N321 Care Plan # 2

Lakeview College of Nursing

Name: Kayley Sollers

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
10/21/19	A.W.	49 Y.O.	F
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
CAUCASIAN	HOME HEALTH TECH	ENGAGED	MOBIC (MELIOXICAN)
Code Status	**Height**	**Weight**	
FULL	5'1"	173 LB	

Medical History (5 Points)

Past Medical History: Bipolar disorder; COPD; depression; glaucoma; obstructive sleep apnea; on CPAP; tobacco use.

Past Surgical History: Bladder suspension, ovarian cyst surgery, endoscopy.

Family History: Not sure of her parents' history.

Social History (tobacco/alcohol/drugs): The patient smokes one pack/day for about twenty years. She does not use alcohol or drugs.

Assistive Devices: The patient does not use any assistive devices.

Living Situation: The patient lives at home with her fiancé.

Education Level: Health Care Certificate.

Admission Assessment

Chief Complaint (2 points): Abdominal pain.

History of present Illness (10 points): The patient is a 49-year old Caucasian female with a history of COPD, bipolar disorder, diabetes mellitus who came to the emergency department with epigastric pain for two days. The patient reports having some nausea, vomiting, but no burning with urination, no fever, or chills. The patient reports urination, moving quickly, and palpitation worsens symptoms. The patient denies taking any medications for the alleviation of symptoms. She admitted to having some "Italian beef with popcorn" before this episode. The patient denies any history of gallstones. The patient was given Dilaudid for pain, as well as Fentanyl. Ultrasound was performed with sludge noted, admitted for further evaluation, pain control, and treatment if necessary.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pancreatitis produced gallstones.

Secondary Diagnosis (if applicable): N/A

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

Pancreatitis is an inflammation of the pancreas. The pancreas is located behind the stomach in the upper abdomen next to the small intestine. The pancreas does two main things: releases digestive enzymes into the small intestine to help the body digest food and releases insulin and glucagon into the bloodstream. Pancreatitis can be acute or chronic. Pancreatitis occurs when digestive enzymes begin working before the pancreas releases them, irritating the cells of the pancreas, which indicates inflammation. Pancreatitis is commonly associated with excessive intake of alcohol, trauma, and obstruction of pancreatic ducts by gallstones.

The onset of pancreatitis may trigger symptoms such as fever, tachycardia, nausea, and vomiting, swollen and tender abdomen, pain in the upper part of the abdomen that radiates to the back. The patient's blood will be drawn to measure the digestive enzymes amylase and lipase. If the results come back high, that will indicate pancreatitis. Other tests may include ultrasound, CT scan, MRI, or biopsy. Typical treatments are antibiotics, IV fluids, a low-fat diet, and pain medication. The patient may have to have a cholecystectomy to remove the gallbladder.

The treatment of pancreatitis often involves hospitalization. It is essential to provide healing time for the pancreas. The patient will most likely receive IV fluids and sometimes a nasogastric feeding tube. A low-fat diet plays a significant role in recovering the pancreas. Small meals throughout the day will put minimal stress on the digestive system. Keeping hydrated is vital in helping the body heal.

In my patients' case, this diagnosis is reasonable as she has all of the common signs such as vomiting, nausea, abdominal pain radiating to the back, and increased lipase levels. During her admission, the tests to confirm this diagnosis that were completed were ultrasound, CT of the abdomen, and Chest X-ray. The patient will continue to be monitored and remain on a clear-liquid diet until the physician makes a conclusive decision if cholecystectomy is necessary. The cessation of smoking will be a component my patient will be educated on to help with the healing process to speed it up and complete it.

Pathophysiology References (2) (APA): Pancreatitis. (2019, September 7). Retrieved October 25, 2019, from

https://www.mayoclinic.org/diseases-conditions/pancreatitis/symptoms-causes/syc-20360227.

