N311 Care Plan 2

Lakeview College of Nursing

Name

Demographics (5 points)

Date of Admission 09/24/2019	Patient Initials H.H	Age 93	Gender Male
Race/Ethnicity White	Occupation Full Time	Marital Status Married	Allergies Reglan
Code Status Full Code	Height	Weight	

Medical History (5 Points)

Past Medical History:HIstory of Colon Diverticulitis, Elevated Troponin, Hypomagnesemia, Hypomagnesmia, Hypoatremia, Pneumoperitoneum, Diverticulitis of the Large Intestine with Perforation without perforation, HTN (Hypertension), Congestive Heart Failure, Colostomy in Place

Past Surgical History: Colostomy, Colostomy closure Procedure

Family History: Heart attack

Social History (tobacco/alcohol/drugs): Alcohol use not currently

Admission Assessment

Chief Complaint (2 points):

History of present Illness (10 points):.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Colostomy in Place

Secondary Diagnosis (if applicable):.

Pathophysiology of the Disease, APA format (20 points):A colostomy is a surgical procedure that brings one end of the large intestine out through the abdominal wall. During this procedure, one end of the colon is diverted through an incision in the

abdominal wall to create a stoma. A stoma is the opening in the skin where a pouch for collecting feces is attached. People with temporary or long-term colostomies have pouches attached to their sides where feces collect and can be easily disposed of.

Why a Colostomy Is Performed;

Colostomies are performed because of problems with the lower bowel. Some problems can be corrected by temporarily diverting stool away from the bowel. This is when temporary colostomies are used to keep stool out of the colon.Conditions in which you may need a permanent colostomy include:

- **a blockage**
- **an injury**
- **Crohn's disease, which is an autoimmune form of inflammatory bowel disease**
- **colorectal cancer**
- **colonic polyps, which is extra tissue growing inside the colon that may be cancer or may turn into cancer**
- **diverticulitis, which occurs when small pouches in your digestive system, called diverticula, become infected or inflamed**
- **imperforate anus or other birth defects**
- **irritable bowel syndrome, which is a condition affecting the colon that causes diarrhea, bloating, constipation, and pain in the abdominal area**
- **ulcerative colitis, which is an inflammatory bowel disease that causes the long-term inflammation of the digestive tract**

olostomy is done while you are under general anesthesia (asleep and pain-free). It may be done either with a large surgical cut in the abdomen or with a small camera and several small cuts (laparoscopy).

The type of approach used depends on what other procedure needs to be done. The surgical cut is usually made in the middle of the abdomen. The bowel resection or repair is done as needed.

For the colostomy, one end of the healthy colon is brought out through an opening made in the abdomen wall, usually on the left side. The edges of bowel are stitched to the skin of opening. This opening is called a stoma. A bag called a stoma appliance is placed around the opening to allow stool to drain.

Your colostomy may be short-term. If you have surgery on part of your large intestine, a colostomy allows the other part of your intestine to rest while you recover. Once your body has fully recovered from the first surgery, you will have another surgery to reattach the ends of the large intestine. This is usually done after 12 weeks.

Pathophysiology References (2) (APA):Colostomy: Medlineplus Medical Encyclopedia

https://medlineplus.gov/ency/article/002942.html

Living With a Colostomy: Types, Uses, Care, and More

https://www.webmd.com/colorectal-cancer/guide/living-colostomy

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	Admission	Today's	Reason for Abnormal Value

	Range	Value	Value	
RBC	**4.40 - 5.80**	**3.80**	**3.80**	
Hgb	**13.0 - 16.5**	**11.5**	**11.5**	
Hct	**38.0 - 50.0**	**33.5**	**33.5**	
Platelets	**140 - 440**	**216**	**216**	
WBC	**4.0 - 12.0**	**4.70**	**4.70**	
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

