

N431 Care Plan #3

Lakeview College of Nursing

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11/6/2019

**Demographics (3 points)**

<b>Date of Admission</b> 10/30	<b>Patient Initials</b> KW	<b>Age</b> 83	<b>Gender</b> F
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> retired	<b>Marital Status</b> NM	<b>Allergies</b> None
<b>Code Status</b> full	<b>Height</b> 5'4	<b>Weight</b> 102 kg	

**Medical History (5 Points)**

**Past Medical History: cellulitis, hyperglycemia, HTN, obesity, PAD, RF**

**Past Surgical History: tonsillectomy, appendectomy**

**Family History: no family history of issues**

**Social History (tobacco/alcohol/drugs): none**

**Assistive Devices: walker**

**Living Situation: nursing home**

**Education Level: some college**

**Admission Assessment**

**Chief Complaint (2 points): patient fell and was bruised**

**History of present Illness (10 points): patient presents to ER from falling and right sided shoulder pain on 10/30 with past medical history of cellulitis, hyperglycemia, HTN, obesity, PAD, RF, her walker did not lock and that caused the patient to fall and show signs of bruising, a hematoma. Patient had jaundice and bone cancer which has metastasized to the liver and gallbladder. No further complications like short of breath, or chest pain.**

**Primary Diagnosis**

**Primary Diagnosis on Admission (2 points): jaundice, humeral surg neck fracture, lower leg cellulitis**

**Secondary Diagnosis (if applicable): none**

**Pathophysiology of the Disease, APA format (20 points): Cellulitis is a bacterial infection caused by a break in the skin that allows the bacteria to enter causing redness and swelling. The most common are strep pneumoniae and staph aureus. Symptoms include tenderness, swelling, warmth, bruising, fever, headache, weakness. This infection can be treated with rest, antibiotics, IV fluids, wet dressing applications, and sometimes surgery. To help prevent cellulitis it is highly recommended people practice good hygiene skills like showering regularly and washing hands as well as applying lotions to cracked skin. It is important to see your provider sooner than later to prevent the infection from going into the tissues and causing further damage to the blood which can result to amputation or even death.**

**Pathophysiology References (2) (APA):**

Cellulitis. (n.d.). Retrieved November 11, 2019, from <https://www.hopkinsmedicine.org/health/conditions-and-diseases/cellulitis>.

**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	3.8-5.3	3.9	3.8	
Hgb	12-15.8	13	13.5	

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<b>Hct</b>	<b>36-47</b>	<b>36</b>	<b>36</b>	
<b>Platelets</b>	<b>140-440</b>	<b>200</b>	<b>200</b>	
<b>WBC</b>	<b>4-12</b>	<b>6</b>	<b>7</b>	
<b>Neutrophils</b>	<b>47-73</b>	<b>47</b>	<b>47</b>	
<b>Lymphocytes</b>	<b>18-42</b>	<b>19</b>	<b>21</b>	
<b>Monocytes</b>	<b>4-12</b>	<b>5</b>	<b>5</b>	
<b>Eosinophils</b>	<b>0-5</b>	<b>4</b>	<b>4</b>	
<b>Bands</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	

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

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>Na-</b>	<b>133-144</b>	<b>137</b>	<b>137</b>	
<b>K+</b>	<b>3.5-5.1</b>	<b>3.8</b>	<b>3.8</b>	
<b>Cl-</b>	<b>98-107</b>	<b>98</b>	<b>99</b>	
<b>CO2</b>	<b>21-31</b>	<b>25</b>	<b>25</b>	
<b>Glucose</b>	<b>70-99</b>	<b>154</b>	<b>154</b>	<b>“High blood sugar can lead to cellulitis in patients or skin breakdown” (Cellulitis &amp; Diabetes, 2014).</b>
<b>BUN</b>	<b>7-25</b>	<b>24</b>	<b>25</b>	
<b>Creatinine</b>	<b>.5-1.0</b>	<b>.7</b>	<b>.7</b>	
<b>Albumin</b>	<b>3.5-5.7</b>	<b>3.9</b>	<b>3.9</b>	
<b>Calcium</b>	<b>8.8-10.2</b>	<b>8.8</b>	<b>8.9</b>	
<b>Mag</b>	<b>1.9-2.5</b>	<b>2.0</b>	<b>2.0</b>	