Hinkle, J.L., Cheever, K.H. (2018). ***Brunner & Suddarth's Textbook of Medical-Surgical Nursing (14th ed.)*****. Philadelphia, PA: Wolters Kluwer.**

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	3.50 – 5.20 10^6/uL	4.95	4.57	
Hgb	11.0 – 16.0 g/ dL	15.2	14.1	
Hct	34.0 – 47.0%	47.4	43.7	
Platelets	140 – 400 10^3/u/L	336	294	
WBC	4.00 – 11.00 10^3/uL	14.64	7.96	Pancreatitis: Infection
Neutrophils	55-70%			
Lymphocytes	20-40%	29.2	49.1	Sign of infection
Monocytes	2-8%	5.3	7.2	
Eosinophils	1-4%	0.9	1.5	
Bands	1-5%			

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-	**136 – 145 mmol/L**	**136**	**140**	
K+	**3.5 – 5.1 mmol/L**	**4.1**	**3.9**	
Cl-	**98 – 107 mmol/L**	**102**	**105**	
CO2	**21.0 – 32.0 mmol/l**	**26.9**	**27.4**	
Glucose	**60 – 99 mg/ dL**	**98**	**87**	
BUN	**7 – 18 mg/dL**	**9**	**8**	
Creatinine	**0.60 – 1.30 mg/dL**	**0.96**	**0.83**	
Albumin	**3.5 - 4.8 gm/dl**			
Calcium	**8.5 – 10.1 mg/dL**	**8.6**	**8.7**	
Mag	**1.7 -3.4mg/ dl**			
Phosphate	**2.5 - 4.5 mg/dL**			
Bilirubin	**0.2 - 0.8**			
Alk Phos	**38 - 126 U/ L**			
AST	**15 – 37 U/L**	**15**	**16**	
ALT	**12 – 78 U/L**	**24**	**19**	

Amylase	**23 - 85 (U/L)**			
Lipase	**11 - 82**	**445**		**Due to pancreatitis**
Lactic Acid	**0.5 - 1 mmol/L.**			

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

NONE THIS ADMISSION

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR				
PT				
PTT				
D-Dimer				
BNP				
HDL				
LDL				
Cholesterol				
Triglycerides				
Hgb A1c				
TSH				

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

NONE THIS ADMISSION

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.

NONE THIS ADMISSION

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture				
Blood Culture				
Sputum Culture				

Stool Culture				

Lab Correlations Reference (APA): Abarra, J. (2018, February 2). Laboratory Values and Interpretation - A Nurse's Ultimate Guide. Retrieved October 29, 2019, from https://www.nursebuff.com/laboratory-values-for-nurses/.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Ultrasound of Abdomen, CT of Abdomen, Chest X-ray.

Diagnostic Test Correlation (5 points): These tests are necessary for my patient to be able to identify the medical need of treatment. They were able to give concise information that helps us with conclusion of treatment needing to be performed. The Chest X-ray shows that there was no obstruction or masses causing the nausea or vomiting or active disease. The CT shows no acute abnormalities. Lastly, the Abdominal ultrasound showed sludge in the gallbladder with minimal wall thickening which could be the result of abdominal pain complaints.

Diagnostic Test Reference (APA): Testing and Diagnosis. (2019). Retrieved October 29, 2019, from https://pancreasfoundation.org/patient-information/acute-pancreatitis/acute-pancreatitis-testing-and-diagnosis/.

Current Medications (10 points, 1 point per completed med)

