N321 Care Plan #3

Lakeview College of Nursing

Twila Douglas

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
12/01/19	E.L	87	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Latino	Retired	Divorced	PCN, Lisinopril
Code Status	**Height**	**Weight**	
DNR	4’10”	136lbs	

Medical History (5 Points)

Past Medical History: Past medical history includes benign essential hypertension, coronary artery disease, chronic kidney disease stage 3, dementia, diastolic dysfunction, elevated alkaline phosphatase level, osteoporosis without pathological fracture, rectal cancer, traumatic closed fracture of distal end of radius and ulna with minimal displacement, ulcerative colitis, and vitamin D insufficiency.

Past Surgical History: Past surgical history includes appendectomy, bladder suspension, cardiac cauterization, cholecystectomy, colonoscopy, colostomy, IR US venous access, port placement, and PTCA/stent.

Family History: Father had a history of alcohol and drug abuse. Sister was diagnosed with hypertension.

Social History (tobacco/alcohol/drugs): Social history includes being a former smoker who quit 44 years ago. Patient denies drug or alcohol use.

Assistive Devices: Uses walker when ambulating.

Living Situation: Currently living at home with family.

Education Level: Some college education, but no education barriers that would prevent learning.

Admission Assessment

Chief Complaint (2 points): Patient present with a fever.

History of present Illness (10 points): 87 year old female admitted on 12/01/19 for a fever with chills that begin that morning. The chills caused the patient to shake uncontrollably. The fever duration was persistent while the chills and shaking occurred intermittently. The chills were described as a cold feeling causing the hair to raise on skin resulting in shaking. Aggravating factors are cold environments which promotes the chills. No relieving factors have been found. Treatment for the fever included placing a cool towel on head and using blanket when experiencing a chill which causes shaking.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):. Fever

Secondary Diagnosis (if applicable):. Abdominal wall cellulitis

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

Fever is caused by an elevation in body temperature. In the hypothalamic thermoregulatory center, cytokine-induce causes the elevation in body temperature.

There are many various substances and microorganisms that are collectively called pyrogen that causes a fever. The hypothalamic thermoregulatory center increases when proteins break down products of proteins and caused toxins to rely on bacterial cell membranes. Host cells are induced to release endogenous pyrogens.

Fevers that occur in a noninfectious disorder causes injured or abnormal cells to incite the production of pyrogens. Fevers that originate in the central nervous system are known as neurogenic ever and are caused when damage occurs to the hypothalamus. Neurogenic fevers present with very high temperatures that are resistant to antipyretic therapy and has no association with sweating.

Pathophysiology References (2) (APA):

Fever - Infectious Diseases - MSD Manual Professional Edition. (2019). Retrieved 11 December 2019, from https://www.merckmanuals.com/professional/infectious-diseases/biology-of-infectious-disease/fever

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value

RBC	**3.50-5.20**	**2.9 abnormal**	**——**	**Kidney disease can cause a decrease in RBC production (2019). Low hemoglobin count Causes. (2019). Retrieved 11 December 2019, from https://www.mayoclinic.org/symptoms/low-hemoglobin/basics/causes/sym-20050760**
Hgb	**11.0-16.0**	**10.9 abnormal**	**8.6**	**Kidney disease can cause a decrease in RBC production (2019). Low hemoglobin count Causes. (2019). Retrieved 11 December 2019, from https://www.mayoclinic.org/symptoms/low-hemoglobin/basics/causes/sym-20050760**
Hct	**34.0%-47.0%**	**31.9 Abnormal**	**26.9**	RBC production is decreased in kidney disease causing a lower HCT. Low hemoglobin count Causes. (2019). Retrieved 11 December 2019, from https://www.mayoclinic.org/symptoms/low-hemoglobin/basics/causes/sym-20050760
Platelets	**140-400**	**117 abnormal**	**96**	Kidney disease can cause a secrete in EPO production which decreases the platelets. Blood tests in kidney disease – edren.org. (2019). Retrieved 11 December 2019, from http://edren.org/ren/edren-info/blood-tests-in-kidney-disease/
WBC	**4.00-11.00**	**24.79 abnormal**	**8.34**	
Neutrophils	**1.5-8.0%**	**—-**	**7.4%**	
Lymphocytes	**1,000-4,800**	**—-**	**5.2% elevated**	**Patient has a fever and had a recent UTI.**

