Running head: N311 Care Plan

N311 Care Plan #1

Lakeview College of Nursing

Hope Dykes

Demographics (5 points)

Date of Admission 09/13/19	Patient Initials MA	Age 88	Gender F
Race/Ethnicity C	Occupation Retiree	Marital Status W	Allergies Aspirin, Nitrofurantoin, Sulfa, Metformin
Code Status DNR	Height 61"	Weight 166 lbs	

Medical History (5 Points)

Past Medical History: Type II Diabetes Mellitus, Hypothyroidism, Asthma, Essential Hypertension, Stage 4 Chronic Kidney Disease, Chronic Atrial Fibrillation, Chronic Heart Failure with Ejection Fraction

Past Surgical History: Hysterectomy, Bladder Repair, Cystocele/ Rectocele Repair, Appendectomy, Tonsillectomy/ Adenoidectomy, Cholecystectomy, Colonoscopy (2010)

Family History: Mother deceased at age 50- Uremia; Father deceased at age 70- Other; 1 Daughter- deceased; 1 Son legally blind; 3 Sons and 1 Daughter healthy.

Social History (tobacco/alcohol/drugs): No history of tobacco, alcohol, or drug abuse.

Admission Assessment

Chief Complaint (2 points): Weakness, Confusion

History of present Illness (10 points): Pt experienced excessive total-body weakness and shortness of breath for one week prior to hospital admission in early September. Associated symptoms included fatigue and confusion. There were no relieving factors or prior treatment attempts for these problems noted in admission paperwork.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):Sepsis, Acute Renal Failure

Secondary Diagnosis (if applicable):Pneumonia, Pericardial Effusion, Uremia

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

> Sepsis, also called septicemia, is a bodywide infection that overwhelms the immune system and causes severe multiorgan compromise… Severe sepsis is defined as sepsis complicated by end-organ dysfunction, as demonstrated by altered mental status, an episode of hypotension, renal insufficiency, or… failure of the coagulation system (Capriotti & Frizzell, 2016, p1108).

> Acute renal failure (ARF) is a sudden loss of renal function as a result of reduced blood flow or glomerular injury, which may or may not be accompanied by oliguria. Although alteration in renal function usually is reversible, ARF may be associated with a mortality rate of 40%-80%. Mortality varies greatly with the cause of ARF, patient's age, and comorbid conditions (Swearingen & Wright, 2019, p199).

Pathophysiology References (2) (APA):

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

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.

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	4.0-4.9 $10^6/uL$	2.38 $10^6/uL$	-	Chronic Renal Failure can result in anemia, or low RBC, hgb, and hct (Capriotti & Frizzell, 2016, p504).
Hgb	12.0-16.0 g/dL	7.7 g/dL	-	Chronic Renal Failure can result in anemia, or low RBC, hgb, and hct (Capriotti & Frizzell, 2016, p504).
Hct	37.0-48.0%	24.6%	-	Chronic Renal Failure can result in anemia, or low RBC, hgb, and hct (Capriotti & Frizzell, 2016, p504).
Platelets	150-400 $10^3/uL$	242 $10^3/uL$	-	
WBC	4.1-10.9 $10^3/uL$	16.94 $10^3/uL$	-	Sepsis is a bodywide infection. Infections cause a substantial increase in WBC's and neutrophils (Capriotti & Frizzell, 2016, pp234, 1128).
Neutrophils	1.50-7.70 $10^3/uL$	13.13 $10^3/uL$	-	Sepsis is a bodywide infection. Infections cause a substantial increase in WBC's and neutrophils (Capriotti & Frizzell, 2016, pp234, 1128).
Lymphocytes	1.00-4.90 $10^3/uL$	1.65 $10^3/uL$	-	
Monocytes	0.00-0.80 $10^3/uL$	1.58 $10^3/uL$	-	Sepsis is a bodywide infection. Infections cause a substantial increase in WBC's and monocytes

				<mark>(Capriotti & Frizzell, 2016, pp235, 1128).</mark>
Eosinophils	**0.00-0.50** *10^3/uL*	**0.42** *10^3/uL*	-	
Bands				