10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	Tylenol (acetaminophen)	ProAir (albuterol neb)	Augmentin (amoxicillin)	Seroquel (quetiapine)	Klonopin (clonazepam)
Dose	325 mg	2 puffs	250 mg	200 mg	0.5 mg
Frequency	Q4	Q4-6h prn	Q12h	BID	TID
Route	PO	Inhaled	PO	PO	PO
Classification	Antipyretic, non-opioid analgesic	Beta-2 Agonists	Antibiotic-penicillin	Antipsychotic, mood stabilizer	Benzodiazepine
Mechanism of Action	Acetaminophen relieves pain by elevating the pain threshold.	Interact with B receptors in bronchial muscle to stimulate release of enzyme AMP which in turn relaxes the muscle, slower acting than epi, maybe given with epi.	Fights bacteria in the body.	Dopamine and serotonin antagonist	Work on the brain enhancing the effects of GABA, a chemical that is naturally calming.
Reason Client Taking	Pain relief	Along with catecholamine in acute attacks, airway maintenance and asthma and chronic bronchitis	Infections	Bipolar disorder	Anxiety
Contraindications (2)	Caution if renal impairment. Caution if hepatic impairment.	Caution if Hypokalemic. Caution if patient has diabetes mellitus.	Contraindicated in patient with sever history of hypersensitivit	The use of Seroquel should be avoided in combination with drugs	Patient should caution if sever hepatic impairment. Patient should avoid abrupt

			y. **Contraindicated in patients with a previous history of cholestatic jaundice/hepatic dysfunction.**	**known to increase QT interval. Seroquel may antagonize the effects of levodopa and dopamine agonists.**	**withdrawal.**
Side Effects/Adverse Reactions (2)	**Hepatoxicity** **Thrombocytopenia**	**Anxiety** **Tachycardia and dysthymias**	**Severe stomach pain** **Skin rash or hives**	**Mood or behavior changes** **Weight gain**	**Respiratory depression** **Drowsiness**
Nursing Considerations (2)	**Do not exceed 4 grams per day. Acetadote is the antidote for overdose.**	**Longer acting than epi. Teach related to method given, inhaler, neb, monitor patients, acute setting.**	**Contraindicated with penicillin allergy. Amoxicillin is excreted by the kidneys- monitor renal labs.**	**May cause neurolytic malignant syndrome. May cause QT prolongation.**	**Perform a full assessment on the patient. Assess for any hypersensitivity to the drug. Monitor renal labs.**

Hospital Medications (5 required)

Brand/Generic	**Cosopt (timolol)**	**Lamictal (lamotrigine)**	**Metformin (fortamet)**	**Protonix (pantoprazole)**	**Paxil (paroxetine)**
Dose	**1 gtt**	**200 mg**	**500 mg**	**40 mg**	**20 mg**
Frequency	**BID**	**QD**	**BID**	**TID**	**QAM**
Route	**Eye drops**	**PO**	**PO**	**PO**	**PO**
Classification	**Ophthalmic glaucoma agent**	**Anticonvulsant**	**Biguanide**	**Proton-pump inhibitor**	**Selective serotonin reuptake inhibitors (SSRIs)**
Mechanism of Action	**Decrease elevated intraocular pressure by reducing aqueous humor**	**Inhibits the stimulation of voltage-sensitive sodium channels.**	**Helps to restore the body's proper response to the insulin the body**	**Prevent the transport of H ions into the gastric lumen; decreases gastric acid production.**	**Prevents the reuptake of serotonin by nerve cells after it has been released.**

	secretion.		**produces.**		
Reason Client Taking	**Reducing pressure inside the eye.**	**Bipolar disorder**	**Control blood sugar levels**	**Decreases the amount of acid in the stomach**	**Anxiety**
Contraindications (2)	**Caution if hypertensive. Caution if pulmonary disease.**	**Avoid abrupt withdrawal. Caution if pregnant.**	**Caution if metabolic acidosis. Caution if diabetic ketoacidosis.**	**Caution if long-term use. Caution if hypomagnesemia.**	**Should not take if also taking pimozide or thioridazine. Hypersensitivity to the drug.**
Side Effects/Adverse Reactions (2)	**Blurred vision** **Sensitivity of the eyes to light**	**Stevens-Johnson syndrome** **Severe rash**	**Lactic acidosis** **Diarrhea**	**Blurred vision** **Fruit-like breath odor**	**Suicidality** **Depression exacerbation**
Nursing Considerations (2)	**Patient with low endothelial cell counts are at increased risk for corneal edema. Preexisting cardiac disease increases the risk of adverse reactions.**	**Use caution with oral contraceptive use. Assess the patient's mental status.**	**Patient should not use if severe kidney disease. If x-ray or CT scan needs to be performed, metformin needs to be temporarily stopped while they inject the dye into the veins.**	**Can cause hyperglycemia. May decrease the absorption of certain drugs. Assess liver enzymes.**	**Monitor for mood changes. Do not use a MAO inhibitor within 14 days before or 14 days after taking Paxil.**

