

N321 Care Plan # 3

Lakeview College of Nursing

Almog Weiss

**Demographics (3 points)**

<b>Date of Admission</b> 11/03/19	<b>Patient Initials</b> MK	<b>Age</b> 50	<b>Gender</b> Male
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Retired	<b>Marital Status</b> married	<b>Allergies</b> Iodine
<b>Code Status</b> Full	<b>Height</b> 180.3cm (5'11")	<b>Weight</b> 109kg (240lb 4.8 oz)	

**Medical History (5 Points)**

**Past Medical History:** back pain, hypertension, seizures as child

**Past Surgical History:** elbow(unspecified), knee (unspecified), PR removal of gallbladder, and total knee arthroplasty left.

**Family History:** Cancer in mother, diabetes in maternal grandfather, diabetes in maternal grandmother

**Social History (tobacco/alcohol/drugs):** pt used to smoke 1 pack a day has quit 11 years ago, drinking habits is 1 drink per week, no other drug use.

**Assistive Devices:** none

**Living Situation:** Lives at home

**Education Level:** past high school.

**Admission Assessment**

**Chief Complaint (2 points):** flank pain

**History of present Illness (10 points):** 50 yo male with hx of HTN who presents with acute onset of left flank and LLQ abdominal pain for about 3 hours. He denies fever or chills. No recent URI. No chest pain or SOB. No N/V/D. Last BM the day before admission. No urinary complaints. Pt has hx of cholecystectomy. No hx of kidney stones. No hx of diverticulitis. He had a colonoscopy about 2 years ago. Pt says it was normal.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** acute diverticulitis

**Secondary Diagnosis (if applicable):**

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

An infection or inflammation of the pouches that can form inside of the intestines. These pouches are called diverticula and when they become irritated and inflamed the condition is called diverticulitis. The pouches generally are not harmful, and they can show up anywhere inside of the intestines. Some patients can have these pouches and not know it, usually intestinal diverticula are painless and cause very few symptoms. Overtime inflammation and infection can lead to a bowel obstruction, which later on can cause constipation, thin stools, diarrhea, bloating, and belly pain. If this obstruction continues then abdominal pain and tenderness will increase, the patient may feel sick to their stomach or even throw up. The symptoms that my patient displayed were left lower quadrant abdominal pain and some flank pain which corresponds with this condition. Some ways to diagnose diverticulitis include blood, urine, and stool tests looking for an infection. A CT scan can be done in order to look for inflamed or infected diverticula which in my patient's case this was done to diagnose him with diverticulitis. Some liver enzyme test to rule out liver problems can also be done. The usual treatment for diverticulitis is the resting of the intestine and then slowly increasing the intake starting with a liquid diet until the intestines heal. Antibiotics can also be prescribed in order to treat a possible infection which in my case the patient was put on bowel rest as well as antibiotics.

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

Khatri, M. (2019, October 28). Diverticulitis: Symptoms, Causes, Diagnosis, Treatment, Surgery. Retrieved from

<https://www.webmd.com/digestive-disorders/understanding-diverticulitis-basics#2>.

Linzay, C. D. (2018, November 18). Acute Diverticulitis. Retrieved from

<https://www.ncbi.nlm.nih.gov/books/NBK459316/>.

**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	4.10-5.70 10 <sup>6</sup> /uL	5.04	4.61	
Hgb	12.0-16.0 g/dL	14.9	13.5	
Hct	37.0 - 51.0 %	44.3	40.6	
Platelets	140 - 400 10 <sup>3</sup> /uL	218	194	
WBC	4.00 - 11.00 10 <sup>3</sup> /uL	10.03	5.96	
Neutrophils	NK	NK	NK	
Lymphocytes		26	31.9	
Monocytes		7.7	8.9	
Eosinophils		2.3	3.0	
Bands	NK	NK	NK	

**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 Value

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Na-	136-145 mmol/L	138 mmol/L		.
K+	3.5-5.1 mmol/L	4.0 mmol/L		
Cl-	98-107 mmol/L	105 mmol/L	↑	
CO2	21.0-32.0 mmol/L	25.7 mmol/L		
Glucose	60-99 mg/dL	101 mg/dL	↑	Short term response to stress.
BUN	7-18 mg/dL	14 mg/dL		
Creatinine	0.6-1.3 mg/dL	1.04 mg/dL		
Albumin	3.4-5.0 g/dL	NK		
Calcium	8.5-10.1 mg/dL	8.7 mg/dL		
Mag	Not known	Not known	Not known	
Phosphate	Not known	Not known	Not known	
Bilirubin	Not known	Not known	Not known	
Alk Phos	45-117 U/L		Not known	
AST	15-37 U/L	14	Not known	
ALT	12-78 U/L	24	Not known	
Amylase	Not known	Not known	Not known	
Lipase	Not known	Not known	Not known	
Lactic Acid	Not known	Not known	Not known	

