

N321 Care Plan #

Lakeview College of Nursing

Name

Demographics (3 points)

Date of Admission 9/22/2019	Patient Initials JL	Age 73	Gender Female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status married	Allergies Pcn [Penicillins], Phenergan [Promethazine], Sulfa (Sulfonamide Antibiotics), Codeine
Code Status Full	Height 172.7 cm (5'8")	Weight 99.8kg (220lb)	

Medical History (5 Points)

Past Medical History: Allergic rhinitis, Aortic insufficiency, Dementia, Depression, Diabetic retinopathy, GERD (gastroesophageal reflux disease), Hyperlipidemia, Hypothyroidism, Memory difficulties, Mitral valve disorder, OAB (overactive bladder), Rheumatoid arthritis, Tricuspid valve disorder, Type I diabetes mellitus (CMS-HCC), and Vitamin D deficiency

Past Surgical History:

CATARACT REMOVAL
ANKLE SURGERY
BREAST BIOPSY
DILATION AND CURETTAGE OF
UTERUS HYSTERECTOMY
FOOT SURGERY
CARDIAC CATHERIZATION
COLONOSCOPY
ULTRASOUND CORE BIOPSY
BREAST LUMPECTOMY
URETER STENT PLACEMENT
URETEROSCOPY

Family History: Father had heart history. Mother had heart History as well.

Social History (tobacco/alcohol/drugs): No tobacco, no alcohol use. She lives at home with her husband.

Assistive Devices: Ambulates with a cane at times.

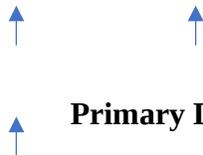
Living Situation: Lives at home with husband

Education Level: past high school.

Admission Assessment

Chief Complaint (2 points): Vomiting, patient States nausea, vomiting, high blood sugar, abd pain; symptoms starting that morning. Denies diarrhea, fevers, or dysuria. Patient was given zofran 4 mg po per EMS.

History of present Illness (10 points): 73 years old female who presents to the emergency department via ambulance from her home that was complaining of vomiting since the morning of admission. Patient stated she had been coughing and vomiting all morning and had pain in her throat and her back because of vomiting aggravating it. She has a history of diabetes. She did not eat anything that day, she did take some insulin about 8:00 a.m. that morning but is unsure how much. She denies any chest pain. She had complained of some epigastric discomfort that started after the vomiting. She had complained of low back pain which is chronic but it aggravated by the vomiting. Denies any fever or chills. No diarrhea. Patient was given some oral Zofran by paramedics which has not helped the vomiting. Blood sugar at home was 380. Has an Insulin pouch which has been empty for at least 1 day.



Primary Diagnosis

Primary Diagnosis on Admission (2 points): Elevated blood sugar

Secondary Diagnosis (if applicable): N/A

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

When there is not enough insulin, or insulin does not work properly, blood sugar builds up. These high blood sugar can lead to a number of other symptoms and complications in the body. It can cause urination and thirst due to the high blood glucose going into the kidneys and urine.

It attracts more water, causing frequent urination. This can also lead to an increased thirst, despite the excessive drinking and having enough liquids. High blood glucose can also cause numbness, burning, or tingling in the hands, legs and feet. This is due to what is called diabetic neuropathy, this is a complication of diabetes that can often be a cause of many years of high blood sugar levels. Some long-term complications of this condition are heart attack or stroke, kidney disease or failure, nerve problems in the skin more directly towards the feet leading to soreness, infection, and wound healing problems. The signs and symptoms of high blood sugar include finding it hard to concentrate, extreme thirst or hunger, drowsiness, blurred vision, shortness of breath, rapid heartbeat, vomiting, and dehydration. A blood glucose check can be done in a person with high blood glucose levels will most likely have it over 250 mg/dL. There are testing kits in order to find the level of the blood sugar through either the urine or the blood through a finger stick. (Berry, 2019) For this particular patient she had her blood glucose monitored as well as a urine dipstick to determine the levels of glucose. The patient's blood work showed an extremely high amount of blood sugar levels which was indicative to her symptoms. The treatment for this particular patient was a sliding scale insulin as well as a long-acting insulin given once the results of the glucose were found. Patient presented with symptoms correlating with increased blood sugar levels including nausea and vomiting and dehydration.

Pathophysiology References (2) (APA):

Berry, J. (2019, March 11). High blood sugar: Symptoms, causes, and healthy levels. Retrieved from <https://www.medicalnewstoday.com/articles/313138.php>.