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-	**133 - 144**	**128**	**128**	
K+	**3.5 - 5.1**	**3.8**	**3.8**	
Cl-		**94**	**94**	
CO2				
Glucose		**152**	**152**	
BUN	**7 - 25mg**	**5**	**5**	
Creatinine	**0.50 - 1.20**	**0.59**	**0.59**	
Albumin				
Calcium	**8.60 - 10.3**	**8.3**	**8.3**	

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				
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
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				

Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Imaging results; ABDOMEN 2 VIEWS (SUPINE WITH DECABITUS OR ERECT VIEWS)

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

Medications (5 required)

Brand/Generic	**Aspirin**	**Magnesium**	**Melatonin**	**Meclizine**	**Spironolactine**
Dose	**81mg**	**1 Cap**	**25mg**	**12.5 mg**	**25mg**
Frequency					
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**

Classification	**NSAID's**	**Mineral Supplement**	**Melatongernic**	**Antihistamines**	**Pottasium Diuretics**
Mechanism of Action	**Anti inflammatory**	**Anticonvulsant**	**Unknown**	**Antivertigo**	**Aldacy**
Reason Client Taking	**Blood Thinners**	**Blood Thinners**	**Sleep aid**	**Motion Sickness**	**Heart failure**
Contraindications (2)	**Coagulation Anemia**	**Renal Function**	**Irratability Stomach cramps**	**Asthma Bladder Obstruction**	**Heart failure NSAID's**
Side Effects/Adverse Reactions (2)	**Nausea Headache**	**Stomach upset Diarrheax**	**Depression Dizziness**	**Drowsiness Fatigue**	**low pottasium Leg cramps**

Medications Reference (APA):

Aspirin Side Effects: Common, Severe, Long Term. (n.d.). Retrieved from https://www.drugs.com/sfx/aspirin-side-effects.htm.

Magnesium Supplements: Benefits, Deficiency, Dosage, Effects, and More. (n.d.). Retrieved from https://www.webmd.com/diet/supplement-guide-magnesium#1.

Melatonin: Uses, Side Effects, Interactions, Dosage, and Warning. (n.d.). Retrieved from https://www.webmd.com/vitamins/ai/ingredientmono-940/melatonin.

Meclizine: Uses, Dosage & Side Effects. (n.d.). Retrieved from https://www.drugs.com/meclizine.html.

Spironolactone: Uses, Dosage, Side Effects. (n.d.). Retrieved from https://www.drugs.com/spironolactone.html.

Assessment

N311 Care Plan

Physical Exam (18 points)

GENERAL: **Alertness: X3** **Orientation: yes** **Distress: None** **Overall appearance: Looks good**	
INTEGUMENTARY: **Skin color: good and moist** **Character: good** **Temperature: 97.5** **Turgor: None** **Rashes: None** **Bruises: None** **Wounds: None** **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	
CARDIOVASCULAR: **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:**	
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	
GASTROINTESTINAL: **Diet at home: Regular** **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:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	
MUSCULOSKELETAL: **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☐**	
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	

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):**	.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8.05am	85	141/ 54	20	97.5	94