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<b>Phosphate</b>	<b>2.5-4.5</b>	<b>2.9</b>	<b>2.9</b>	
<b>Bilirubin</b>	<b>0.2-0.8</b>	<b>8.7</b>	<b>8.7</b>	<b>Exact reason for patient unknown as I did not get around to look up her reason “High levels due to liver inflammation in patient (Jaundice: Causes, symptoms, and treatments).</b>
<b>Alk Phos</b>	<b>34-104</b>	<b>67</b>	<b>68</b>	
<b>AST</b>	<b>13-39</b>	<b>17</b>	<b>17</b>	
<b>ALT</b>	<b>7-52</b>	<b>40</b>	<b>40</b>	
<b>Amylase</b>	<b>23-85</b>	<b>26</b>	<b>26</b>	
<b>Lipase</b>	<b>0-160</b>	<b>28</b>	<b>28</b>	
<b>Lactic Acid</b>	<b>140-280</b>	<b>160</b>	<b>n/a</b>	
<b>Troponin</b>	<b>&lt;0.4</b>	<b>.12</b>	<b>n/a</b>	
<b>CK-MB</b>	<b>&lt;12</b>	<b>6</b>	<b>n/a</b>	
<b>Total CK</b>	<b>30-200</b>	<b>70</b>	<b>n/a</b>	

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>INR</b>	<b>2-3</b>	<b>2.5</b>	<b>2.5</b>	
<b>PT</b>	<b>11-13</b>	<b>12</b>	<b>13</b>	
<b>PTT</b>	<b>25-36</b>	<b>25</b>	<b>25</b>	
<b>D-Dimer</b>	<b>&lt;250</b>	<b>176</b>	<b>175</b>	
<b>BNP</b>	<b>0-99</b>	<b>45</b>	<b>49</b>	

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<b>HDL</b>	<b>60</b>	<b>60</b>	<b>60</b>	
<b>LDL</b>	<b>60-130</b>	<b>67</b>	<b>71</b>	
<b>Cholesterol</b>	<b>&lt;200</b>	<b>167</b>	<b>170</b>	
<b>Triglycerides</b>	<b>&lt;150</b>	<b>130</b>	<b>130</b>	
<b>Hgb A1c</b>	<b>4-6.5</b>	<b>4.4</b>	<b>4.4</b>	
<b>TSH</b>	<b>.4-4</b>	<b>.8</b>	<b>.9</b>	

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Color &amp; Clarity</b>	<b>Yellow and clear</b>	<b>Yellow and clear</b>	<b>Yellow and clear</b>	
<b>pH</b>	<b>2.3-6.6</b>	<b>2.6</b>	<b>2.7</b>	
<b>Specific Gravity</b>	<b>1.015-1.025</b>	<b>1.02</b>	<b>1.02</b>	
<b>Glucose</b>	<b>Neg</b>	<b>neg</b>	<b>Neg</b>	
<b>Protein</b>	<b>Neg</b>	<b>neg</b>	<b>neg</b>	
<b>Ketones</b>	<b>Neg</b>	<b>neg</b>	<b>neg</b>	
<b>WBC</b>	<b>&lt;5</b>	<b>4</b>	<b>4</b>	
<b>RBC</b>	<b>&lt;5</b>	<b>4</b>	<b>4</b>	
<b>Leukoesterase</b>	<b>absent</b>	<b>absent</b>	<b>Absent</b>	

Arterial Blood Gas **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>pH</b>	<b>7.35</b>	<b>7.36</b>	<b>7.37</b>	

