N321 Care Plan # 2

Lakeview College of Nursing

Kaytlynn Roberts

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
10/11/2019	LRP	81	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired	Married	Penicillin (rash)
Code Status	**Height**	**Weight**	
Full code	168.2 cm	77 kg	

Medical History (5 Points)

Past Medical History: B-cell lymphoma, Gout, Hyperlipidemia, Hypertension, Neuropathy, Diabetes Mellitus Type II, Skin cancer (malignant neoplasm of skin), Colon cancer (malignant neoplasm of colon, Prostate cancer (malignant neoplasm of prostate)

Past Surgical History: Appendectomy, Inguinal Hernia, Right knee replacement

Family History: No family history provided.

Social History (tobacco/alcohol/drugs): Alcohol – denies use (04/07/2018 & 10/14/2019), Tobacco – Former smoker (cessation more than 60 days ago, 10/14/2019), Substance abuse – denies abuse.

Assistive Devices: Walker and cane PRN

Living Situation: Patient lives at home with his wife and daughter who assist with care. Patient feels safe at home.

Education Level: GED

Admission Assessment

Chief Complaint (2 points): Patient was sent to ED from cancer center with C/O fever and low WBC count.

History of present Illness (10 points): This is an 81-year-old male who presents with fever and chills onset of a few days ago. Patient states that “he has not been feeling well.” The patient had

an overall feeling of malaise but reported a 0/10 severity in pain. Patient has a past medical history of B-cell lymphoma (Non-Hodgkin's), hypertension, hyperlipidemia, and gout. Patient denies any aggravating or relieving factors and received RBCs on 10/11/2019 upon admission to the unit.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): B-cell lymphoma (Non-Hodgkin's)

Secondary Diagnosis (if applicable): Chronic kidney disease

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

Non-Hodgkin's lymphoma (NHL) "represents a clinically diverse group of either B-cell or T-cell neoplasms" (Porth, pg.255). My patient presents with B-cell Non-Hodgkin's lymphoma. The cause of Non-Hodgkin's lymphoma is largely unknown but "impairment of the immune system and infectious agents may play a role (Porth, pg.255). The pathology reference states that exposure to carcinogens and viruses may also play a role in the development of Non-Hodgkin's lymphoma (Porth, 2011). When diagnosing a patient with Non-Hodgkin's lymphoma most will present with an "enlargement of a single node or group of nodes" (Porth, pg.258). Patients may also present with "chest pain, cough, or dyspnea" (Porth, pg.258). The most common signs and symptoms of Non-Hodgkin's lymphoma include, "pruritus and intermediate fevers associated with night sweats" (Porth, pg.258). "The involvement of subdiaphragmatic lymph nodes is noted in older males (Porth, pg.2011). Patients are diagnosed with Non-Hodgkin's lymphoma by testing to see if there are any "Reed-Sternberg cell present in a biopsy specimen of lymph node tissue" (Porth, pg.258). If the biopsy is not indicative of Non-Hodgkin's lymphoma a PET image may be useful (Porth, 2011).

Non-Hodgkin's lymphoma can lead to many secondary diseases including chronic kidney disease. Chronic kidney disease is described as "gradual loss of kidney function" (Chronic kidney disease, pg.1). In chronic kidney disease there is an increased amount of fluid and electrolytes in the body (Chronic kidney disease, 2019). Some symptoms of chronic kidney disease include, "nausea, vomiting, loss of appetite, fatigue and weakness" (Chronic kidney disease, 2019). Treatment of chronic kidney disease focuses mainly on slowing the progression of the disease by "controlling the underlying cause" (Chronic kidney disease, pg.1).

Pathophysiology References (2) (APA):

Chronic kidney disease. (2019, August 15). Retrieved October 28, 2019, from https://www.mayoclinic.org/diseases-conditions/chronic-kidney-disease/symptoms-causes/syc-20354521.

Porth, C., (2011). *Essentials of pathophysiology: concepts of altered health states* (Third). Wolters Kluwer Health.