Medications Reference (APA): Health and Medical Information Produced by Doctors. (2019). Retrieved October 29, 2019, from https://www.medicinenet.com/script/main/hp.asp.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**AWAKE ALERT ORIENT X4. NO ACUTE DISTRESS NOTED. OVERALL APPERANCE LYING COMFORTABLY IN BED.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 0** **Drains present: Y☐ N ☒** **Type:**	**SKIN IS UNIFORM IN COLOR, PINK, INTACT, WARM DRY. NO PRESCENSE OF FOUL ODOR. HAS GOOD SKIN TURGOR. TEMPERATURE IS WITHIN NORMAL LIMIT. NO RASHES, BRUISES, OR WOUNDS NOTED. BRADEN SCORE: 0. NO DRAINS PRESENT.**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**HEAD IS ROUND; NORMOCEPHALLIC, SYMMETRICAL. NO MASSES, NODULES, DEPRESSIONS WHEN PALPATED. FACE APPEARS SMOOTH, UNIFORM CONSISTENCY, NO MODULES, MASSES NOTED. AURICLES NON-TENDER. PERRLA. NORMAL NASAL MUCOSSA. GOOD DENTITION.**
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:**	**S1, S2. NO MURMURS AUSCULTATED. NO RUBS, OR GALLOPS NOTED. PULSES EQUAL BILATERALLY. CAP REFILL LESS THAN 3 SECONDS. NO NECK VEIN DISTENTION. NO EDEMA.**

Capillary refill: **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**CTA. NO RALES OR RHONKI AUSCULTATED. NO USE OF ACCESSORY MUSCLE. BREATH SOUNDS CLEAR BILATERALLY. NO REPORTED SOB.**
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:**	**SOFT NON-TENDER. NO ORGANOMEAGLY NOTED. BOWEL SOUNDS X4. LAST BM 10/21/2019. NORMAL HOME DIET. CURRENT CLEAR LIQUID DIET. HEIGHT IS 5'1". WEIGHT IS 173 LBS. NO DISTENTION, INCISIONS, SCARS, DRAINS, WOUNDS INSPECTED. NO OSTOMY, NASOGASTRIC TUBE, OR FEEDING TUBE.**
GENITOURINARY (2 Points):	**NO ABNORMALITIES NOTED. URINE**

Color: **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**YELLOW/CLEAR. NEGATIVE FOR PAIN OR PROBLEMS WITH URINATION. NO DIALYSIS. NO CATHETER. INSPECTION OF GENITALS WITHIN NORMAL LIMITS.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 0** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	**EQUAL STRENGTH BILATERALLY. NO PEDAL EDEMA, NO CALF TENDERNESS. NO USE OF SUPPORTIVE DEVICES. STEADY AMBULATION. FALL RISK SCORE: 0. INDEPENDENT. PATIENT IS ABLE TO COMPLETE ADL'S.**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:**	**NO SIGN OF ABNORMAL, MAEW, PERRLA. STRENGTH EQUAL BILATERALLY WITH ARMS AND LEGS. A/O X4. SPEECH, SENSORY, LOC WITHIN NORMAL LIMITS. MY PT IS ENGAGED AND LIVES WITH FIANCE.**

