N431 Care Plan #1

Lakeview College of Nursing

Justine Funneman

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
10/07/19	C.V.	60	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Disabled	single	penicillin
Code Status	**Height**	**Weight**	
DNR	170cm	64.400kg	

Medical History (5 Points)

Past Medical History: asthma, dysphagia, hard of hearing, hiatal hernia, HTN, hyperlipidemia, hypothyroidism, seizure

Past Surgical History: N/A

Family History: N/A

Social History (tobacco/alcohol/drugs): No use of alcohol or drugs, but use to smoke cigarettes

Assistive Devices: hearing aid in right ear

Living Situation: living in a nursing home

Education Level: Patient states he finished high school

Admission Assessment

Chief Complaint (2 points): Patient came to the ED by ambulance for complaints of altered mental status since yesterday at the nursing home

History of present Illness (10 points): a 60 year old male with a past medical history of asthma, dysphagia, hard of hearing, hiatal hernia, HTN, hyperlipidemia, hypothyroidism, seizure who presented to the ED with altered mental status since 10/06. The patient is a resident of a nursing home and the faculty that takes care of him reports altered mental status in the patient after he fell on 10/06. In the ED a urinalysis was taken and evidence of

an acute UTI, nitrite trace ketones, and >100 WBCs was found. CK elevated to 557. Patient does have DNR.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): UTI

Secondary Diagnosis (if applicable): Altered mental status

Pathophysiology of the Disease, APA format (20 points): A urinary tract infection can happen in parts of the urinary such as the kidneys, ureters, bladder, and urethra. The most common part of the urinary system to get infected is the lower urinary tract including the bladder and the urethra. Risk factors include being a female, sexual activity, urinary tract abnormalities, blockages in the urinary tract, a suppressed immune system such as diabetics, catheter use, or a recent urinary procedure. The main risk factor that my patient had was being immunosuppressed with a new diagnosis of diabetes. Symptoms of a UTI include a strong urge to urinate, a burning sensation when urinating, passing small amounts of urine frequently, the urine being cloudy red pink or cola colored, strong smelling urine, and having some pelvic pain. Complications of a UTI can be recurrent infections, permanent kidney damage, urethral narrowing, or sepsis. The best way to prevent a UTI is to drink plenty of water, cranberry juice, emptying your bladder soon after intercourse. Diagnosing a UTI is done by testing a urine sample, growing urinary tract bacteria in a lab, creating images of your urinary tract, using a scope to see inside the patient's bladder. A urine sample was done on the patient when he came into the ED. Treatment would be done by antibiotics.

Pathophysiology References (2) (APA):

Imam, T. H., By, Imam, T. H., & Last full review/revision June 2018 by Talha H. Imam. (n.d.). Bacterial Urinary Tract Infections (UTIs) - Genitourinary Disorders. Retrieved October 10, 2019, from https://www.merckmanuals.com/professional/genitourinary-disorders/urinary-tract-infections-utis/bacterial-urinary-tract-infections-utis.

Urinary tract infection (UTI). (2019, January 30). Retrieved October 10, 2019, from https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/diagnosis-treatment/drc-20353453.

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	**4.28-5.56**	**4.12**		**Blood in the urine is a symptom of a UTI so the PBC level would be slightly decreased.** Urinary tract infection (UTI). (2019, January 30). Retrieved October 10, 2019, from https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/diagnosis-treatment/drc-20353453.
Hgb	**13-17**	**13.2**	**N/A**	**N/A**
Hct	**38.1-48.9**	**40.1**	**N/A**	**N/A**
Platelets	**149-393**	**176**	**N/A**	**N/A**
WBC	**4-11.7**	**6.6**	**N/A**	**N/A**
Neutrophils	**45.3-79**	**64**	**N/A**	**N/A**
Lymphocytes	**11.8-45.9**	**24.3**	**N/A**	**N/A**

