

N311 Care Plan #4

Lakeview College of Nursing

Joey Runde

Demographics (5 points)

Date of Admission 09/15/19	Patient Initials J.A.S	Age 91	Gender Male
Race/Ethnicity Caucasian	Occupation Post Office	Marital Status Single	Allergies Sulfonamides, Cut Grass
Code Status DNR	Height 5 Feet 10 Inches	Weight 112.95 kg	

Medical History (5 Points)

Past Medical History: Hole in left retina, Macular degeneration, fractured tibia, Type II

Diabetes, Hypertension, Urinary Tract Infection, Atrial Fibrillation, Cataracts, Pneumonia

Past Surgical History: Lung Tap, Appendectomy, Tonsils, Adenoids, Tubes in sinuses,

Hernia, Gall Bladder Removal, Cataracts, Ear Drum Surgery, Lesion Removal

Family History: Mother (Deceased)- tumor on skull, Father (Deceased)- Colon Cancer, MI

Social History (tobacco/alcohol/drugs): The patient states he does not use tobacco, alcohol, or drugs.

Admission Assessment

Chief Complaint (2 points): Urinary Tract Infection

History of present Illness (10 points):

The patient complains of having a UTI that started on September 10. He states that along with the UTI he has experienced syncope and a loss of balance. He denies any alleviating factors and any aggravating factors. For the treatment he was given an antibiotic called Cipro in order to get rid of the urinary tract infection. The patient states that his pain right now is a 0 out of 10

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Urinary Tract Infection

Secondary Diagnosis (if applicable): N/A.

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

Any blockage of urinary outflow can cause a Urinary Tract Infection (UTI). Stagnant urine is one of the major causes that can cause a UTI in an individual. Voiding freely and often will help decrease the chance of developing a UTI. Also, the immunoglobulin A helps prevent the bacteria in the bladder wall. When the host defenses are overcome, the urine acts as a place for bacteria to grow. The bacteria E. Coli takes place in about 70-95% of UTI's. Staphylococcus saprophyticus, Klebsiella, Proteus, Pseudomonas, and Enterococcus faecalis are other bacteria that will cause a UTI. Uropathogenic bacteria will stick to the bladder, grow, and fight against the defense of the bladder. The bacteria have outer surfaces that help stay alive against the pH of the urine. The bacteria will then make hemolysins and cytotoxic necrotizing factors that will make their way up to the bladder. They will travel in big groups and change the pH of the urine to form struvite staghorn calculi in the kidney. Some of the things that will cause a UTI are a sexual intercourse, chronic voluntary suppression of urination, urinary tract obstruction, instrumentation of the urinary tract, use of catheters not drained to gravity, and vesicoureteral reflux. In males, UTIs are very rare when they take place. The most likely reason that a UTI will take place in older men is due to the stasis of urine. This is usually caused by obstruction of the urethra due to the BPH. Catheters and drug-resistant pathogens often cause hospital UTIs. Polymicrobial infections are the ones that will show resistant to the antibiotics. Also, the urosepsis invasion of the bloodstream could be due to a

UTI in older men. The urosepsis usually takes place in individuals with long-term indwelling urinary catheterization.

Some of the common signs and symptoms a UTI will show are dysuria, frequency, urgency, urinary retention, and hematuria. In males, a patient can experience severe spasms and referred pain in the glans of the penis. My patient did not experience the typical signs and symptoms. The symptoms he experienced was confusion, syncope, and slight discomfort. To diagnose a UTI, a urine culture needs to be taken. A positive UTI urine culture will usually show RBC, positive leukocyte esterase, and nitrates. My patient was given a urine culture to show that he was positive for a UTI. The treatment that is given for a UTI is usually an antibiotic. Also, they are recommended to drink a lot of fluids. The treatment that my patient received was the antibiotic Cipro.

Pathophysiology References (2) (APA):

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

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.

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
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RBC	4.0-4.9 mcL	N/A	N/A	N/A
Hgb	12-15 g/dL	N/A	N/A	N/A
Hct	36-47 %	N/A	N/A	N/A
Platelets	150-400 x 10⁹/L	N/A	N/A	N/A
WBC	4-10 x 10⁹/L	N/A	N/A	N/A
Neutrophils	2-8 x 10⁹/L	N/A	N/A	N/A
Lymphocytes	1-4 x 10⁹/L	N/A	N/A	N/A
Monocytes	0.2-0.8 x 10⁹/L	N/A	N/A	N/A
Eosinophils	<0.5 x 10⁹/L	N/A	N/A	N/A
Bands	<1.0 x 10⁹/L	N/A	N/A	N/A

