N431 Care Plan #2

Lakeview College of Nursing

Madisyn Verostko

Demographics (3 points)

Date of Admission 10/18/19	**Patient Initials** JW	**Age** 89	**Gender** F
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Married	**Allergies** Aspirin- SOB Tape- hives, itch Sulfasalazine- SOB
Code Status DNR	**Height** Not noted in chart	**Weight** 61.6 kg	

Medical History (5 Points)

Past Medical History: depression, dementia, GERD, HTN

Past Surgical History: data not in chart, pt unable to recall at time of assessment

Family History: data not in chart, pt unable to recall at time of assessment

Social History (tobacco/alcohol/drugs): never smoker, denies use of alcohol or substance abuse

Assistive Devices: Walker, glasses, walker, bedside commode

Living Situation: Pt comes from Heartland Christian Village Nursing Home

Education Level: pt could not state at time of assessment

Admission Assessment

Chief Complaint (2 points): fever and lethargy

History of present Illness (10 points):.

Pt came to ER from nursing home for reported “fever and confusion” by nursing home staff. Per NH, pt had fever for a couple of days that wouldn’t go down. Pt had a 102F fever upon arrival to ED. Pt A&O2 at time of assessment in ED. Pt stated no chest pain or SOB. IV Ceftriaxone given in ED to begin treating underlying cause of fever.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pyelonephritis

Secondary Diagnosis (if applicable): AMS

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

Pyelonephritis

Pyelonephritis refers to inflammation of the kidney due to a bacterial infection. The infection usually occurs as a complication of a urinary tract infection (UTI), where the infection progresses from the bladder up into the kidney (Capriotti, & Frizzell, 2016). This infection occurs whenever bacteria is introduced into the urinary tract. There are a few factors that put one at an increased risk for contracting a kidney infection, these include; being female, urinary retention, urinary stasis, urinary catheter, having a urinary blockage or damage do the surrounding nerves, among various other factors (Kidney infection, 2018).

Manifestations of pyelonephritis include back/flank pain, fever, chills, frequency, urgency, and burning with urination, cloudy and foul smelling urine, abdominal pain, nausea, and vomiting. Medical attention is essential once pyelonephritis has begun. These symptoms can worsen and result in complications such as sepsis, kidney failure, and death (Capriotti, & Frizzell, 2016).

Pyelonephritis is normally diagnosed via a urinary analysis. This test evaluates one's urine for blood, puss, and other infection indicators such as leukocyte esterase, white blood cells, protein, and ketones. A blood culture may also be taken to see if any organisms are growing in the blood. Diagnostic imaging for pyelonephritis may include an MRI, CT, or an X-Ray known as a voiding cystourethrogram (Kidney infection, 2018). The most common cause of a UTI is an organism known as *Escherichia coli*, which can be detected on a urine culture (Capriotti, & Frizzell, 2016).

The first line of treatment for pyelonephritis is antibiotics. The type and duration of antibiotics will be selected by the physician based on the health of the individual, severity of the infection, and they type of organism growing (Kidney infection, 2018). In its earliest stages, this infection may be able to be treated at home with oral antibiotics. However, with more severe cases hospitalization and intravenous antibiotic therapy is indicated. For comfort measures, heat therapy and pain medication can be used. It is also crucial to stay hydrated with a kidney infection. The more fluid intake one has, the more they will be able to flush the toxins out of the body. For people with recurrent UTI's and kidney infections related to an anatomical defect, surgery may be indicated (Kidney infection, 2018).

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology Introductory Concepts and Clinical Perspectives*. Philadelphia, PA: F.A. Davis Company.

Kidney infection. (2018, March 8). Retrieved from https://www.mayoclinic.org/diseases-conditions/kidney-infection/symptoms-causes/syc-20353387.

