

N321 Care Plan # 3

Lakeview College of Nursing

Rebecca Bishop

Demographics (3 points)

Date of Admission 10-31-19	Patient Initials M.K	Age 54	Gender M
Race/Ethnicity White	Occupation Disability	Marital Status Single	Allergies Tape
Code Status Full	Height 191cm	Weight 103kg	

Medical History (5 Points)

Past Medical History: Urinary tract infections, neurogenic bladder, atrial fibrillation, congested heart failure, quadriplegic

Past Surgical History: Spinal fusion (1988), cardiac catheter, hip lithotripsy

Family History: Heart disease- Uncle

Social History (tobacco/alcohol/drugs): Past alcohol user, stopping 20 years ago

Assistive Devices: Hoyer lift

Living Situation: Living at home with 8-hour assistance per day

Education Level: High school

Admission Assessment

Chief Complaint (2 points): Pt comes into the ED with a suspected UTI due to catheter use

History of present Illness (10 points): Pt presented to the ED with suspected UTI due to catheter use. He had an acute onset of chills, body spasms, urinary bladder spasms, and malodorous urine. Pt had a diving accident in 1988 and sustained a spinal injury leading to quadriplegic. Pt has frequent UTI's due to a chronic foley.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): UTI

Secondary Diagnosis (if applicable):Quadriplegia

Pathophysiology of the Disease, APA format (20 points): Pt presents to the ED with a recurring UTI due to suprapubic cath placement. UTI's are typically more common in female patients due to urethra size. With the chronic placement of the cath this raises the odds of getting a UTI in a male pt. Infection can be very painful and annoying for the pt. It not only stays in the bladder but can move to the kidneys and become a very serious condition if not treated correctly. Symptoms include pelvic pain, cloudy urine, and odoris urine.

Pathophysiology References (2) (APA):

Hinkle, J.L., & Cheever, K.H. (2018.) *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, PA: Wolters Kluwer Health Lippincott Williams and Wilkins.

Mayo Clinic. (2019, January 30). Urinary tract infection (UTI). Retrieved November 17, 2019, from <https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/symptoms-causes/syc-20353447>.

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	4.5-6	5.25	5.26	
Hgb	14-16	11.8	11.7	Can be decreased due to renal complications
Hct	35-47	38.0	37.9	
Platelets	150-400	153	142	Thrombocytopenia) certain drugs-pt is on lovenox
WBC	4,500-11,000	7.9	5.4	
Neutrophils	45-75%	80.2	63.2	
Lymphocytes	20-40%	11.0	23.5	
Monocytes	1-10%	7.2	9.5	

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Eosinophils	<7%	1.0	3.2	
Bands	<3%	0.9	0.7	

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	141	141	
K+	3.5-5	3.2	3.7	Pt is taking lasix
Cl-	97-107	97	93	Dehydration, kidney disease
CO2	20-30	39	44	Pt is on 2 L of oxygen
Glucose	70-110	141	99	Hyperglycemia, can result from the pt eating before coming to the ED
BUN	10-20	7	7	
Creatinine	0.7-1.4	0.7	0.7	
Albumin	3.5-5	3.7		
Calcium	8.6-10.2	8.8	8.5	
Mag			2.0	
Phosphate		118		
Bilirubin		0.5		
Alk Phos	30-120	118		
AST	0-35	23		
ALT	4-36	35		

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Amylase				
Lipase				
Lactic Acid				

Other Tests **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
INR				
PT				
PTT				
D-Dimer				
BNP				
HDL				
LDL				
Cholesterol				
Triglycerides				
Hgb A1c				
TSH				

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/ Cloudy		

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pH		9.0		
Specific Gravity		1.013		
Glucose		normal		
Protein		1+		
Ketones		-		
WBC		>100		
RBC		>100		
Leukoesterase		3+		

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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA): Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook*. Burlington, MA.