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	**3.80-5.41 mcl**	3.13 mcl	3.27 mcl	In Non-Hodgkin's lymphoma, "RBC count may be decreased due to lymphoma and suppression of bone marrow activity "(Doenges, Moorhouse, Murr, pg.529).
Hgb	**11.3-155.2 g/dL**	9.3 g/dL	9.7 g/dL	In Non-Hodgkin's lymphoma, "RBC count may be decreased due to lymphoma and suppression of bone marrow activity "(Doenges, Moorhouse, Murr, pg. 529).
Hct	**33.2-45.3%**	27.5%	28.4%	In Non-Hodgkin's lymphoma, "RBC count may be decreased due to lymphoma and suppression of bone marrow activity "(Doenges, Moorhouse, Murr, pg. 529).
Platelets	**149-393 k/mcl**	62 k/mcl	23 k/mcl	D/T chronic kidney failure. "decreased RBC production and survival, altered clotting factors" (Doenges, Moorhouse, Murr, pg. 529).
WBC	**4.0-11.7 k/mcl**	0.3 k/mcl	<0.5 k/mcl	"D/T Non-Hodgkin's lymphoma, leads to suppression of marrow activity, or value decreased from lymphoma treatments" (Doenges, Moorhouse, Murr, 2010).
Neutrophils	**45.3-79.0%**	NA	NA	Lab was not able to be distinguished D/T pts Non-Hodgkins lymphoma.
Lymphocytes	**11.8-45.9%**	NA	NA	Lab was not able to be distinguished D/T pts Non-Hodgkins lymphoma.
Monocytes	**4.4-12%**	NA	NA	Lab was not able to be distinguished D/T pts Non-Hodgkins lymphoma.
Eosinophils	**0.0-6.3%**	NA	NA	Lab was not able to be distinguished D/T pts Non-Hodgkins lymphoma.
Bands	**NA**	NA	NA	Lab was not able to be distinguished D/T pts Non-Hodgkins lymphoma.

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**	133 mmol/L	141 mmol/L	In chronic kidney disease, "the kidney may waste sodium" (Doenges, Moorhouse, Murr, pg. 552).
K+	**3.5-5.0 mmol/L**	3.8 mmol/L	3.6 mmol/L	NA
Cl-	**98-106 mmol/L**	100 mmol/L	106 mmol/L	NA
CO2	**21-31 mmol/L**	21 mmol/L	24 mmol/L	NA
Glucose	**74-109 mg/dL**	145 mg/dL	97 mg/dL	My patient is a type II diabetic which can result in low or high glucose levels.
BUN	**7-25 mg/dL**	37 mg/dL	25 mg/dL	My patient has chronic kidney disease which is "characterized by marked elevation of BUN" (Doenges, Moorhouse, Murr, pg. 551).
Creatinine	**0.50-0.90 mg/dL**	1.65 mg/dL	1.18 mg/dL	My patient has chronic kidney disease which causes "impaired filtration that leads to decreased Creatinine" (Doenges, Moorhouse, Murr, pg. 551).
Albumin	**3.5-5 g/dL**	3.6 g/dL	NA	WNL
Calcium	**9.0-10.5 mEq/dL**	8.7 mEq/dL	8.1 mEq/dL	In chronic kidney disease, "hypocalcemia may become severe as a result of low plasma calcitriol levels impairing intestinal absorption" (Doenges, Moorhouse, Murr, pg. 552).
Mag	**1.3-2.1 mEq/L**	NA	NA	NA
Phosphate	**2.5-4.5 mg/dL**	NA	NA	NA
Bilirubin	**0.3-1 mg/dL**	1 mg/dL	NA	WNL
Alk Phos	**35-105 units/L**	111 units/L	NA	"D/T Non-Hodgkin's lymphoma, leads to suppression of marrow

				activity" (Doenges, Moorhouse, Murr, pg. 529).
AST	**0.0-32 units/L**	52 units/L	NA	D/T Non-Hodgkin's lymphoma.
ALT	**4-33 units/L**	54 units/L	NA	D/T Non-Hodgkin's lymphoma.
Amylase	**30-220 units/L**	NA	NA	NA
Lipase	**0.0-160 units/L**	NA	NA	NA
Lactic Acid	**0.5-1 mmol/L**	1.7 mmol/L	NA	NA