Monocytes	**4.4-12**	**9**	**N/A**	**N/A**
Eosinophils	**0-6.3**	**1.5**	**N/A**	**N/A**
Bands	**0-1**	**0.8**	**N/A**	**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	Today's Value	Reason For Abnormal
Na-	**136-145**	**142**	**N/A**	**N/A**
K+	**3.5-5.1**	**4.0**	**N/A**	**N/A**
Cl-	**98-107**	**102**	**N/A**	**N/A**
CO2	**21-31**	**34**	**N/A**	**Carbon dioxide formation can be found in patients with diabetes. It comes from fermentation of the high amounts of sugar in the urine.** Yang, W. H., & Shen, N. C. (1990, May). Gas-forming infection of the urinary tract: an investigation of fermentation as a mechanism. Retrieved October 10, 2019, from https://www.ncbi.nlm.nih.gov/pubmed/2184258.
Glucose	**74-109**	**83**	**146**	**The patient just ate so the glucose level would be increased.** Blood Sugar Levels: How Glucose Levels Affect Your Body. (2005). Retrieved October 10, 2019, from https://www.webmd.com/diabetes/how-sugar-affects-diabetes#1.
BUN	**7-25**	**21**	**N/A**	**N/A**
Creatinine	**0.7-1.2**	**0.95**	**N/A**	**N/A**
Albumin	**3.5-5.2**	**3.5**	**N/A**	**N/A**

Calcium	**8.6-10.3**	**9.3**	**N/A**	**N/A**
Mag	**1.6-2.4**	**1.8**	**N/A**	**N/A**
Phosphate	**N/A**	**N/A**	**N/A**	**N/A**
Bilirubin	**0.3-1.0**	**0.4**	**N/A**	**N/A**
Alk Phos	**40-130**	**85**	**N/A**	**N/A**
AST	**0-40**	**22**	**N/A**	**N/A**
ALT	**0-41**	**9**	**N/A**	**N/A**
Amylase	**N/A**	**N/A**	**N/A**	**N/A**
Lipase	**N/A**	**N/A**	**N/A**	**N/A**
Lactic Acid	**0.5-2.0**	**1.1**	**N/A**	**N/A**
Troponin	**0-0.030**	**<0.010**	**N/A**	**N/A**
CK-MB	**0-7.7**	**3.29**	**N/A**	**N/A**
Total CK	**20-200**	**557**	**N/A**	**Total CK can be elevated in patients with endocrine disorders and this patient has a new diagnosis of Diabetes.** Moghadam-Kia, S., Oddis, C. V., Aggarwal, R., & Cleveland Clinic Journal of Medicine. (2017, August 15). Approach to asymptomatic creatine kinase elevation. Retrieved October 10, 2019, from https://www.mdedge.com/ccjm/article/105345/cardiology/approach-asymptomatic-creatine-kinase-elevation.

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**
PT	**N/A**	**N/A**	**N/A**	**N/A**
PTT	**N/A**	**N/A**	**N/A**	**N/A**
D-Dimer	**N/A**	**N/A**	**N/A**	**N/A**
BNP	**N/A**	**N/A**	**N/A**	**N/A**
HDL	**N/A**	**N/A**	**N/A**	**N/A**
LDL	**N/A**	**N/A**	**N/A**	**N/A**
Cholesterol	**N/A**	**N/A**	**N/A**	**N/A**
Triglycerides	**N/A**	**N/A**	**N/A**	**N/A**
Hgb A1c	**N/A**	**N/A**	**N/A**	**N/A**
TSH	**N/A**	**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
Color & Clarity	**Yellow/ clear**	**Yellow/ hazy**	**N/A**	**N/A**
pH	**5-8**	**5.0**	**N/A**	**N/A**
Specific Gravity	**1.005-1.034**	**1.015**	**N/A**	**N/A**
Glucose	**normal**	**normal**	**N/A**	**N/A**
Protein	**Negative**	**negative**	**N/A**	**N/A**
Ketones	**Negative**	**Trace (A)**	**N/A**	**N/A**
WBC	**<5**	**>100**		**WBC is a sign of infection so they will be increased in a UTI.** Wu, B. (2018, June 28). Leukocytes in the urine: Causes, symptoms, and diagnosis. Retrieved October 10, 2019, from https://www.medicalnewstoday.com/ar

				ticles/314165.php.
RBC	**0-3**	**2**		
Leukoesterase				

Arterial Blood Gas 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
pH	**7.31-7.41**	**7.38**	**N/A**	**N/A**
PaO2	**40-50**	**42.6**	**N/A**	**N/A**
PaCO2	**40-50**	**49**	**N/A**	**N/A**
HCO3	**22-26**	**26**	**N/A**	**N/A**
SaO2	**60-75**	**62.5**	**N/A**	**N/A**

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	**normal**	**pending**	**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**

Lab Correlations Reference (APA):

Blood Sugar Levels: How Glucose Levels Affect Your Body. (2005). Retrieved October 10, 2019, from https://www.webmd.com/diabetes/how-sugar-affects-diabetes#1.