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	N/A	N/A	N/A
K+	3.5-5 mmol/L	N/A	N/A	N/A
Cl-	95-105 mmol/L	N/A	N/A	N/A
CO2	23-29 mEq/L	N/A	N/A	N/A
Glucose	70-110 mg/dL	N/A	N/A	N/A
BUN	8-21 mg/dL	N/A	N/A	N/A
Creatinine	0.8-1.3 mg/dL	N/A	N/A	N/A
Albumin	3.4-5.4 g/dL	N/A	N/A	N/A

Calcium	8.5-10.2 mg/dL	N/A	N/A	N/A
Mag	1.5-2 mEq/L	N/A	N/A	N/A
Phosphate	0.8-1.5 mmol/L	N/A	N/A	N/A
Bilirubin	2-20 µmol/L	N/A	N/A	N/A
Alk Phos	50-100 U/L	N/A	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	N/A	N/A	N/A
pH	4.5-8.0	N/A	N/A	N/A
Specific Gravity	1.005-1.025	N/A	N/A	N/A
Glucose	≤130 mg/d	N/A	N/A	N/A
Protein	≤150 mg/d	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	≤2-5 WBCs/hpf	N/A	N/A	N/A
RBC	≤2 RBCs/hpf	N/A	N/A	N/A
Leukoesterase	Negative	N/A	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	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (APA):

Laboratory Values. (n.d.). Retrieved from <https://globalrph.com/laboratory-values/>

Urinalysis: Reference Range, Interpretation, Collection and Panels. (2019, July 3).

Retrieved from <https://emedicine.medscape.com/article/2074001-overview>

Lab Values, Normal Adult: Laboratory Reference Ranges in Healthy Adults. (2019, May

29). Retrieved from <https://emedicine.medscape.com/article/2172316-overview>

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

My patient received a urine culture to show that he was positive for a UTI. A positive UTI will show positive Leukocyte esterase, positive nitrates, and RBCs. A negative urine culture will show none of them. My patient's urine ended up showing positive for bacteria and having a UTI.

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

Current Medications (10 points, 2 points per completed med)

5 different medications must be completed

Medications (5 required)

Brand/Generic	Losartan Potassium (Cozaar)	Tylenol (Acetaminophen)	Cipro (Ciprofloxacin)	Gabapentin (Neurontin)	Eliquis (Apixaban)
Dose	50 mg	650 mg	500 mg	600 mg	5 mg
Frequency	1 tab q.a.d	2 tab every 4-6 hours prn	1 tab every 12 hours for 5 to 7 days	1 tab daily with food	1 tablet twice daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	Angiotensin II Receptor Blocker	Antipyretic and Analgesic	Fluoroquinolone	GABA Analogue	Anticoagulant
Mechanism of Action	Blocks binding of Angiotensin II to receptor sites	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral system	Inhibit the enzyme DNA gyrase, which is responsible for the unwinding and supercoiling of bacterial DNA before it replicates. This causes the bacterial cells to die.	GABA inhibits the rapid firing of neurons associated with seizures. It may also prevent exaggerated responses to painful stimuli.	Inhibits free and clot-bound factor Xa and prothrombinase activity.
Reason Client Taking	To reduce Blood Pressure	To relieve mild to moderate pain	To treat a UTI	To manage postherpetic neuralgia or to treat moderate to severe restless legs syndrome	To reduce the risk of stroke and systemic embolism.
Contraindications (2)	1. Concurrent Aliskiren Therapy 2. Hypersensitivity to losartan	1. Severe hepatic impairment 2. Severe active liver disease	1. Myasthenia gravis 2. Concurrent therapy with tizanidine	1. Hypersensitivity to Gabapentin 2. Hypersensitivity to Gabapentin components	1. Active pathological bleeding 2. Severe hypersensitivity to Eliquis
Side Effects/Adverse	1. Dizziness 2. Hypotension	1. Hypotension 2. Atelectasis	1. Atrial Flutter 2. Myocardial	1. Palpitations 2. Vasodilation	1. Hemorrhagic 2. Excessive

Reactions (2)			Infarction		Bleeding
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Medications Reference (APA):

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

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Very Alert Alert & Orient x 4 Patient is not under any stress Patient looks well kept
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:	Normal except discoloration on right foot (yellow/greenish) Loose, intact, and elastic Normal Temperature (Warm) Skin Turgor is good and returns No apparent rashes No apparent bruises Two wounds on buttocks Scored a 22- No Risk Yes Bed sores on buttocks
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Normocephalic, no rashes, or lesions Intact (Slight cerumen build up) Pupils were equal, round, accommodated each other, and reacted to light. Turbinate's were red with drainage Missing a lot of teeth- Patient complain his teeth are not good
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill:	Normal Sounds (Irregular Heart Beat) No murmurs Irregular Heart Beat Radial Pulse +2, Pedal Pulse +1 Capillary Refill was good and less than 3

