N311 Care Plan # 4

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 09/24/19	Patient Initials AR	Age 93	Gender Female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Married	Allergies Clonidine Amlodipine Atrvastatin Pneumocaccal vaccine
Code Status DNR	Height 5'2"	Weight 115 lbs	

Medical History (5 Points)

Past Medical History: Celiac disease, anemia, coronary artery disease, hyperlipidemia, hypertension

Past Surgical History: Femoral surgery (2008)

Family History: Father passed of a heart attack, mother passed of heart failure. All siblings have history of heart problems and more than half have had/currently have cancer. Family has history of diabetes.

Social History (tobacco/alcohol/drugs): Client has never smoked, said she used to enjoy an occasional glass of wine with dinner when she was younger, but does not drink anything anymore.

Admission Assessment

Chief Complaint (2 points): Pain on shoulder and nose

History of present Illness (10 points):. Client fell at home on 9/20/19 after tripping over her walker. As a result of her fall she suffered from a nasal fracture and a right humerus fracture. After she fell her daughter, who she lives with, called 911 and an ambulance took her to Carle Hospital the same day. She did not have any surgery because of her age. Client said pain was intense and she could not lift her right arm when the fall happened.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Fractured nasal and humerus

Secondary Diagnosis (if applicable): Celiac disease

Pathophysiology of the Disease, APA format (20 points): I have already done a pathophysiology on fractures, so I am doing this one on Celiac disease.

Celiac disease is an immune reaction to eating gluten, a protein found in wheat, barley, and rye. Eating gluten triggers an immune response in the small intestine, over time, this reaction damages the small intestine's lining and prevents it from absorbing some nutrients. The intestinal damage often causes diarrhea, fatigue, weight loss, bloating and anemia. There can lead to serious complications.

The actual cause of celiac disease is unknown. A person's genes, eating foods with gluten, and other factors all contribute to celiac disease. There are times when celiac disease can become active after surgery, pregnancy, childbirth, a viral infection, or even after severe emotional stress. Celiac disease is tends to occur more in people who have a family member with celiac disease, those who have type 1 diabetes, people with down syndrome or turners syndrome, someone with an autoimmune thyroid disease, a person with microscopic colitis, and someone with Addison's disease.

Most people with celiac disease are not aware that they have it until they have tests done. There are two blood tests that can diagnose it, serology testing and genetic testing. Serology testing looks for antibodies in the blood. Elevated levels or certain antibody proteins indicate an immune reaction to gluten. If either of those tests indicate celiac disease, it is very likely that an endoscopy or a capsule endoscopy will be ordered following the tests. An endoscopy is a test

that uses a long tube with a camera on the end that is put into the mouth and passed through the throat. The doctor can then view the small intestine and take a biopsy to analyze the damaged villi. A capsule endoscopy uses a wireless camera that is swallowed to take pictures of the entire small intestine as it passes through your body.

Treatment for celiac disease is a strict, life long gluten free diet. This is the only real way to manage celiac disease. Gluten can be hidden in foods, medications, and even nonfood products. It can be in lipstick products, toothpaste, mouthwash, play dough, envelope and stamp glue, and prescription and over the counter medications. It is essential to remove gluten from the diet because it is the only way to truly reduce inflammation in the small intestine. Steroids can be used to control inflammation as well, they can ease severe signs and symptoms of celiac disease while the intestine heals.

The client has celiac disease. She is not able to eat gluten without feeling sick. Because she has celiac disease she is anemic. The client found out that she had celiac disease when she kept having a very upset stomach all the time. After taking gluten out of her diet she soon felt much much better.

Pathophysiology References (2) (APA):

Celiac disease. (2019, September 16). Retrieved form https://www.mayoclinic.org/diseases-conditions/celiac-disease/diagnosis-treatment/drc-20352225.

What is Celiac Disease? (n.d.). Retrieved from https://celiac.org/about-celiac-disease/what-is-celiac-disease/.