Monocytes	**2 -8%**	**——**	**3.6%**	
Eosinophils	**0.0-6.0%**	**—-**	**0.6%**	
Bands		**—-**	**——-**	

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
Na-	**136-145**	**135**	**139**	
K+	**3.5-5.1**	**4.4**	**3.3**	
Cl-		**98**	**104**	
CO2	**22.0-30.0**	**30.0**	**27.6**	
Glucose		**103**	**93**	
BUN	**7-18**	**———**	**22 Abnormal**	**BUN levels will be abnormal due to chronic kidney disease. https://www.kidney.org/atoz/content/understanding-your-lab-values**
Creatinine	**0.60-1.30**	**1.52**	**1.48 Abnormal**	**Creatinine levels will be increase due to chronic kidney disease. https://www.kidney.org/atoz/content/understanding-your-lab-values**

Albumin	**3.4-5.4g.dL**	**2.9**		**Chorionic kidney disease can cause low albumin levels.** Charnow, J. (2019). Kidney Failure Associated With Low Albumin Levels - Renal and Urology News. Retrieved 11 December 2019, from https://www.renalandurologynews.com/home/news/nephrology/end-stage-renal-disease/kidney-failure-associated-with-low-albumin-levels/
Calcium	**8.5-10.1**	**8.6**	**8.5**	
Mag	**———**	**————-**	**——**	
Phosphate	**———**	**———**	**———**	
Bilirubin	**0.1-1.2 mg/dL**	**0.5**	**——**	
Alk Phos	**20-140 IU/L**	**112**	**——**	
AST	**10-40 units**	**36**	**——**	
ALT		**29**	**——**	
Amylase	**——**	**——**	**——**	
Lipase	**——**	**——**	**——**	
Lactic Acid	**0.4-2.0**	**1.5**	**——**	

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

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

LABS NOT DRAWN

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	**LABS NOT DRAWN**			
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.LABS NOT DRAWN

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**LABS NOT DRAWN**			
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

What Is a Complete Blood Count?. Retrieved 12 December 2019, from https://www.webmd.com/a-to-z-guides/complete-blood-count#1

Diagnostic Imaging

All Other Diagnostic Tests (5 points):CXR, XR

Diagnostic Test Correlation (5 points): Diagnostic test showed there was an infection occurring due to the increase in white blood cells and fever.

Diagnostic Test Reference (APA):

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed
Home Medications (5 required

Brand/ Generic	**plavix/ clopidogrel**	**Neurotin/ gabapentin**	**Ativan/ Lorazepam**	**Remeron/ MIrtazapine**	**Narcan/ Naloxone**
Dose	**75mg**	**300 mg**	**0.5 mg**	**15 mg**	**4 mg**
Frequency	**Q day**	**TID**	**BID**	**H.S.**	**PRN**
Route	**P.O.**	**P.O.**	**P.O.**	**P.O.**	**Intranasal**
Classification	**Anticoagulant**	**Anti epileptic / anticonvulsant**	**Benzodiazepines**	**Antidepressant**	**Opioid antagonist**
Mechanism of Action	**Inhibits platelet aggregation by binding ADP to its receptors and subsequent activation of the glycoprotein.**	**Neurotransmitters alter the activity oft he brain.**	**Causes calming effect by acting on the brain and nerves.**	**Nerve cells in the central heroic systems communicate to help restore the chemical balance in the brain**	**An competitive antagonist in the central nervous system it reverses the effects of opioids.**
Reason Client Taking	**Prevent blood clots**	**Pain**	**Anxiety**	**Depression**	**Respiratory depression or reversal of opioids**