Urinary tract infection (UTI). (2019, January 30). Retrieved October 10, 2019, from https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/diagnosis-treatment/drc-20353453.

Moghadam-Kia, S., Oddis, C. V., Aggarwal, R., & Cleveland Clinic Journal of Medicine. (2017, August 15). Approach to asymptomatic creatine kinase elevation. Retrieved October 10, 2019, from https://www.mdedge.com/ccjm/article/105345/cardiology/approach-asymptomatic-creatine-kinase-elevation.

Wu, B. (2018, June 28). Leukocytes in the urine: Causes, symptoms, and diagnosis. Retrieved October 10, 2019, from https://www.medicalnewstoday.com/articles/314165.php.

Yang, W. H., & Shen, N. C. (1990, May). Gas-forming infection of the urinary tract: an investigation of fermentation as a mechanism. Retrieved October 10, 2019, from https://www.ncbi.nlm.nih.gov/pubmed/2184258.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT of brain, head, and spine came back negative.

Diagnostic Test Correlation (5 points): The CT was done because the staff of the nursing home said the patient fell.

Diagnostic Test Reference (APA): Radiological Society of North America, Rsna, & American College of Radiology. (n.d.). Head CT (Computed Tomography, CAT scan). Retrieved October 10, 2019, from https://www.radiologyinfo.org/en/info.cfm?pg=headct.

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

Home Medications (5 required)

Brand/Generic	**Aspirin / Aspir-81**	**Benztropine/ Cogentin**	**Finasteride/ Propecia**	**Tamsulosin/ Flomax**	**Haldol**
Dose	**81mg**	**2mg**	**5mg**	**0.4mg**	**10mg**
Frequency	**daily**	**Daily**	**Daily**	**HS**	**qAM**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Nonsteroidal anti-inflammatory**	**Central muscarinic antagonist**	**Urinary retention med**	**Urinary retention med**	**antipsychotics**
Mechanism of Action	**Inhibits platelet generation of thromboxane A2**	**Blocks cholinergic activity in the CNS**	**Inhibits enzyme that is responsible for turning testosterone into its potent metabolite**	**Decreases contraction in smooth muscle of the prostatic capsule**	**Alters the effect of dopamine in the CNS**
Reason Client Taking	**Client was taking for pain from the infection**	**Stops muscle spasms**	**Client has a history of urinary retention**	**Client has a history of urinary retention**	**Patient is mentally disabled and can be aggressive**
Contraindications (2)	**Risk of bleeding** **Ulcers**	**Respiratory problems** **Liver disease**	**Hypersensitivity** **females**	**Pts at risk for prostate carcinoma** **Pts undergoing cataract surgery**	**Bone marrow depression** **Severe liver disease**
Side	**Dyspepsia**	**Dizziness**	**Gynecomasti**	**Rhinitis**	**Blurred**

Effects/Adverse Reactions (2)	**heartburn**	**constipation**	**a** **Prostate cancer**	**Orthostatic hypotension**	**vision** **Respiratory depression**
Nursing Considerations (2)	**Assess pain** **Assess fever**	**Assess extrapyramidal symptoms** **Assess bowel functions**	**Assess symptoms of hyperplasia** **Assess for feeling of incomplete emptying of bladder**	**Assess for symptoms of prostatic hyperplasia** **Assess for first-dose orthostatic hypotension**	**Assess mental status** **Observe patient carefully to ensure it was taken and not hoarded**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Run labs to assess risk for bleeding**	**Monitor intake and output**	**PSA, digital rectal exam**	**Intake and output, rectal exams**	**Assess BP** **Assess pulse prior to and frequently during the period of dose adjustment**
Client Teaching needs (2)	**Take with a full glass of water** **Report tennitus**	**Take missed dose as soon as possible** **Frequently rinse mouth**	**Take as prescribed even if symptoms improve** **Volume of ejaculate may be decreased**	**Take dose as soon as possible if they forget** **Do not double dose**	**Advise patient to change positions slowly** **Use sunscreen and protective clothing when exposed to the sun**

