N321 Care Plan #2

Lakeview College of Nursing

Kristine Johnson

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
10/06/2019	**E.W.F.**	**83**	**Female**
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	**Retired**	**Married**	**Amoxicillin, Statins-hmg-coa Reductase inhibitors, Adhesive tape-silicone**
Code Status	**Height**	**Weight**	
Full	**5’3”**	**93.9kg (207 lbs)**	

Medical History (5 Points)

Past Medical History: Breast cancer (CMS-HCC), CVA (Cerebral vascular accident), HTN, Hypercholesterolemia, hypothyroid, ischemic stroke, OSA, Seizures

Past Surgical History: Tonsillectomy, Parathyroid Gland surgery, Eye surgery, total knee replacement, PR RECMP WND head, face, hand 1.1-2.5 CM, PR REPR, face, genital, hand, FT and CMCM/< (9 times)

Family History:

Social History (tobacco/alcohol/drugs): Never smokes or used tobacco, no alcohol and drug substance use

Assistive Devices: No assistive devices used in hospital or at home.

Living Situation: Lives at home with husband and a dog.

Education Level: Highschool education.

Admission Assessment

Chief Complaint (2 points): Chills and nausea

History of present Illness (10 points):.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Urinary tract infection w/o hematuria

Secondary Diagnosis (if applicable): Early sepsis

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

The patient was primarily diagnosed with a Urinary Tract Infection without hematuria and in a urinary culture it was found that E. coli was present in the urine which is common in a UTI. A UTI is a bladder infection that readily responds to antibiotics when it is caught early (Swearingen, 2019). Females are anatomically predisposed to urinary tract infections because of how close the urethra and the rectum are in proximity (Capriotti, Frizzell, 2016). The bowels naturally inhabit the bacteria E. coli and when the bacteria reach the urethra it spreads from the urethra up to the bladder and the longer it goes untreated the bacteria can reach the ureters and then the kidneys (Capriotti, Frizzell, 2016). When the urinary tract infection reaches the kidneys, it is then called an upper urinary tract infection, otherwise known as Pyelonephritis (Capriotti, Frizzell, 2016).

Some signs and symptoms of a urinary tract infections would include strong persistent urge to urinate, burning sensation when urinating, strong smelling urine, and pelvic pain in women (Mayo Clinic, 2019). Additional risks factors for a urinary tract infection are menopause, some types of birth control, female anatomy, sexual activity, blockages in the urethra, catheter use, and a recent urinary procedure (Mayo Clinic, 2019). Complications that can occur because of a urinary tract infection are recurrent infections, permanent kidney damage, urethral narrowing, and sepsis (Mayo Clinic, 2019). The patient had the secondary complication of sepsis due to E. coli because of the urinary tract infection which was potentially life threatening if the infection reached the kidneys (Mayo Clinic, 2019).

Diagnosis for a urinary tract infection would start with a urine analysis sample and then if an infection is suspected the provider may also have a culture done to identify a specific bacterium (Mayo Clinic, 2019). Then a narrow antibiotic can be used to kill and prevent further growth of the bacteria (Mayo Clinic, 2019). The client was placed on ceftriaxone that is an antibiotic that kills E. coli bacteria (gram -) (Mayo Clinic, 2019).

Pathophysiology References (2) (APA):

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

Mayo Clinic (2019) *Urinary Tract Infection (UTI).* Retrieved from mayoclinic.org/diseases-conditions/urinary-tract-infection/symptoms-causes/syc-20353447

Swearingen, P., (2019) *All-in-One Nursing Care Planning Resource*. Fifth edition. St. Louis, MI, Elsevier

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	4.10-5.70	**3.56**	**3.24**	Blood loss could have been through urination since blood was found in the urine.
Hgb	12.0-16.0	**10.8**	**9.8**	Blood loss in the urine will decrease the hemoglobin.
Hct	37.0-51.0%	**33.7**	**31.0**	The decreased hemoglobin will also decrease the hematocrit because they correlate.
Platelets	140-400	**224**	**190**	

