N321 Care Plan # 1

Lakeview College of Nursing

Rece Doggett

Due: 2/6/2020

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
01/29/2020 @ 1059	R.L.D.	49	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American/Black	Unemployed	Single	NKA
Code Status	**Height**	**Weight**	
Full Code	5’ 9”	138lb 10.7oz	

Medical History (5 Points)

Past Medical History: Past medical history HIV and substance abuse. This client has had numerous visits due to his diagnosis of HIV. Pt is requested to be seen at least every 6 months for lab draws. It is recommended that the patient be seen every 3 months for lab draws, but not necessary.

Past Surgical History: Hand Surgery due to infection (surgery not specified)

Family History: Client made no mention of family history

Social History (tobacco/alcohol/drugs): Patient is a known user of heroin, cannabis, and alcohol.

Assistive Devices: None

Living Situation: Lives by self, address is in chart

Education Level: Unknown

Admission Assessment

Chief Complaint (2 points): Withdraw symptoms from drugs and alcohol.

History of present Illness (10 points): Patient was at home by his self when he began to feel pain throughout his body and was intoxicated. This started early in the morning the day he went to the hospital. The pain was sharp and all over his body. This lasted until he was seen in the emergency room at the facility. There were no associated symptoms the patient realized upon admission. This client had low lab values as documentation shows later in the lab data. The patient stated, “Nothing would help treat the pain I was experiencing.”. He then called 9-1-1 and requested to be picked up and was transferred to OSF E.D. on 01/29/2020. While in this department he was treated for acute symptoms. After treated in the E.D. the client was admitted onto med-surg floor for observation and recovery from substance abuse.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Drug and alcohol Abuse

Secondary Diagnosis (if applicable): HIV

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

Drug abuse is commonly referred to as substance use disorder. This disease affects a person’s brain and actions that lead to them being unable to control their control over the substance they become addicted to. The risk associated with and affect the drug addiction has is directly related to the type of drug being used. With some drugs you may be addicted one time after use, while others you may have to spend days or weeks doing such as smoking tobacco. For heroine, which is an opioid that effects nerve endings in the brain blocking pain causing them to have a “head high” which allows a person to become relaxed. Opioids are highly addictive and require

a doctors prescription to use. The more often you use a drug the more resistance you body will build to it. This results in a higher dosage needed to become high. Some signs and symptoms of drug addiction include a feeling that you need to use the drug consistently, using the drug to block out any other thoughts, needing more of the drug to get high, taking large amounts of the drug over an extended period of time, and spending money you do not have on the drug. Tests used to identify drugs are commonly found in a urinary drug screen (USD) which tests for heroine as well as other street drugs. Heroin affects the levels of dopamine in the body and this will cause you to flush and slow your heart and respirations. Treatments for heroine overdoses include a drug called Narcan. The only other treatment is to let the drug naturally leave your system over time.

Pathophysiology References (2) (APA):

NIDA. (2018, June 8). *Heroin*. Retrieved from https://www.drugabuse.gov/publications/research-reports/heroin on 2020, February 5

Mayo Clinic. (2017, October 26). *Drug addiction (substance use disorder) - Symptoms and causes.* Retrieved February 5, 2020, from https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112

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	**4.4 – 5.8**	**3.63**		Low RBC count is most likely due to HIV. Slightly low values may not be alarming, but very abnormal findings may be a result of anemia.
Hgb	**13 – 16.5**	**10.9**		Directly related to the RBC count. Due to low RBC it is probable that the Hgb and Hct will be low as well.
Hct	**38 – 50**	**33.3**		Directly related to the RBC count. Due to low RBC it is probable that the Hgb and Hct will be low as well.
Platelets	**140 – 446**			
WBC	**4 – 12**	**2.10**		Low WBC counts usually come from taking medications for HIV. This leads to a greater chance for infection.
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

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-	**133 – 144**			
K+	**3.5 – 5.1**			
Cl-	**98 – 107**			
CO2	**21 – 31**			
Glucose	**70 – 99**			
BUN	**7 – 25**			
Creatinine	**0.5 – 1.2**			
Albumin	**3.5 – 5.7**	**2.9**		Low albumin is a direct result of HIV infection.
Calcium	**8.6 – 10.3**			
Mag				
Phosphate				
Bilirubin	**0.2 – 0.8**			