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	**0.8-1.1**	NA	NA	NA
PT	**11-12.5**	NA	NA	NA
PTT	**30-40 seconds**	NA	NA	NA
D-Dimer	**<0.4 mcg/mL**	NA	NA	NA
BNP	**0.5-30 pg/mL**	NA	NA	NA
HDL	**>55 mg/dL**	NA	NA	NA
LDL	**<130 mg/dL**	NA	NA	NA
Cholesterol	**50-60 mg/dL**	NA	NA	NA
Triglycerides	**35-135 mg/dL**	NA	NA	NA
Hgb A1c	**4-5.9%**	NA	NA	NA
TSH	**0.4-4.2 mU/L**	NA	NA	NA

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	Yellow/clear	NA	Within expected
pH	5.0-8.0	5.0	NA	WNL
Specific Gravity	1.005-1.035	1.012	NA	WNL
Glucose	Normal	Normal	NA	NA
Protein	Negative	1+	NA	"Low-grade proteinuria (1-2+) may be indicative of infection" (Doenges, Moorhouse, Murr, pg. 552).
Ketones	Negative	Negative	NA	Within expected
WBC	>5	<1	NA	"D/T Non-Hodgkin's lymphoma, leads to suppression of marrow activity, or value decreased from lymphoma treatments" (Doenges, Moorhouse, Murr, 2010).
RBC	0-3	Negative	NA	In Non-Hodgkin's lymphoma, "RBC count may be decreased due to lymphoma and suppression of bone marrow activity "(Doenges, Moorhouse, Murr, pg.529).
Leukoesterase	Negative	NA	NA	NA

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	**NA**	NA	NA	NA
Blood Culture	**NA**	NA	NA	NA
Sputum Culture	**NA**	NA	NA	NA
Stool Culture	**NA**	NA	NA	NA

Lab Correlations Reference (APA):

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

Henry, N. J. E., McMichael, M., Johnson, J., DiStasi, A., Ball, B. S., Holman, H. C., Lemon, T. (2016). *Rn adult medical surgical nursing: review module*. Leawood, KS: Assessment Technologies Institute.

Doenges, M. E., Moorhouse, M. F., & Geissler-Murr, A. (2010). *Nursing care plans: guidelines for individualizing client care across the life span* (Eight). Philadelphia: F.A. Davis Co.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Blood transfusion (10/11/2019), Chest x-ray 2 views (10/11/19), CT Abdomen & Pelvis with contrast (10/12/19), and CT Chest with contrast (10/12/19).

Diagnostic Test Correlation (5 points): Blood transfusion was completed D/T a low RBC level of 3.13 mcl, chest x-ray 2 views completed D/T fever, CT abdomen and pelvis with contrast completed D/T possible sepsis, CT chest with contrast completed to rule out possible pulmonary emboli.

Diagnostic Test Reference (APA):

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

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

Brand/Generic	**Zyloprim/ Allopurinol**	**Lexapro/ Escitalopram**	**Diflucan/ Fluconazole**	**Zofran/ Ondansetron**	**Ativan/ Lorazepam**
Dose	300 mg	10 mg	100 mg	4 mg	0.5 mg
Frequency	Daily	Daily	Daily	Daily	Daily