WBC	4.00-11.00	**17.77**	**9.93**	The increased white blood cell count occurs during infection that was caused by the E. coli.
Neutrophils	1.60-7.70	**17.06**	**7.30**	Infection caused the increase of neutrophils.
Lymphocytes	1.00-4.90	**0.39**	**1.27**	
Monocytes	0.00-1.10	**0.24**	**1.14**	**Recovery from infection to increase eosinophils**
Eosinophils	0.00-0.50	**0.01**	**0.18**	
Bands	**N/A**	**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-	135-145	**139**	**138**	
K+	3.5-5.0	**3.3**	**4.1**	
Cl-	98-107	**103**	**107**	
CO2	21.0-32.0	**21.5**	**23.4**	
Glucose	60-99	**111**	**96**	
BUN	7-18	**24**	**38**	
Creatinine	0.60-1.30	**1.31**	**1.60**	
Albumin	3.4-5.0	**N/A**	**N/A**	
Calcium	8.5-10.1	**8.9**	**8.0**	**Hypothyroidism can be the cause of low calcium.**
Mag	1.8-2.4	**N/A**	**N/A**	
Phosphate	**N/A**	**N/A**	**N/A**	

Bilirubin	**N/A**	**N/A**	**N/A**	
Alk Phos	**N/A**	**N/A**	**N/A**	
AST	**N/A**	**N/A**	**N/A**	
ALT	**N/A**	**N/A**	**N/A**	
Amylase	**N/A**	**N/A**	**N/A**	
Lipase	**N/A**	**N/A**	**N/A**	
Lactic Acid	0.5-1 mmol/L	**2.1**	**1.0**	

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**	
PT	**N/A**	**N/A**	**N/A**	
PTT	**N/A**	**N/A**	**N/A**	
D-Dimer	**N/A**	**N/A**	**N/A**	
BNP	**N/A**	**N/A**	**N/A**	
HDL	**N/A**	**N/A**	**N/A**	
LDL	**N/A**	**N/A**	**N/A**	
Cholesterol	**N/A**	**N/A**	**N/A**	
Triglycerides	**N/A**	**N/A**	**N/A**	
Hgb A1c	**N/A**	**N/A**	**N/A**	
TSH	**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	Yellow	N/A	
pH		6.0	N/A	
Specific Gravity		1.051	N/A	
Glucose	Negative	Negative	N/A	
Protein	Negative	2+	N/A	
Ketones	Negative	Negative	N/A	
WBC		10-15	N/A	
RBC	Negative	5-10/ +2	N/A	
Leukoesterase	Negative	1+	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	Negative	E. coli	N/A	Bacteria from the bowels getting to the urethra can cause the presence of E. coli
Blood Culture	Negative	E. coli	N/A	E. coli could have spread from the urinary tract into the blood stream causing sepsis.
Sputum Culture	N/A	N/A	N/A	
Stool Culture	N/A	N/A	N/A	

Lab Correlations Reference (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Diagnostic Test Correlation (5 points):

Diagnostic Test Reference (APA):

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

Home Medications (5 required)

Brand/Generic	Alendronate (Fosamax)	Aspirin (Ecotrin low strength)	Cholecalciferol (Vitamin B-12)	Levetiracetam (Keppra)	Levothyroxine (Synthroid)
Dose	70mg	81mg	400 units	500 mg	100 mcg
Frequency	Once every 7 days	Daily	Daily	Twice daily	daily
Route	PO	PO	PO	PO	PO
Classification	Bisphosphonate	Antiplatelet	vitamin D	Seizure disorders	Hypothyroidism