Contraindications (2)	**1. Active pathological bleeding 2. Hypersensitivity to plavix**	**1. People who are having suicidal thoughts 2. Patients who are pregnant**	**1. Patients who have a hypersensitivity to benzodiazepine 2. Patients with acute narrow angle glaucoma**	**1. Patient with high cholesterol 2. Patient with manic behavior**	**1. Patients with hypersensitivity 2. May be inappropriate for patients with paragon hypersensitivity.**
Side Effects/ Adverse Reactions (2)	**1. Itching 2. Eczema**	**1. Dizziness 2. Fatigue**	**1. Drowsiness 2. Headache**	**1. Drowsiness 2. Strange dreams**	**1. Nausea 2. Fever 3. Tremors**
Nursing Considerations (2)	**1. Monitor for bleeding 2. Monitor labs**	**1. Avise patient not to take gabapentin within 2 hrs of an antacid. 2. Avoid driving or activities that requires alertness while taking medication.**	**1. Antidote is Flumazenil 2. Use caution with other Central Nervous System depressants**	**1.monitor for hepatic impairment 2. Monitor depression**	**1. Assess patients for signs and symptoms of opioid withdrawal 2. Monitor vitals signs for symptoms of respiratory depression.**

Brand/Generic	**LOVENOX/**	**ONADESTR**	**OXYCODO**	**VANCOMY**	**SENOKO**

	ENOXAPARIN	ON/ ZOFRAN	EN/ ROXICODONE	CIN/ VANCOCIN	TS SENNOSIDES-docusate
Dose	**40 mg**	**4 mg**	**2.5 mg**	**1g**	**8.6-50 mg**
Frequency	**Daily at 13:00**	**Q8hr PRN**	**Q6hr PRN**	**Q48hr**	**Daily**
Route	**Injection subcutaneous**	**Injection IV push**	**Oral**	**IVPB**	**P.O.**
Classification	**Heparin**	**Anitemetic**	**Opioid**	**Antibiotic**	**Laxative & cathartics**
Mechanism of Action	**Accelerates and binds the activity of antithrombin III and it also inhibit coagulation.**	**Blocks the serotonin receptors in the CTZ which causes a decrease in nausea and vomiting.**	**Decreases excitability by binding to a receptor**	**During cell wall synthesis it binds to the terminal of the growing peptide which cause inhibition of the transpeptidase.**	**Allows lipid and water to penetrate stool which lowers the surface tension at oil-water interface of the feces.**
Reason Client Taking	**Prevention of blood clots**	**To control nausea and prevent vomiting.**	**Pain control**	**Treating UTI**	**Prevent constipation**

Contraindications (2)	**1. Surgery 2. An increased risk of bleeding**	**1. Patients with hypersensitivity 2. Contraindicated in patients receiving concomitant apomorphine.**	**1. Patients with respiratory depression 2. Patients with a hypersensitivity oxycodone**	**1. Solutions contain dextrose may be contraindicated in patients with know allergy to for or corn products. 2. Contraindicated in patients with known hypersensitivity to vancomycin.**	**1. Pregnancy 2. Hypersensitivity to drug.**
Side Effects/Adverse Reactions (2)	**1. Injection site reactions 2. Fever**	**1. Headache 2. Fatigue**	**1. Nausea 2. Vomiting**	**1. Bleeding gums 2. black, tarry stools**	**1. Diarrhea 2. Rash**

Nursing Considerations (2)	**1. Monitor for signs of bleeding 2. Administer in subcutaneous tissue.**	**1. Monitor for hypersensitivity to medication 2. Monitor for vomiting and electrolyte imbalance**	**1. Can pas into beast milk and may cause drowsiness to breathing problems in a nursing baby. 2. Taking with food may help to reduce upset stomach.**	**1. Monitor vital signs 2. Monitor for adverse effects**	**1. Evaluate therapeutic response 2. Should be discontinued if causing rectal bleeding, nausea to vomiting.**