Alk Phos	**34 - 104**			
AST	**13 - 39**	**45**		Elevated liver enzymes are a result of HIV medications.
ALT	**7 – 52**			
Amylase	**29 – 103**			
Lipase	**11 - 82**			
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	**10.1 – 13.1**			
PTT	**25 - 36**	**40**		Direct result from HIV infection. Increased aPTT times are likely found in client with HIV.
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	**Clear/yellow**	**Yellow**	**Yellow**	
pH	**5.0 – 9.0**	**6.0**		
Specific Gravity	**10..3 – 1.030**	**1.016**		
Glucose	**Negative**	**Negative**		
Protein	**Negative**	**1+!**		Protein in urine is usually a result from renal dysfunction.
Ketones	**Negative**	**Negative**		
WBC	**Negative**	**Negative**		

RBC	**Negative**	**Negative**		
Leukoesterase				

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**	**N/A**		
Blood Culture	**Negative**	**N/A**		
Sputum Culture	**Negative**	**N/A**		
Stool Culture	**Negative**	**N/A**		

Lab Correlations Reference (APA):

Project Inform. (2011). *Blood Work: A complete guide for Monitoring HIV* (First). Retrieved from https://www.health.ny.gov/publications/9689.pdf

Mehta, S. H., Astemborski, J., Sterling, T. R., Thomas, D. L., & Vlahov, D. (2006). Serum Albumin as a Prognostic Indicator for HIV Disease Progression. *AIDS Research and Human Retroviruses*, *22*(1), 14–21. https://doi.org/10.1089/aid.2006.22.14

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Chest X-ray – normal costophrenic angle and hemidiaphragms, heart size normal, trachea intact, prominent vascular markings in right lower love compared to left otherwise lung fields are clear.

EKG 12 lead – Normal sinus rhythm, Abnormal ECG

Diagnostic Test Correlation (5 points):

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	**traMADol Ultram**	**Tenofovir ALAFENAMIDE fumarate Vemlidy/Genvoya**	**Famotidine Pepcid**	**Hydrocodone Acetaminophen 5 – 325 TB**	**Rilpivirine Edurant**
Dose	**50 mg 1 tablet**	**25 mg 1 tablet**	**20 mg 1 tablet**	**5 – 325 mg 1 tablet**	**25 mg 1 tablet**

Frequency	**PRN (4 – 6H)**	**With every meal**	**BID**	**PRN (6H)**	**Every meal**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Analgesic**	**Antiviral Drug**	**Antiulcer agent**	**Opioid**	**Antiretroviral**
Mechanism of Action	**Inhibits reuptake of norepinephrine**	**Attempt to prevent the virus from reproducing**	**Reduces HCl formation**	**Blocks pain receptors in the brain**	**Inhibits HIV - 1 replication**
Reason Client Taking	**Pain control**	**HIV – 1 Infection**	**Prevent stomach ulcers**	**Pain control**	**HIV – 1 infection**
Contraindications (2)	**Acute or severe asthma, alcohol intoxication**	**If pt takes antacid, High BUN or creatinine levels**	**Hypersensitivity to famotidine or other similar drugs**	**Acute or severe asthma, suspected paralytic ileus**	**Hypersensitivity to rilpivirine, taking medication with lansoprazole, omeprazole, or oxcarbazepine**
Side Effects/Adverse Reactions (2)	**Chest Pain, Anaphylaxis**	**Px at site of administration, Alteration of body pH**	**Hallucinations, dyspnea**	**Constipation, adrenal insufficiency**	**Abnormal dreams, Dysphoria**
Nursing Considerations (2)	**Should not be given to children with respiratory problems, Excessive use may lead to addiction.**	**Inform female pts oral contraceptives may be ineffective, do not administer all HIV medications at once if more than one is being used.**	**Dilute injection form with normal saline, shake famotidine oral suspension vigorously for 5 - 10 seconds**	**Ensure acetaminophen limit is not reached, should not be given to patients with impaired consciousness**	**Administer with a meal to promote absorption, Risks associated with torsades de pointes and medications associated with this**

Hospital Medications (5 required)

Brand/Generic	**Hydroxidesimethicone Maalox**	**Carbidopa-levodopa Sinemet**	**Dicyclomine Bentyle**	**Lorazepam Ativan**	**Methadone Dolophine**
Dose	**200-200-20mg/ 5mL susp 30 Ml**	**25-100mg /tablet**	**20mg tablet**	**0.5mg tablet**	**15mg (10mg tablets)**
Frequency	**PRN (6H)**	**PRN (8H)**	**PRN (6H)**	**TID**	**Every 12H**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Antacid**	**decarboxylase inhibitors**	**Anticholinergic**	**Benzodiazepine**	**Opiate antagonist**
Mechanism of Action	**Blocks H2 Reduces HCl formation**	**Increases dopamine production**	**Relax smooth muscles**	**Inhibits neurotransmitters**	**Binds to opioid receptors**

