

N311 Care Plan # 4

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 06/2019	Patient Initials JD	Age 67	Gender Male
Race/Ethnicity Caucasian	Occupation Factory Worker (retired)	Marital Status Divorced	Allergies NKDA
Code Status FULL	Height 5'10	Weight 81.7 kg	

Medical History (5 Points)

Past Medical History: Diabetes type 2

Past Surgical History: detriment and skin graft of left foot

Family History: Mother (deceased)- Heart failure

Father (deceased)- Stroke

3 living sisters with no known health problems

Social History (tobacco/alcohol/drugs): No use of alcohol, drugs or tobacco products

Admission Assessment

Chief Complaint (2 points):Left foot pain

History of present Illness (10 points):The pain in his left foot started in June of 2019. It started as a small blister. The pain is constant and it is dull and achy. The pain gets worse when bearing weight on it. It gets better when he rests it with zero pressure on it. He tried elevating it to help it and he also takes pain medications regularly.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):Necrotizing fasciitis

Secondary Diagnosis (if applicable):None

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

“Necrotizing fasciitis (NECK-re-tie-zing FASH-e-i-tis) is a rare bacterial infection that spreads quickly in the body and can cause death. Accurate diagnosis, rapid antibiotic treatment, and prompt surgery are important to stopping this infection.” (CDC, 2019) A patient could experience a small lesion on their skin at first that could cause pain and irritation. It tends to be red and elevated. It can be compared to the look of an infected hair follicle or small blister.

Streptococcus bacteria tends to be the main leader in cause of necrotizing fasciitis. This bacteria can get into the skin by cuts, burns, bites, puncture wounds, or surgical wounds.

My patient said that he originally started with a small blister on his foot. He has diabetes so he is more susceptible to getting foot wounds and then them escalating to something worse. He popped it and he then said it wouldn't heal. It began to hurt and seem to show signs of infection. It was red, hot, swollen and oozing pus. He did not go to the doctor for about a month. When he finally went to the doctor they tested it and found the bacteria and infection.

At this point the infection was severe and tissues began dying around the now wound. They ended up having to fight the infection with IV antibiotics and surgery to remove dead tissues. He has a wound vac on the foot to collect the infectious tissue and oozing

matter. The wound is cleaned periodically in order to keep the wound from getting any worse.

Pathophysiology References (2) (APA):

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

Necrotizing Fasciitis: Acting Fast Is Key. (2018, October 18). Retrieved from <https://www.cdc.gov/groupastrep/diseases-public/necrotizing-fasciitis.html>.

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	4.2-6.1			
Hgb	12.1-17.2			
Hct	36-50			
Platelets	150-400			
WBC	4.5-11		17	High- patient has an infection
Neutrophils	40-60		89	High- patient has infecton
Lymphocytes	20-40		9	Low- patient is anemic
Monocytes	2-8		1	Low- patient has a blood stream infection
Eosinophils	1-4			
Bands	0-3		1	

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			
K+	3.5-5			
Cl-	100-106			
CO2	24-30			
Glucose	70-110		292	High- patient ate too many carbs and has not had insulin
BUN	8-25			
Creatinine	.2-.9			
Albumin	3.4-5.4			
Calcium	8.6-10.3			
Mag	1.5-2.5			
Phosphate	2.5-4.5			
Bilirubin	0.1-1.2			
Alk Phos	20-140			

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	Pale yellow and clear			
pH	4.5-8			

Specific Gravity	1-1.035			
Glucose	Negative			
Protein	Negative			
Ketones	Negative			
WBC	Negative			
RBC	Negative			
Leukoesterase	Negative			

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			
Blood Culture	negative			
Sputum Culture	negative			
Stool Culture	negative			

Lab Correlations Reference (APA):

Albumin (Blood). (2019). Retrieved from

[https://www.urmc.rochester.edu/encyclopedia/content.aspx?](https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=167&contentid=albumin_blood)

[contenttypeid=167&contentid=albumin_blood](https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=167&contentid=albumin_blood)

ALP (Alkaline Phosphatase Level) Test. (2019). Retrieved from

<https://www.healthline.com/health/alp>

Blood differential test: MedlinePlus Medical Encyclopedia. (2019, September 11). Retrieved from

<https://medlineplus.gov/ency/article/003657.htm>

CBC blood test: MedlinePlus Medical Encyclopedia. (2019, September 11). Retrieved from

<https://medlineplus.gov/ency/article/003642.htm>

Normal Calcium Levels. (2019). Retrieved from

<https://www.uclahealth.org/endocrine-center/normal-calcium-levels>

Serum Phosphorus Test. (2019). Retrieved from

<https://www.healthline.com/health/serum-phosphorus>

Whitlock, J., & Msn. (2019, April 26). Chem 7 Blood Chemistry Tests: Basic Metabolic Panel.

Retrieved from <https://www.verywellhealth.com/blood-chemistry-tests-and-results-3156998>