Route	1 tab PO	1 tab PO	1 tab PO	1 tab PO	1 tab PO
Classification	Antigout	Antidepressant	Antifungal	Antiemetic	Antianxiety
Mechanism of Action	Inhibits uric acid production by inhibiting xanthine oxidase.	Inhibits reuptake of the neurotransmitter serotonin by CNS neurons, thereby increasing the amount of serotonin available	Damages fungal cells by interfering with cytochrome P-450 enzyme which is needed to form a fungal cell membrane**.**	Reduces nausea and vomiting by preventing serotonin release in the small intestine.	MOA is unknown
Reason Client Taking	To treat primary gout and hyperuricemia	To treat generalized anxiety disorder	To treat systemic candidiasis	To prevent nausea and vomiting associated with highly emetogenic cancer chemotherapy	To treat anxiety
Contraindications (2)	Hypersensitivity to drug or its components.	Hypersensitivity to drug or its components	Hypersensitivity to drug or its components.	Hypersensitivity to drug or its components.	Hypersensitivity to drug or its components.
Side Effects/Adverse Reactions (2)	Fever Vomiting Nausea	Headache Diabetes Mellitus	Dizziness Vomiting Nausea	Headache Fever Chest pain	Fatigue Headache Vomiting
Nursing Considerations (2)	Obtaining baseline CBC and uric acid Monitor blood pressure regularly during therapy in patients with hypertension.	Monitor patient, especially elderly patient, for hyponatremia. Monitor patient for bleeding, especially if patient is on an anticoagulant.	Monitor patients for signs of hypoventilation. Be aware that it may cause an anxiety or panic attack.	Monitor patient closely for serotonin syndrome Monitor patient closely for signs and symptoms of hypersensitivity	Ensure patient already takes an antidepressant Use caution in elderly adults because drug can cause respiratory depression.

Hospital Medications (5 required)

Brand/Generic	**Heparin**	**1% Xylocaine/**	**MiraLAX/**	**Tylenol/**	**Protonix/**

		Lidocaine	**Polyethylene**	**Acetaminophen**	**Pantoprazole**
Dose	500 units (5 mL)	200 mg (20 mL)	17 g	650 mg	40 mg
Frequency	PRN: as directed	As directed	BID PRN	QID PRN	Daily
Route	IV push	IM	PO	PO	PO
Classification	Anticoagulant	Class IB antiarrhythmic; Local anesthetic	Laxative	Antipyretic; Nonopioid Analgesic	Antiulcer, gastric acid proton pump inhibitor
Mechanism of Action	Binds with antithrombin III enzyme which inactivates thrombin. Thrombin is needed to form fibrin. Without fibrin clots can't be formed.	Blocks nerve impulses by decreasing the permeability of neuronal membranes to sodium, which produces local anesthesia**.**	Osmotic laxative; causes water retention in stool, causing increase in stool frequency.	Acts on hypothalamus to produce antipyresis. May work peripherally to block pain impulses generation.	PPI; binds to H+/K+ exchanging ATPase in gastric parietal cells, resulting in blockage of acid secretion
Reason Client Taking	To provide anticoagulation with blood transfusions	To provide topical anesthesia for mucous membranes or skin.	Preventative; Patient is on other medications that can cause constipation.	To relieve mild to moderate pain from headache.	To treat erosive esophagitis associated with GERD, short-term
Contraindications (2)	Hypersensitivity to drug or its components. Inability to monitor coagulation parameters.	Hypersensitivity to drug or its components. Wolff-Parkinson-White syndrome	Hypersensitivity to drug or its components. Bowel perforation	Hypersensitivity to drug or its components.	Hypersensitivity to drug or its components.
Side Effects/Adverse Reactions (2)	Rebound hyperlipemia Abdominal pain	Hypotension Bradycardia Tinnitus	Abdominal bloating Diarrhea	Anxiety Fever Hepatotoxicity	Anxiety Headache Hyperglycemia
Nursing Considerations (2)	Read the label carefully. Give only Sub-Q or I.V.	Keep life-support equipment and vasopressors nearby during I.V. infusion.	Monitor for electrolyte imbalances. Use caution in patients	Monitor blood test to detect electrolyte imbalances. Monitor fluid	Monitor patient for diarrhea. Be aware that a symptomatic response to the

		Place patient on cardiac monitor during administration of the drug.	>60 years.	intake and output every 8 hrs.	drug does not rule out the presence of a gastric tumor.