<p>Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Edema Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Location of Edema:</p>	<p>seconds</p> <p>No</p> <p>Yes</p> <p>Bilateral Lower Legs</p>
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	<p>No</p> <p>Clear lung sounds through all lobes</p>
<p>GASTROINTESTINAL:</p> <p>Diet at home:</p> <p>Current Diet</p> <p>Height:</p> <p>Weight:</p> <p>Auscultation Bowel sounds:</p> <p>Last BM:</p> <p>Palpation: Pain, Mass etc.:</p> <p>Inspection:</p> <p> Distention:</p> <p> Incisions:</p> <p> Scars:</p> <p> Drains:</p> <p> Wounds:</p> <p>Ostomy: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p> Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/></p> <p> Type:</p>	<p>Regular Diet (Low Sugar)</p> <p>Regular Diet (Low Sugar)</p> <p>5 Feet 10 Inches</p> <p>112.95 kg</p> <p>Bowel sounds were normal in all 4 quadrants</p> <p>10:00 a.m. yesterday</p> <p>No pain or masses with palpation</p> <p>No apparent distention</p> <p>Gall Bladder incision and appendectomy incision</p> <p>Scars from gall bladder removal and appendectomy surgery</p> <p>No apparent drains</p> <p>No apparent wounds</p> <p>No ostomy</p> <p>No nasogastric tube</p> <p>No feeding tubes/ PEG tube</p>
<p>GENITOURINARY:</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p> Type:</p> <p> Size:</p>	<p>Normal</p> <p>Client states color looked normal</p> <p>N/A</p> <p>Yes, the patient states he has a little discomfort.</p> <p>No dialysis</p> <p>No catheter used</p>
<p>MUSCULOSKELETAL:</p> <p>Neurovascular status:</p> <p>ROM:</p>	<p>Pulse in all extremities, except bilateral pedal pulse was not palpable</p> <p>Full Range of Motion</p>

Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input 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"/>	Wheelchair and Walker Strong in all extremities Yes Yes Patient scored a 50- she is on a low fall risk Patient gets up on her own with use of walker Yes, he is independent No assistance needed No support needed
NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	Yes Yes, Pupil were equal, round, accommodated, and reacted to light. Yes, strength was equal Alert & Orient x 4 Normal Normal No numbness Very Responsive
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):	Patient is not under any stress Well Developed Presbyterian- means a lot to the patient Yes, has a lot of family support from his daughter

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
10:50	78 BPM L. Radial	136/62 mm/Hg L. Arm	12 BPM	37.06°C Temporal	99%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions

10:50	0-10	Right Leg	3-4	Dull & Achy Pain	Tylenol
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Intake and Output (2 points)

Intake (in mL)	Output (in mL)
N/A	N/A

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. Decreased peripheral tissue perfusion related to swelling and as evidenced by the patient stating that his lower legs have swelling in them.</p>	<p>Due to the patient having swelling in his lower legs.</p>	<p>1. Assess the patient for increase pain, swelling, and changes in the skin</p> <p>2. Provide the patient with his diuretic medicine.</p>	<p>1. The patient's swelling did not increase, there was not any pain, and there weren't any color changes in the skin.</p> <p>2. The patient was given the diuretic and the swelling in his lower legs decreased.</p>
<p>2. Potential for falls related to the pain in his legs and as evidenced by the client saying that his leg pain was a 3 or a 4.</p>	<p>Due to the patient having leg pain.</p>	<p>1. Make sure the patient uses his walker and wheelchair at all times.</p> <p>2. Give the patient some Tylenol to help get his pain to a zero.</p>	<p>1. The patient was able to limit the fall due to using his assistive devices when needed</p> <p>2. The patient was given Tylenol when his pain was increased and it helped decrease his pain.</p>

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):

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.

Subjective Data

The patient states that he has swelling in legs
I am having pain in my legs
I am having drainage in my nose
I use a walker and a wheelchair to get around
I have bed sores on my buttocks

Nursing Diagnosis/Outcomes

Decreased peripheral tissue related to swelling in the lower legs.
Decrease the swelling in the lower legs.
Potential for falls due to the pain in the patient's legs.
Make sure the patient doesn't have any falls.
Decreased mobility due to the weakness in the patient's legs.
Increase the patient's mobility.

Objective Data

The patients BP showed 136/62 mmHG
The patient's right foot was discolored
The bowel sounds were normal
The patients pulse 78 BPM
The patient's turbinate was red
The patient had a slight cerumen build up in his ear canal

Patient Information

A 91-year-old male is admitted due to developing a Urinary Tract Infection.

Nursing Interventions

Have the patient take his diuretic to help decrease the swelling in his legs.
Make sure the patient knows how to use his walker and wheelchair properly.
Have the patient walk around to increase his strength in his legs.