Chemistry <mark>**Highlight All Abnormal Labs**</mark>**—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*	**144** *mmol/L*		
K+	**3.5-5.1** *mmol/L*	**4.0** *mmol/L*		
Cl-	**98-107** *mmol/L*	**112** *mmol/L*		
CO2	**21.0-32.0** *mmol/L*	**23.0** *mmol/L*		
<mark>**Glucose**</mark>	<mark>**60-99** *mg/dL*</mark>	<mark>**149** *mg/dL*</mark>		<mark>**Pt has hx of Type 2 DM. Pt has a resistance to insulin which makes glucose in the blood levels run higher (Capriotti & Frizzell, 2016, p559).**</mark>
<mark>**BUN**</mark>	<mark>**5-20** *mg/dL*</mark>	<mark>**55** *mg/dL*</mark>		<mark>**Nitrogenous wastes build up in the body in both Chronic Renal Failure and Acute Kidney Injury (Capriotti & Frizzell, 2016, pp503-504).**</mark>
<mark>**Creatinine**</mark>	<mark>**0.5-1.5** *mg/dL*</mark>	<mark>**2.65** *mg/dL*</mark>		<mark>**High creatinine levels can be due to decreased glomerular filtration of the blood in Acute Kidney Injury (Capriotti & Frizzell, 2016, p502).**</mark>
Albumin				**No values available at time of admission.**
Calcium	**8.5-10.1** *mg/dL*	**8.5** *mg/dL*		
<mark>**Mag**</mark>	<mark>**1.6-2.6** *mg/dL*</mark>	<mark>**2.7** *mg/dL*</mark>		<mark>**The most common cause of hypermagnesia is renal dysfunction (Capriotti & Frizzell,**</mark>

				2016, p135).
Phosphate	-			
Bilirubin	-			
Alk Phos	-			

Urinalysis <mark>Highlight All Abnormal Labs</mark>—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
<mark>Color & Clarity</mark>	<mark>Colorless-Yellow, Clear</mark>	<mark>Yellow, Hazy</mark>		<mark>Sepsis is a bodywide infection. Infections cause a substantial increase in WBC's (Capriotti & Frizzell, 2016, pp235, 1128).</mark>
pH	5.0-7.0	5.0		
<mark>Specific Gravity</mark>	<mark>1.003-1.005</mark>	<mark>1.012</mark>		<mark>Sepsis is a bodywide infection. Infections cause a substantial increase in WBC's (Capriotti & Frizzell, 2016, pp235, 1128).</mark>
Glucose	Negative	Negative		
Protein	Negative	Negative		
<mark>Ketones</mark>	<mark>Negative</mark>	<mark>Trace</mark>		<mark>Pt has hx of Type 2 DM. Pt has a resistance to insulin which makes glucose in the blood levels run higher. This can lead to increased ketones in the blood (Capriotti & Frizzell, 2016, p559).</mark>
<mark>WBC</mark>	<mark>0-25/*uL*</mark>	<mark>39/*uL*</mark>		<mark>Sepsis is a bodywide infection. Infections cause a substantial increase in WBC's (Capriotti & Frizzell, 2016, pp235, 1128).</mark>
RBC	0-20/*uL*	2/*uL*		
<mark>Leukoesterase</mark>	<mark>Negative</mark>	<mark>Small</mark>		<mark>Sepsis is a bodywide infection. (Capriotti & Frizzell, 2016, p1128).</mark>

Cultures <mark>Highlight All Abnormal Labs</mark>—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				No culture on file.
Blood Culture				No culture on file.
Sputum Culture				No culture on file.
Stool Culture	Negative	027/NAP/B 1		Borderline positive for C Diff (hypervirulent strain), No need for further intervention determined.

Lab Correlations Reference (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

● **Pericardial Fluid: Atypical cells identified, favor reactive mesothelial cells. Background consists of blood content.**

● **CT Abdominal/ Pelvis without contrast: Calcified granulomas in both lung bases. Positive for coronary artery calcifications. Small-medium pericardial effusion. Multiple bilateral renal cortical cysts, some proteinaceous, in both kidneys. Vascular calcifications in both kidneys. Extensive diffuse atherosclerotic changes of abdominal aorta present without aneurysmal dilation.**

- **(9/5)X-ray: Moderate cardiomegaly. Increased central vascular congestion. Increased bibasilar airspace opacities. Small bilateral effusions. Positive for atelectasis and infiltrate.**