Hospital Medications (5 required)

Medications Reference (APA):

Drugs.com | Prescription Drug Information, Interactions & Side Effects. (2019). Retrieved 10 December 2019, from https://www.drugs.com

Assessment

GENERAL (1 point): **Alertness: alert X4** **Orientation: Oriented X3** **Distress: none** **Overall appearance: a little confused, but well and stable**	
INTEGUMENTARY (2 points): **Skin color: pale** **Character:mildy diffused erythema noted in right lower abdomen, slightly tender no. open wound or drainage** **Temperature: cool** **Turgor: <3 sec** **Rashes:none** **Bruises: hands and arms** **Wounds:** .none **Braden Score: 17** **Drains present: Y☐ N ☐NO** **Type:N/A**	
HEENT (1 point): **Head/Neck: Head normocephalic atraumatic oral mucosa moist, neck supple and nontender.** **Ears: WDL no hearing devices** **Eyes: conductive clear, glasses present** **Nose: WDL no septal deviations** **Teeth: dental appliance**	.
CARDIOVASCULAR (2 points): **Heart sounds: regular rate and rhythm S1, S2, S3, S4, murmur etc.S1,S2 normal** **Cardiac rhythm (if applicable):** **Peripheral Pulses: +2<3 seconds present** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐ NO** **Edema Y ☐ N ☐NO** **Location of Edema:** **N/A**	.

RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐NO** **Breath Sounds: Location, characteR** **All fields, equal bilaterally**	.
GASTROINTESTINAL (2 points): **Diet at home: Regular diet** **Current Diet: Regular diet** **Height: 4'10** **Weight: 137** **Auscultation Bowel sounds: present in all 4 quadrants** **Last BM: today** **Palpation: Pain, Mass etc.: None** **Inspection: no masses or pain** **Distention:no** **Incisions:no** **Scars:no** **Drains: no** **Wounds:no** **Ostomy: Y ☐yes N ☐** **Nasogastric: Y ☐ N ☐no** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐no** **Type:**	.
GENITOURINARY (2 Points): **Color:yellow** **Character: yellow, no blood present** **Quantity of urine: 300 mL** **Pain with urination: Y ☐ N ☐no** **Dialysis: Y ☐ N ☐no** **Inspection of genitals: no** **Catheter: Y ☐ N ☐** **Type:foley** **Size:14**	

MUSCULOSKELETAL (2 points): **Neurovascular status: wld** **ROM: ROM with all extremeities.** **Supportive devices: occasional walker use** **Strength: weaker than normal due to feel fatigued with fever** **ADL Assistance: Y☐ yes N ☐** **Fall Risk: Y ☐yes N☐** **Fall Score: 25** **Activity/Mobility Status: up with assist** **Independent (up ad lib) no** **Needs assistance with equipment yes** **Needs support to stand and walkyes**	.
NEUROLOGICAL (2 points): **MAEW: Y ☐ yes N☐** **PERLA: Y ☐YEs N☐** **Strength Equal: Y ☐ yes N ☐ if no - Legs ☐ Arms ☐ Both ☐both** **Orientation: X3** **Mental Status: stable and mild confusion** **Speech: clear, repeats sentences often** **Sensory:normal** **LOC: alert and oriented**	.
PSYCHOSOCIAL/CULTURAL (2 points): **Relaxing and watching television** **Developmental level: patient is positive and open about treatment for fever and abdominal wall cellulitis.** **Religion & what it means to pt.: There is a higher being that should be worshiped.** **Personal/Family Data (Think about home environment, family structure, and available family support): Patient lives with family and is divorced. Family will help with ADLs until patient is feel better.**	.

