

N321 Care Plan #2

Lakeview College of Nursing

Rebecca Bishop

Demographics (3 points)

Date of Admission 10/04/19	Patient Initials ME	Age 65	Gender F
Race/Ethnicity Caucasian	Occupation Retired EMT	Marital Status Divorced	Allergies
Code Status DNR	Height 163 cm	Weight 120.8kg	

Allergies- Penicillin's (Hives), Raspberry (Hives), Metorphamide (Hives), Promethazine (N&V)

Medical History (5 Points)

Past Medical History: CHF, Cirrhosis, COPD, Diabetic type 2, Ascites

Past Surgical History: Right elbow surgery, bilateral knee surgeries for the meniscus

Family History: MI, diabetes

Social History (tobacco/alcohol/drugs): Tobacco 25 years ago

Assistive Devices: Walker

Living Situation: Fellowship assistive living

Education Level: Graduated high school, college classes

Admission Assessment

Chief Complaint (2 points): Pain in the ribs and abdomen due to ascites

History of present Illness (10 points): Pt presented to the ED with SOB and chest pain with her chief complaints.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Cirrhosis

Secondary Diagnosis (if applicable): CHF

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

Cirrhosis scarring of the liver in the later stages. Scarring of the liver can be caused by forms of liver diseases/conditions, hepatitis, and chronic alcoholism. When the liver is damaged it tries to repair itself, during this process is when the scarring occurs. Liver damage done by cirrhosis can't be undone, if caught early the patient can be treated to prevent further damage but not reversed (Mayo Clinic, 2018).

Pathophysiology References (2) (APA):

Mayo Clinic. (2018, December 7). Cirrhosis. Retrieved October 21, 2019, from <https://www.mayoclinic.org/diseases-conditions/cirrhosis/symptoms-causes/syc-20351487>.

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	4-5.5	3.64	3.44	Anemia, hemolysis, chronic renal failure, failure of bone marrow production
Hgb	12-15	9.9	9.2	Anemia, recent hemorrhage, fluid retention, (GI, GU), chronic illness, renal failure
Hct	42-52	29.9	28.7	Anemia, hemorrhage, pregnancy, chronic disease, renal failure <i>Should be 3x hemoglobin</i>
Platelets	150-400	81	70	(Thrombocytopenia) certain drugs, idiopathic thrombocytopenia, transfusion reactions, sepsis, DIC, decreased production from bone marrow, overactive spleen, dilution (after massive transfusion)
WBC	4500-11000	4.1	2.9	Immunosuppression, bone marrow suppression, chemotherapy
Neutrophils	45-75%	78	74.4	Infection, inflammation, leukopenia, stress, steroids
Lymphocytes	20-40%	12.7	15.2	Immunosuppression, HIV/AIDS, bone marrow suppression
Monocytes	1-10%	6.1	6.9	
Eosinophils	<7%	2.5	2.9	
Bands	<3%	0.7	0.7	

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	136	137	
K+	3.5-5.0	4.4	4.4	
Cl-	97-107	102	102	
CO2	20-30	27	29	
Glucose	70-110	134	146	PT has type 2 diabetes
BUN	10-20	15	20	
Creatinine	0.7-1.4	0.69	0.99	
Albumin	3.5-5	3.5		
Calcium	8.6-10.2	8.6	8.2	
Mag				
Phosphate				
Bilirubin	0.3-1	0.5		
Alk Phos	30-120	115		
AST	0-35	20		
ALT	4-36	14		
Amylase				
Lipase		24		
Lactic Acid				

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	2-3	1.09	1.08	
PT	10-14	14.3	14.2	Pt on lovenox
PTT	60-70	42.3		
D-Dimer		3.22		
BNP	0-100	43		
HDL				
LDL				
Cholesterol				
Triglycerides				
Hgb A1c				
TSH				

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 hazy	Yellow clear	
pH		5	5	
Specific Gravity		1.012	1.005	
Glucose		normal	normal	
Protein		2+	-	
Ketones		-	-	

WBC		3	-	
RBC		-	-	
Leukoesterase		-	-	

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 preformed
Blood Culture				Not preformed
Sputum Culture				Not preformed
Stool Culture				Not preformed

Lab Correlations Reference (APA):

Hinkle, J.L., & Cheever, K.H. (2018.) *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, PA: Wolters Kluwer Health Lippincott Williams and Wilkins.