- **(9/9)X-ray: Worsening leukocytosis and elevated procalcitonin. Worsening bibasilar pleural fluid. Airspace opacities of left lung base, indicative of pneumonia.**

- **Immunoluminometric Assay (ILMA) determines procalcitonin in plasma. Procalcitonin result= 16.12ng/L. Results over 10ng/L indicate a high likelihood of severe sepsis or shock.**

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

Medications (5 required)

Brand/Generic	Cardura/ Doxazosin Mesylate	Lasix/ Furosemide	Norvasc/ Amlodipine Besylate	Ezetimibe / Zetia	Pravachol/ Pravastatin Sodium
Dose	2mg	20mg	10mg	10mg	40mg
Frequency	qd	qd	qd	qpm	qhs
Route	Oral	Oral	Oral	Oral	Oral
Classification	Quinazoline derivative-Antihypertensive	Sulfonamide-Antihypertensive/ Diuretic	Dihydropyridine, Antianginal, Hypertensive	Azetidinone, Antihypercholesterolemic	Mevinic Acid derivative, Antihyperlipidemic

Mechanism of Action	Competitively inhibits alpha-adrenergic receptors in the sympathetic nervous system, causing peripheral vasodilation and reduced peripheral vascular resistance. This increases heart rate and decreases blood pressure. Releases smooth muscle of the bladder, which reduces urethral resistance and pressure and urinary outflow resistance.	Inhibits sodium and water reabsorption into the loop of Henle and increases urine formation. Reduces plasma and increases Aldosterone production. Increases excretion of calcium, magnesium, bicarbonate, ammonium, and phosphate. Reduces fluid volume to reduce blood pressure and cardiac output.	Inhibits influx of extracellular calcium ions across slow calcium channels in myocardial and smooth muscle. This decreases the intracellular calcium level, inhibiting smooth-muscle cell contraction and reducing peripheral vascular resistance and reducing systolic and diastolic blood pressure. This decreases the myocardial workload, oxygen demand, and possibly angina.	Reduces blood cholesterol by inhibiting its absorption through the small intestine. It blocks cholesterol absorption into enterocyte and keeps cholesterol from moving through the intestinal wall. Reduced cholesterol from the intestine decreases chylomicron and LDL cholesterol content.	Inhibits cholesterol synthesis in liver by blocking the enzyme needed to convert HMG-CoA to mevalonate, a cholesterol precursor. When cholesterol synthesis is blocked, the liver also increases breakdown of LDL cholesterol.
Reason Client Taking	Pt has a history of	Pt has hypertension	Pt has a history of	If pt reduces	Pt has chronic

	bladder repair surgery. This medication reduces pressure on bladder and urinary outflow resistance. In addition, pt has history of hypertension. This medication reduces blood pressure.	and chronic heart failure. This medication reduces blood pressure and reduces cardiac output.	hypertension and chronic heart failure. This medication reduces blood pressure and reduces myocardial workload.	LDL cholesterol, this can lower the stress on the heart pushing against buildup in the arterial walls.	heart failure. This medication prevents cardiovascular and coronary events in patients at risk.
Contraindications (2)	Hypersensitivity to doxazosin, prazosin, terazosin, or their components.	Anuria unresponsive to furosemide; hypersensitivity to furosemide, sulfonamides, or their components.	Aliskiren therapy in patients with diabetes or renal impairment. Hypersensitivity to amlodipine or its component.	Active hepatic dysfunction. Hypersensitivity to ezetimibe or its components.	Active hepatic disease or unexplained, persistent elevated liver enzymes; breastfeeding.
Side Effects/Adverse Reactions (2)	May cause dizziness. May cause peripheral edema.	May cause hyperglycemia. May cause muscle pain or spasms.	May cause hot flashes. May cause dry mouth.	May cause depression. May cause thrombocytopenia.	May cause confusion. May cause abnormal thyroid function.