Physical Exam (18 points)

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
14:00	**74**	**115/70**	**18**	**97.4 F**	**96% room air**
16:00	**69**	**108/63**	**16**	**97.6**	**96% room air**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
14:00	**0**	**N/A**	**N/A**	**N/A**	**N/A**
16:00	**0**	**N/A**	**N/A**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: NO IV INSERTED **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1355.1 ML	**1650 ML**

Nursing Care

Summary of Care (2 points)

Patient was admitted after experiencing a fever and chills. This occurred altering eating breakfast. Patient stated feeling warm after eating. Patient started experiencing chills which resulted in shaking. Physician order lab work to find any abnormalities. Chest Xray was order and no evidence of an acute cardiopulmonary process shown. An Xray of the right hip was performed and no visible acute process was shown. Patient vital signs remained stabled throughout care. Patient was tolerated a regular diet and fluids intake and output were being monitored. Future plans for this patient include monitoring abdominal wall cellulite, continue intravenous vancomycin, and monitoring hyponatremia and chronic kidney disease.

Overview of care:

Discharge Planning (2 points)

Discharge location: Discharge will be to the patients home and family will assist with any care needed.

Home health needs (if applicable): No home health needs are needed.

Equipment needs (if applicable): No extra equipment is needed.

Follow up plan: Follow up plan is to continue to monitor mild hyponatremia and chronic kidney disease stage 3. Administer gentle intravenous fluid and monitor labs and vital signs. Administer IV vancomycin and levoquin for abdominal wall cellulitis. Monitor abdominal wall cellulitis. Contact

Education needs: Patient was educated on nutritional needs and proper hydration.

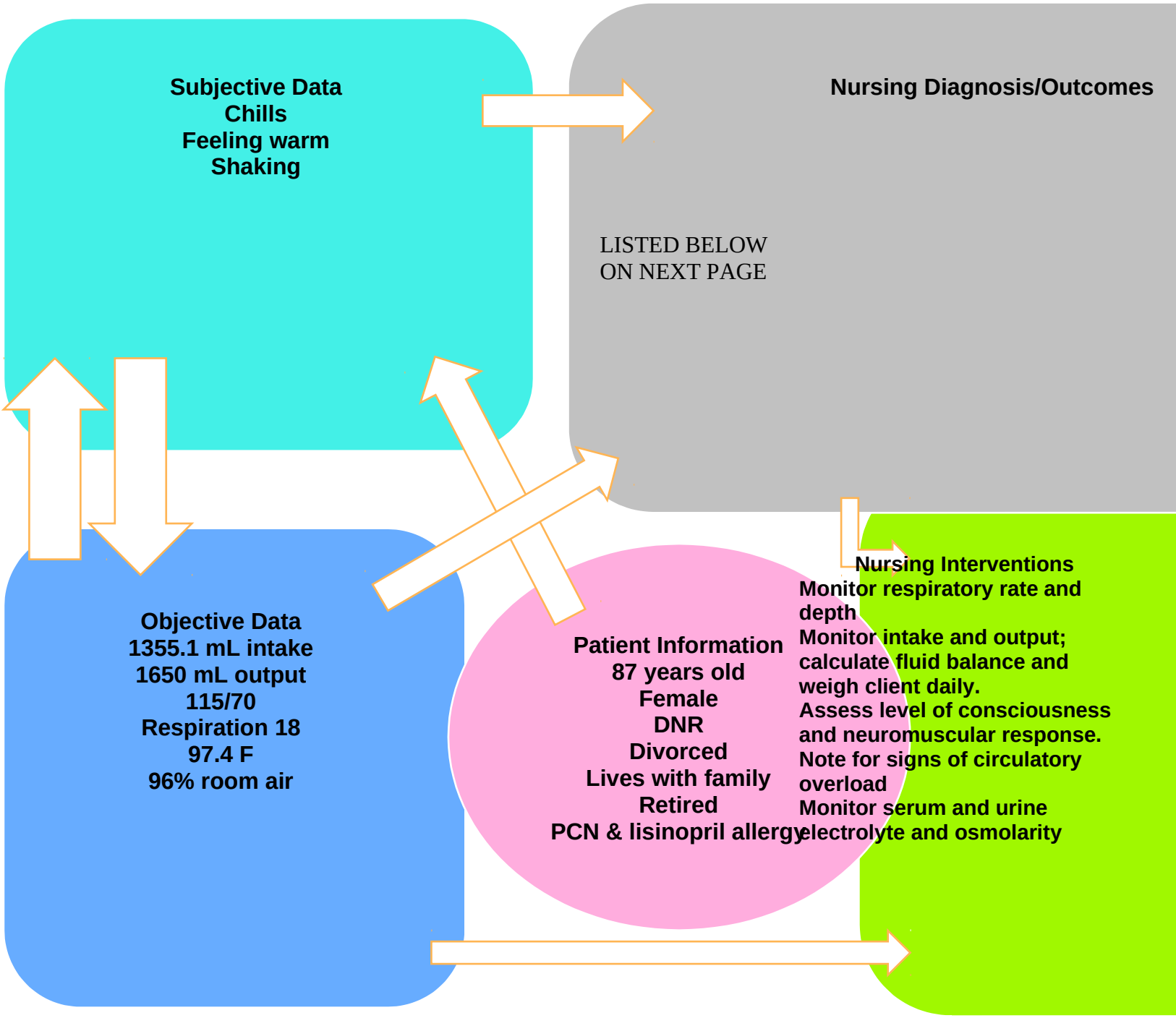
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for decreased cardiac output risk factors may include fluid imbalanced affecting circulation volume. Myocardial workload, and systemic vascular resistance (SVR)	**The nursing diagnosis was because of the risk caused by chronic kidney disease**	**1. Auscultate heart and lung sounds. Evaluate presence of peripheral edema, vascular congestion and reports of dyspnea.** **2. Evaluate heart sounds (note friction rub), BP, peripheral pulses, capillary refill, vascular congestion, temperature, and sensorium or mentation.**	**-Patient responded well to nurse monitoring for risk for cardiac output decrease.** **- Patient responded well and modifications were made when needed to fit patient. Outcomes and goals were obtained.**