Hyperglycemia (High Blood Sugar): Symptoms, Causes, Treatments. (n.d.). Retrieved from <https://www.webmd.com/diabetes/guide/diabetes-hyperglycemia#1>.

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	3.5-5.2 10 ⁶ /uL	4.24	3.5	
Hgb	11.0-16.0	12.7	10.4	Possible bleeding from GERD (Davis)

	g/dL			
Hct	34.0 - 47.0 %	41	33.4	Possible bleeding from GERD (Davis)
Platelets	140 - 400 $10^3/uL$	162	119	Possible bleeding from GERD (Healthline)
WBC	4.00 - 11.00 $10^3/uL$	12.49	11.08	Possible Infection (Cleveland Clinic)
Neutrophils	NA	NA	NA	
Lymphocytes	NA	8.4	NA	
Monocytes	NA	4.5	NA	
Eosinophils	NA	0.1	NA	
Bands	NA	NA	NA	

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 mmol/L	141	144 mmol/L	
K+	3.5-5.1 mmol/L	4.2	4.0 mmol/L	
Cl-	98-107 mmol/L	107	112 mmol/L	Patient lost fluids from vomiting (chemocare)
CO2	21.0-32.0 mmol/L	11.9	26.1 mmol/L	Patient went into Diabetic ketoacidosis (WebMD)
Glucose	60-99 mg/dL	399	135 mg/dL	Patient has Diabetes type I, and was the reason for the admission (WebMD)
BUN	7-18 mg/dL	42	135 mg/dL	Patient has been vomiting and might have been dehydrated (Mayoclinic,2019)
Creatinine	0.6-1.3 mg/dL	1.69	0.99 mg/dL	Patient has been vomiting and might have been dehydrated (Lewin)
Albumin				
Calcium	8.5-10.1 mg/dL	8.8	7.9	Patient has been vomiting and might have been dehydrated (WebMD)

Mag		Not known	Not known	
Phosphate		Not known	Not known	
Bilirubin		Not known	Not known	
Alk Phos		Not known	Not known	
AST	15-37 U/L	34	Not known	
ALT	12-78 U/L	32	Not known	
Amylase		Not known	Not known	
Lipase		Not known	Not known	
Lactic Acid		Not known	Not known	

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		Not known	Not known	
PT		Not known	Not known	
PTT		Not known	Not known	
D-Dimer		Not known	Not known	
BNP		Not known	Not known	
HDL		Not known	Not known	
LDL		Not known	Not known	
Cholesterol		Not known	Not known	
Triglycerides		Not known	Not known	

Hgb A1c		Not known	Not known	
TSH		Not known	Not known	

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 yellow		
pH	5.0-8.5	5.0		
Specific Gravity	1.000-1.030	1.015		
Glucose	Negative	2+		Patient has Diabetes type I, and was the reason for the admission (WebMD)
Protein	Negative	Trace		
Ketones	Negative	3+		
WBC	0-5	0-3		
RBC	0-4	0-2		
Leukoesterase	Negative	Negative		

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		Not known	Not known	
Blood Culture		Not known	Not known	

Sputum Culture		Not known	Not known	
Stool Culture		Not known	Not known	

Lab Correlations Reference (APA):

Blood urea nitrogen (BUN) test. (2019, July 2). Retrieved from

<https://www.mayoclinic.org/tests-procedures/blood-urea-nitrogen/about/pac-20384821>.

Davis, C. P. (n.d.). Hematocrit Blood Test: Normal, High, Low Ranges & Results. Retrieved from

https://www.emedicinehealth.com/hematocrit_blood_test/article_em.htm.

Davis, C. P. (n.d.). Hemoglobin Ranges: Normal, Symptoms of High and Low Levels. Retrieved

from <https://www.medicinenet.com/hemoglobin/article.htm>.

Lewin, J. (n.d.). Creatinine blood test: Purpose, procedure, and low or high ranges. Retrieved from

<https://www.medicalnewstoday.com/articles/322380.php>.

Low White Blood Cell Count Possible Causes. (n.d.). Retrieved from

<https://my.clevelandclinic.org/health/symptoms/17706-low-white-blood-cell-count/possible-causes>.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Patient had chest X-Ray that had normal findings.