Medications Reference (APA):

Jones & Bartless Learning. (2019). *2019 Nurse's drug handbook* (18th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness: A&O x2** **Orientation: A&O x2** **Distress: No acute distress.** **Overall appearance: Pt appears depressed, fatigued.**	
INTEGUMENTARY: **Skin color: Pallor.** **Character: Dry.** **Temperature: Warm.** **Turgor: Poor turgor.** **Rashes: None noted.** **Bruises: Some bruising on arms bilaterally.** **Wounds: No open wounds noted.** **Braden Score: 16** **Drains present: Y☐ N ☒** ** Type: N/A**	
HEENT: Unable to assess well. Pt requested not to be touched. **Head/Neck: No visible abnormalities noted. Head and face symmetrical. Trachea midline.** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Unable to assess due to respecting patient's wishes.** .
CARDIOVASCULAR: **Heart sounds: Unable to assess.** **S1, S2, S3, S4, murmur etc.**	**Unable to assess due to respecting patient's wishes.**

Cardiac rhythm (if applicable): **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Unable to assess fully due to respecting patient's wishes.**

GASTROINTESTINAL:
Diet at home:
Current Diet
Height:
Weight:
Auscultation Bowel sounds:
Last BM:
Palpation: Pain, Mass etc.:
Inspection:
   Distention:
   Incisions:
   Scars:
   Drains:
   Wounds:
Ostomy: Y ☐   N ☒
Nasogastric: Y ☐   N ☒
   Size:
Feeding tubes/PEG tube   Y ☐   N ☒
   Type:
	Unable to assess due to respecting patient's wishes.

GENITOURINARY:
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐   N ☐
Dialysis: Y ☐   N ☐
Inspection of genitals:
Catheter: Y ☐   N ☐
   Type:
   Size:
	Unable to assess due to respecting patient's wishes.

MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices: Walker present.** **Strength:**	**Unable to assess well due to respecting patient's wishes.**

ADL Assistance: Y☐ N☐ **Fall Risk:** Y☒ N☐ **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment X** **Needs support to stand and walk X**	
NEUROLOGICAL: **MAEW:** Y☐ N☐ **PERLA:** Y☐ N☐ **Strength Equal:** Y☐ N☐ if no - **Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Unable to assess due to respecting patient's wishes.**
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):**	**Unable to assess due to respecting patient's wishes.** ***Pt did not wish to share life details. Seemed depressed.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0930	75bpm	152/80	18	98.6 °F	93%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1130	0/10	N/A	N/A	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
60% of solid food at lunch, 180mL fluid	**Unable to assess.**

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. **Fluid overload related to compromised regulatory mechanisms occurring with renal dysfunction as evidenced by hypertension, increased BUN and creatinine levels in the blood.**	**Without having a lot of patient interaction to base my assessments on, I focused on lab values and determined the labs and medical diagnoses would be consistent with this nursing diagnosis.**	**1.Asssess for edema, hypertension, and tachycardia daily. This will indicate whether or not the patient may need to lower sodium intake or regulate fluid intake, as the patient may be retaining these things.** **2.Closely assess and document intake and output. If output is higher than expected, the patient may become dehydrated. If it is lower than expected, the**	

		patient may be retaining too much fluid.	
2. **Potential for hopelessness related to severe illness, end of life stressors due to medical diagnoses of end stage renal failure and sepsis, and loss of independence as evidenced by lack of willingness to speak with strangers, interact with others in a positive way, or allow her door to be open to the hallway.**	**The patient does not allow her door to be open or allow visitors or strangers into her room. Reading through her chart, she was not always this way prior to some recent severe medical diagnoses.**	**1. Encourage the patient to talk through her feelings and validate that it is okay and understandable to feel these things.** **2.Encourage the patient to examine spiritual supports that may provide hope. These may help her feel more at peace.**	

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). *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

Pt stated she does not want interactions with strangers. She does not want to be bothered.

Nursing Diagnosis/Outcomes

Fluid overload: Try to lessen patient's edem[a] feel less sluggish and help her mood.
Risk for hopelessness: Encourage patient t[o] life she has left. Bring her peace of mind af[ter] diagnoses.

Objective Data

BUN, Creatinine, WBC, Neutrophils all significantly elevated.
RBC's, hgb, hct labs too low.
Pain: 0
Pulse: 75bpm,
Blood pressure: 152/80
Resp Rate: 18
Temp: 98.6 °F
O2: 93%
Braden Scale: 16

Patient Information

88yo Female, Widowed, Retired, Lives in Long-term Care

Nursing Interventions

Monitor I&O, monito[r] edema.

Encourage patient t[o] life she has left. Enc[ourage] and share feelings. [...] feelings. Try to find [...]