-Lab ranges and reason for abnormality was taken from med surg resources page provided by professor Ordner.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): ECG, CT abdomen and pelvis with contrast, CT angiogram, chest pulmonary

Diagnostic Test Correlation (5 points): The correlation of these test is due to the chest pain and the asities from the pt having cirrhosis (Cleveland Clinic, 2019). Tests such as sonogram or the CT showed extra fluid, the pt typically comes in weekly for paracentesis.

Diagnostic Test Reference (APA):

Cleveland Clinic. (2019). Ascites Diagnosis and Tests. Retrieved October 21, 2019, from <https://my.clevelandclinic.org/health/diseases/14792-ascites/diagnosis-and-tests>.

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

Home Medications (5 required)

Brand/Generic	Colace/Docusate	Citalopram	Lasix (furosemide)	Rifaximin (xifaxan)	Enoxaparin (Lovenox)
Dose	100mg	10mg	40 mg	20mg	0.4ml
Frequency	1 tab bid	daily	bid	daily	daily
Route	Oral	oral	oral	oral	SubQ
Classification	Stool softener	SSRIs	Diuretics	Semi synthetic antibiotic	Anti coag
Mechanism of Action	Lowers the surface tension at the oil-water interface of the feces	Selectively inhibits the reuptake of serotonin	Binds sodium, chloride, and potassium to the chloride transport channel	Passes through your stomach and into your stomach instead of into the blood stream	Prevents DVT
Reason Client Taking	Constipation	Depression	Used to treat fluid retention	Treats IBS	Blood thinner
Contraindications (2)	Hypersensitivity GI bleed	Hypersensitivity Increase risk of bleeding	Hypersensitivity	Hypersensitivity	Hypersensitivity, excessive bleeding
Side Effects/Adverse Reactions (2)	Diarrhea gas	Nausea, tiredness	Chest pain and chills	Nausea and headache	
Nursing Considerations (2)	Assess for abdominal distension	Can cause sleep problems and dizziness	Causes excessive urination	Causes dizziness and lightheadedness	Educate on fall and shaving prevention

	Bitter taste					
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Hospital Medications (5 required)

Brand/Generic	Lopressor/Metoprolol	hydroxyzine	Hydrocodone (norco)	Zofran (ondanstron)	pantoprazole	
Dose	25mg 30mg	20mg	2-325mg	4mg	40mg	
Frequency	1 time daily	daily	Prn Q6H	Every 8 hours	BID	
Route	Oral	oral	oral	oral	oral	
Classification	Beta-blocker	Antihistamine	Narcotic	Antiemetic	PPIs	
Mechanism of Action	Blocking the action of certain natural chemicals	Blocks the effect of a histamine	Binds to the CNS	Serotonin antagonist	Inhibits the final step of gastric acid production	
Reason Client Taking	Lowers the heart rate	Used for allergies	Pain reliever	Can prevent N&V		
Contraindications (2)	Low blood sugar Diabetes	Hypersensitivity Avoid alcohol use	Hypersensitivity	Hypersensitivity Avoid alcohol uses	Hypersensitivity	
Side Effects/Adverse Reactions (2)	Dizziness Nausea	Nausea Blurred vision	Nausea constipation	Headache Diarrhea	Diarrhea headache	
Nursing Considerations (2)	-Take atypical pulse before administering -Do not crush	Pt education on side effects, monitor vs	Pt education on side effects, monitor vs	Pt education on side effects, monitor vs	Pt education on side effects, monitor vs	

Medications Reference (APA):

