

N311 Care Plan #3

Lakeview College of Nursing

Marianne Florido

Demographics (5 points)

Date of Admission 9/20/19	Patient Initials G.E.	Age 10/19/1933 (85 y/o)	Gender Female
Race/Ethnicity White/Caucasian	Occupation Not employed	Marital Status Widowed	Allergies Shellfish
Code Status No CPR full treatment	Height 4'11"	Weight 150 lb	

Medical History (5 Points)

Past Medical History: Acute renal failure, arthritis, arthroplasty, cataracts, CHF, COPD, type II diabetes, diabetic retinopathy, glaucoma, HTN, Thyroid disease

Past Surgical History: Tubal ligation, hysterectomy, cataract removal w/implant EGD colonoscopy, joint replacement, cardiac catheterization, pacemaker insertion

Family History: Mother: no known problems, father: cancer, brother: diabetes, brother: coronary artery disease

Social History (tobacco/alcohol/drugs): Pt reports no use of tobacco, alcohol, or recreational drugs.

Admission Assessment

Chief Complaint (2 points): Right groin pain

History of present Illness (10 points): Onset: On September 8th an 85 y/o white, widowed, female who is a resident of Meadowbrook Assisted Care came into the ED for right groin pain.

Location: right inguinal tenderness. Duration: about two week later on September 20th, the pt came into the ED again for complaint of fever and shortness of breath. Further testing from

September 20th – 22nd revealed abnormal labs indicative of bacterial septicemia. Pt was seen in Infectious Diseases consultation at the request of Dr. Adul Siddiqui for dx of sepsis.

Characteristics: The pt is experiencing shortness of breath, mental confusion, fatigue, and a sore

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throbbing pain to her rt buttocks from her stage IV pressure ulcer. Aggravating: moving too much exacerbates her fatigue and SOB, and too much pressure from certain body positions causes pain where her ulcer is. Relieving: taking frequent breaks when ambulating and moving positions frequently to avoid pressure on ulcer. Treatment: continuous oxygen 2 L, use of wheelchair for mobility, moving positions frequently to promote blood flow and tissue regeneration of ulcer, and keeping the ulcer dry and clean while using a hydrocolloid dressing for protection.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Bacterial Sepsis

Secondary Diagnosis (if applicable): Pneumonia of both upper lobes due to infectious organisms

Pathophysiology of the Disease, APA format (20 points): Bacterial sepsis, also referred to as septicemia, affects the entire body system and poses a life-threatening condition caused by the body's response to infection that overwhelms the immune system (Capriotti, 2015). Bacterial sepsis is the active proliferation of bacteria in the bloodstream that results in an overpowering infection. Sepsis causes multiorgan compromise. Some common causes of sepsis can be from appendicitis, pneumonia, meningitis, or urinary tract infection (Sepsis (Blood Infection): Symptoms, Causes & Treatments, n.d.). Bacteria is the most common cause of sepsis, as in the case of this patient (Capriotti, 2015). This patient has a stage IV pressure ulcer, and this compromised her skin barrier, which lead to bacteria to infect her body and the occurrence of her septicemia. Pressure ulcers occur because there is lack of blood flow to the skin and tissue due to lack of movement. Blood flow is essential because it brings oxygen and nutrients to the skin to keep it healthy. Since the pressure ulcer is on the pt's buttocks, there is even more increased

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risk for sepsis because of the compromised location where urine and feces can likely infect the open skin. Moist environment, from wet diapers and pads can also break down the skin integrity. The patient was brought to the hospital because she had right inguinal tenderness, fever, shortness of breath, and an obvious pressure ulcer with ecchymosis. On assessment, the patient also has trouble with her short-term memory. These are symptoms of sepsis that the pt is experiencing. Common signs and symptoms of sepsis include: alteration in mental state, fever or hypothermia, pain, tenderness, cough, SOB, fatigue, dizziness, headache, neck stiffness, dysuria, abdominal pain, flank pain (Capriotti, 2015).

There are some diagnostic testing used to confirm sepsis and these include: ABG's to show hypoxemia, blood lactate elevation, WBC with differential showing leukocytosis or leukopenia, urinalysis may show bacteria, low urine output, gram stain of blood, sputum, purulence, and urine (perhaps CSF), Culture and sensitivity of blood, sputum, purulence, and urine, and ultrasonography of CT to show source of infection (Capriotti, 2015). The pt's lactic acid level was elevated along with WBC elevation which helped to determine diagnosis of septicemia. Treatments for septicemia include assessing the airway and administering oxygen as needed. In addition, administering fluids, vasopressors, and blood as appropriate to keep the MAP > 65 mm Hg (Capriotti, 2015). The pt is on continuous oxygen by nasal cannula 2 L for her septicemia and related medical problems.

Pathophysiology References (2) (APA):

Capriotti, Theresa M. and Frizzell, Joan Parker, "Pathophysiology: Introductory Concepts and Clinical Perspectives" (2015). *Faculty Bookshelf*. 75.