Diagnostic Imaging

Brand/Generic	Invokana/ Canagliflozin	Tramadol/ Conzip	Ampacillin/ APO-Ampi	Gabapentin/ Gralise	Propranolol/ Hemangeol
Dose	100mg	50 mg	2g	300mg	10mg
Frequency	Daily	Q4	Q4	Daily	Q12
Route	Orally	Orally	IV	Orally	Orally
Classification	Antidiabetic agent	Analgesic	Antibiotic	Anticonvulsant	Antihypertensive agent
Mechanism of Action	“By inhibiting sodium-glucose cotransporter 2 (SGLT2) in the proximal renal	“Tramadol and its active metabolite (M1) binds to μ -opiate receptors in the CNS causing inhibition	“Inhibits bacterial cell wall synthesis by binding to one or more of the penicillin-binding proteins (PBPs) which	“High affinity gabapentin binding sites have been located throughout the brain; these sites correspond to the presence	“Nonselective beta-adrenergic blocker (class II antiarrhythmic); competitively blocks response to beta ₁ - and

	tubules, canagliflozin reduces reabsorption of filtered glucose from the tubular lumen and lowers the renal threshold for glucose (RT _G).” (Lexicomp, 2018)	of ascending pain pathways, altering the perception of and response to pain” (Lexicomp, 2018)	in turn inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell walls, thus inhibiting cell wall biosynthesis” (Lexicomp, 2018)	of voltage-gated calcium channels specifically possessing the alpha-2-delta-1 subunit. This channel appears to be located presynaptically, and may modulate the release of excitatory neurotransmitters which participate in epileptogenesis and nociception.” (Lexicomp, 2018)	beta ₂ -adrenergic stimulation which results in decreases in heart rate, myocardial contractility, blood pressure, and myocardial oxygen demand” (Lexicomp, 2018)
Reason Client Taking	Patient is a diabetic	Patient is in pain	Patient has infection	Patient has neuropathy	Patient has HTN
Contraindications (2)	Renal impairment Dialysis	Under 12 years old Respiratory depression	Hypersensitivity to med Infection caused by penicillinase producing organisms	Hypersensitivity to gabapentin hypersensitivity to any component of the formulation	Heart failure Cardiogenic shock
Side Effects/Adverse Reactions (2)	Fatigue Hypoglycemia	Constipation Dizziness	Skin rash Diarrhea	Weight gain Nausea	Bradycardia Dermal ulcers

All Other Diagnostic Tests (10 points):

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

Medications (5 required)

Medications Reference (APA):

Lexicomp. (n.d.). Retrieved from <https://online.lexi.com/lco/action/home>

Physical Exam (18 points)

GENERAL: Alertness: times 4 Orientation: times 4 Distress: not distressed Overall appearance: appropriate	
INTEGUMENTARY: Skin color: normal for ethnicity Character: intact and loose Temperature: warm Turgor: tented Rashes: none Bruises: bruising on hands bilaterally Wounds: Braden Score: 18 Drains present: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: wound vac	
HEENT: Head/Neck: normal cephalic Ears: intact Eyes: intact Nose: intact Teeth: no teeth present and doesn't wear dentures	
CARDIOVASCULAR: Heart sounds: normal S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): regular Peripheral Pulses: 2+ in right foot, 2+ in radial pulses, left foot not examined Capillary refill: under 3 seconds 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>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character Diminished breath sounds in lower lungs bilaterally</p>	
<p>GASTROINTESTINAL: Diet at home: regular Current Diet: regular Height: 5'10 Weight: 81.7 kg Auscultation Bowel sounds: normal Last BM: 9/31 in the AM Palpation: Pain, Mass etc.: no pain or masses with palpation Inspection: Distention: none Incisions: none Scars: none Drains: none Wounds: none 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>GENITOURINARY: Color: pale yellow Character: clear Quantity of urine: none on shift 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: not done Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	
<p>MUSCULOSKELETAL: Neurovascular status: Normal ROM: Full ROM in all extremities Supportive devices: wheelchair Strength: moderate strength ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 85 Activity/Mobility Status: up with 1 assist with gait belt to wheelchair</p>	

Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/>	
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 type="checkbox"/> N <input checked="" type="checkbox"/> if no - left leg is impaired due to injury Legs <input checked="" type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: times 4 Mental Status: appropriate for patient Speech: normal Sensory: normal LOC: fully conscious	
PSYCHOSOCIAL/CULTURAL: Coping method(s): fishing Developmental level: Appropriate for patient Religion & what it means to pt.: Christian, attends church regularly Personal/Family Data (Think about home environment, family structure, and available family support): Sister and niece are involved in care and come to visit often	

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0955	96	128/90	18	96.6f	98%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1030	Numeric Rating Scale	Left foot	7/10	Dull and aching	Rest and medication

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
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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. Acute pain related to operative debridement for necrotizing fasciitis as evidenced by the patient having surgery on left foot to remove dead tissues.</p>	<p>Patient is having constant pain because of his surgery.</p>	<p>1. Give patient scheduled analgesics</p> <p>2.Elevate limb in order to relieve associated pain</p>	<p>Patient was receptive to pain medication and rest which in turn lowered his pain rating.</p>
<p>2. Impaired physical mobility related to acute pain during recovery</p>	<p>Patient can no longer walk by himself because his left foot is injured.</p>	<p>1.. Work with physical therapy in order to increase mobility</p> <p>2.Work on improving ROM</p>	<p>Patient is compliant with therapy/exercises and understands the importance of it in his healing process.</p>

period as evidenced by patient rating pain at a 7/10.		when therapy is not in session	
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Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). In *All-in-One* (e, Vol. 5). St. Louis, MO: Elsevier.

Concept Map (20 Point)

Subjective Data

Patient cannot walk on his own anymore
Patient is wearing boot with a wound vac on it.
He says he is in pain constantly

Nursing Diagnosis/Outcomes

Acute pain related to operative debridement for necrotizing fasciitis as evidenced by the patient having surgery on left foot to remove dead tissues.
Impaired physical mobility related to acute pain during recovery period as evidenced by patient rating pain at a 7/10.

Objective Data

Patient has severe infection in his foot.
Patient has diabetes

Patient Information

Patient is elderly
Patient is male

Nursing Interventions

Give patient scheduled analgesics
Elevate limb in order to relieve associated pain\
Work with physical therapy in order to increase mobility
Work on improving ROM when therapy is not in session