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	**3.8-5.41 M/uL**	3.86	3.08	RBCs are decreased during active bleeding **(**Van Leeuwen & Bladh, 2017). This is likely related to blood loss via the patient's urinary tract.
Hgb	**11-15.5 g/dL**	10.9setrs	8.7	Hemoglobin, a component of RBCs, is also decreased during active bleeding **(**Van Leeuwen & Bladh, 2017). This is likely related to blood loss via the patient's urinary tract.
Hct	**33.2%-45.3%**	35.2	27.4	Hematocrit, a component of RBCs, is also decreased during active bleeding

				(Van Leeuwen & Bladh, 2017). This is likely related to blood loss via the patient's urinary tract.
Platelets	**100- 400 K/uL**	168	157	
WBC	**4.8 – 10.8 K/ uL**	6.8	7.0	
Neutrophils	**45-80 %**	82	71.8	
Lymphocytes	**11-46 %**	11.5	19.1	
Monocytes	**4.4-12 %**	5.6	7.6	
Eosinophils	**0 – 6.3 %**	0.4	1.3	
Bands	**0-5 %**	0	0	

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 mmol/L**	145	139	
K+	**3.5- 5.1 mmol/L**	3.8	3.7	
Cl-	**98 – 107 mmol/L**	103	113	Chloride is commonly elevated in dehydration. It is also seen increased with kidney involvement (Van Leeuwen & Bladh, 2017). My patient has both of these factors.
CO2	**35- 45 mmol/L**	23	20	"A low CO2 level can be a sign of several conditions, including: Kidney disease. Diabetic ketoacidosis, which happens when your body's blood acid level goes up because it doesn't have enough insulin to digest sugars" (Ambardekar, 2018). Kidney involvement related to pyelonephritis is causing a decreased serum CO2.
Glucose	**70-99 mg/dl**	89	117	Glucose is commonly elevated when the body is under stressful

				conditions, such as fighting off infection (Van Leeuwen & Bladh, 2017).
BUN	**6-20**	52	13	BUN is elevated in dehydration (Van Leeuwen & Bladh, 2017).. My patient was dehydrated upon admission due to a UTI.
Creatinine	**0.5 -1.2 mmol/L**	2.39	1.02	Creatnine levels are elevated with poor renal function (Van Leeuwen & Bladh, 2017). An impending infection compromised kidney function in my patient.
Albumin	**3.5-5.2 g/L**	3.6	2.6	Decreased albumin is seen in inflammation, shock, or malnutrition (Van Leeuwen & Bladh, 2017). My patient is experiencing inflammation and likely some malnutrition as well.
Calcium	**8.6 – 10.4 mg/dl**	7.4	7.1	Calcium can be decreased in renal dysfunction due to a decreased synthesis of vitamin D (Van Leeuwen & Bladh, 2017).
Mag	**1.6 – 2.4 mmol/L**	N/A	N/A	
Phosphate	**2.5-4.5**	N/A	N/A	
Bilirubin	**0 – 1.2 umol/L**	0.5	0.3	
Alk Phos	**44-147 U/L**	58	55	
AST	**0-32 U/L**	16	31	
ALT	**0-33 U/L**	12	20	
Amylase	**23-85**	N/A	N/A	
Lipase	**23-85**	N/A	N/A	
Lactic Acid	**0.5-1 mmol/ L**	0.9	N/A	
Troponin	**0.0-0.4 ng/ mL**	0.0017	N/A	

CK-MB	**5-25 IU/L**	N/A	N/A	
Total CK	**22-198 U/L**	65	N/A	

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	**0.86 – 1.14**	N/A	N/A	
PT	**11.9 – 15 sec.**	N/A	N/A	
PTT	**23- 37 sec.**	N/A	N/A	
D-Dimer	**< 0.4 or <250**	N/A	N/A	
BNP	**< 100**	N/A	N/A	
HDL	**>60**	N/A	N/A	
LDL	**100-129**	N/A	N/A	
Cholesterol	.**< 200**	N/A	N/A	
Triglycerides	**< 150**	N/A	N/A	
Hgb A1c	**4-5.6%**	N/A	N/A	
TSH	**0.4 – 4.0**	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 / Clear**	Amber Cloudy	Yellow Hazy	Amber/cloudy/hazy are all abnormal characteristics of urine. These findings are indicative of a urinary tract infection (UTI), which my patient has (Van Leeuwen &