<b>PaO2</b>	<b>&gt;90</b>	<b>70</b>	<b>70</b>	
<b>PaCO2</b>	<b>35-45</b>	<b>37</b>	<b>36</b>	
<b>HCO3</b>	<b>22-26</b>	<b>25</b>	<b>25</b>	
<b>SaO2</b>	<b>95-100</b>	<b>100</b>	<b>100</b>	

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

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	<b>Neg</b>	<b>neg</b>	<b>Neg</b>	
<b>Blood Culture</b>	<b>Neg</b>	<b>neg</b>	<b>Neg</b>	
<b>Sputum Culture</b>	<b>Neg</b>	<b>neg</b>	<b>Neg</b>	
<b>Stool Culture</b>	<b>Neg</b>	<b>neg</b>	<b>neg</b>	

**Lab Correlations Reference (APA):** *Hinkle, J. L., & Cheever, K. H. (2018). Brunner & Suddarth's textbook of medical/surgical nursing. (14th. ed.). Philadelphia, PA*

Jaundice: Causes, symptoms, and treatments. (2017, October 31). Retrieved November 5, 2019, from <https://www.medicalnewstoday.com/articles/165749.php>.

Schneider, C. (2014, June 23). Cellulitis DiabetesCarenet. Retrieved from <http://www.diabetescare.net/authors/clara-schneider/cellulitis-and-diabetes>

### **Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):** chest x-ray, CT abdomen, XR shoulder, US abdomen, XR lumbar, XR hips

**Diagnostic Test Correlation (5 points):** culture showed diagnosis of facial cellulitis

**Diagnostic Test Reference (APA):**

Use of Blood Cultures in Patients with Cellulitis. (2000, April 15). Retrieved from <https://www.aafp.org/afp/2000/0415/p2517.html>.

**Current Medications (10 points, 1 point per completed med)  
\*10 different medications must be completed\***

**Home Medications (5 required)**

<b>Brand/ Generic</b>	Keflex/ cephalexin	Parafon forte/ chlorzoxazone	Flexeril/ cyclobenzaprin e	Bactrim/ sulfamet hoxazole	Tylenol/ acetaminophen
<b>Dose</b>	500 mg	500mg	10mg	800mg	650mg
<b>Frequen cy</b>	4x day	nightly	3x day prn	2x day	prn
<b>Route</b>	oral	Oral	Oral	oral	oral
<b>Classific ation</b>	cephalosporin	Skeletal muscle relaxer	Muscle relaxant	Antiprot ozoal	anti- inflammatory
<b>Mechani sm of Action</b>	Binds to cell membranes causing cell death	Suppresses CNS system	Reduces tonic muscle activity	Inhibits folic acid in bacteria	Inhibits prostaglandins
<b>Reason Client Taking</b>	Treat skin infection on chin	Reduces her muscle spasms	Reduces patient's muscle spasms	Takes it for wound infection	Reduce inflammation and pain with cellulitis
<b>Contrain dications (2)</b>	Penicillin allergies and caution for renal disease patients	Porphyria and caution in cardiac disorders	Cardiac disorders and hyperthyroidis m	Hx of thrombo cytopeni a and renal diseases	Alcohol products and liver disease
<b>Side</b>	Seizures, rashes	Dizzy, and	Fatigue and	Hyperkal	Agitation and

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<b>Effects/ Adverse Reactions (2)</b>		<b>bleeding</b>	<b>nausea</b>	<b>emia and insomnia</b>	<b>anxiety</b>
<b>Nursing Considerations (2)</b>	<b>Obtain cultures and assess for infections signs</b>	<b>Make sure muscles are relaxed after meds are given</b>	<b>Assess muscle stiffness and assess range of motion</b>	<b>Monitor bowels and may cause hypoglycemia</b>	<b>Acetylcysteine is the antidote and may alter blood glucose</b>
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	<b>May increase AST labs and monitor bowels</b>	<b>Assess for pain and assess ROM check labs like plt and wbc</b>	<b>Assess mental changes and tachycardia check plt labs prior</b>	<b>Assess rash monitor wbc and obtain culture</b>	<b>Monitor hepatic labs, assess for redness and pain</b>
<b>Client Teaching needs (2)</b>	<b>Take meds around clock and monitor for superinfections</b>	<b>Take as directed and meds may cause drowsiness</b>	<b>Take as directed and avoid current use with alcohol</b>	<b>Call provider if rash worsens and take full course of meds</b>	<b>Avoid alcohol and med may cause blood glucose changes</b>