Mechanism of Action	Inhibit osteoclast activity, reducing bone resorption and turnover	non-selectively and irreversibly inhibits cyclooxygenase	Stimulates intestinal Ca and PO4 absorption, Stimulates bone mineralization	Selectively prevents hyper synchronization of epileptiform burst firing	Replaces thyroxine
Reason Client Taking	Prevent bone loss	Thin the blood	Hypothyroid	Prevent seizures	Hypothyroidism
Contraindications (2)	Hypersensitivity Hypocalcemia	Hypersensitivity Aspirin triad	Hypersensitivity Hypercalcemia	Hypersensitivity Avoid abrupt withdrawal	Hypersensitivity Thyrotoxicosis
Side Effects/Adverse Reactions (2)	Dysphagia Esophagitis	Dyspepsia Nausea	Hypercalcemia Cr elevated	Headache BP increase	Palpitations Tachycardia
Nursing Considerations (2)	Monitor Ca levels Monitor Cr at baseline	Monitor aPTT Monitor Cr at baseline	Do not confuse vit. D with vit E Monitor Cr	Monitor BP Monitor pain	Monitor heart rate Monitor I/O's

Hospital Medications (5 required)

Brand/Generic	0.9% NaCl infusion	Acetaminophen (Tylenol)	ceftriaxone (Cephalosporins)	Ondansetron HCl (Zofran)	N/A
Dose	75 mL/hr	500 mg	1g	4 mg	N/A
Frequency	Continuous	Every 6 hours	Every 24 hours	Daily PRN	N/A
Route	IV	Oral	IV Push	Injection	N/A
Classification	sodium/ saline	analgesic	cephalosporin antibiotic	antiemetic/ anti vertigo	N/A
Mechanism of Action	Replace fluids and restore NaCl	Directly effects heat regulating center and used as	Kill gram - bacteria	Selectively antagonizes serotonin 5-HT3 receptors	N/A

		analgesic			
Reason Client Taking	Fluid loss	Pain relief	Sepsis due to E. coli	Prevent vertigo	N/A
Contraindications (2)	Hypersensitivity Fluid overload	Hypersensitivity Caution in hepatic impairment	Hypersensitivity Caution in immunocompromised patients	Hypersensitivity Congenital long QT syndrome	N/A
Side Effects/Adverse Reactions (2)	Diarrhea Nausea	Nausea Rash	Eosinophilia Thrombocytosis	Headache constipation	N/A
Nursing Considerations (2)	Monitor I/O's Monitor Sodium and chloride labs	Don't exceed 4g Monitor temp and pain	Monitor I/O's Have sensitivity culture done	Monitor for bradyarrhythmia's IV push should be done slowly over 1-2 minutes	N/A

Medications Reference (APA):

Jones & Bartlett Learning. (2019) *2019 Nurse's Drug Handbook, eighth edition.* Burlington, MA, Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	alert and oriented Well groomed Responsive
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:**	No wounds Good skin turgor Slight bruising at iv site Skin little dry

Drains present: Y☐ N ☐ **Type:**	Braden scale: 19 No drains
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	PERRLA Poor vision to the right side bilateral Nose clear of mucus Dentin good Uses hearing aids and glasses No drainage in eyes and nose
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	Clear S1 and S2 No edema Pulses strong bilaterally +2 Good cap refill No neck vein distention
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Clear airways No wheezing or crackles No use of accessory muscles
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:**	hyperactive bowel sounds Diet at home: protein and carbs, 1 cup coffee, cherry pop Current: cardiac diet 207lbs

Distention: **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	No pain during palpating Ni distention, incisions, scars, drains, or wounds
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	color- yellow Urge incontinence Today she felt no warning before urination like she normally would No catheter No dialysis No pain during urination
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Full ROM No supportive devices Strength equal bilaterally Assistance with stairs Fall risk low-3

NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	sensory-no vision to the right side due to stroke Full MAEW PRELA with glasses Strength equal Oriented Speech clear
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	wood working when employed, coping: go for a walk, retail therapy, religion: Christian, big house with husband and dog, daughter helps

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
2:11pm	66	143/65	24	97.5 Oral	96 Room air
5:12 pm	69	138/64	20	98.3 Oral	95 Room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
3:34pm	0	Shoulder	Not severe	Feels like a bruise	Change positions
5:14pm	0	Not specified	Not severe	Denies pain	Denies discomfort

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:**	75 mL/hr. Right arm/antecubital Peripheral iv Slight bruising Clean and dry No erythema or drainage 20G 10/6/19

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
75mL/hr., 600	600

Nursing Care

Summary of Care (2 points)

Overview of care: Promote good hygiene and administer antibiotics to treat urinary tract infection.

