

N311 Care Plan #5

Lakeview College of Nursing

Marianne Florido

Demographics (5 points)

Date of Admission 9/29/19	Patient Initials R.S.	Age 2/25/1943 – 76 y/o	Gender Male
Race/Ethnicity White/Caucasian	Occupation Not employed	Marital Status Widowed	Allergies Sulfa antibiotics Norco Lipitor
Code Status No CPR	Height 5'8"	Weight 154 lbs	

Medical History (5 Points)

Past Medical History: Parkinson's, Type II diabetes, HTN, UTI, BPH

Past Surgical History: Transurethral resection of the prostate (TURP) surgery, cystoscopy, Hip -open reduction internal fracture (ORIF) surgery

Family History: N/A

Social History (tobacco/alcohol/drugs): Pt reports he does not use tobacco. He used to drink alcohol occasionally and he does not use drugs.

Admission Assessment

Chief Complaint (2 points): Fall

History of present Illness (10 points): Richard is a 76 y/o male with history of Parkinson's and BPH, who was admitted for confusion, frequent falls, and diarrhea. Onset: About 1 month ago pt fell at his home on 9/29/19. Location: fell on right side, hitting hip. Duration: 3 weeks pt was treated in the hospital, then pt was admitted to Clark-Lindsey for rehab. Characteristics: throbbing, dull pain. Aggravating: hurts with movement. Relieving: nothing has been done. Treatment: physical rehabilitation. Pt was dx with UTI. Pt is on Keflex for UTI. Pt has mild neck pain on and off, uses Lidocaine patch. Pt is tired after therapy today. Pt has no other major concerns today.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):UTI

Secondary Diagnosis (if applicable): AMS (due to UTI)

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

Urinary tract infections (UTI) can involve the urethra, prostate, bladder, or kidneys. About 95% of UTIs occur when bacteria ascends the urethra to the bladder and in the case of nephritis, ascend the ureter to the kidney (Capriotti, 2015). The rest of UTI's are carried throughout the blood and affect the circulatory system. The most common bacteria that causes a UTI is Escherichia coli or E. coli. There is also Proteus UTI which is most commonly associated with urinary catheterization (Capriotti, 2015). The pt has an indwelling foley catheter and I'm sure this was a significant factor in his UTI. In this pt's case, he is considered to have a "complicated UTI". A UTI is considered complicated if the pt is a child, is pregnant, or has any of the following: a structural or functional urinary tract abnormality and obstruction of urine flow, a comorbidity that increases risk of acquiring infection or resistance to treatment (i.e. poorly controlled diabetes, chronic kidney disease), or recent instrumentation or surgery of the urinary tract (Imam, 2018). The pt recently had TURP surgery because his prostate was enlarged and he had difficulty urinating, which was most likely a large contributor to his UTI.

E. coli, a bacteria found in stool, causes 70% to 95% of upper and lower UTIs (Capriotti, 2015). The most common cause of UTI in elderly men is stasis of urine caused by obstruction of the urethra because of BPH. The pt had BPH and received TURP surgery because of it. Some other common causes of UTI include: urinary catheterization, sexual intercourse, diaphragm and spermicide use, antibiotic use, and history of UTIs.

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Common signs and symptoms of UTI include: dysuria, urethral discharge (primarily in men), frequency, urgency, burning or painful voiding, nocturia, suprapubic or low back pain. In acute pyelonephritis, the pt may present with chills, fever, flank pain, colicky abdominal pain, nausea and vomiting (Imam, 2018). In elderly pts, an indwelling catheter may present with sepsis and delirium. The pt was very altered and dizzy which resulted in his fall.

There are some diagnostic testing used to confirm for UTI and these include urinalysis and sometimes a urine culture. In more critically ill patients, as in the instance of sepsis, typically CBC, electrolytes, lactate, BUN, creatinine and blood cultures are gathered. The pt had a urinalysis completed with elevated WBC's and E. coli found in his urine culture.

UTI requires antibiotics to kill the bacteria. Occasionally surgery is done to drain the abscess, correct underlying structural abnormalities, or relieve obstruction of whatever is causing the problem (Capriotti, 2015).

Pathophysiology References (2) (APA):

Capriotti, Theresa M. and Frizzell, Joan Parker, "Pathophysiology: Introductory Concepts and Clinical Perspectives" (2015). *Faculty Bookshelf*. 75.