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	<b>Zosyn/ piperacillin</b>	<b>Vancomycin/ vancocin</b>	<b>Tylenol/ acetaminophen</b>	<b>Rocephin/ ceftriaxone</b>	<b>Nicodem/ m/</b>
<b>Dose</b>	<b>3.375g</b>	<b>1250mg</b>	<b>650mg</b>	<b>1g</b>	<b>1 patch</b>
<b>Frequency</b>	<b>Q6hr</b>	<b>Q8hr</b>	<b>Prn</b>	<b>daily</b>	<b>daily</b>
<b>Route</b>	<b>IV</b>	<b>IV</b>	<b>oral</b>	<b>injection</b>	<b>On skin</b>

<b>Classification</b>	<b>Anti-infective</b>	<b>Anti-infective</b>	<b>Anti-inflamm</b>	<b>Anti-infective</b>	<b>Smoking deterrent</b>
<b>Mechanism of Action</b>	<b>Binds to bacteria cell wall causing cell death</b>	<b>Binds to bacteria cell wall causing death</b>	<b>Inhibits prostaglandins</b>	<b>Binds to cell wall causing cell death</b>	<b>Provides nicotine to body</b>
<b>Reason Client Taking</b>	<b>For patient's skin infection</b>	<b>Treat infection on chin</b>	<b>Reduce redness and pain</b>	<b>Treat skin infection</b>	<b>For nicotine withdrawal</b>
<b>Contraindications (2)</b>	<b>Penicillin allergy, and renal impairment</b>	<b>Renal impairment and intestinal inflammation</b>	<b>Alcohol and liver disease</b>	<b>Cephalosporin allergy and GI disease</b>	<b>Hx of MI and worsening angina</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>Seizures, lethargy</b>	<b>Ototoxicity and nausea</b>	<b>Agitation and anxiety</b>	<b>Seizures, rashes</b>	<b>Dizzy and abnormal dreams</b>
<b>Nursing Considerations (2)</b>	<b>Don't run with vancomycin together and observe signs of allergies</b>	<b>Trough shouldn't exceed 10mcg/ml and monitor superinfections</b>	<b>Acetylcysteine is the antidote and may alter blood glucose</b>	<b>Med is not cefazolin and patient may develop diarrhea</b>	<b>Assess signs of withdrawal and assess progress of cessation</b>
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	<b>Cbc and renal labs, assess skin reactions and assess bowels</b>	<b>Cbc and albumin, assess infection and monitor IV site</b>	<b>Monitor hepatic labs, assess for redness and pain</b>	<b>Monitor wbc and assess for infections, and obtain skin infection culture</b>	<b>Assess smoking hx and patch should be taken off after 24 hours</b>
<b>Client Teaching needs (2)</b>	<b>Notify provider if diarrhea occurs and report infection worsening</b>	<b>Caution rheumatic heart disease and take meds as directed</b>	<b>Avoid alcohol and med may cause blood glucose changes</b>	<b>Report signs of superinfection and report any diarrhea to provider</b>	<b>Encourage smoking cessation program and emphasize</b>

					<b>regular visits with doctor</b>
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**Medications Reference (APA):**

Up-to-Date Drug Information. (n.d.). Retrieved October 13, 2019, from <https://www.drugguide.com/ddo/>.