Procedures/testing done: chest X-ray, urine analysis

Complaints/Issues: chills and nausea

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: Cardiac diet

Physician notifications: N/A

Future plans for patient: Teach hygiene for future independent care.

Discharge Planning (2 points)

Discharge location: Home with husband

Home health needs (if applicable): N/a

Equipment needs (if applicable): N/A

Follow up plan: N/a

Education needs: Proper health management

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

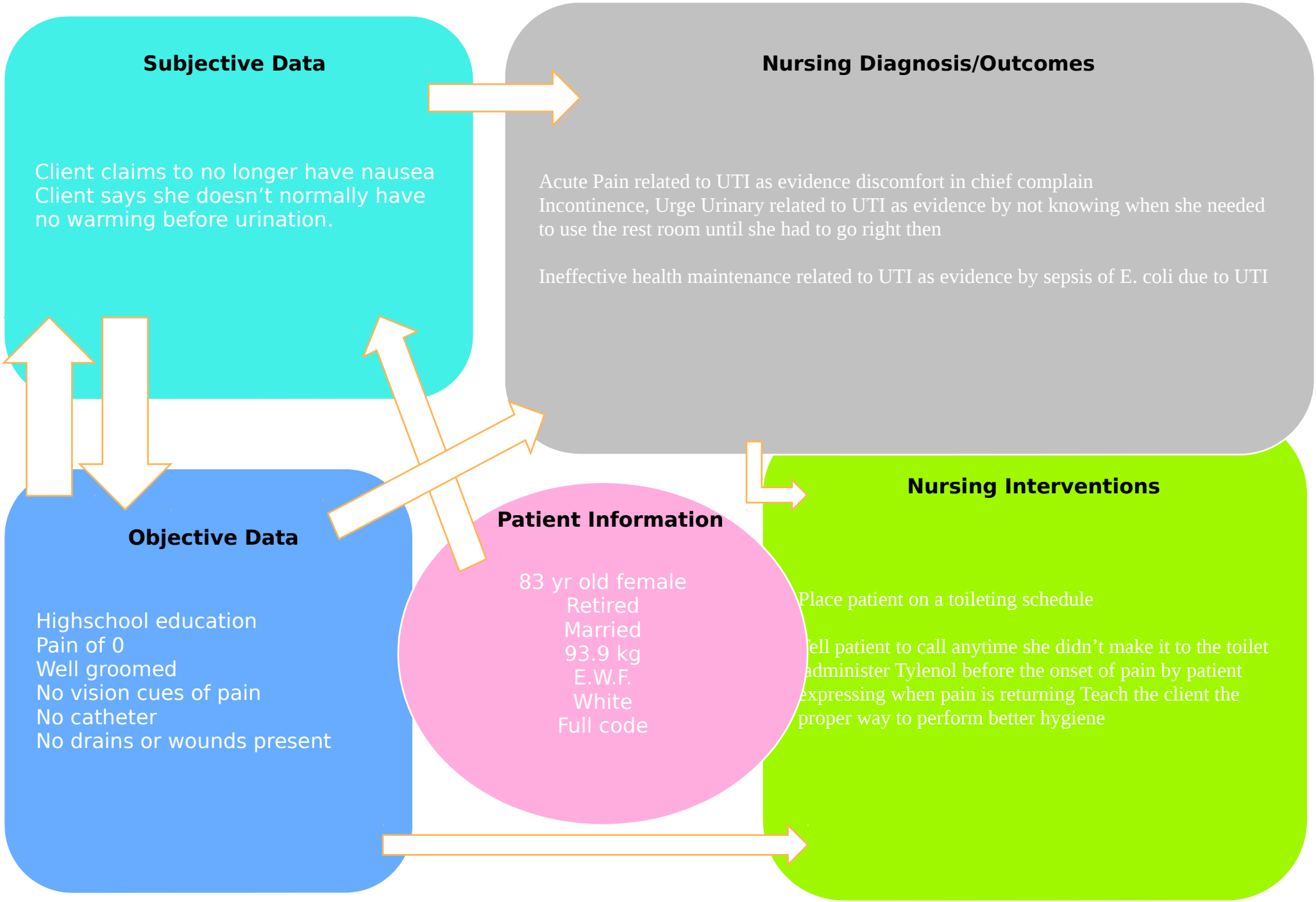
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective health maintenance related to UTI as evidence by sepsis of E. coli due to UTI	UTI's are contracted typically but wiping the wrong way bring bacteria such as E. coli to the urethra causing the UTI	1.Teach the client the proper way to perform better hygiene 2.Have patient be able to tell nurse why wiping front to back will prevent UTI	The client preforms proper hygiene care when using the restroom and can tell the nurse that wiping that way prevents bacteria from going to the urethra.