Medications Reference (APA):

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 AOx3 Appears normal for age No signs of distress Clean and alert, ready for discharge
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Pink; no signs of cyanosis or clubbing noted in hands or LE, bilaterally Warm, dry 36.3 C <3 seconds, WNL No noted rashes No noted bruises No noted wounds 19; WNL
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Normocephalic; palpation reveals no masses or thyroid tenderness Ears are appropriate in size PERLA No noted deviated septum White, oral is moist, tongue is midline, patient has dentures.
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:**	 Regular rate and rhythm S1&S2 noted No noted murmurs, or rubs Pedal and peripheral pulses 2+ bilaterally <3 seconds; WNL No noted edema bilaterally in UE and LE
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	 Chest expansion symmetric, no obvious accessory muscle use. Normal in all four quadrants. Lungs are clear upon auscultation bilaterally, no crackles, wheezes, SOB, or stridor.

GASTROINTESTINAL (2 points): **Diet at home:** **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:**	 Normal diet; AEB 3 meals a day Neutropenic diet 168.2 cm 77 kg Bowel sounds are normal in all 4 quadrants; gastric motility noted 10/13/2019; Brown, formed and soft Abdomen is soft, nontender and nondistended No pain upon palpation, no noted masses No noted distended abdomen No noted incisions No noted scars No noted drains No noted wounds
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	 Normal; pale yellow Transparent (clear) fluid 1,050mL
MUSCULOSKELETAL (2 points): **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☐**	Neurovascular status intact No atrophy, tremors, or weakness. Pt moves UE and LE symmetrically Pt uses a cane and walker PRN Muscle strength is 5/5 in all extremities upper and lower 45 Independent; smooth gait, no crepitus Occasional assist but can walk independently Occasional assist but can walk independently

NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient has normal response to touch and sensation in UE and LE bilaterally AOx3 Normal rate, tone, clear understanding Good; can hear, smell, taste and see. Full consciousness; alert, attentive, can follow commands
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):**	 Talking with wife and daughter Normal for older population Christian – believes there is a higher power Lives at home with wife and daughter who assist with care. Pt feels safe at home

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P*	Resp Rate	Temp**	Oxygen
Admission	85 bpm	126/60 mmHg	18 bpm	39.3 C	94%
10/14/19 at 1320	81 bpm	137/77 mmHg	17 bpm	36.3 C	97%

***Right arm, automatic**
****Tympanic**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
Admission	Numerical 0-10	NA	0/10	NA	NA
10/14/19 at 1320	Numerical 0-10	NA	0/10	NA	NA

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock

Size of IV: 18 gauge **Location of IV:** Central line, right chest **Date on IV:** 10/11/19	
Patency of IV:	Patent: no noted edema, redness, or pain
Signs of erythema, drainage, etc.:	No signs of erythema or drainage, IV patent
IV dressing assessment:	IV site has no swelling and is easily flushable

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Oral intake: 1,711.33 mL	Urine output: 1,050 mL

Balance: 661.33 mL

Nursing Care

Summary of Care (2 points)

Overview of care

Procedures/testing done: Blood transfusion (10/11/2019), Chest x-ray 2 views (10/11/19), CT Abdomen & Pelvis with contrast (10/12/19), and CT Chest with contrast (10/12/19).

Complaints/Issues: Patient was sent to ED with C/O fever and low WBC count.

Vital signs (stable/unstable): Upon admission patient had unstable vital signs of a blood pressure of 126/60 mmHg, temperature of 39.3 C, and oxygen level of 94%. On 10/14/19 at 1320 patients' vital signs were stable.

Tolerating diet, activity, etc.: Patient was able to tolerate the neutropenic diet and needed no assistance with ambulation. Patient does have a walker and cane and will use it PRN.

Physician notifications: No noted

Future plans for patient: Patient will return home and be complient with appointments scheduled at the cancer center.

Discharge Planning (2 points)

Discharge location: Patient lives at home with his wife and daughter who assist with care. Patient feels safe at home.

