N311 Care Plan 2

Lakeview College of Nursing

Joshua Carlton

Demographics (5 points)

Date of Admission 9-21-2019	Patient Initials M.B.	Age 94	Gender Female
Race/Ethnicity White	Occupation Retired	Marital Status Married	Allergies Latex
Code Status DNR	Height 5'1"	Weight 162 lbs.	

Medical History (5 Points)

Past Medical History: Osteoarthritis, cataract, COPD, Hyperlipidemia and type 2 diabetes.

Past Surgical History: Information not listed in their chart and patient was unable to recall any information.

Family History: The patient has a family history of diabetes and heart disease.

Social History (tobacco/alcohol/drugs): Never smoked or used illegal drugs, patient stated that she "sometimes drinks a glass of wine."

Admission Assessment

Chief Complaint (2 points): Pain with urination.

History of present Illness (10 points): Patient had pain with urination for a couple days before she decided to seek medical attention. The pain was localized to the urinary system. The pain was experienced during and a little after urination. The patient tried to drink more water and take over the counter pain medicine, but nothing seemed to help. Before treatment, the patient rated her pain around a 7.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Urinary Tract Infection

Secondary Diagnosis (if applicable): N/a

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

Urinary tract infection (UTI) refers to asymptomatic bacterial infection within the patient's urinary tract. This includes a lower urinary tract infection or cystitis, which is asymptomatic infection of the bladder. It could also be an upper urinary tract infection or acute pyelonephritis, which is known as the asymptomatic disease of the kidney. These definitions are based upon a grouping of symptoms that the patients tell us in the exam. Nonetheless, the bacterial infection may extend beyond the anatomical area suggested by the terminology mentioned in our textbook.

Asymptomatic bacteriuria is present if a patient has two continuous urine cultures showing >100 000 CFU/mL urine, but they do not have any symptoms of a urinary tract infection. This is only treated in some unique instances, such as before a urological operation, in pregnant women, or in immunocompromised patients.

UTIs may be considered complicated if it is found in specific patient populations, including the immunosuppressed, men, pregnant women, diabetics, those with a history of pyelonephritis, or those with structural abnormalities of the urinary tract.

My patient was most likely diagnosed with a urinary tract infection by the lab results and because of her incontinence. She did not present with a fever or any confusion when she arrived at the hospital. She did experience burning with urination, which is a symptom commonly seen in those having a UTI.

Pathophysiology References (APA):

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

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC <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 Value
RBC	3.5-5.2	3.84		
Hgb	11-16	12.5		
Hct	34-47%	38.9		
Platelets	140-400	187		
WBC	4-11	8.80		
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
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	140		
K+	3.5-5.1	3.6		

Cl-	98-107	103		
CO2	21-32	31.5		
Glucose	60-99	175		Patient has type two diabetes.
BUN	7-18mg	16		
Creatinine	0.55 – 1.02	1.01		
Albumin	3.6-5.0	3.9		
Calcium	8.5-10.1	9.0		
Mag				
Phosphate				
Bilirubin				
Alk Phos				

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	Colorless	Yellow		UTI
Specific Gravity	1.003-1.035	1.019		
pH	5-7	5		
Glucose	Negative	Negative		
Protein	Negative	Negative		
Ketones	Negative	20		UTI
WBC	0-25	141		UTI

RBC	0-20	5		
Leukoesterase				

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
<mark>Urine Culture</mark>		<mark>100,000cfu/ml E. Coli</mark>		**This test confirmed the presence of a Urinary Tract Infection.**
Blood Culture	n/a			
Sputum Culture	N/a			
Stool Culture	n/a			

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):

XR chest AP or PA only on 9-22-2019

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

Medications (5 required)

Brand/Generic	Albuterol Sulfate	Apixaban	Famotidine	Lisinopril	Melatonin
Dose	**2.5 mg**	**5mg**	**20mg**	**10mg**	**3mg**
Frequency	**PRN**	**Twice daily**	**Once daily**	**Once daily**	**PRN**
Route	**Nebulizer**	**Mouth**	**Mouth**	**Mouth**	**Mouth**
Classification	bronchodilators	**Anticoagulants**	Antiulcer	Antihypertensive	Endocrine-Metabolic Agent
Mechanism of Action	**Attaches to beta2 receptors on bronchial cell membranes.**	**Inhibits clots bound factor Xa and prothrombinase activity.**	**Parietal cells in the gastric system and binds to combine them.**	**Inhibiting the conversion of angiotensin 1 to 2.**	binds to two receptors within the SCN of the hypothalamus. Specifically, it acts on **melatonin** receptor 1
Reason Client Taking	**Wheezing**	**Blood clots**	**Heartburn**	**Hypertension**	**Insomnia**

Contraindication(2)	Hypersensitivity to albuterol or its components	Active pathological bleeding and hypersensitivity.	Hypersensitivity and h2 receptor antagonists.	Hypersensitivity and concurrent aliskiren use	Until it is studied more thoroughly, melatonin should not be used by patients with an autoimmune disease.
Side Effects/Adverse Reactions (2)	Anxiety and muscle cramps.	Gi bleeding and skin rashes.	Asthenia and confusion	Ataxia and Alopecia	depression, dizziness,