<https://hsrc.himmelfarb.gwu.edu/books/75>

Sepsis (Blood Infection): Symptoms, Causes & Treatments. (n.d.). Retrieved October 23, 2019, from <https://www.webmd.com/a-to-z-guides/sepsis-septicemia-blood-infection#1>.

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	4.10 - 5.70	4.11	* Unable to obtain	
Hgb	12.0 – 18.0	8.2	*	Hgb is lowered because hypoxemia is a symptom of COPD, lack of oxygen exchange with impaired breathing (Pagana, 2019).
Hct	37.0 – 51.0%	23.4	*	Hct is lowered because there is a low number of RBC's (Pagana, 2019).
Platelets	140-400	350	*	
WBC	4.00 – 11.00	12.00	*	WBC's are increased due to bacterial infection (sepsis) related to stage IV ulcer (Pagana, 2019).
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
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Na-	136 - 145	137	*Unabl e to obtain	
K+	3.5 – 5.1	3.5	*	
Cl-	98 - 107	98	*	
CO2	21.0 – 32.0	31	*	
Glucose	60-99	116	*	Her glucose is high because she has type II diabetes (Pagana, 2019).
BUN	7-18	17	*	
Creatinine	0.70-1.30	0.71	*	
Albumin	3.4-5.0	4.3	*	
Calcium	8.5-10.1	None on file	*	
Mag	1.6-2.6	None on file	*	
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				**No cultures completed for this pt.**
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			n/a*	**No cultures completed for this pt.**
Blood Culture			n/a	
Sputum Culture			n/a	
Stool Culture			n/a	

*none taken

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). Mosbys diagnostic and laboratory test reference. St. Louis, MO: Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Chest x-ray : “bilateral infiltrates versus pulmonary edema” reveals pulmonary congestion. Pt also has severe mitral regurgitation.

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

Medications (5 required)

Brand/Generic	Acetaminophen Tylenol	Dextrose 40% Glucose	Ipratropium- albuterol	Vancomycin/ Vancocin	Bumetanide/ bumex
Dose	650 mg	15 g	3mL	1250 mg	1 mg
Frequency	Every 4 hours PRN	PRN	Q6H, PRN	Q24H	Nightly
Route	OR	OR	Inhalation aerosol	OR	OR
Classification	Antipyretic Non-opioid analgesic	Antidiabetic , nutritional supplement	Anticholinergic, bronchodilator	Antibiotic	Loop diuretic
Mechanism of Action	Inhibits enzyme cyclooxygenase , blocking prostaglandin production and interfering with pain impulse generation in the PNS.	Prevents protein and nitrogen loss, promotes glycogen deposition, prevents or decreases ketosis.	Ipratropium prevents acetylcholine from attaching to muscarinic receptors on membranes of smooth-muscle cells.	Inhibits bacterial RNA and cell wall synthesis; alters permeability of bacterial membranes, causing cell wall lysis and cell death.	Inhibits reabsorption of sodium, chloride, and water in the ascending limb of the loop of Henle, which promotes their excretion and reduces fluid volume.
Reason Client Taking	For pain	For BG 40- 69 or symptoms of hypoglycemia	For COPD	To treat bacterial septicemia, bone and joint infections	To treat edema caused by Heart failure, hepatic disease, and renal disease, including nephrotic syndrome
Contraindications (2)	Hypersensitivity to acetaminophen , Severe hepatic	Diabetic coma with excessively elevated BG levels,	Hypersensitivity to atropine or ipratropium, hypersensitivity	Hypersensitivity to corn when given with dextrose solutions,	Anuria, hepatic coma

	impairment	anuria	y to peanuts	hypersensitivity to vancomycin	
Side Effects/Adverse Reactions (2)	Agitation, Anxiety	Confusion, glycosuria	Dizziness, insomnia	Chills, depression	Hypotension, ototoxicity

Medications Reference (APA):

Institute for Safe Medication Practices: ISMP Medication Safety Alert. <http://www.ismp.org/>.

Jones & Bartlett Learning. (2019). 2019 Nurse’s Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Alert and oriented to time, place, and person x3 No distress Well-groomed and appropriately dressed
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Pink Dry/Normal Warm Normal turgor 2+ None None Stage IV Decubitus ulcer to rt buttocks, Stage I ulcer to left buttocks 12
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Head and neck symmetrical, normal cephalic Patient’s ears are free of discharge, negative hearing loss, eyes symmetrical EOM, nose symmetry, no deviation, dentures well-groomed.
CARDIOVASCULAR: Heart sounds:	Heart sounds normal S1 and S2, 2/6 early/mid systolic murmur, no gallops or rubs detected

<p>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 checked="" type="checkbox"/> Location of Edema:</p>	<p>in S3 and S4. Capillary refill is less than 3 seconds. Peripheral pulses 2+ symmetric. No neck vein distention No sign of edema</p>
<p>RESPIRATORY: Accessory muscle use: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>Respirations are regular, even and nonlabored, symmetrical, no wheezes or crackles noted. Bibasilar fine rhonchi</p>
<p>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 <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>Normal diet, no restrictions 4'11" 150 lbs Bowel sounds are normoactive in all 4 quadrants 8:30 am No CVA tenderness No abnormalities found upon inspection for distention, incision, scars, drains, or wounds.</p>
<p>GENITOURINARY: 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>Yellow Not cloudy but clear Voided 2x</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices:</p>	<p>Normal ROM Strength in both upper and lower extremities Wheelchair, walker</p>