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL (1 point):</b>  <b>Alertness: alert and oriented</b>  <b>Orientation: awake</b>  <b>Distress: moderate pain 8/10</b>  <b>Overall appearance: well groomed, cooperative with daily care, skin dry and free of bruising</b></p>	
<p><b>INTEGUMENTARY (2 points):</b>  <b>Skin color: yellow</b>  <b>Character: dry</b>  <b>Temperature: warm, 97.4 F</b>  <b>Turgor: rapid recoil</b>  <b>Rashes: leg and buttocks</b>  <b>Bruises: leg and shoulder</b>  <b>Wounds: chin</b>  <b>Braden Score: 21</b></p>	

<p><b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p><b>Type:</b></p>	
<p><b>HEENT (1 point):</b>  <b>Head/Neck:</b> no dirt or rashes, clean and dry  <b>Ears:</b> no discharge or ear wax  <b>Eyes:</b> PERRLA  <b>Nose:</b> septum midline and nose symmetrical  <b>Teeth:</b> white and intact</p>	
<p><b>CARDIOVASCULAR (2 points):</b>  <b>Heart sounds:</b> s1 and s2 heard  <b>S1, S2, S3, S4,</b> murmur etc.  <b>Cardiac rhythm (if applicable):</b> regular rhythm  <b>Peripheral Pulses:</b> +2  <b>Capillary refill:</b> rapid recoil  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b> lower legs</p>	
<p><b>RESPIRATORY (2 points):</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds:</b> Location, character  <b>No wheezing, crackles, or rhonchi</b></p>	
<p><b>GASTROINTESTINAL (2 points):</b>  <b>Diet at home:</b> regular  <b>Current Diet</b> regular diet  <b>Height:</b> 5'4  <b>Weight:</b> 102 kg  <b>Auscultation Bowel sounds:</b> present  <b>Last BM:</b> day of care 10/30  <b>Palpation:</b> Pain, Mass etc.: none  <b>Inspection:</b> broken down skin legs  swollen hematoma on shoulder  <b>Distention:</b> none  <b>Incisions:</b> chin  <b>Scars:</b> none  <b>Drains:</b> none  <b>Wounds:</b> shoulder and buttocks  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	

<p><b>Type:</b></p>	
<p><b>GENITOURINARY (2 Points):</b>  <b>Color: yellow</b>  <b>Character: clear</b>  <b>Quantity of urine: 240 ml output</b>  <b>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Inspection of genitals:</b>  <b>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Type:</b>  <b>Size:</b></p>	
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>Neurovascular status:</b>  <b>ROM: MAEW</b>  <b>Supportive devices: walker</b>  <b>Strength: bilateral equal strength</b>  <b>ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Score: 45</b>  <b>Activity/Mobility Status: walker</b>  <b>Independent (up ad lib): yes <input type="checkbox"/></b>  <b>Needs assistance with equipment: yes <input type="checkbox"/></b>  <b>Needs support to stand and walk: yes <input type="checkbox"/></b></p>	
<p><b>NEUROLOGICAL (2 points):</b>  <b>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -</b>  <b>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></b>  <b>Orientation: alert and oriented to date</b>  <b>and time as well as where she is at</b>  <b>Mental Status: normal for age group</b>  <b>Speech: strong vocabulary</b>  <b>Sensory: normal</b>  <b>LOC: awake</b></p>	
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b>  <b>Coping method(s): spending time with friends at nursing home</b>  <b>Developmental level some college</b>  <b>Religion &amp; what it means to pt.: n/a</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support): friends are present in her life and able to care for her</b></p>	

if she needs it	
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**Vital Signs, 2 sets (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:00 am	80	120/70	14	97.8	95
11:00 am	88	118/75	14	97.8	95

**Vital Sign Trends:**

Similar throughout the day of care

**Pain Assessment, 2 sets (2 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
8:00	6	arm	moderate	dull	Tylenol
11:00	6	shoulder	moderate	dull	Tylenol

**IV Assessment (2 Points)**

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 g Location of IV: median cubital vein Date on IV: 10/30 Patency of IV: correctly placed and no blockage Signs of erythema, drainage, etc.: none IV dressing assessment: dressed the IV	NS .9%