Diagnostic Test Correlation (5 points): The providers were concerned for pneumonia gastritis due to the persistent vomiting. The consistent vomiting puts the patient for a risk of aspiration pneumonia.

Diagnostic Test Reference (APA):

Pneumonia. (2018, March 13). Retrieved from

<https://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/syc-20354204>.

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

Home Medications (5 required)

Brand/Generic	FLUoxetine (PROZAC)	docusate sodium (COLACE)	diclofenac (VOLTAREN)	ascorbic acid (VITAMIN C)	atorvastatin (LIPITOR)
Dose	10 mg	100 mg capsule	75 mg enteric coated tablet	500 mg tablet	20 mg tablet
Frequency	BID	BID	BID	Daily	Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	antidepressant	laxative	Analgesic	Vitamin	Anti-hyperlipidemic
Mechanism of Action	selectively inhibits reuptake of neurotransmitter serotonin by CNS	Acts as a surfactant that softens stool by decreasing surface tension	Block the activity of cyclooxygenase, the enzyme needed to synthesize	A six carbon compound related to glucose. It is found naturally in	Reduces plasma cholesterol and lipoprotein levels by inhibiting

	neurons and increases the amount of Serotonin available and nerve synapses	between oil and water in feces.	prostaglandins, which mediate inflammatory response and cause local pain, swelling, and vasodilation.	citrus fruits and many vegetables. Ascorbic acid is an essential nutrient in human diets, and necessary to maintain connective tissue and bone.	HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown
Reason Client Taking	depression	constipation	Pain or inflammation	Vitamin C deficiency	High cholesterol
Contraindications (2)	Hypersensitivity and use of within 14 days of MAOI.	Hypersensitivity to Colace, intestinal obstruction	GI bleed or ulcer, NSAID's sensitivity	Sickle cell, hemochromatosis	Active hepatic disease, breast feeding
Side Effects/Adverse Reactions (2)	Anxiety, balance disorder	Dizziness, palpitations	Cerebral hemorrhage, hearing loss	none	Abnormal dreams, abnormal ejaculation
Nursing Considerations (2)	Use with caution for patients with seizures, QT symptoms	Long term can cause dependence, assess for laxative abuse	Avoided with patient with recent MI, increased risk of heart failure	Check blood levels, can be maintained with food	Expect liver function test to be performed, weakness

Hospital Medications (5 required)

Brand/Generi c	gabapentin (NEURONTI N) capsule 600 mg	acetaminoph en	doxycycline	memantine (NAMENDA)	ondansetron HCL (PF)
Dose	capsule 600 mg	tablet 650 mg	100 mg in D5W 250 mL IVPB	tablet 5 mg	4 mg
Frequency	TID	Q4h PRN	Q12h	Daily	PRN
Route	Oral	Oral	IV	Oral	injection
Classification	anticonvulsa nt	antipyretic	antibiotic	antidementia	antiemetic
Mechanism of Action	Inhibit rapid-firing neurons associated with seizures.	Inhibits the enzyme cyclooxygen ase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.	Exerts a bacteriostatic effective against a wide variety of gram-positive and gram-negativ e organism	Blocks that excitatory amino acid glutamine on N-methyl-D- aspartate receptor cells in the CNS.	Blocks serotonin receptors centrally in the chemorecep tor trigger zone and peripherally at vagal nerve terminals in the intestine
Reason Client Taking	Restless legs	Pain	Infection	dementia	nausea
Contraindicati ons (2)	Hypersensiti vity , (none other listed)	Hypersensiti ve, hepatic disorder	Hypersensitiv ity, tetracycline's	Hypersensiti vity (no other indicated)	Congenital long QT, hypersensiti vity
Side Effects/Advers e Reactions (2)	Anxiety, delusions	Agitation, fatigue	Bulging fontanel, black hairy tongue	Abnormal gate, depression	Anxiety, fever
Nursing	Can be	Watch	Do not give 8	Suicidal	May contain

Considerations (2)	mixed in apple sauce, give after 2 hours antacid	dosage closely, monitor renal function	and under, no IM or SubQ	thought, sever UTI	aspartame, watch for hyperkalemia
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Medications Reference (APA):

Vitamin C. (n.d.). Retrieved from <https://www.drugbank.ca/drugs/DB00126>.

Abdullah, M. (2019, June 3). Vitamin C (Ascorbic Acid). Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK499877/>.