<p>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>high Walks with assistance, uses gait belt for safety, mainly uses wheelchair to ambulate Y Y</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Cognitive of space, time, and location, however has some altered consciousness/short term memory problem Articulative speech Mature and cognitive Alert No gross focal neurological deficits</p>
<p>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):</p>	<p>Family: son Mature Christian One son and daughter in law live in Homer and help look after her</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0940	86	118/67	28	97.8 F	99%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0950	Numeric 0-10	Rt buttocks	3/10	Tender, throbbing	Hydrocolloid pressure bandage and cream

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
<p>OJ – 8 oz., Coffee - 8 oz., Milk - 8 oz.,</p> <p>Water- 2 oz (subtracted from full water pitcher filled at beginning of day)</p> <p>Total = 26 oz of fluid = 768 mL input</p> <p>Food: cheerios, danish, bacon, consumed</p> <p>100% of breakfast.</p>	<p>Voided 1x</p> <p>BM 1x – medium size</p>

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
<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 		<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. Ineffective breathing pattern</p>	<p>Related to chronic lung disease (COPD), as evidenced by: pt having severe shortness of breath, RR of 28 per minute.</p>	<p>1.Deep breathing exercise (4 seconds inhaling, 3 seconds exhaling)</p> <p>2.Continuous O2 therapy, 2L</p>	<p>Goal not met. Pt was agitated with intervention and she could not inhale or exhale for more than 2 seconds. She had very shallow, rapid respirations. Pulse ox was used to determine if her O2 status changed, however her O2 was high to begin with (99%-100%) it did not change with intervention. Continue constant O2 therapy of 2L.</p>
<p>2. Impaired skin</p>	<p>Related to stage</p>	<p>1. Turn every 2</p>	<p>Goal met. Pt was able to</p>

integrity	IV pressure ulcer, as evidenced by pain 3/10, pt stating ulcer is “uncomfortable and tender”, also a stage I ulcer on opposite buttocks.	hours on left side and then to right side, or if in chair, have pt move from sitting to standing to promote blood flow 2.Keeping skin dry by having fresh diapers and pads (check often to make sure not wet/moist)	get out of bed happily and to her wheelchair. We then transferred from wheel chair to sofa chair. She was able to transfer with assistance (gait belt) and stand up out of her chair when instructed to. Pt transferred 2x during shift. Sit-to-stand 1x.
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Other References (APA):

Concept Map (20 Points):

Subjective Data

Pt denies any chest pain, dyspnea, or palpitations. Pt states “the only thing that is bothering me right now is the pain from my ulcer on my butt. I would rate it as a 3/10 on the level of pain. It feels tender.”

Nursing Diagnosis/Outcomes

Ineffective breathing pattern related to chronic lung disease (COPD), as evidenced by: pt having severe shortness of breath, RR of 28 per minute. Interventions include: Deep breathing exercise (4 seconds inhaling, 3 seconds exhaling) and Continuous O2 therapy, at 2L. Outcomes: Goal not met. Pt was agitated with intervention and she could not inhale or exhale for more than 2 seconds. She had very shallow, rapid respirations. Pulse ox was used to determine if her O2 status changed, however her O2 was high to begin with (99%-100%) it did not change with intervention. Continue constant O2 therapy of 2L.

Impaired skin integrity related to stage IV pressure ulcer, as evidenced by pain 3/10, pt stating ulcer is “uncomfortable and tender”, also a stage I ulcer on opposite buttocks. Interventions include: Turn every 2 hours on left side and then to right side, or if in chair, have pt move from sitting to standing to promote blood flow and keeping skin dry by having fresh diapers and pads (check often to make sure not wet/moist). Outcomes: goal met. Pt was able to get out of bed happily and to her wheelchair. We then transferred from wheel chair to sofa chair. She was able to transfer with assistance (gait belt) and stand up out of her chair when instructed to. Pt transferred 2x during shift. Sit-to-stand 1x.

Objective Data

Client’s chief complaint is right groin pain. He is diagnosed with Bacterial Sepsis of rt buttocks.

Vitals:
BP: 118/67
RR: 28
Temp: 97.8 F
SpO2%: 99%
Pulse: 86

Patient Information

85 y/o white female who is a resident of Meadowbrook Assisted Care for past 6 months. Pt is being seen for rehabilitation of ulcers on buttocks and tx of her bacterial septicemia.

Nursing Interventions

Client is prescribed continuous O2 therapy 2 L for COPD condition. Duo-nebulizers PRN.

For type II diabetes, continue hypoglycemia protocol and accuchecks

Sacral decubitus ulcer: proper wound care by keeping area dry, free of moisture, and clean from urine or feces.

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