Hinkle, J.L., & Cheever, K.H. (2018.) *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, PA: Wolters Kluwer Health Lippincott Williams and Wilkins.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): N/A

Diagnostic Test Correlation (5 points):N/A

Diagnostic Test Reference (APA): N/A

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

Home Medications (5 required)

Brand/Generic	Colace/Docusate	Vit C (ascorbic acid)	Zantac/ Ranitidine	Pepcid/Famotidine	Benadryl (diphenhydramine)
Dose	100mg	1000mg	150mg	20mg	50mg
Frequency	1 tab bid	Bid	1 tab bid	1 tab daily	Daily
Route	Oral	PO	Oral	Oral	PO
Classification	Stool softener	Nutrient	antacid	Antacid and antihistamine	first-generation H1 receptor antihistamine
Mechanism of Action	Lowers the surface tension at the oil-water interface of the feces	functions as a reducing agent and coenzyme in several metabolic pathways	Decreasing high levels of stomach acid	Decreasing high levels of stomach acid	diphenhydramine has been shown to cause sedation due competitive antagonism of histamine H1 receptors within central nervous system
Reason Client Taking	Constipation	Vit deficiency	GERD	GERD	Allergies
Contraindications (2)	Hypersensitivity GI bleed	Hypersensitivity	Stomach cancer porphyria	Hypersensitivity Infection	Hypersensitivity
Side Effects/Adverse Reactions (2)	Diarrhea gas		Headache Dizziness	Constipation headache	Drowsiness
Nursing Considerations (2)	Assess for abdominal distension Bitter taste		Assess for epigastric pain Administer with or without food	Assess for epigastric pain Administer with or without food	Could cause dizziness

Hospital Medications (5 required)

Brand/Generic	Lovenox	Fortaz (ceftazidime)	Lasix (furosemide)	Protonix/ Pantoprazole	Duragesic/ Fentanyl
Dose	0.4ml	2,000mg	40mg	40mg	25mcg=0.5ml iv push
Frequency	daily	Every 8hrs	Daily	1 tab daily	PRN
Route	SubQ	IV Piggy	PO	Oral	IV
Classification	Anti coag	broad- spectrum antibacterial	Diuretics	Antacid	Pain management
Mechanism of Action	Prevents DVT	used especially for Pseudomona s and other gram- negative infections in debilitated patients	Binds sodium, chloride, and potassium to the chloride transport channel	Decreasing high levels of stomach acid	Binds to opioid receptors
Reason Client Taking	Blood thinner	UTI	Used to treat fluid retention	GERD	Pt in pain
Contraindications (2)	Hypersensitiv ity, excessive bleeding	Avoid use of alcohol	Hypersensitivity	Hypersensitivity to reactions anaphylaxis and anaphylactic shock	Exposure to heat Hypersensitivity
Side Effects/Adverse	Excessive bleeding	Stomach pain headache	Chest pain and chills	Headache Nausea	Respiratory depression

Reactions (2)					nausea
Nursing Considerations (2)	Educate on fall and shaving prevention	Assess for epigastric pain	Causes excessive urination	Assess for epigastric pain Administer with or without food	Avoid use in severe hepatic impairment Significant pt harm with errors

Medications Reference (APA)

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

Drug bank. (n.d.). Retrieved November 17, 2019, from <https://www.drugbank.ca/drugs/DB00438>.

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	AOx4, pt has an overall clean appearance and is in no distress
INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Pt skin is warm to the touch and dry. Skin turgor returns within 2 seconds. No bruises, pt has a stage three pressure ulcer that has been packed, cleaned, and a skin barrier added. Wound center is notified
HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:	Pt has dry skin on his face but has an ointment that is applied daily. Cilla seen with moist mucosa. Perla normal, has all of his teeth.
CARDIOVASCULAR (2 points):	Pt heart sounds are present and normal S1, S2.