<https://hsrc.himmelfarb.gwu.edu/books/75>

Imam, Talha H., et al. "Bacterial Urinary Tract Infections (UTIs) - Genitourinary Disorders." *Merck Manuals Professional Edition*, (June 2018). Retrieved from: www.merckmanuals.com/professional/genitourinary-disorders/urinary-tract-infections-utis/bacterial-urinary-tract-infections-utis.

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	4.10 - 5.70	4.10	* Unable to obtain	
Hgb	12.0 – 18.0	13.0	*	
Hct	37.0 – 51.0%	39.9 %	*	
Platelets	140-400	279	*	
WBC	4.00 – 11.00	11.35	*	The pt's WBC is increased because of his body's response to UTI
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	141	*Unabl e to obtain	
K+	3.5 – 5.1	3.5	*	
Cl-	98 - 107	107	*	
CO2	21.0 – 32.0	25	*	

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Glucose	60-99	165 ↑	*	His glucose is high because he has type II diabetes.
BUN	7-18	18	*	
Creatinine	0.70-1.30	0.92	*	
Albumin	3.4-5.0	3.5	*	
Calcium	8.5-10.1	8.6	*	
Mag	1.6-2.6	1.7	*	
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	Yellow & clear			**Couldn't find these lab results, however chart noted that he had elevated WBC and bacteria E. coli found
pH	4.6-8.0 average 6.0			
Specific Gravity	1.010-1.025			
Glucose	<0.5 g/day			
Protein	0-8 mg/dl			
Ketones	none			
WBC	none			
RBC	<2			

Leukoesterase	negative			
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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	Neg <10k bacteria/mL urine Pos >10k bacteria/mL urine			UTI: E. coli found, urine culture with >10k GNB
Blood Culture				None*
Sputum Culture				*
Stool Culture				*

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). Mosbys diagnostic and laboratory test reference. St. Louis, MO: Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

XR Pelvis : mild degenerative changes in the sacroiliac joints and both hip joints. Postsurgical changes in the right femoral neck.

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)

Brand/ Generic	Gabapentin/ neurontin	Vitamin D3/calcifer ol	Vitamin B12/Cyanocob alamin	Carbidopa- levodopa/ sinemet	Polyethyle ne glycol/ Glycolax, Miralax
Dose	300 mg	5,000 units- 1 cap	1,000 mcg	10-100 mg	17 g-1 packet
Frequency	2x daily	1x day	2x day	3x day	Take 1 packet daily PRN
Route	P.O.	P.O.	P.O.	P.O.	P.O.
Classificatio n	anticonvulsant	Mineral	Mineral	Decarboxyl ase inhibitors	Laxative
Mechanism of Action	Inhibits the rapid firing of neurons associated with seizures.	Fortifies the body with vitamin D supplementa tion	Fortifies the body with vitamin B12 supplementati on	Changes into dopamine in the brain, helping to control movement. Carbidopa prevents the breakdown of levodopa in the bloodstrea m so more levodopa can enter the brain.	Functions as an osmotic agent, causing excess water to be retained in the stool, stimulatin g a bowel movement
Reason Client Taking	For restless legs syndrome	To treat vit D deficiency	For vit B12 deficiency	For Parkinson's disease	For constipatio n
Contraindic ations (2)	Hypersensitivit y to gabapentin or its components,	Biliary, GI, or liver disease associated	Incompatible with drugs such as ascorbic acid,	Antipsychot ic drugs, hypertensiv ity to MAO	Known or suspected bowel obstructio

	CNS depression	with malabsorption of Vit D analogues	chlorpromazine and hydrochloride	inhibitors	n; hypersensitivity to polyethylene glycol
Side Effects/ Adverse Reactions (2)	Asthenia, fatigue	Nausea, vomiting	Blurred vision, rosacea	Dyspnea, arrhythmias	Nausea, abdominal bloating

Medications Reference (APA):

Institute for Safe Medication Practices: ISMP Medication Safety Alert. <http://www.ismp.org/>.

Jones & Bartlett Learning. (2019). 2019 Nurse’s Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Alert and oriented to time, place, and person x3 No distress Well-groomed and appropriately dressed
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Pink Dry/Normal Warm Normal turgor 2+ None None None 19
HEENT: Head/Neck: Ears: Eyes: Nose:	Head and neck symmetrical, normal cephalic Patient’s ears are free of discharge, negative hearing loss, eyes symmetrical EOM, nose symmetry, no deviation, teeth well-groomed.