Home health needs (if applicable): None needed.

Equipment needs (if applicable): None needed.

Follow up plan: Patient will continue neutropenic diet and follow proper infection prevention.

Education needs: Proper management of his Diabetes Mellitus, gout and hyperlipidemia.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions?

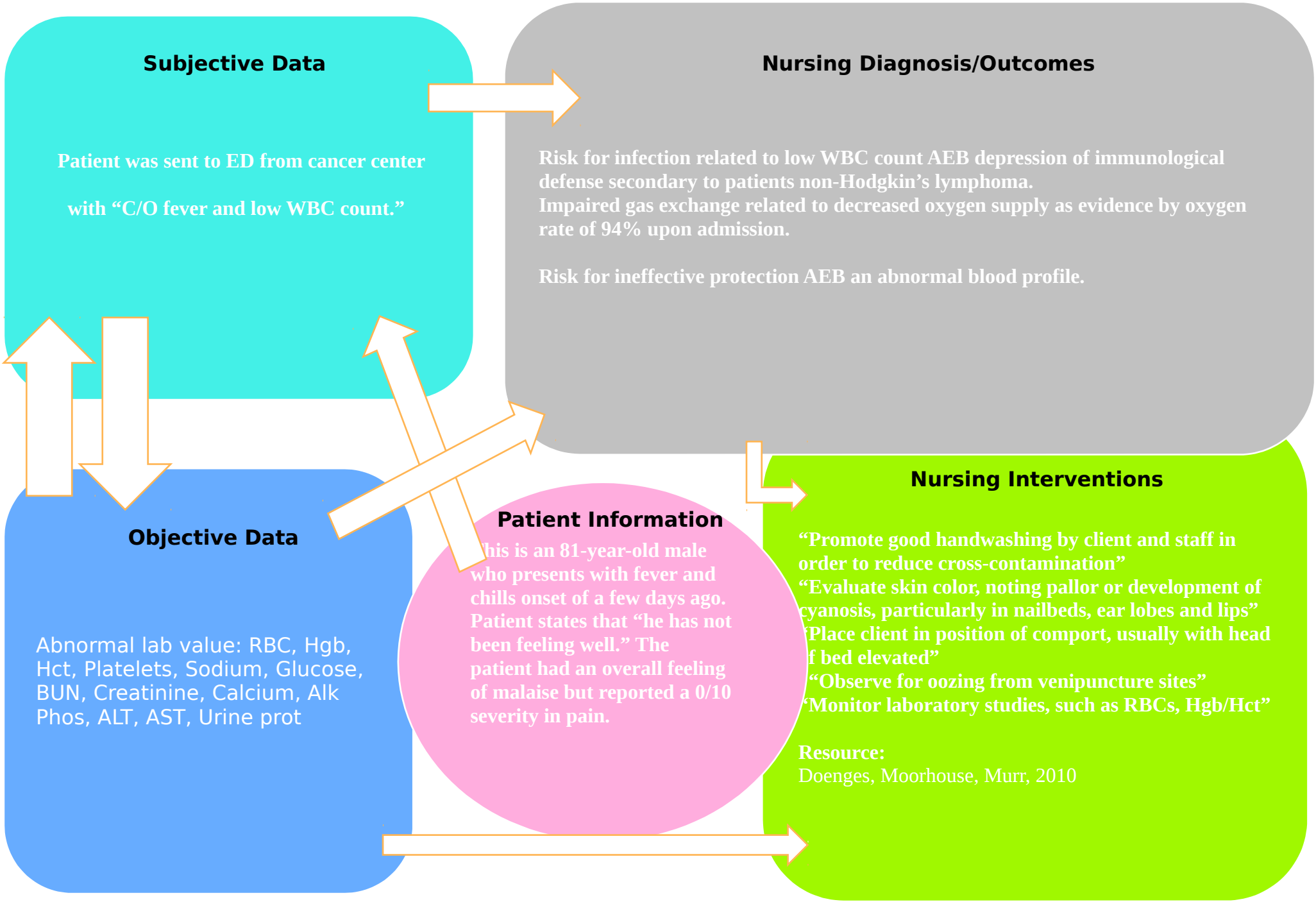
evidenced by" components			• Client response, status of goals and outcomes, modifications to plan.
1. Risk for infection related to low WBC count AEB depression of immunologic al defense secondary to patients non-Hodgkin's lymphoma. (Doenges, Moorhouse, Murr, 2010).	Patient has a low WBC count of <0.5 k/mcl.	1."Promote good handwashing by client and staff in order to reduce cross-contamination" (Doenges, Moorhouse, Murr, pg.546) 2."Assess skin integrity"(Doenges, Moorhouse, Murr, pg.546)	1.Patient understood the teaching proper handwashing on 10/14/19. 2.Patient skin is warm, pink and dry upon assessment on 10/14/19.
2. Impaired gas exchange related to decreased oxygen supply as evidence by oxygen rate of 94% upon admission (Doenges, Moorhouse, Murr, 2010)..	Patient had a low oxygen rate of 94% upon admission to the unit. "Proliferation of WBCs can reduce oxygen-carrying capacity of the blood" Doenges, Moorhouse, Murr, pg.531).	1**.** **"**Evaluate skin color, noting pallor or development of cyanosis, particularly in nailbeds, ear lobes and lips" (Doenges, Moorhouse, Murr, pg.531). 2.**"**Place client in position of comport, usually with head of bed elevated" (Doenges, Moorhouse, Murr, pg.531).	1. Patient showed no signs of cyanosis or clubbing noted in hands or LE, bilaterally, assessed 10/14/19. 2. Patient had an improved Oxygen rate of 97% after interventions on 10/14/19.
3. Risk for ineffective protection AEB an abnormal blood profile (Doenges, Moorhouse, Murr, 2010).	Patient has decreased RBC production and survival, as well as altered clotting factors and low platelet count.	1. **"**Observe for oozing from venipuncture sites" (Doenges, Moorhouse, Murr, pg.555). 2. **"**Monitor laboratory studies,	1. Patient has no signs of erythema or drainage, IV patent, IV site has no swelling and is easily flushable. IV assessed on 10/14/19