<p>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>No edema, peripheral pulses all normal, no neck vein distensions, and cap refill within 3 seconds</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Breath sounds normal</p>
<p>GASTROINTESTINAL (2 points): 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 checked="" type="checkbox"/> N <input 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>Pt is on a heart healthy diet at home and in the hospital. Pt has a colostomy and a perinate catheter. Bowel sounds are heard and normal. There is no distension, no noticeable scars other than where the ostomy and cath are. No wound, last bowel movement was on the day of 11-04</p>
<p>GENITOURINARY (2 Points): 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 type="checkbox"/> Type: Size:</p>	<p>No pain during urination, genitals were wnl upon inspection</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM:</p>	<p>Pt is a quadriplegic, could move upper extremities a little but not much. Extremities are stiff for the lack of ROM. He uses a Hoyer lift at</p>

<p>Supportive devices: Strength: ADL Assistance: Y <input checked="" 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"/></p>	<p>home.</p>
<p>NEUROLOGICAL (2 points): 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:</p>	<p>PERLA and MAEW normal, mental status is A&Ox4, with normal speech and sensory status</p>
<p>PSYCHOSOCIAL/CULTURAL (2 points): 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>Pt copes with music and tv. He is a big fan of country music. He has a high school education. Religion N/A. Pt has help at home from his family.</p>

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	73	142/81	18	98 F	97
0900	60	147/81	20	98.5 F	95

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	numeric	Upper pelvis	6	sharp	Lasix, antibiotics, pain meds

1100	numeric		0		
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IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 Location of IV: R hand Date on IV: 10-31 Patency of IV: IV pushes Signs of erythema, drainage, etc.: No drainage IV dressing assessment: IV dressing intact	antibiotics

Intake and Output (2 points)

Intake (in mL) 300	Output (in mL) 4600

Nursing Care

Summary of Care (2 points)

Overview of care: Pt presented to the ED with suspected UTI due to catheter use. He had an acute onset of chills, body spasms, urinary bladder spasms, and malodorous urine. Pt had a diving accident in 1988 and sustained a spinal injury leading to quadriplegic. Pt has frequent UTI's due to a chronic foley. Pt is receiving iv antibiotics

Procedures/testing done: UA analysis, lab tests

Complaints/Issues: stage three pressure ulcer

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: Heart healthy diet

Physician notifications:

Future plans for patient: More sterile cleaning for his cath. Pt knows the s/s of a UTI with having previous ones

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): Has 8 hours of daily help

Equipment needs (if applicable): Has a Hoyer lift

Follow up plan:

Education needs: Receiving more in-home health due to a pressure ulcer and only having help 8 hrs out of a 24 hr day.

Nursing Diagnosis (15 points)

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

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Intervention (2 per dx)</p>	<p>Evaluation</p> <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. Pressure ulcer related to impaired mobility as evidence by quadriplegic</p>	<p>This was chosen because the pt has a stage 3 pressure ulcer. With better care the pt is better protected from infection</p>	<p>1. Pt only has 8 hrs of help daily and needs to be turned every 2 hrs</p> <p>2. Pt needs better padding for his pelvis</p>	<p>-Pt understands due to being a quadriplegic. He is looking into more home help</p>
<p>2. At risk for infection related to UTI as evidence by a positive UA</p>	<p>Pt has a UTI due to infection and chronic foley</p>	<p>1. Pt is resistant to most antibiotics due to frequent UTI’s</p>	<p>Pt’s caretakers need to take standard infection precaution into consideration when cleaning pt and foley. Pt understands this because it will help prevent UTI</p>

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		2. Standard infection precautions	
3. At risk for antibiotic resistance related to UTI as evidence by previous antibiotic uses	Pt is resistant to most antibiotics due to frequent UTI's	1. Standard infection precautions 2. CRE-MRSA precautions	Pt understands antibiotic resistance means he can no longer take certain antibiotics

Other References (APA):

Concept Map (20 Points):

Subjective Data

- Pt having a 6/10 pain in the ED.
- Suprapubic pain
-

Nursing Diagnosis/Outcomes

- Pt's caretakers need to take standard infection precaution into consideration when cleaning pt and foley. Pt understands this because it will help prevent UTI
- Pt understands due to being a quadriplegic. He is looking into more home help.
- Pt understands antibiotic resistance means he can no longer take certain antibiotics