<p>Teeth:</p>	
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>Heart sounds normal S1 and S2, no murmurs, gallops, or rubs detected in S3 and S4. Capillary refill is less than 3 seconds. Peripheral pulses 2+ symmetric. No neck vein distention No sign of edema</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Respirations are regular, even and nonlabored, symmetrical, no wheezes or crackles noted.</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Normal diet, no restrictions 5'8" 154 lbs Bowel sounds are normoactive in all 4 quadrants 4 days ago No CVA tenderness No abnormalities found upon inspection for distention, incision, scars, drains, or wounds.</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size: n/a</p>	<p>Yellow Not cloudy but clear 100 mL Indwelling catheter (no size listed)</p>

<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" 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"/></p>	<p>Normal ROM Strength in both upper and lower extremities, legs slightly weak None</p> <p>n/a</p> <p>Walks with walker, uses gait belt with assistance</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Cognitive of space, time, and location Articulative speech Mature and cognitive Alert No gross focal neurological deficits</p>
<p>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):</p>	<p>Family: wife Mature Christian Wife stays in room with pt and sleeps on a separate cot next to him. She helps him with ADL's.</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0923	98	132/72	17	98.3 F	95%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0935	Numeric 0-10	Neck pain	2/10	Throbbing, dull pain	Lidoderm patch

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Milk 8oz = 236 mL (P.O.)	100 mL (urine from foley)
Scrambled eggs, bacon, raisen toast, 50% of breakfast	BM= x0

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. Immobility: physical, decreased</p>	<p>Related to recent fall, as evidenced by: pt stating, “I fell at home and could not get up by myself.”</p>	<p>1. Turn neck from side to side with 2 neck rolls (counterclockwise and clockwise), relieving his neck pain will in turn help with posture and gait</p> <p>2. Assist pt when needed when unsteady gait or weakness is noted</p>	<ul style="list-style-type: none"> Goal met: Patient tolerated the intervention well. He was able to complete the neck exercise. Goal met: I assisted the pt from bed to his chair since he has weakness.

<p>2. Pain, acute</p>	<p>Related to hip fx surgery, as evidenced by: pt mentioning, 'I'm not as quick or as strong as I used to be when I walk.'</p>	<p>1. Take approximately 10 ft walk with walker and gaitbelt</p> <p>2.5 arm lifts with 6 total lifts (3 each leg) 2x in shift</p>	<ul style="list-style-type: none">• Goal partially met. Patient tolerated the plan well. Pt took a few steps but we were interrupted because PT came in room to get him for therapy.• Goal partially met. Pt was able to do the exercises and tolerated them well. Only complete 1x in shift instead of 2x.
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Other References (APA):

Concept Map (20 Points):

Subjective Data

Pt states, "I feel very weak and I'm unable to walk like I used to. I have been getting stronger from therapy but I still am not where I used to be. I have neck pain and it's rated 2/10."

Objective Data

Client's cc is dizziness and weakness related to his fall.
Vitals:
BP: 132/72
RR: 18
Temp: 98.3 F
SpO2%: 95 %
Pulse: 98

Patient Information

XR Pelvis : mild degenerative changes in the sacroiliac joints and both hip joints. Postsurgical changes in the right femoral neck.

Nursing Diagnosis/Outcomes

1. Immobility, physical, decreased: related to recent fall, as evidenced by: pt stating, "I fell at home and could not get up by myself." Goal met: Patient tolerated the intervention well. He was able to complete the neck exercise. Goal met: I assisted the pt from bed to his chair since he has weakness.
2. Pain, acute: related to hip fx surgery, as evidenced by: pt mentioning, "I'm not as quick or as strong as I used to be when I walk." Goal partially met. Patient tolerated the plan well. Pt took a few steps but we were interrupted because PT came in room to get him for therapy. •Goal partially met. Pt was able to do the exercises and tolerated them well. Only complete 1x in shift instead of 2x.

Nursing Interventions

Turn neck from side to side with 2 neck rolls (counterclockwise and clockwise), relieving his neck pain will in turn help with posture and gait
Assist pt when needed when unsteady gait or weakness is noted
Take approximately 10 ft walk with walker and gaitbelt
5 arm lifts with 6 total lifts (3 each leg) 2x in shift

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