Medications Reference (APA):

2019 Nurse's Drug Handbook (Eighteenth ed.). (2019). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness: A/O x3** **Orientation: Oriented x3** **Distress: No distress** **Overall appearance: Good, Happy**	
INTEGUMENTARY: **Skin color: Pinkish** **Character: Dry** **Temperature: warm**	

Turgor: < 3 **Rashes: no** **Bruises: yes, right arm near elbow** **Wounds: no** **Braden Score: 10** **Drains present: Y☐ N ☒** **Type:**	
HEENT: **Head/Neck: symmetrical, no defect** **Ears: clear, no drainage, LoH on rs.** **Eyes: sclera white, no drainage, PERRLA** **Nose: No deviation or drainage.** **Symmetrical** **Teeth: Top and bottom dentures, pink gums.**	.
CARDIOVASCULAR: **Heart sounds: Normal S1 S2 sounds.** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses: 3+** **Capillary refill: < 3** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**No crackles or wheezing auscultated, normal breath sounds auscultated throughout.**

GASTROINTESTINAL:
Diet at home: Normal
Current Diet Normal
Height: 5'1"
Weight:182 lbs.
Auscultation Bowel sounds: Normal and able to auscultate in all four quadrants.
Last BM: This morning. 10-14-2019
Palpation: Pain, Mass etc.: no
Inspection: Clear
   Distention: no
   Incisions: no
   Scars: no
   Drains: no
   Wounds: no
	.

Ostomy: Y ☐ N ☒
Nasogastric: Y ☐ N ☒
    Size:
Feeding tubes/PEG tube Y ☐ N ☒
    Type:	

GENITOURINARY:
Color: Yellow
Character: clear
Quantity of urine: n/a
Pain with urination: Y ☒ N ☐
Dialysis: Y ☐ N ☒
Inspection of genitals: n/a
Catheter: Y ☐ N ☒
    Type:
    Size:	

MUSCULOSKELETAL: **Neurovascular status: n/a** **ROM: Pt can do this on her own.** **Supportive devices: Walker** **Strength: equal on both sides.** **ADL Assistance:** Y☒ N ☐ **Fall Risk:** Y ☒ N☐ **Fall Score: 10** **Activity/Mobility Status: Needs assistance** **Independent (up ad lib)** ☐ **Needs assistance with equipment - Yes** **Needs support to stand and walk - Yes**	.
NEUROLOGICAL: **MAEW:** Y ☒ N☐ **PERLA:** Y ☒ N☐ **Strength Equal:** Y ☒ N ☐ if no - **Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation: x 3** **Mental Status: x3** **Speech: clear** **Sensory: n/a** **LOC: No**	.

PSYCHOSOCIAL/CULTURAL: Coping method(s): Her family and Religion Developmental level: n/a Religion & what it means to pt.: Christian and she reads her bible every day. Personal/Family Data (Think about home environment, family structure, and available family support): Her husband is living with their daughter and she will soon be joining them once she recovers.	.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0749	84	108/62	16	98.7 F	96%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0749	0	N/a	N/a	N/a	N/a

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
230 ml of coffee and Orange Juice.	N/a

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.
Impaired Urinary Elimination related to frequent urination as evidenced by urge and burning sensation.	**To help improve renal flow.** To prevent the accumulation of urine thus limiting the number of bacteria.	**Palpate the bladder every four hours.** **Encourage pt. to void every three hours.**	**Goal not met.** **Pt will try her best to continue my interventions.**
Disturbed Sleep Pattern related to nocturia as evidenced by pt. stated she "uses the bathroom all night long."	**To help improve sleep quality.** **To prevent incontinence during sleep.**	Assess the patients sleeping pattern and help her develop a sleeping plan. Discourage caffeine intake 2 hours before the patient goes to sleep.	**Goal not met.** **Pt does not want to stop drinking coffee before going to bed.**

Other References (APA):

Swearingen, P., & Wright, J. (n.d.). *All-in-one Nurisng Care Planning Resource.* Elsevier.

Concept Map (20 Points):

Subjective Data

Patient stated, "It burns sometimes when I am using the bathroom."

Patient stated, "I just felt like I always had to go to the bathroom."

Nursing Diagnosis/Outcomes

Impaired Urinary Elimination related to frequent urination as evidenced by urge and burning sensation. Outcome – Goal not met.

Disturbed Sleep Pattern related to nocturia as evidenced by pt. stated she "uses the bathroom all night long." Outcome – Goal not met.

Objective Data

Temperature was within normal range and so where her other vitals.

Her lab results during a recent hospital stay revealed she had a Urinary tract infection.

Patient Information

The patient is a 94-year-old white female who is retired. She was recently hospitalized and treated for a Urinary tract infection.

Nursing Interventions

1. Checking the patients pain level every two hours.
2. Prescription antibiotics
3. Making sure she is taking in enough fluids.
4. Checking frequently for a fever.