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

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Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	0.9-1.1 ratio		Not known	
PT	12.1-14.9 sec		Not known	
PTT	Not known	Not known	Not known	
D-Dimer	Not known	Not known	Not known	
BNP	Not known	Not known	Not known	
HDL	Not known	Not known	Not known	
LDL	Not known	Not known	Not known	
Cholesterol	Not known	Not known	Not known	
Triglycerides	Not known	Not known	Not known	
Hgb A1c	Not known	Not known	Not known	
TSH	Not known	Not known	Not known	

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				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				

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<b>Leukoesterase</b>				
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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
<b>Urine Culture</b>				
<b>Blood Culture</b>				
<b>Sputum Culture</b>				
<b>Stool Culture</b>				

**Lab Correlations Reference (APA):**

Ambardekar, N. (2019, May 11). Hyperglycemia (High Blood Sugar): Symptoms, Causes, Treatments. Retrieved from <https://www.webmd.com/diabetes/guide/diabetes-hyperglycemia>.

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points): CT abd/pelvis without contrast**

**Diagnostic Test Correlation (5 points):** This was done in order to visualize the intestine and see if there is inflamed diverticula in the intestine. This test takes multiple images of a specific location to give a good visual of what may be happening internally.

**Diagnostic Test Reference (APA):**

**Current Medications (10 points, 1 point per completed med)**

**\*10 different medications must be completed\***

**Home Medications (5 required)**

<b>Brand/Generic</b>	<b>diphenhydramine (benadryl)</b>	<b>hydroxyzine pamoate (vistaril)</b>	<b>lisinopril-hydrochlorothiazide( prinzide)</b>	<b>meloxicam (mobic)</b>	<b>promethazine</b>
<b>Dose</b>	<b>25mg</b>	<b>50mg</b>	<b>20-25mg</b>	<b>7.5mg</b>	<b>25mg</b>
<b>Frequency</b>	<b>Q6h PRN</b>	<b>QID PRN</b>	<b>Daily</b>	<b>BID</b>	<b>Q6h PRN</b>
<b>Route</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>	<b>Oral</b>
<b>Classification</b>	<b>Histamine H<sub>1</sub> Antagonist</b>	<b>Histamine H<sub>1</sub> Antagonist</b>	<b>Angiotensin-Converting Enzyme (ACE) Inhibitor</b>	<b>analgesic</b>	<b>antiemetic</b>
<b>Mechanism of Action</b>	<b>Competes with histamine for H<sub>1</sub>-receptor sites on effector cells in the gastrointestinal tract, blood vessels, and respiratory tract; anticholinergic and sedative effects are also seen</b>	<b>Competes with histamine for H<sub>1</sub>-receptor sites on effector cells in the gastrointestinal tract, blood vessels, and respiratory tract</b>	<b>Competitive inhibitor of angiotensin-converting enzyme (ACE); prevents conversion of angiotensin I to angiotensin II, a potent vasoconstrictor; results in lower levels of angiotensin II which causes an increase in plasma renin activity and a reduction in aldosterone secretion; a CNS mechanism</b>	<b>Reversibly inhibits cyclooxygenase-1 and 2 (COX-1 and 2) enzymes, which results in decreased formation of prostaglandin precursors; has antipyretic, analgesic, and anti-inflammatory properties</b>	<b>Phenothiazine derivative; blocks postsynaptic mesolimbic dopaminergic receptors in the brain; exhibits a strong alpha-adrenergic blocking effect and depresses the release of hypothalamic and hypophyseal hormones; competes with histamine</b>

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			may also be involved in hypotensive effect as angiotensin II increases adrenergic outflow from CNS; vasoactive kallikreins may be decreased in conversion to active hormones by ACE inhibitors, thus reducing blood pressure.		for the H1-receptor; muscarinic-blocking effect may be responsible for antiemetic activity; reduces stimuli to the brainstem reticular system
<b>Reason Client Taking</b>	allergies	allergies	high blood pressure	high blood pressure	allergies
<b>Contraindications (2)</b>	neonates or premature infants; breast-feeding	Hypersensitivity, prolonged QT interval	Hypersensitivity, angioedema related to previous treatment with an ACE inhibitor;	surgery, hypersensitivity	coma; treatment of lower respiratory tract symptoms
<b>Side Effects/Adverse Reactions (2)</b>	Chest tightness, Difficulty in micturition	Drowsiness, Respiratory depression	dizziness, diarrhea, hyperkalemia	edema, angina	Bradycardia, decreased blood pressure,
<b>Nursing Considerations (2)</b>	Monitor for excess anticholinergic effects at beginning of therapy	Monitor blood pressure, Ensure patient safety to prevent falls	monitor blood pressure	monitor for bleeding	dry mouth