				Bladh, 2017).
pH	**4.5- 8**	7.0	6.0	
Specific Gravity	**1.005-1.025**	1.016	1.013	
Glucose	**< 130 mg/d**	< 130	< 130	
Protein	**< 150 mg/d**	2+	1+	Protein at or greater than 1+ is an abnormal finding in a UA. These findings are indicative of a urinary tract infection (UTI), which my patient has (Van Leeuwen & Bladh, 2017).
Ketones	**None**	Trace	None	Ketones present is an abnormal finding in a UA. These findings are indicative of a urinary tract infection (UTI), which my patient has (Van Leeuwen & Bladh, 2017).
WBC	**<2-5 /hpf**	>100	> 100	WBCs at or greater than 100 is an abnormal finding in a UA. These findings are indicative of a urinary tract infection (UTI), which my patient has (Van Leeuwen & Bladh, 2017).
RBC	**< 2 /hpf**	35	54	RBCs at or greater than 2 is an abnormal finding in a UA. These findings are indicative of a urinary tract infection (UTI), which my patient has (Van Leeuwen & Bladh, 2017).
Leukoesterase	**Negative**	1+	3+	The presence of leukocyte esterase is an abnormal finding in a UA. These findings are indicative of a urinary tract infection (UTI), which my patient has (Van Leeuwen & Bladh, 2017).

Arterial Blood Gas 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
pH	**7.32-7.43**	N/A	N/A	

PaO2	**20-49 mmHg**	N/A	N/A	
PaCO2	**41-51 mmHg**	N/A	N/A	
HCO3	**24-28 mEq/L**	N/A	N/A	
SaO2	**70-75%**	N/A	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-< 10,000**	positive	negative	E. coli found growing in urine. This is the cause of the patient's urinary tract infection. Second culture negative due to antibiotic therapy.
Blood Culture	**Negative**	positive	negative	E. coli found growing in the blood. The infection spread from the urinary tract to the blood stream. Second culture negative due to antibiotic therapy.
Sputum Culture	**Negative**	N/A	N/A	
Stool Culture	**Negative**	N/A	N/A	

Lab Correlations Reference (APA):

Ambardekar, N. (2018, January 28). Bicarbonate Blood Test & Carbon Dioxide (CO2) Levels in Blood. Retrieved from https://www.webmd.com/a-to-z-guides/bicarbonate-blood-test-overview.

Van Leeuwen, A. M., & Bladh, M. L. (2017). *Davi's Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications* (3 ed.). Philadelphia, PA: F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- 10/18 CT brain/head without contrast for AMS – Findings: no mass or midline shift. Moderate prominence of sulci and ventricles. No acute intracranial abnormalities. Atrophy and chronic ischemic changes are evident.
- 10/18 XR chest 2 views for SOB – Findings: heart is normal size. Large hiatal hernia. No pneumothorax, no effusion. No acute abnormality.
- 10/21 – XR chest 1 view – Findings: heart is mildly enlarged, interstitial thickening, bilateral small pleural effusion. Cardiomegaly and mild pulmonary edema evident.
- UA- showed amber/cloudy/hazy urine, with elevated WBCs, RBCs, protein, presence of ketones, and leukocyte esterase → diagnostic of UTI
- Urine culture – showed presence of E. coli
- Blood culture – showed presence of E. coli

Diagnostic Test Correlation (5 points):

The imaging performed on this patient did not contribute to her diagnosis. However, the microbiology testing did. The urinary analysis confirmed the diagnosis of a UTI, and the urine culture confirmed the causative organism.

Diagnostic Test Reference (APA):

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Van Leeuwen, A. M., & Bladh, M. L. (2017). *Davi's Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications* (3 ed.). Philadelphia, PA: F.A. Davis Company.

