient was up sitting in his chair for the morning. Patient's strength is bilaterally equal. Pupils were equal, round, reacted to light, and accommodated for the other eye.
<b>PSYCHOSOCIAL/CULTURAL:</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>	

**Vital Signs, 1 set (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0805	64 bpm	128/84	14	99.7	97%
		Right arm	Breaths/min		

**Pain Assessment, 1 set (5 points)**

Time	Scale	Location	Severity	Characteristics	Interventions

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<b>0810</b>	<b>0/10</b>		<b>No pain</b>		<b>N/A</b>
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**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>20 mL</b>	

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis\***

<b>Nursing Diagnosis</b>	<b>Rational</b>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b>
<ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>		<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>
<ol style="list-style-type: none"> <li>1. Risk for impaired skin integrity related to pruritus</li> </ol>	Hot water and alkaline soaps can dry the skin and may cause irritation in patient with	1.Encourage the patient not to scratch skin and to keep nails short and smooth	

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<p>occurring with hepatic dysfunction</p>	<p>sensitive skin. Emollients and lipid creams (i.e., Eucerin) are used to keep skin moist and supple.</p>	<p>2.treat any skin lesions promptly</p>	
<p>2. Acute confusion (or risk for same) related to neurosensory changes occurring with cerebral accumulation of ammonia or GI bleeding as evidenced by</p>	<p>Having a baseline assessment will help determine subsequent changes in personality or behavior, which could progress to hepatic coma if left unchecked.</p> <p>If writing deteriorates, hepatic encephalopathy may be worsening.</p> <p>Asterixis may be present in advanced cirrhosis.</p>	<p>1. Have patient demonstrate signature daily</p> <p>2.Be alert to generalized muscle twitching and asterixis. Report significant findings to the health care provider</p>	

**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**

High ammonia levels  
No pain

**Nursing Diagnosis/Outcomes**

Acute confusion (or risk for same) related to neurosensory changes occurring with cerebral accumulation of ammonia or GI bleeding  
Risk for impaired skin integrity related to pruritus occurring with hepatic dysfunction

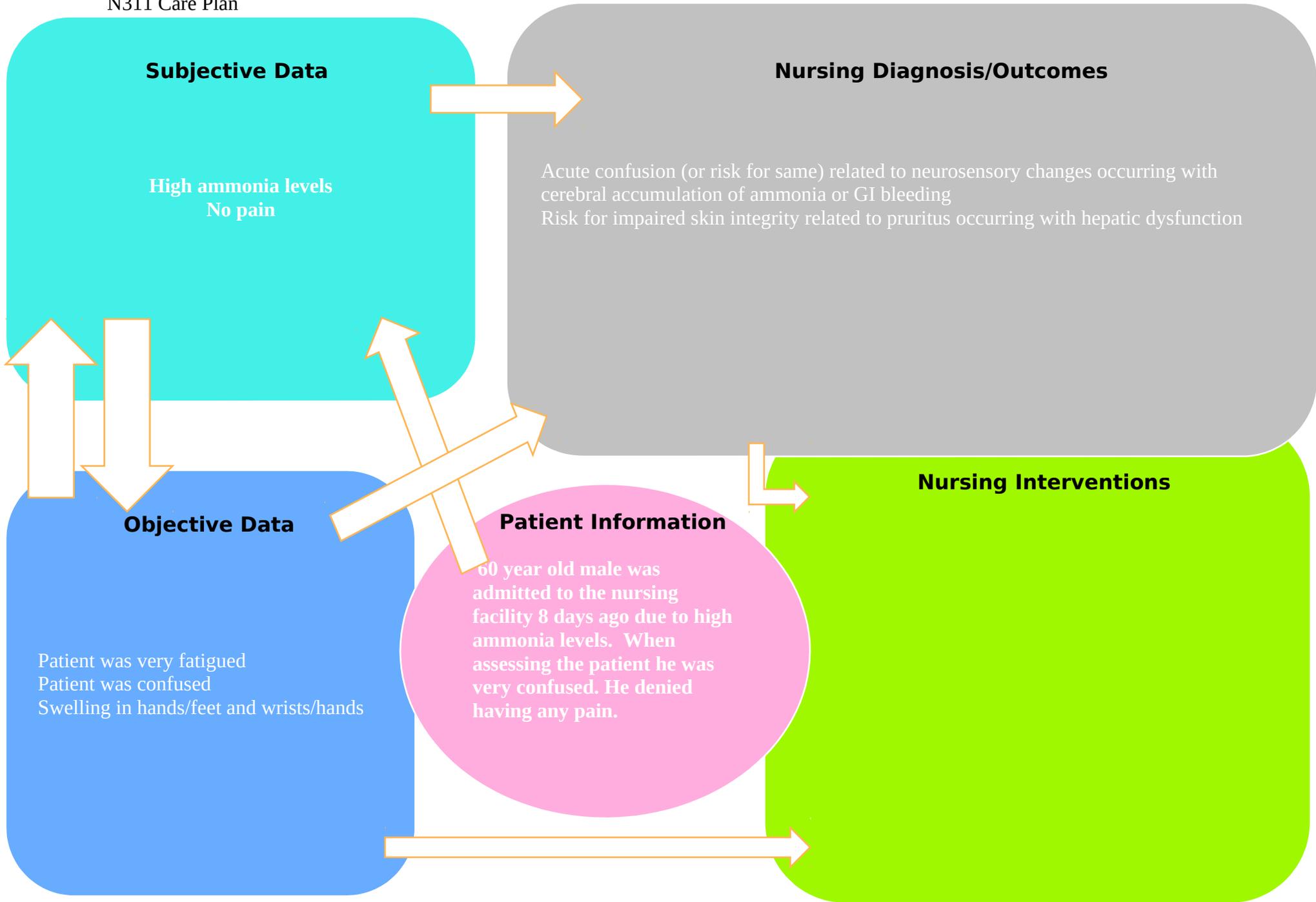
**Objective Data**

Patient was very fatigued  
Patient was confused  
Swelling in hands/feet and wrists/hands

**Patient Information**

60 year old male was admitted to the nursing facility 8 days ago due to high ammonia levels. When assessing the patient he was very confused. He denied having any pain.

**Nursing Interventions**



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