Hospital Medications (5 required)

Brand/Generic	**Ceftriaxone/ Rocephin**	**Enoxaparin/ Lovenox**	**Insulin aspart/ Novolog**	**Pantoprazole/ protonix**	**Ondansetron/ Zofran**
Dose	**2,000mg**	**40mg**	**Sliding scale**	**40mg**	**2mL**
Frequency	**Q24hr**	**SubQ**	**PRN**	**PO**	**IV push**
Route	**IV piggy back**	**daily**	**injection**	**Daily**	**Q6hr PRN**
Classification	**Anti-infectives**	**Anticoagulant**	**antidiabetics**	**Antiulcer agents**	**antiemetics**
Mechanism of Action	**Binds to bacterial cell wall membrane, causing cell death**	**Potentiates the inhibitory effect of antithrombin**	**Lowers blood glucose by stimulating glucose uptake in skeletal muscle and fat**	**Binds to an enzyme in the presence of acidic gastric pH**	**Blocks the effect of serotonin**
Reason Client Taking	**Client is taking this for his UTI**	**Given to patients in the hospital to prevent DVTs**	**Client has type 2 diabetes**	**Patient is taking to prevent heartburn from hospital stay**	**Taking for nausea**
Contraindications (2)	**Hypersensitivity to cephalosporins** **Combined severe hepatic and renal impairment**	**Active bleeding** **Hypersensitivity to benzyl alcohol**	**Hypoglycemia** **Allergy to insulin**	**Patients using high doses for over a year** **Hypersensitivity**	**Congenital long QT syndrome** **Concurrent use of apomorphine**
Side Effects/Adverse Reactions (2)	**Diarrhea** **Rashes, urticaria**	**Dizziness** **insomnia**	**Hypoglycemia** **pruritis**	**Headache** **Pseudomembranous colitis**	**Headache** **Constipation**

Nursing Considerations (2)	**Reconstitute** **Administer aminoglycosides in different sites**	**Assess for signs of bleeding or hemorrhage** **Observe injection sites for hematoma, ecchymosis, or inflammation**	**Assess for symptoms of hypoglycemia** **Supplement with longer acting insulin**	**Monitor bowel function** **Antacids may be used concurrently**	**Assess for nausea and vomiting** **Assess for extrapyramidal effects**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess for infection** **Check sputum, urine, and stool cultures**	**Monitor CBC, plt count, and stools for occult blood periodically**	**Monitor glucose**	**Auscultate the bowel sounds**	**Monitor ECG, AST, and ALT levels**
Client Teaching needs (2)	**Notify health care provider if fever and diarrhea** **Report signs of superinfection**	**Report symptoms of unusual bleeding** **Instruct patient not to take ibuprofen**	**Instruct patient how to administer** **Instruct that it helps with hyperglycemia but does not cure diabetes**	**Take meds for full course of the prescribed therapy** **Notify health care partner immediately if rash or abdominal cramping occurs**	**Instruct patient to take as directed** **Notify health care professional immediately if irregular heart beat occurs**