Objective Data

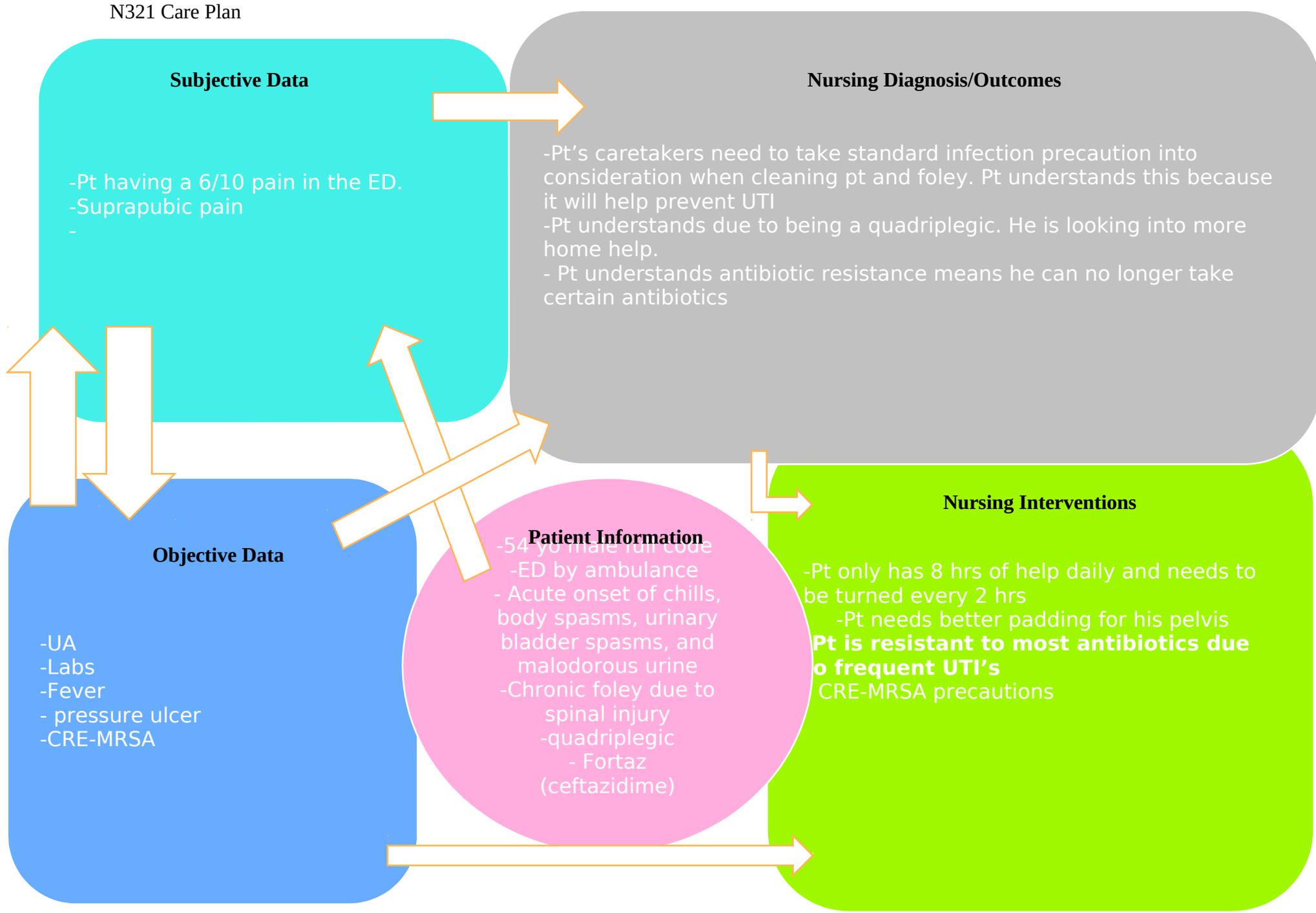
- UA
- Labs
- Fever
- pressure ulcer
- CRE-MRSA

Patient Information

- 54 yo male full code
- ED by ambulance
- Acute onset of chills, body spasms, urinary bladder spasms, and malodorous urine
- Chronic foley due to spinal injury
- quadriplegic
- Fortaz (ceftazidime)

Nursing Interventions

- Pt only has 8 hrs of help daily and needs to be turned every 2 hrs
- Pt needs better padding for his pelvis
- Pt is resistant to most antibiotics due to frequent UTI's**
- CRE-MRSA precautions



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