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

Home Medications (5 required)

Brand/Generic	**Donepezil Aricept**	**Celexa Citalopram Hydrobromide**	**Altoprev Lovastatin**	**Namenda memantine**	**Gralise Gabapentin**
Dose	10 mg	20 mg	20 mg	14 mg	300 mg
Frequency	Daily	Daily	Daily	Daily	Daily
Route	PO	PO	PO	PO	PO
Classification	Central acetylcholinesterase inhibitor	Antidepressant	antihyperlipidemic	antidementia	anticonvulsant
Mechanism of Action	Reversibly binds to and inactivates acetylcholinesterase	Blocks serotonin reuptake	Reduces formation of mevalonic acid	Blocks excitatory NMDA receptor cells in CNS	Inhibitory neurotransmitter
Reason Client Taking	Dementia	Anxiety/ depression	High cholesterol	dementia	pain
Contraindications (2)	Hypersensitivity Caution if anesthesia or surgery	Long QT syndrome hypersensitivity	Hepatic liver disease breastfeeding	Hypersensitivity N/A	Hypersensitivity N/A
Side Effects/Adverse Reactions (2)	Pharyngitis hyperglycemia	Agitation angina	Anxiety Blurred vision	Dizziness depression	Abdominal pain anemia
Nursing Considerations (2)	Use cautiously with bladder obstruction	Ensure pt hasn't taken an MAOI in	Give 1 hour before or 4 hours after	Caution in acidosis	Capsules may be opened and

	Use cautiously with respiratory disorder	14 days Monitor sedation level	bile acid sequestrant Implement low-cholesterol diet	Caution in severe UTI	mixed with food Administer initial dose at bedtime
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess heart rate Neuro assessment	Monitor EKG Monitor for serotonin syndrome	Liver enzymes Monitor BP	Monitor med response Monitor neuro status	Neuro assessment Renal function tests
Client Teaching needs (2)	Take just before bed Caution NSAID use	Full effect takes up to 4 weeks Do not stop abruptly	Take with evening meal Avoid alcohol	Take exactly as prescribed Do not double missed doses	s/sx of hypersensitive do not stop abruptly

Hospital Medications (5 required)

Brand/Generic	Protonix pantoprazole	Dentesol Propanolol	Generic B6 Pyridoxine	Maxioime cefepime	heparin
Dose	20 mg	20 mg	100 mg	1000 mg	5000 units = 1 r
Frequency	daily	Daily	Daily	Daily	BID
Route	PO	PO	PO	IV PB	SQ
Classification	Substituted benzimidazole/ PPI	Beta blocker	Vitamin	Cephalosporin	anticoagulation
Mechanism of Action	Inhibits gastric acid secretion	Beta-adrenergic blockade	Vitamin B acts as a coenzyme for protein, carbohydrates, and fat metabolism	Bactericidal cell wall synthesis	Binds with antithrombin II
Reason Client Taking	GERD	HTN	Nutritional deficiency	UTI	DVT prophylax

Contraindications (2)	Concurrent use w/ rilpivirine-containing products Hypersensitivity	Asthma AV block	Hypersensitivity Taking levodopa	Corn allergy Hypersensitivity to cephalosporins	Uncontrolled active bleeding thrombocytope
Side Effects/Adverse Reactions (2)	Anxiety Hyperglycemia	Anxiety Muscle weakness	Paresthesia Decreased folic acid	Localized reaction diarrhea	Chills Chest pain
Nursing Considerations (2)	don't give within 4 weeks of H. pylori infection take 30 minutes prior to meals	Caution with lung disease Give IV no more than 1 mg/min	Assess for vitamin B6 deficiency Seizure precautions	Protect from light Infuse over light	Know injection technique Caution in alcoholics
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor PT/INR Monitor for bone fracture	Monitor bp Check apical pulse	Monitor folic acid B6 levels	ALT level WBC	Monitor aPTT Monitor platele
Client Teaching needs (2)	Swallow tablet whole take 30 min prior to meal	Take at same time everyday Notify provider or SOB	Increase protein intake Caution with breastfeeding	May cause AMS Take full course	Educate on bleeding risk Educate on s/sx bleeding