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	Alert and oriented to place and self over al appearance well groomed.
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<p>INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Skin dry and intact with some bruising. Normal skin turgor no rash, or wounds.</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Ears clear, sclera white no drainage, nose midline, bad dentition.</p>
<p>CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: 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:</p>	<p>S1 and S2 present, strong equal pulse at all extremities. Capillary refill present, no murmur or gallops heard</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>Lung sound clear throughout, no wheezing noted</p>
<p>GASTROINTESTINAL (2 points): Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds:</p>	<p>Diabetic diet Last BM 1125am, bowel sounds normoactive</p> <p>Weight: 220lb 99.8kg Height: 5'8" 172.7 cm</p>

<p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p>	
<p>GENITOURINARY (2 Points):</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p> <p>Size:</p>	<p>Yellow clear</p>
<p>MUSCULOSKELETAL (2 points):</p> <p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Score:</p> <p>Activity/Mobility Status:</p> <p>Independent (up ad lib) <input type="checkbox"/></p> <p>Needs assistance with equipment <input type="checkbox"/></p> <p>Needs support to stand and walk <input type="checkbox"/></p>	<p>Equal strength in all extremities, uses a walker with ambulation,</p>
<p>NEUROLOGICAL (2 points):</p> <p>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -</p> <p>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/></p> <p>Orientation:</p> <p>Mental Status:</p> <p>Speech:</p> <p>Sensory:</p> <p>LOC:</p>	<p>Alert and oriented</p>
<p>PSYCHOSOCIAL/CULTURAL (2 points):</p> <p>Coping method(s):</p> <p>Developmental level:</p> <p>Religion & what it means to pt.:</p> <p>Personal/Family Data (Think about home</p>	<p>Lives with husband, catholic,</p>

environment, family structure, and available family support):	
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Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	79	116/55	20	36.6 c	97 room air
discharged					

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	0				
discharged					

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:	18G catheter, at right antecubital with 0.9%NaCl placed 9/22/2019 IV intact, no redness, swelling, or drainage noted.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
150 cc, 450 cc	300 cc, 400cc

Nursing Care

Summary of Care (2 points)

Overview of care: Consistent monitor of blood glucose every 4 hours and insulin before meals.

Procedures/testing done: Acu check

Complaints/Issues: none

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: tolerates the diet and activity

Physician notifications:

Future plans for patient: continual monitoring of blood glucose and taking insulin

Discharge Planning (2 points)

Discharge location: Patient was discharged home

Home health needs (if applicable): none

Equipment needs (if applicable): none

Follow up plan: continue taking antibiotics as prescribed as well as insulin.

Education needs: insulin importance and aid with cost.

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	<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?

“as evidenced by” components			<ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.
1. Activity intolerance related to reduced energy as evidence by weakness	Caine use and fatigue	1.evaluate patients degree of activity intolerance 2.explain energy conserving technique	Patient uses energy conservation technique properly
2. Imbalance nutrition related to low income as evidence by patients weight	Patient is overweight and diabetes out of control.	1. Assess the patient’s understanding of the relationship between diabetes and obesity 2.Help the patient establish a realistic exercise plan	Patient understanding and is responsive to control weight and the exercise plan
3. Risk for injury related to neuropathy as evidence by lack of sensation	Patient has neuropathy as well as hyperglycemia	1. Assess the general appearance of the foot 2. assess the patient skin integrity	No evidence of skin breakdown

Other References (APA):

Vera, M., & Vera, M. (2019, September 18). Diabetes Mellitus Nursing Care Plans: 13 Nursing Diagnosis - Nurseslabs - Page 7. Retrieved from <https://nurseslabs.com/diabetes-mellitus-nursing-care-plans/7/>.

Concept Map (20 Points):

Subjective Data

73 years old female complaining of vomiting since the morning of admission. She has a history of diabetes.

Nursing Diagnosis/Outcomes

Outcomes:

Objective Data

Patient stated she had been coughing and vomiting all morning and had pain in her throat and her back because of vomiting aggravating it

Patient Information

hypertensive, hyperglycemic, Allergic rhinitis, Aortic insufficiency, Dementia, Depression, Diabetic retinopathy, GERD (gastroesophageal reflux disease), Hyperlipidemia, Hypothyroidism, Memory difficulties, Mitral valve disorder, OAB (overactive bladder), Rheumatoid arthritis, Tricuspid valve disorder, Type I diabetes mellitus (CMS-HCC), and Vitamin D deficiency

Nursing Interventions