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

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: A&Ox4 Orientation: Distress: none Overall appearance:</p>	<p>Pt is A&Ox4, overall appearance is put together and clean.</p>
<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>Pt skin is within normal limits, warm, white with skin turgor returning within 2 seconds. There is no rashes, bruises, or wounds.</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Neck has palpable carotids wnl, ears are pearly grey with no drainage, PERLA normal, pt has her teeth, no dentures or partials.</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 type="checkbox"/> Location of Edema:</p>	<p>Normal heart sounds and heart rhythm, peripheral pulses felt, cap refill within 3 seconds, no edema or neck distention.</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Breath sounds normal, no accessory muscles used</p>
<p>GASTROINTESTINAL (2 points): Diet at home: Current Diet Height: 163cm Weight: 120.8kg Auscultation Bowel sounds: Last BM:</p>	<p>Pt is on the same diet from home which is 1200 cal, low carb high protein diet. Bowel sounds are heard. Pt has a distended abdomen due to the asities. No scars, incisions, drains, or wounds. Last bowel</p>

<p>Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>GENITOURINARY (2 Points): Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Upon bathroom assist pt had light yellow urine with normal smell. No pain during urination, genitals were wnl upon inspection</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Pt was up with one assist; she used a walker but reported equal weakness. For the most part pt has general weakness from bilateral previous knee surgeries.</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input checked="" type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>PERLA and MAEW normal she has general weakness in her legs due to previous bilateral knee surgeries. Mental status is A&Ox4, with normal speech and sensory status</p>

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):	Pt copes by watching tv, she states “I enjoy watching reality tv.” Pt has a high school and some college education, living environment is an assisted living. Pt doesn’t have family support due to deaths. Religion is Christianity.
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Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1040	60	132/59	18	36.6	93
1515	68	106/49	18	36.9	94

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1040	0-10	Side/stomach	8	Pinching	Fluid reduction with paracentesis
151	0-10	Side/stomach	8	Pinching	Fluid reduction with paracentesis

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:	Pt has and accessed port with the date of 10/04. No signs of erythema or drainage, port is dressed in appropriate supplies to prevent infection.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
200ml	900ml

Nursing Care

Summary of Care (2 points)

Overview of care: Pt came into the ED s/p upper endoscopy. She has had increased SOB and rib pain. Pt has a history of nonalcoholic cirrhosis with ascites. Provider ordered labs, CT of the abd and chest, chest xray, ekg, and ecg. The pt stated “her pain has been pretty high during this last admission. Pt has Norco for pain management. Nothing out of the normal was shown on the tests besides the fluid from the ascites and elevated labs. Pt to follow up with multiple paracentesis to relieve the ascites pressure.

Procedures/testing done: ECG, chest xray, CT abdominal and chest

Complaints/Issues: Pain due to ascites pressure

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Diet 1200 low cal high protein, up for activity as tolerated

Physician notifications: Pain management and follow ups with paracentesis

Future plans for patient: follow up with future paracentesis

Discharge Planning (2 points)

Discharge location: Assisted living facility

Home health needs (if applicable): n/a

Equipment needs (if applicable): n/a

Follow up plan: Pt to be seen back due to draining the ascites frequently

Education needs: Pt knows and understands her disease pretty well, daily weights would be pertinent.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rational	Intervention (2 per	Evaluation
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<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p style="text-align: center;">dx)</p>	<ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<p>1. Fluid volume imbalance related to ascites as evidence by liver failure</p>	<p>This diagnosis was chosen because the pt has ascites fluid overload which can cause multiple life-threatening issues</p>	<p>1. Daily weights 2. Multiple paracentesis fluid retraction</p>	<p>Client seemed to know a lot about her health and is trying to get better for herself</p>
<p>Infection related to ascites as evidence by paracentesis</p>	<p>This was chosen due to the multiple evasive procedures the pt has to do to get rid of the fluid overload</p>	<p>1. Keeping with the high protein diet 2. Contacting the doctor if there are any noticeable signs of infection</p>	<p>With the amount of paracentesis, she has had done the pt understood the importance of infection prevention</p>
<p>2. Coping ineffective related to by liver failure as evidence depression by liver failure</p>	<p>While talking to the pt I could tell she has a tough time dealing with her diagnosis with the lack of family support</p>	<p>1. Finding better support within friends, family, or religion 2 Trying different types of therapy</p>	<p>Pt has been having a tough time coping with her disease especially with the recent passing of family members, she states “ I try to cope with my disease the best ways I can.”</p>

Other References (APA):

Hinkle, J.L., & Cheever, K.H. (2018.) *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, PA: Wolters Kluwer Health Lippincott Williams and Wilkins.

Concept Map (20 Points):