Medications Reference (APA):

2019 Nurses drug handbook (18th ed). (2019). Burlington, MA: Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Pt does not appear to be in obvious physical distress. Pt is A&O3 v at time of assessment.
INTEGUMENTARY (2 points):	

Skin color: **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Braden score: 17 Skin color is appropriate for ethnicity, pink, warm, and dry. Skin is sometimes moist. Turgor is elastic. Minor sore under right eye, red blanched bottom, and minor sore on left knee. No rashes present.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck symmetry noted. Pt wears glasses. No septum deviation or nasal polyps noted. Oral mucosa is pink, moist, and intact. No abnormalities noted.
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:**	Pt is NSR on telemetry. Heart sounds auscultated x5, S1 and S2 noted. No murmurs, gallops, or rubs noted. Dorsalis pedis and radial pulses graded 3+ normal. Cap refill is normal at <3 seconds. No neck vein distention noted. No edema present.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	SpO2 94 on 2 L oxygen via nasal cannula. Respiratory rate normal and breathing is unlabored. Breath sounds auscultated anteriorly x4 and posteriorly x7, present in all lobes but diminished in lower lobes bilaterally. All lung fields clear. Lung aeration is equal. No evident use of accessory muscles.
GASTROINTESTINAL (2 points): **Diet at home: NDD2** **Current Diet NDD2** **Height: not noted** **Weight: 61.6 kg** **Auscultation Bowel sounds:** **Last BM: 10/21** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:**	Abdomen rounded, soft, non-distended. BS auscultated and present in all four quadrants. Last BM 10/21, pt passing flatus. Stools brown and loose. Pt had one bowel incontinent episode. Pt states feeling constipated, but passed two loose stools during my shift. Multiple hemorrhoids were noted. No masses, tubes, or drains present. Appetite is good. Pt follows a dysphasia diet, NDD2.

Drains: **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Removed Foley catheter at beginning of my shift at 1215 on 10/21. Catheter removed with no difficulties. Waiting on patient to post void after Foley removal, she had not yet urinated when my shift ended.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 60** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☒**	Morse score: 60 Musculoskeletal strength is weak bilaterally, graded 4/5. Pt up with 2-3 assists and gate belt. Pt uses walker, wheelchair, and beside commode. Pt also wears glasses.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Pt is able to MAE but movement is slow and rigid. PERLA noted. Strength equal but weak bilaterally. Pt's mental status is intermittently altered. She will vary from A&O2 – A&O3. Neuro checks ordered on this pt q 12hr. Pt speaks English at a normal pace. Speech is clear.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:**	Pt comes from Heartland Christian Village nursing home. Plans to return after discharge. Husband and two sons involved, one son at bedside during my shift. Pt's religion is protestant.

Personal/Family Data (Think about home environment, family structure, and available family support):	

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0810	68	116/67	20	37.4	92
1100	64	107/51	18	37.7	94

Vital Sign Trends:

All vital signs stable and within reference ranges. Oxygen was on the lower end of reference range at 0810 assessment so pt was bumped up to 2 L of oxygen via nasal cannula. Pt now sits at 94 on 2 L.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0810	Numeric 0 -10	back	6/10	n/a	n/a
1400	Numeric 0 – 10	back	8/10	Aching	Nurse called doc for order of heating pad. Pt placed back in bed from chair. Heat pack applied.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 g **Location of IV:** right forearm **Date on IV:** 10/19 **Patency of IV:** patent and flushes well **Signs of erythema, drainage, etc.:** no signs of infiltration, phlebitis, or erythema evident	NaCl 0.9%, IV continuous infusion at 75 ml/hr. Order discontinued → saline locked.

IV dressing assessment: transparent dressing- clean, intact, and dry	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
337 ml	**750 ml**

Nursing Care

Summary of Care (2 points)

Overview of care: Pt vital signs stable. Pt A&O3 during my shift. Foley catheter removed during shift. Pt placed in chair for 2 hours and then back to bed.