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	3.5-5.2	3.07	None	Anemic
Hgb	11.0-16.0	9.0	None	Anemic
Hct	34.0-47.0	27.8	None	Anemic
Platelets	140-400	239	None	
WBC	4.00-11.00	6.81	None	
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145	139	None	
K+	3.5-5.1	3.9	None	
Cl-				
CO2				
Glucose				
BUN	7-18	26	None	Suggest impaired kidney function
Creatinine	.55-1.02	1.16	None	High levels suggest kidney disease or other conditions that affect kidney function

Albumin		**No lab results given**	**None**	
Calcium	**8.5-10.1**	**9.0**	**None**	
Mag		**No lab results given**	**None**	
Phosphate				
Bilirubin				
Alk Phos				

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

Lab Test	**Normal Range**	**Value on Admission**	**Today's Value**	**Reason for Abnormal**
Color & Clarity		*		
pH		**Not available***		
Specific Gravity		*		
Glucose		*		
Protein		*		
Ketones		*		
WBC		*		
RBC		*		
Leukoesterase		*		
Glomerular Filtration Rate estimate values of 31 and 37. Suggest chronic kidney disease because less than 60.				

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture		*		
Blood Culture		*NO CULTURE ON FILE		
Sputum Culture		*		
Stool Culture		*		

Lab Correlations Reference (APA):

Blood Urea Nitrogen (BUN). (n.d.). Retrieved from https://labtestsonline.org/tests/blood-urea-nitrogen-bun.

Creatinine. (n.d.). Retrieved from https://labtestsonline.org/tests/creatinine.

Sodium. Retrieved from https://labtestsonline.org/tests/sodium.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Client received a CT Brain W/O Contrast on 9/20/19. Findings showed no acute intracranial abnormality identified, but an acute right nasal bone fracture. The same day she had a CT Face bones W/O Contrast. Findings showed an acute right nasal bone fracture and a moderate paranasal sinus disease. The last testing she had was an XR Shoulder right AP/Grashey/Y-view that showed that there was an acute comminuted fracture involving the right humeral neck. There was no evidence for shoulder dislocation.

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

Medications (5 required)

Brand/Generic	Amlodipine (Norvasc)	Hydrocodone-acetaminophen	Lovastatin	Cyclobenzaprine	Cholecalciferol (Vitamin D3)
Dose	2.5 mg	1 tablet	10 mg	5 mg	1,000 units
Frequency	1 tablet/day	1 tablet every 4 hours PRN	1 tablet/day	1 tablet 3xday	1 tablet/day
Route	PO	PO	PO	PO	PO
Classification	Antianginal, antihypertensive	Pain reliever and Analgesic	Antiatherosclerotic, antrihyperlipidemic	Skeletal muscle relaxant	Vitamin
Mechanism of Action	Binds to dihydropyridine and nondihydrophyridine cell membrane receptor sites on myocardial and vascular smooth muscle cells and inhibits influx of extracellular calcium ions across slow calcium channels.	Binds to and activates opiod receptors at sites in the periaquaductal and periventricular gray matter, the ventromedial medulla, and the spinal cord to produce pain relief	Interferes with the hepatic enzyme hydroxymethylglutaryl-coenzyme A reductase. Reduces the formation of mevalonic acide, thus interrupting the pathway which cholesterol is synthesized.	Acts in the brain stem to reduce or abolish tonic muscle hyperactivity	Functions as prohormone
Reason Client Taking	Treat her hypertension	To help with pain from her bone fractures	Lower LDL	Relieve muscle spasms	Helps body absorb calcium and phosphorus
Contraindications (2)	Aliskiren therapy in patients with diabetes or renal	Acute bronchial asthma or hypercarbia, significant	Acute hepatic diseast, unexplained elevated	Acute recover phase of MI, arrhythmias	Kidney stones, Sarcoidosis

	impairment, hypersensitivity to amlodipine or its components	respiratory depression	liver enzymes		
Side Effects/Adverse Reactions (2)	Chest pain, hypotension	Depression, cough	Asthenia, blurred vison	Diaphoresis, confusion	Muscle weakness, bone pain

Medications Reference (APA):

Cholecalciferol (Oral Route) Side Effects. (2019, June 1). Retrieved from https://www.mayoclinic.org/drugs-supplements/cholecalciferol-oral-route/side-effects/drg-20088484.