Speech: **Sensory:** **LOC:**	
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):**	**NORMAL MENTATION AND AFFECT. NO SUICIDAL IDEATION. COPING METHODS INCLUDE READING, PRAYING, WALKING. HEALTH CARE CERTIFICATE. PT IS NONDENOMINATIONAL. REPORTS GOOD SUPPORT SYSTEM. .**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1300	**98**	**130/65**	**18**	**33.5ºC (92.3ºF)**	**96 %** **ROOM AIR**
1600	**85**	**142/73**	**18**	**37.1ºC (98.8ºF)**	**95 %** **ROOM AIR**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1300	**0/10**	**URQ ABD**	**4/10**	**DULL; STEADY; TENDER**	**PT DENIED INTERVENTION AT THIS TIME**
1600	**0/10**	**URQ ABD**	**3/10**	**DULL; STEADY; TENDER**	**PT DENIED INTERVENTIONS AT THIS TIME**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	**THE SIZE OF THE IV IS A 20 GAUGE. 0.9% SODIUM CHLORIDE. LOCATION OF IV IS THE POSTERIOR RIGHT HAND. THE DATE ON THE PATIENT'S IV IS 10/22/19. THE IV IS PATENT, CORRECTLY PLACED, ALLOWING THE TREATMENT TO FLOW DIRECTLY INTO THE PATIENTS VEIN. NO SIGNS OF ERYTHEMA OR DRAINAGE ASSESSED. IV DRESSING IS CLEAN, DRY, AND INTACT.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
2332.07 mL	**300 mL**

Nursing Care

Summary of Care (2 points)

Overview of care: The patient's vital signs are stable. Patient remains on a clear-liquid diet until schedule of cholecystectomy. Patient rates pain last on a 0/10 scale as a 3/10. The pain is dull, steady and tender in the abdomen. The patient states she is more relaxed toward the end of the day.

Procedures/testing done: The patient had a CT scan, ultrasound, and chest x-ray performed.

Complaints/Issues: The patient has complaints of not being able to smoke. Other than that, the patient is very nice and does not have other complaints or issues.

Vital signs (stable/unstable): The patient's vital signs have remained stable.

Tolerating diet, activity, etc.: The patient is tolerating the clear-liquid diet until further notice of scheduled cholecystectomy. The patient is independent.

Physician notifications: The physician has scheduled a cholecystectomy for October twenty-third at eight in the morning.

Future plans for patient: The patient will have the cholecystectomy surgery and then will be discharged home assuming that all goes well with the procedure.

Discharge Planning (2 points)

Discharge location: After cholecystectomy the patient will be discharged home where she lives with her fiancé.

Home health needs (if applicable): The patient is independent. There will not be any home health needs for the patient.

Equipment needs (if applicable): The patient does not need any equipment needs; not applicable.

Follow up plan: The follow-up will be set with the patient's primary.

Education needs: The patient has been provided education on post-surgical diet restrictions. The patient has been educated on the risks of smoking and caffeine pre-surgery and post-surgery.

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. Risk for infection r/t cholecystectomy a.e.b. surgical incision.	**Avoid wound contamination and subsequent infection.**	**1.Apply sterile dressing to surgical wound to avoid infection.** **2.Promptly clean wound post discharge.**	**Patient's incision site remains free of edema, tenderness, warmth, drainage.** **Patient's wound edges are approximated, and evidence of dehiscence is absent.**
2. Risk for acute pain r/t cholecystectomy a.e.b. laparoscopy with angiogram.	**To minimize or relieve pain post-surgery.**	**1. Assess patient's vital signs and symptoms of pain and administer pain medication, as prescribed. Monitor and record the medication's effectiveness and adverse effects.** **2.Collaborate with patient in administering prescribed analgesics when alternative methods of pain control are inadequate.**	**Assessment allows for care plan modification, as needed.** **Gaining patient's trust and involvement helps ensure compliance and may reduce medication intake.**