Medications Reference (APA): Up-to-Date Drug Information. (n.d.). Retrieved October 10, 2019, from https://www.drugguide.com/ddo/.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness: sitting up in bed eating** **Orientation: x1** **Distress: no acute distress** **Overall appearance: Looks well and happy to be eating**	Patient was awake, sitting up in bed eating lunch. He kept laying down and sitting up on the side of his bed. Patient kept setting off his bed alarm. He is A&O x1. Patient was well nourished and in no acute distress.
INTEGUMENTARY (2 points): **Skin color: caucasian** **Character: dry and pink** **Temperature: warm to the touch** **Turgor: good** **Rashes: N/A** **Bruises: N/A** **Wounds: N/A** **Braden Score: 20** **Drains present: Y☐ N ☒** **Type:**	Patient is Caucasian. Patients skin was warm, dry, and pink to the touch. No rashes or lesions. Patient's legs are cyanotic in color and very dry and flakey. Patients hair is grey in color. No rashes or bruises.
HEENT (1 point): **Head/Neck:** **Ears: hearing aid in right ear** **Eyes:** **Nose:** **Teeth:**	Head is normocephalic and midline. Hair is mix between white and grey. Ears have no drainage and have a pearly grey tympanic membrane. Noted PERRLA. Patient wears hearing aid. No presence of deviated septum with bilateral equal turbinates. There is no sinus tenderness. Oral mucosa is moist and pink. Patient does not wear dentures. .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses: strong** **Capillary refill: <3** **Neck Vein Distention: Y ☐ N ☒**	Patient heart was auscultated with an S1 S2 heart sound at a normal heart rate at a regular rhythm. Patient has no edema. Good capillary refill <3. No neck vein distention noted. Radial and pedal pulses were assessed at a 1+ bilaterally.

Edema Y ☐ N ☒ **Location of Edema:**	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	No accessory muscles were used while patient was breathing. Patient's trachea was midline with no deviations. Patient has a noted dry cough when he tries to eat. Patient does not have a wheeze or labored breathing. When patient's lungs were auscultated, lung sounds were normal.
GASTROINTESTINAL (2 points): **Diet at home: regular** **Current Diet: regular** **Height: 170cm** **Weight: 64.400kg** **Auscultation Bowel sounds: normal** **Last BM: 10/07** **Palpation: Pain, Mass etc.: N/A** **Inspection:** **Distention: nondistended** **Incisions: N/A** **Scars: N/A** **Drains: N/A** **Wounds: N/A** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Patient is on a regular easy chew diet. Patient abdomen is soft, nondistended. Patient has active bowel sounds in all 4 quadrants. No masses or palpable hernias present. Patient's last BM was 10/07. No ostomy, NG tubes, or feeding tubes.
GENITOURINARY (2 Points): **Color: yellow** **Character: hazy** **Quantity of urine: 1100 cc** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: normal** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Patient was able to ambulate to the bathroom. His urine was yellow/hazy in color. When in the ER the patient voided and his urine was yellow/hazy. Patient did not express pain with urinating. He did not have hematuria. Patient has history of urinary incontinence. No genital abnormalities noted.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM: normal** **Supportive devices: hearing aids** **Strength: normal** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐**	**Fall Risk: 95** **U**pper and lower extremities show normal ROM. Patient does not use assistive device to move around. Patient is a fall risk. No tenderness or swelling in extremities. Patient lives at a nursing home.

Fall Score: 95 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☒ **Needs support to stand and walk** ☒	
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☒ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: A&O x 1** **Mental Status: Slightly MR** **Speech: speech impaired** **Sensory: no sensory or focal deficits** **LOC: awake**	Patient was awake, sitting up in bed eating lunch. He kept laying down and sitting up on the side of his bed. Patient kept setting off his bed alarm. He is A&O x1. He showed no acute distress and felt sensation with light touch. Patient speaks English but has a speech impairment. When having a conversation with the patient he did not make much sense. Patient is deaf so he had trouble hearing and communicating when he needed. Patient's strength was equal in his arms and legs.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s): singing** **Developmental level: disabled, slightly MR** **Religion & what it means to pt.: no preference** **Personal/Family Data (Think about home environment, family structure, and available family support): lives at nursing home, enjoys calling his brother**	Patient was semi-cooperative during physical assessment. His mood and affect were appropriate. Patient is slightly MR so he did not have a job. Patient denies drinking or drug use, but he was a smoker. Patient copes by singing. Patient does not have a preference for religion. His support is the faculty at the nursing home where he lives. The patient does enjoy calling his brother.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1200	**71**	**125/90**	**18**	**36.4**	**96**
1520	**76**	**120/74**	**18**	**36.3**	**98**

Vital Sign Trends: Vital signs stayed steady through out the time I was there. Blood pressure went down, but not a significant amount.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

1200	**Numeric**		**0**		
1520	**Numeric**		**0**		

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18g and 20g **Location of IV: R and L forearm** **Date on IV: 10/07** **Patency of IV: patent** **Signs of erythema, drainage, etc.: N/A** **IV dressing assessment: dressing was dry and intact**	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480mL	**1100mL**

Nursing Care

Summary of Care (2 points)

Overview of care: Care of patient was good. He was taken care of very well by the staff. He was taken on walks and sat with in his room to keep him company.