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

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Client appears alert and oriented, AOx3. She appeared to be in no distress, client is well groomed.**
INTEGUMENTARY: **Skin color: Normal for race** **Character: Age spots** **Temperature: Warm and pink** **Turgor: < 3 seconds** **Rashes: None** **Bruises: None** **Wounds: Scabs healing on face from fall** **Braden Score: 20** **Drains present: Y☐ N ■**	**Client is at low risk for skin breakdown according to the Braden scale.**

Type:	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Client's head and neck are symmetrical, WDL. Wears eye glasses. Auricles are pink and moist. Nares are intact. No missing teeth.**
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses: 2+ throughout** **Capillary refill: < 3 sec** **Neck Vein Distention: Y ☐ N ■** **Edema Y ■ N ☐** **Location of Edema: In ankles**	**Clear S1 and S2 sounds without murmurs, gallops, or rubs. PMI @ 5th intercostal space.**
RESPIRATORY: **Accessory muscle use: Y☐ N ■** **Breath Sounds: Location, character**	**Respirations are nonlabored. No crackles or wheezes.**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height: 5'6"** **Weight: 115 lbs** **Auscultation Bowel sounds:** **Last BM: 1040 this morning** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention: None** **Incisions: None** **Scars: None** **Drains: None** **Wounds: None** **Ostomy: Y ☐ N ■** **Nasogastric: Y ☐ N ■** **Size:** **Feeding tubes/PEG tube Y ☐ N ■** **Type:**	**Client has a gluten free diet at home and at Clark Lindsey. Bowel sounds heard in all 4 quadrants.**

GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ■** **Dialysis: Y ☐ N ■** **Inspection of genitals:** **Catheter: Y ☐ N ■** **Type:** **Size:**	**Urine is light yellow. No pain during urination, no catheter. Client voided one time during my visit.**
MUSCULOSKELETAL: **Neurovascular status:** **ROM: Active** **Supportive devices:** **Strength: full weight bearing for legs, non weight bearing for right arm** **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☒**	**Client uses a walker and wheelchair to ambulate and requires assistance to stand. Attends therapy at least twice a day. She is a fall risk according to her fall score.**
NEUROLOGICAL: **MAEW: Y ☐ N■** **PERLA: Y ■ N☐** **Strength Equal: Y ☐ N ■ if no -** **Legs ☐ Arms ■ Both ☐** **Orientation: AOx3** **Mental Status:** **Speech:** **Sensory: hearing aids and glasses** **LOC: AOx3**	**Client responds to questions when asked. Pupils are equal and reactive to light and accommodation. Client's speech is clear and sensory is intact. Not MAEW because of healing right shoulder.**
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):**	**Client is Caucasian and identifies as Catholic. She claims that religion is very important to her and is her whole life. She lives with her daughter and has four other children. In her free time she lives to do puzzles, play cards, and be wheeled outside for fresh air.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

1141	**63/min**	**101/63**	**18/min**	**98.0**	**96%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1141	**Numerical 0-10**	**Shoulder**	**4/10**	**Dull, achy**	**ROM for circulation**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Client ate 100% of breakfast, 120 ml of water	**Client voided once during my visit BMx1 L during my shift**

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

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. **Decreased mobility**	**Related to: fractured humerus as evidenced by sling on right arm, non weight bearing**	**1. Teach proper body alignment 2. Practice ROM**	**Client sits up right, not hunched over. This insures proper alignment. Goal met. She is trying to gain her strength back. She went to therapy during my visit. Goal met.**
2. **Risk for imbalanced nutrition**	**Related to: celiac disease as evidenced by "I cannot tolerate**	**1. Give food without gluten 2. Teach client about alternative**	**Client knows what she can and cannot eat. Clark Lindsey has her on a gluten free diet. Goal**

	gluten”	**diets to work around gluten**	**met.**

Other References (APA):

Swearingen, P. L. (2016). *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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