2. Risk for infection R/T chronic diseases and compromised host defenses AEB elevated WBC and fever.	**The nursing diagnosis was chosen because of recent antibiotic therapy and fever.**	**1. Investigate the use of medications or treatment modalities that may cause immunosuppression.** **2. Monitor white blood cell (WBC) count**	**-Patient responded well to nurse monitoring for signs and symptoms of infections.** **- Patient responded well and modifications were made when needed to fit patient. Outcomes and goals were obtained.**
3. Risk for electrolyte imbalance may be related to diarrhea and or vomiting.	**The nursing diagnosis was chosen because the patient was hyponatremia.**	**1. Monitor respiratory rate and depth.** **2. Monitor level of consciousness and muscular strength, tone, and movement**	**-Patient responded well to nurse monitoring vital signs and respiratory rate and depth.** **- Patient responded well and modifications were made when needed to fit patient. Outcomes and goals were obtained.**

Other References (APA):

Concept Map (20 Points):


Subjective Data
Chills
Feeling warm
Shaking
Nursing Diagnosis/Outcomes
LISTED BELOW
ON NEXT PAGE
Objective Data
1355.1 mL intake
1650 mL output
115/70
Respiration 18
97.4 F
96% room air
Patient Information
87 years old
Female
DNR
Divorced
Lives with family
Retired
PCN & lisinopril allergy
Nursing Interventions
Monitor respiratory rate and depth
Monitor intake and output; calculate fluid balance and weigh client daily.
Assess level of consciousness and neuromuscular response.
Note for signs of circulatory overload
Monitor serum and urine electrolyte and osmolarity

Nursing diagnosis/ Outcomes:

1. Risk for electrolyte imbalance may be related to diarrhea and or vomiting.

-Client will display heart rate, blood pressure and laboratory results within the normal limit for the client; absence of muscle weakness and neurological irritability

2. Fluid Volume excess related to compromised regulatory mechanism. Excess fluid intake. AEB electrolyte imbalance

- Electrolytes will be balanced within acceptable normal ranges.