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	<b>lisinopril</b>	<b>hydrochlorot hiazide</b>	<b>metronida zole</b>		
<b>Dose</b>	<b>20mg</b>	<b>25mg</b>	<b>500 mg</b>		
<b>Frequency</b>	<b>daily</b>	<b>daily</b>	<b>Q8h</b>		
<b>Route</b>	<b>oral</b>	<b>oral</b>	<b>IV</b>		
<b>Classification</b>	<b>Angiotensin- Converting Enzyme (ACE) Inhibitor</b>	<b>Antihyperten sive; Diuretic</b>	<b>antibiotic</b>		
<b>Mechanism of Action</b>	<b>Competitive inhibitor of angiotensin- converting enzyme (ACE); prevents conversion of angiotensin I to angiotensin II, a potent vasoconstrict or; results in lower levels of</b>	<b>Inhibits sodium reabsorption in the distal tubules causing increased excretion of sodium and water as well as potassium and hydrogen ions</b>	<b>After diffusing into the organism, interacts with DNA to cause a loss of helical DNA structure and strand breakage resulting in</b>		

	<p>angiotensin II which causes an increase in plasma renin activity and a reduction in aldosterone secretion; a CNS mechanism may also be involved in hypotensive effect as angiotensin II increases adrenergic outflow from CNS; vasoactive kallikreins may be decreased in conversion to active hormones by ACE inhibitors, thus reducing blood pressure.</p>		<p>inhibition of protein synthesis and cell death in susceptible organisms</p>		
<p><b>Reason Client Taking</b></p>	<p>high blood pressure</p>	<p>high blood pressure</p>	<p>infection</p>		
<p><b>Contraindications (2)</b></p>	<p>Hypersensitivity, angioedema related to previous treatment with an ACE inhibitor;</p>	<p>hypersensitivity, anuria</p>	<p>use of disulfiram within the past 2 weeks; use of alcohol or propylene glycol-containing products</p>		

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<b>Side Effects/Adverse Reactions (2)</b>	<b>dizziness, diarrhea, hyperkalemia</b>	<b>dizziness, headache</b>	<b>nausea, vomiting</b>		
<b>Nursing Considerations (2)</b>	<b>monitor blood pressure</b>	<b>hold medication when blood pressure is low</b>	<b>provide probiotic replacement</b>		

**Medications Reference (APA):**

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

**Assessment****Physical Exam (18 points)**

<b>GENERAL (1 point):</b> Alertness: Orientation: Distress: Overall appearance:	<b>Well appearing, alert and oriented, comfortable in no distress while sitting still,</b>
<b>INTEGUMENTARY (2 points):</b> Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:	<b>Warm and dry</b> <b>No rash or signs of irritable skin</b> <b>braden score of 23</b> <b>no drains present</b>
<b>HEENT (1 point):</b> Head/Neck: Ears: Eyes: Nose: Teeth:	<b>Head is normocephalic, conjunctivae clear, oral mucosa moist</b> <b>No periorbital edema or erythema</b> <b>PERRLA , extraocular muscles intact</b>

	<p><b>without nystagmus</b></p> <p>ENT Tolerating secretions well</p> <p>Ears and nares are unremarkable</p> <p>No mouth/oropharyngeal lesions, exudate or inflammation</p> <p><b>No mandible or maxilla tenderness.</b> <b>No malocclusion</b></p>
<p><b>CARDIOVASCULAR (2 points):</b>  <b>Heart sounds:</b>  S1, S2, S3, S4, murmur etc.  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Location of Edema:</b></p>	<p><b>Regular with controlled rate</b></p> <p>Warm and well perfused.</p> <p>2+ pulses in all extremities</p> <p>No edema</p> <p>No signs of DVT</p> <p>Bilateral scaphoid without tenderness or signs of trauma. pulses bilaterally</p>
<p><b>RESPIRATORY (2 points):</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>Breathing comfortably, Good ventilation bilat</p> <p>no use of accessory muscles</p> <p>clear, no wheezes or rales</p>
<p><b>GASTROINTESTINAL (2 points):</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>  <b>Distention:</b>  <b>Incisions:</b>  <b>Scars:</b>  <b>Drains:</b>  <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Size:</b></p>	<p><b>bowel sounds normoactive</b></p> <p>Zero tenderness to palpation in all quadrants</p> <p>Soft without rebound,</p> <p>no guarding or peritoneal signs</p> <p>Nondistended, No masses</p> <p>Negative Murphy's, McBurney's</p>