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
120	120ml

**Nursing Care**

**Summary of Care (2 points):**

**Overview of care: Took patient's vitals and did head to toe assessment on the patient. Observed for jaundice appearance and the bruising of the shoulder, looked at the skin breakdown on the buttocks. With my other patients I administered meds like IV Iron push and gave multiple heparin shots. I hung IV meds with normal saline.**

**Procedures/testing done: she was headed to surgery on an abrupt decision by the doctor but I didn't get a chance to ask the reasoning.**

**Complaints/Issues: moderate pain that was managed with Tylenol. Initiated an IV and the alarm went off a lot because of movement of the extremity.**

**Vital signs (stable/unstable): stable**

**Tolerating diet, activity, etc.: tolerating diet, was able to have anything on the menu**

**Physician notifications: order for surgery right away for the evening**

**Future plans for patient: healthy diet consisting of protein and vegetables.**

**Education on walker use**

**Discharge Planning (2 points)**

**Discharge location: meg surg floor**

**Home health needs (if applicable): nursing home care**

**Equipment needs (if applicable): walker maybe a cane too**

**Follow up plan: eat healthy diet to keep skin smooth caution the use of a walker**

**Education needs: educate on the bacterial infection as to how to maintain and avoid the infection. Educate on fall risk preventative measures**

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

Nursing Diagnosis	Rational	Intervention (2 per	Evaluation
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<ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>dx)</b></p>	<ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p><b>1. Risk for acute pain due to shoulder bruised as evidenced by pain scale 6/10 and movement of extremity</b></p>	<p><b>Patient fallen and bruised her body so movement of her arm caused distress</b></p>	<p><b>1. Administer Tylenol</b></p> <p><b>2. Use 1-10 pain scale and observe for facial changes and grimacing</b></p>	<p><b>Patient cooperated and took medication, allowed the nurse to educate on fall safety</b></p>
<p><b>2. Risk for impaired skin integrity related to breakdown on the legs as evidence of cellulitis</b></p>	<p><b>The cellulitis covered both lower leg extremities</b></p>	<p><b>1. elevated swollen legs with pillows</b></p> <p><b>3. Reposition client to prevent further buttocks deterioration</b></p>	<p><b>Client willing ambulate more often for blood flow in the body, patient did cooperate very well</b></p>
<p><b>4. Risk for anxiety due to not enough knowledge about the disease as evidenced by patient not knowing what was wrong until admitted on the meg surg floor</b></p>	<p><b>Patient had antibiotics and came back after not getting better, patient was concerned about what it was and how to help treat it on her own before admitted</b></p>	<p><b>1. Share with patient that cellulitis is a bacterial infection and educate on antibiotics to help treat</b></p> <p><b>2 educate ways to prevent such as hand wash and lotions on skin breakdown</b></p>	<p><b>Patient willing to take better precautions after discharge</b></p>

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<b>5. Risk for disturbed body image due to skin swelling and breakdown on skin as evidenced by no progression with medication</b>	<b>Patient has skin breakdown, is overweight, has swollen legs that are covered in cellulitis</b>	<b>1. Initiate antibiotics 2. assess the site and call doctor for second opinion on steps to take for new treatment</b>	<b>Patient allowed nurse to give meds and assess body parts</b>