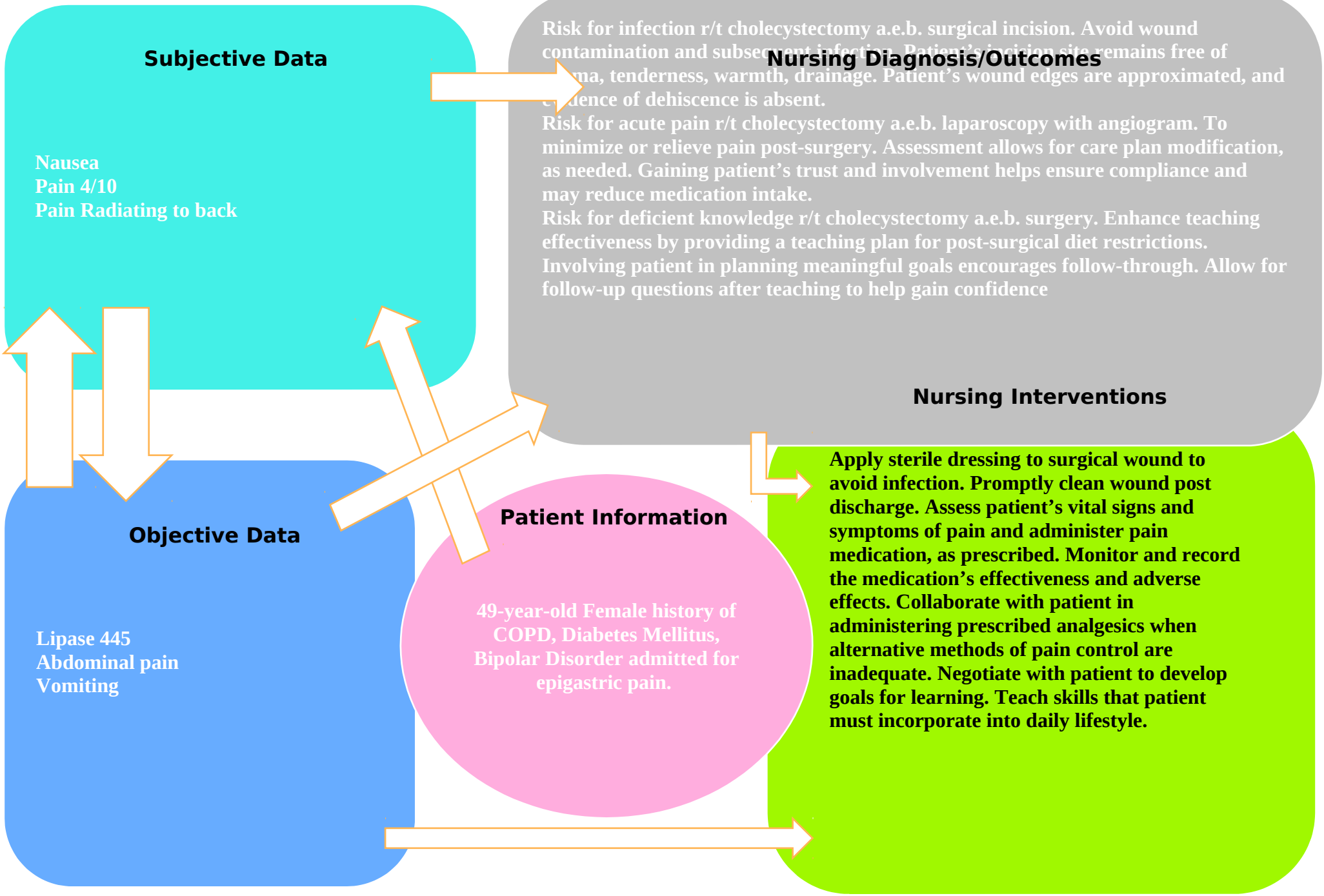
3. Risk for deficient knowledge r/t cholecystectomy a.e.b. surgery.	**Enhance teaching effectiveness by providing a teaching plan for post-surgical diet restrictions.**	**1. Negotiate with patient to develop goals for learning.** **2 Teach skills that patient must incorporate into daily lifestyle.**	**Involving patient in planning meaningful goals encourages follow-through.** **Allow for follow-up questions after teaching to help gain confidence.**

Other References (APA): Lippincott Williams & Wilkins. (2013). ***Spark & Taylors:***

Nursing diagnosis reference manual (9th ed.)**. London.**

Concept Map (20 Points):

N321 Care Plan



N321 Care Plan

N321 Care Plan