Procedures/testing done: Urinalysis and CT on brain, head, and spine

Complaints/Issues: Patient was confused and wanted to keep standing up out of bed so the patient did need a sitter.

Vital signs (stable/unstable): vitals were stable. Patient does have a past medical history of hypertension

Tolerating diet, activity, etc.: Patient tolerates diet, but speech therapy is monitoring him for aspiration.

Physician notifications: N/A

Future plans for patient: Patient will continue to receive the antibiotics to return to the nursing home for continued care.

Discharge Planning (2 points)

Discharge location: Back to the Nursing home

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: N/A

Education needs: patient was educated on urinary retention. I made sure to tell him that it is important to void when he feels like it instead of holding urine to prevent UTI.

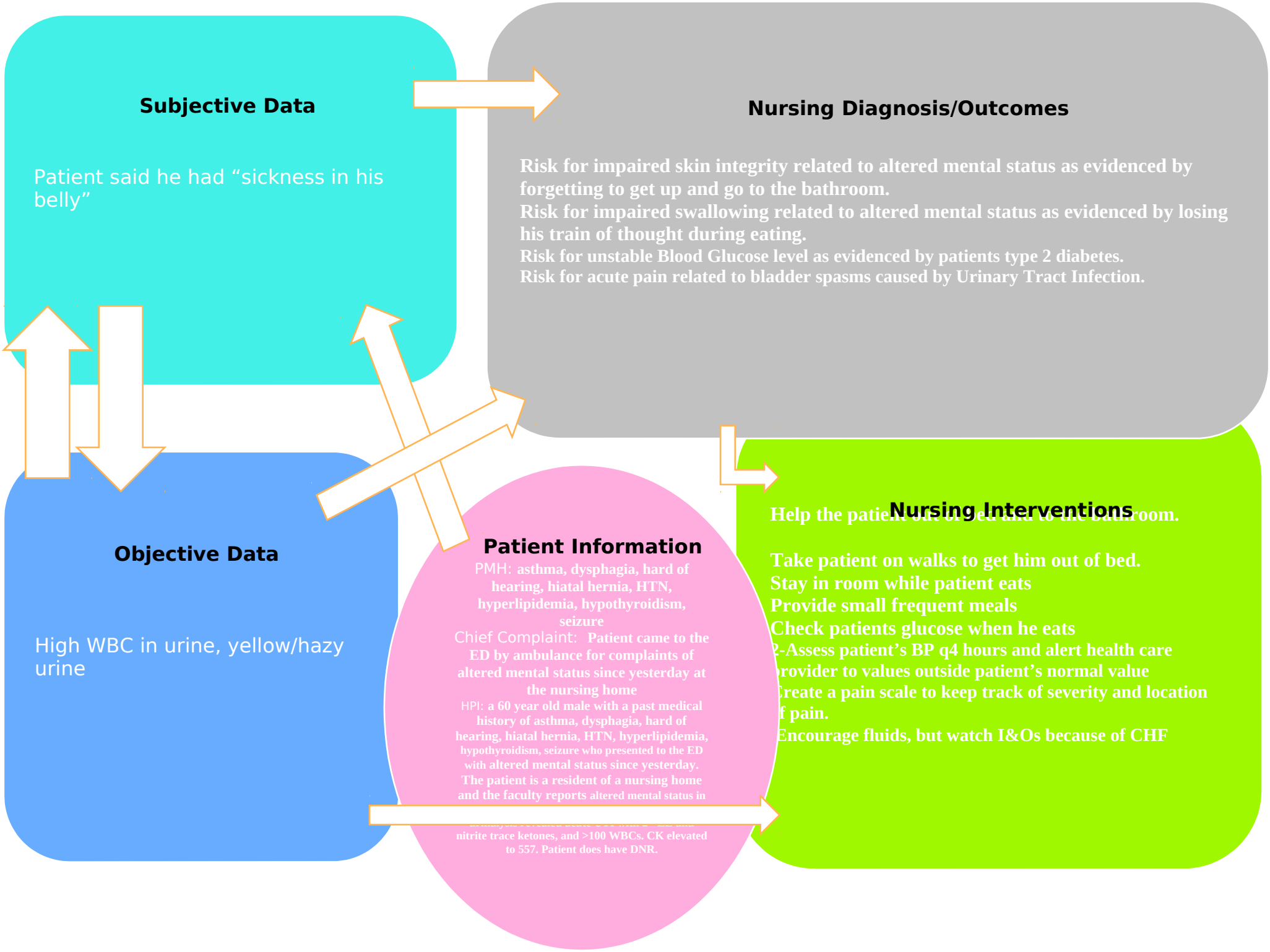
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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. Risk for impaired skin integrity related to altered mental status as evidenced by forgetting to get up and go to the bathroom.	Making sure the patient remembers to get out of bed is important to prevent skin breakdown.	1. Help the patient out of bed and to the bathroom. 2. Take patient on walks to get him out of bed.	Patient enjoyed going on walks to get out of the room and out of bed.
2. Risk for impaired swallowing	Before hard food is initiated, the patient	1. Stay in room while patient eats	The patient responded well to the small frequent meals. Staying