**Other References (APA): none**

**Concept Map (20 Points):**

**Subjective Data**

Pain 6/10  
Patient agitated pain

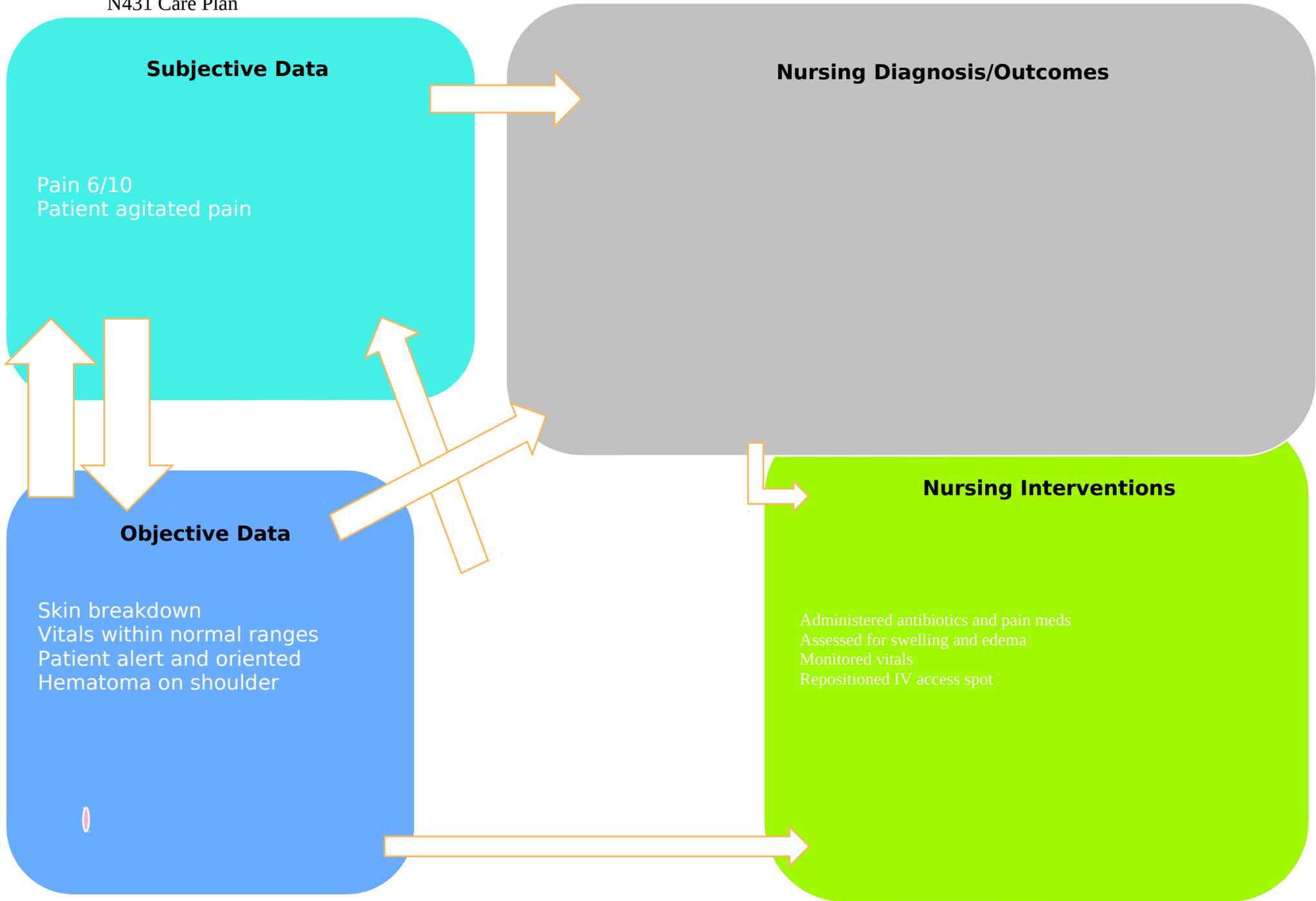
**Objective Data**

Skin breakdown  
Vitals within normal ranges  
Patient alert and oriented  
Hematoma on shoulder

**Nursing Diagnosis/Outcomes**

**Nursing Interventions**

Administered antibiotics and pain meds  
Assessed for swelling and edema  
Monitored vitals  
Repositioned IV access spot



**Patient information ^**

**patient presents to ER from falling and right sided shoulder pain on 10/30 with past medical history of cellulitis, hyperglycemia, HTN, obesity, PAD, RF, her walker did not lock and that caused the patient to fall and show signs of bruising, a hematoma. Patient had jaundice and bone cancer which has metastasized to the liver and gallbladder. No further complications like short of breath, or chest pain**

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