Procedures/testing done: pt did not leave the floor for any testing or procedures during my shift.

Complaints/Issues: Pt stated feeling constipated and complained of back pain.

Vital signs (stable/unstable): Vital signs stable once pt was placed on 2 L oxygen. O2 saturation was 92% on RA.

Tolerating diet, activity, etc.: Pt intolerant of moderate activity. Had to use bedside commode due to poor ambulation/strength. Pt tolerating dysphasia diet well but did not have much of an appetite at lunch time.

Physician notifications: Physician was notified of back pain complaint and ordered a heating pad.

Future plans for patient: Make sure pt voids within 6 hours of Foley removal. If not, perform bladder scan and intervene as needed.

Discharge Planning (2 points)

Discharge location: Heartland Christian Village

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Doctor will likely follow up with patient in nursing home.

Education needs: Educate on risk factors for UTI.

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. Infection r/t UTI, pyelonephritis AEB elevated WBC and abnormal UA	Pt is at risk for severe kidney damage or systemic infection.	1. Hydrate via IV fluids 2.Administer IV antibiotics	Goal met → hydration status improved evidenced by improved BUN level, antibiotic therapy effective evidenced by negative growth culture of blood and urine, normal WBC serum levels
2. Acute pain r/t pyelonephritis AEB pt reports back/flank pain	Pt feels pain related to kidney infection, comfort measure interventions are needed.	1. Administer prescribed analgesics 2. Apply heat therapy	Goal met → pt reported pain relief after application of heating pack.
3. Impaired skin integrity r/t limited mobility AEB red blanched bottom	Pt is at risk for pressure ulcer.	1. Reposition/ turn pt as indicated 2 apply barrier cream to vulnerable sites	Goal met → pt changed positions several times during shift, barrier wipes used after elimination
4. Imbalanced nutrition, less than body requirements r/t inadequate	Pt is at risk for malnutrition if dietary habits do not improve. Malnutrition will	1. provide supplementation as needed 2. encourage pt to	Goal not yet met → enhanced appetite is not yet evidenced. Albumin level is not yet in reference range.

dietary intake AEB decreased albumin level	further impair her skin integrity and will prolong her healing of infection.	choose her own foods	Continue to evaluate.

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: Medical surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.

Concept Map (20 Points):

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Subjective Data

- Pt states back/flank pain – pain was 6/10 at 0800 and 8/10 and 1400
- Pt reports feeling "constipated"
- Pt reports no feeling of nausea

Nursing Diagnosis/Outcomes

- **Infection r/t UTI, pyelonephritis AEB elevated WBC and abnormal UA → treat infection, prevent spread, prevent renal complications**
- **Acute pain r/t pyelonephritis AEB pt reports back/flank pain → relieve pain, pain goal = 0/10**
- **Impaired skin integrity r/t limited mobility AEB red blanched bottom → maintain skin integrity, prevent pressure ulcer**
- **Imbalanced nutrition, less than body requirements r/t inadequate dietary intake AEB decreased albumin level → ensure proper nutrition, get albumin levels within reference range**

Objective Data

- Decreased RBCs
- UA abnormalities
- Cardiomegaly and pulmonary edema noted on CXR
- NSR on telemetry
- E. coli found in urine and blood cultures
- VSS
- O2 sat 94% on 2 L

Patient Information

Pt came to ER from nursing home for reported "fever and confusion" by nursing home staff. Per NH, pt had fever for a couple of days that wouldn't go down. Pt had a 102F fever upon arrival to ED. Pt has history of depression, dementia, GERD, HTN, high cholesterol .

Nursing Interventions

- **Hydrate via IV fluids**
- **Administer IV antibiotics**
- **Administer prescribed analgesics**
- Apply heat therapy
- **Reposition/ turn pt as indicated**
- **apply barrier cream to vulnerable sites**
- **provide supplementation as needed**
- **encourage pt to choose her own foods**

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