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8.05am	0	Room			

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
636	

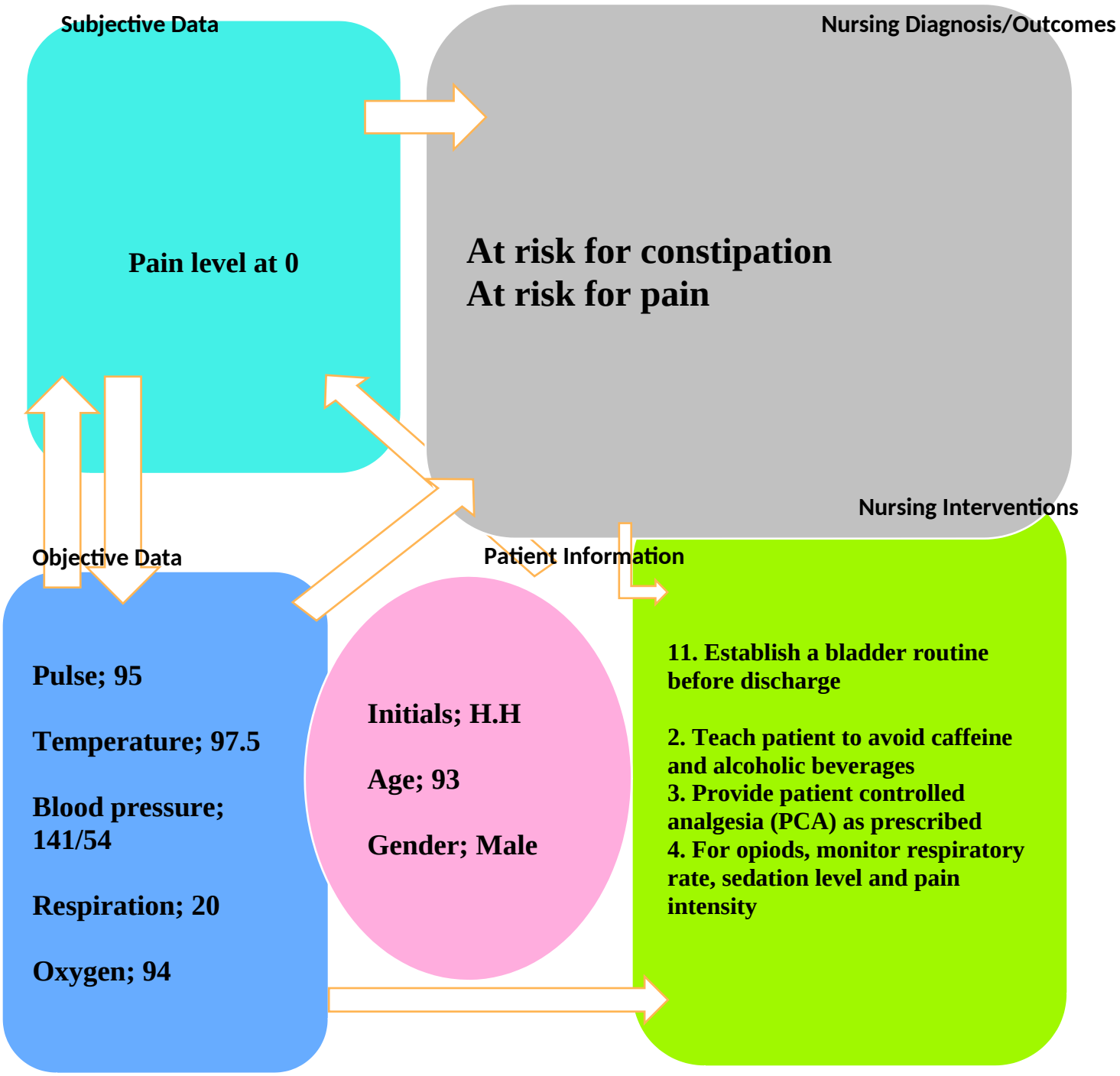
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation

● Include full nursing diagnosis with "related to" and "as evidenced by" components	● Explain why the nursing diagnosis was chosen		● How did the patient/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
1. At risk for constipation		**1. Establish a bladder routine before discharge** **2. Teach patient to avoid caffine and alcholic beverages**	
2. At risk for pain		**1. Provide patient controlled analgesia(PCA) as prescribed** **2. For opiods, monitor respiratory rate, sedation level and pain semnsivity**	

Other References (APA):

Concept Map (20 Points):


Subjective Data
Pain level at 0
Nursing Diagnosis/Outcomes
At risk for constipation
At risk for pain
Nursing Interventions
Objective Data
Pulse; 95
Temperature; 97.5
Blood pressure; 141/54
Respiration; 20
Oxygen; 94
Patient Information
Initials; H.H
Age; 93
Gender; Male
11. Establish a bladder routine before discharge
2. Teach patient to avoid caffeine and alcoholic beverages
3. Provide patient controlled analgesia (PCA) as prescribed
4. For opiods, monitor respiratory rate, sedation level and pain intensity