2. Acute Pain related to UTI as evidence discomfort in chief complain	UTI's causes sudden pain that was a contributing factor that brought her to the hospital	1. Change positioning regularly before patient is in pain 2.administer Tylenol before the onset of pain by patient expressing when pain is returning	Client requests help every other hour to reposition also notifies the nurse upon the onset of pain.
3. Knowledge, Deficient related to UTI and sepsis as evidence by incorrect hygiene	Patient was unaware that wiping wrong could cause a UTI which let to the sepsis of prolonged bacteria growth	1. Teach good hygiene practices 2Assist patient with hygiene to start good habits	Client can tell the nurse how to preform good hand hygiene and allows an aid to assist and teach good peritoneal care.
4. Incontinenc e, Urge Urinary related to UTI as evidence by not knowing when she needed to use the rest room until she had to go right then	Patient stated that she normally knows when she needs to void but today, she didn't know until it was too late	1. Place patient on a toileting schedule **2.** Tell patient to call anytime she didn't make it to the toilet	The client calls an aid when an accident occurs but also uses restroom every hour to prevent accidents.
5. Risk for Infection related to sepsis as evidence by Antibiotic	The patient will have a low immune response due to the antibiotic and if hygiene practice doesn't change, she may get an infection.	1. Teach client good hand hygiene 2. Teach client to insure food is properly cooked and food practices are clean	Client preforms good hand hygiene in front of the nurse and expresses that while allowing the immune system to recover the client understands that cooking food properly can prevent another infection.

Other References (APA):

Swearingen, P., (2019) *All-in-One Nursing Care Planning Resource*. Fifth edition. St. Louis, MI, Elsevier

Concept Map (20 Points):


Subjective Data
Client claims to no longer have nausea
Client says she doesn't normally have no warming before urination.
Nursing Diagnosis/Outcomes
Acute Pain related to UTI as evidence discomfort in chief complain
Incontinence, Urge Urinary related to UTI as evidence by not knowing when she needed to use the rest room until she had to go right then
Ineffective health maintenance related to UTI as evidence by sepsis of E. coli due to UTI
Objective Data
Highschool education
Pain of 0
Well groomed
No vision cues of pain
No catheter
No drains or wounds present
Patient Information
83 yr old female
Retired
Married
93.9 kg
E.W.F.
White
Full code
Nursing Interventions
Place patient on a toileting schedule
ell patient to call anytime she didn't make it to the toilet
dminister Tylenol before the onset of pain by patient
xpressing when pain is returning Teach the client the
proper way to perform better hygiene