related to altered mental status as evidenced by losing his train of thought during eating. (Swearingen, 2016, pg 547)	**demonstrated adequate swallowing to speech therapy.**	**2. Provide small frequent meals**	**in the room while the patient ate gave the patient comfort.**
3. Risk for unstable Blood Glucose level as related to type 2 diabetes as evidenced by new diagnosis. (Swearingen, 2016, pg 357-358)	**This is in relation to the patient being a newly diagnosed diabetic patient.**	**1-Check patients glucose when he eats** **2-Assess patient's BP q4 hrs and alert health care provider to values outside patient's normal value**	**Patient experienced pain when we stuck his finger to check glucose, but once we explained why we did he was fine with it.**
4. .Risk for acute pain related to bladder spasms caused by Urinary Tract Infection as evidenced by patient stating "belly is sick" (Swearingen, 2016, pg 240)	**Urinary tract infections can cause pain from the buildup of bacteria in the urinary tract causing the bladder to spasm and the have abdominal pain.**	**1. Create a pain scale to keep track of severity and location of pain.** **2. Encourage fluids, but watch I&Os because of CHF**	**Patient did not express pain while I was there, but expressed it more as "sickness in his stomach". He responded well when I asked him to rate his pain.**

Other References (APA): Swearingen, P. L., & Wright, J. D. (2016). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.

Concept Map (20 Points)


Subjective Data
Patient said he had “sickness in his belly”
Nursing Diagnosis/Outcomes
Risk for impaired skin integrity related to altered mental status as evidenced by forgetting to get up and go to the bathroom.
Risk for impaired swallowing related to altered mental status as evidenced by losing his train of thought during eating.
Risk for unstable Blood Glucose level as evidenced by patients type 2 diabetes.
Risk for acute pain related to bladder spasms caused by Urinary Tract Infection.
Objective Data
High WBC in urine, yellow/hazy urine
Patient Information
PMH: asthma, dysphagia, hard of hearing, hiatal hernia, HTN, hyperlipidemia, hypothyroidism, seizure
Chief Complaint: Patient came to the ED by ambulance for complaints of altered mental status since yesterday at the nursing home
HPI: a 60 year old male with a past medical history of asthma, dysphagia, hard of hearing, hiatal hernia, HTN, hyperlipidemia, hypothyroidism, seizure who presented to the ED with altered mental status since yesterday. The patient is a resident of a nursing home and the faculty reports altered mental status in
nitrite trace ketones, and >100 WBCs. CK elevated to 557. Patient does have DNR.
Nursing Interventions
Help the patient out of bed and to the bathroom.
Take patient on walks to get him out of bed.
Stay in room while patient eats
Provide small frequent meals
Check patients glucose when he eats
2-Assess patient’s BP q4 hours and alert health care provider to values outside patient’s normal value
Create a pain scale to keep track of severity and location of pain.
Encourage fluids, but watch I&Os because of CHF

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