		such as RBCs, Hgb/Hct" (Doenges, Moorhouse, Murr, pg.555).	2. Patients lab studies are still low AEB RBC count: 3.27 mcl, Hgb: 9.7 g/dL, Hct: 28.4% on 10/14/19

Other References (APA):

Doenges, M. E., Moorhouse, M. F., & Geissler-Murr, A. (2010). *Nursing care plans: guidelines for individualizing client care across the life span* (Eight). Philadelphia: F.A. Davis Co.

Concept Map (20 Points):


Subjective Data
Patient was sent to ED from cancer center
with "C/O fever and low WBC count."
Nursing Diagnosis/Outcomes
Risk for infection related to low WBC count AEB depression of immunological defense secondary to patients non-Hodgkin's lymphoma.
Impaired gas exchange related to decreased oxygen supply as evidence by oxygen rate of 94% upon admission.
Risk for ineffective protection AEB an abnormal blood profile.
Objective Data
Abnormal lab value: RBC, Hgb, Hct, Platelets, Sodium, Glucose, BUN, Creatinine, Calcium, Alk Phos, ALT, AST, Urine prot
Patient Information
This is an 81-year-old male who presents with fever and chills onset of a few days ago. Patient states that "he has not been feeling well." The patient had an overall feeling of malaise but reported a 0/10 severity in pain.
Nursing Interventions
"Promote good handwashing by client and staff in order to reduce cross-contamination"
"Evaluate skin color, noting pallor or development of cyanosis, particularly in nailbeds, ear lobes and lips"
"Place client in position of comport, usually with head f bed elevated"
"Observe for oozing from venipuncture sites"
"Monitor laboratory studies, such as RBCs, Hgb/Hct"
Resource:
Doenges, Moorhouse, Murr, 2010