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<b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Type:</b>	
<b>GENITOURINARY (2 Points):</b> <b>Color:</b> <b>Character:</b> <b>Quantity of urine:</b> <b>Pain with urination:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Dialysis:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Inspection of genitals:</b> <b>Catheter:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Type:</b> <b>Size:</b>	clear yellow urine no catheter
<b>MUSCULOSKELETAL (2 points):</b> <b>Neurovascular status:</b> <b>ROM:</b> <b>Supportive devices:</b> <b>Strength:</b> <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Fall Risk:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Fall Score:</b> <b>Activity/Mobility Status:</b> <b>Independent (up ad lib)</b> <input type="checkbox"/> <b>Needs assistance with equipment</b> <input type="checkbox"/> <b>Needs support to stand and walk</b> <input type="checkbox"/>	.All major joints extremities are normal range of motion without pain, tenderness, swelling or signs of trauma fall risk no
<b>NEUROLOGICAL (2 points):</b> <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input checked="" type="checkbox"/> <b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	Alert and oriented x3 Sensation intact throughout Fluent speech without aphasia or dysarthria No neglect alert awake and oriented mood normal
<b>PSYCHOSOCIAL/CULTURAL (2 points):</b> <b>Coping method(s):</b> <b>Developmental level:</b> <b>Religion &amp; what it means to pt.:</b> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b>	Patient live at home with wife

**Vital Signs, 2 sets (5 points)**

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
<b>0700</b>	<b>68</b>	<b>137/86</b>	<b>18</b>	<b>98</b>	<b>97% room air</b>
<b>1200</b>	<b>61</b>	<b>142/90</b>	<b>16</b>	<b>79.9</b>	<b>97% room air</b>

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

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>0800</b>	<b>1-10</b>	<b>lower left abdomen with movement</b>	<b>2</b>	<b>dull</b>	<b>none</b>
<b>1200</b>	<b>1-10</b>	<b>lower left abdomen with movement</b>	<b>2</b>	<b>cramp, when pushing on abd</b>	<b>none</b>

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV:</b> <b>Location of IV:</b> <b>Date on IV:</b> <b>Patency of IV:</b> <b>Signs of erythema, drainage, etc.:</b> <b>IV dressing assessment:</b>	18G catheter, at right axilla intact, no redness, swelling, or drainage noted.

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>40cc</b>	<b>650cc, 750cc</b>

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

**Overview of care:**

**Procedures/testing done: none**

**Complaints/Issues: LLQ pain that is improving**

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

**Tolerating diet, activity, etc.: tolerating diet, activity mild due to increased pain with movement. Patient says he is wanting his cheeseburger as soon as he leaves.**

**Physician notifications:**

**Future plans for patient: patient needs to be mindful of the diet eaten to no have recurring symptoms.**

**Discharge Planning (2 points)**

**Discharge location: home**

**Home health needs (if applicable):**

**Equipment needs (if applicable):**

**Follow up plan: none**

**Education needs: regarding the diet that is tolerable with diverticulitis.**

**Nursing Diagnosis (15 points)**

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

<b>Nursing Diagnosis</b> ● Include full nursing diagnosis with “related to” and “as evidenced by” components	<b>Rational</b> ● Explain why the nursing diagnosis was chosen	<b>Intervention (2 per dx)</b>	<b>Evaluation</b> ● How did the patient/family respond to the nurse’s actions? ● Client response, status of goals and outcomes, modifications to plan.
<b>1. Impaired tissue integrity R/T perforated diverticulum AEB local pain</b>	<b>there is tissue damage with pain</b>	<b>Administer antibiotics as ordered</b>  <b>Encourage a diet that meets nutritional needs.</b>	<b>patient compliance with antibiotic treatment, signs of infection decrease.</b>
<b>2. Imbalanced nutrition r/t inability to digest food AEB infection</b>	<b>impaired absorption due to the infection</b>	<b>Consider six small nutrient-dense meals instead of three larger meals daily to lessen the feeling of fullness.</b>  <b>Discourage caffeinated or carbonated beverages</b>	<b>lessened symptoms</b>
<b>3. Acute pain r/t diverticulitis AEB expressive behavior</b>	<b>severe pain upon admission</b>	<b>Foresee the need for pain relief</b>  <b>Get rid of additional stressors or sources of discomfort whenever possible</b>	<b>reduced pain</b>

### Other References (APA):

Wayne, G., Wayne, G., & Wayne. (2017, September 23). Imbalanced Nutrition: Less Than Body Requirements – Nursing Diagnosis & Care Plan. Retrieved from <https://nurseslabs.com/imbalanced-nutrition-less-body-requirements/>.

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**Wayne, G., Wayne, G., & Wayne. (2019, March 20). Impaired Tissue (Skin) Integrity – Nursing Diagnosis & Care Plan. Retrieved from <https://nurseslabs.com/impaired-tissue-integrity/>.**

**Wayne, G., Wayne, G., & Wayne. (2019, March 23). Acute Pain – Nursing Diagnosis & Care Plan. Retrieved from <https://nurseslabs.com/acute-pain/>.**

**Concept Map (20 Points):**