Reason Client Taking	**Prevent heartburn, indigestion, or stomach ulcers**	**Restless leg syndrome**	**Treatment for IBS**	**Anxiety**	**Manage opioid detoxification**
Contraindications (2)	**Hypersensitivity to maalox or other similar drugs**	**Hx of heart disease, kidney disease or mood disorders**	**Adesions between iris and lens, glaucoma, GI obstruction**	**Acute angle-closure glaucoma, hypersensitivity to lorazepam**	**Acute or severe asthma, hypersensitivity to methadone**
Side Effects/Adverse Reactions (2)	**Diarrhea, constipation, headache**	**Dizziness, N/V, loss of appetite**	**Palpations, blurred vision**	**Amnesia, delusions, CP**	**Cardiac arrest, anemia**
Nursing Considerations (2)	**Monitor possible side effects, Monitor Magnesium levels**	**Be aware of drug interactions, do not give if pt has marijuana or alcohol in their system**	**Assess for tachycardia, Do not give by I.V. due to major adverse reactions**	**Ve aware of general anesthesia and sedation drugs, use caution with elderly**	**Ensure you have equipment to monitor pt, drug can be highly addictive so monitor closely**

Medications Reference (APA):

Jones & Bartlett Learning. (2018). *2019 Nurse's Drug Handbook* (18th ed.). USA: Jones & Bartlett Learning.

WebMD. (n.d.). Carbidopa-Levodopa. Retrieved February 6, 2020, from https://www.webmd.com/500?site

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress: No acute distress** **Overall appearance: client looks age wearing provided clothing**	**AO x 4 name, place, date, current president**

INTEGUMENTARY (2 points): **Skin color: WDL for client** **Character: Dry** **Temperature: Warm** **Turgor: Rapid** **Rashes: Rash on L arm and right leg** **Bruises: None visible** **Wounds: minor abrasions throughout arms and legs** **Braden Score: 20 (skin precautions)** **Drains present: Y☐ N ☒** **Type:**	
HEENT (1 point): **Head/Neck: Normal cephalic, erect** **Ears: external auricle of normal shape no drainage** **Eyes: Glazed dark brown, Perrla present** **Nose: midline to face** **Teeth: some teeth missing minimal oral hygiene**	.
CARDIOVASCULAR (2 points): **Heart sounds:** clear S1, S2 sounds **S1, S2, S3, S4, murmur etc. None** **Cardiac rhythm (if applicable):** Normal **Peripheral Pulses:** 2+ throughout **Capillary refill:** Rapid **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:** NA	.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒**	Clear lung sounds bilaterally no crackles, wheezes, or ronchi noted

Breath Sounds: Location, character	
GASTROINTESTINAL (2 points): **Diet at home: Unassessed** **Current Diet: Normal diet** **Height: 5' 9"** **Weight: 138lb 10.7 oz** **Auscultation Bowel sounds: hyperactive** **Last BM: Mid-Morning** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Upon inspection client had no visible distention, incisions, wounds, or drains. Minor scarring was present.
GENITOURINARY (2 Points): **Color:** Yellow **Character:** Clear **Quantity of urine:** Unknown voided 3+ **times during shift** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** Unassessed **Catheter: Y ☐ N ☒** **Type:** **Size:**	

MUSCULOSKELETAL (2 points): **Neurovascular status:** MAEW in coordination **ROM:** Full even with broken hip **Supportive devices:** None **Strength:** 5/5 **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** 8 **Activity/Mobility Status:** Active **Independent (up ad lib)** ☒ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☒ Arms ☐ Both ☐** **Orientation:** Easily follows commands **Mental Status:** Understands and responds **Speech:** Clear **Sensory:** **LOC:** Alert	Due to broken r hip the left leg is stronger that right. This does not impair the clients ability to move or his independence.
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):**	No distress noted, follows commands

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1500	57	133/81	16	98.2 temporal	100% RA
Second set of	Vitals were	Not obtained			

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1500	0 – 10	Generalized	Denied	None	Resume meds as normal

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22 **Location of IV:** Right forearm **Date on IV**: 01/29/2020 **Patency of IV:** Assumed Functioning, but unassessed **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Secured	Client received 2 L of fluid in E.D. and has not since used on med surg floor.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
100% of meal according to chart	Voided 3 times by 1700

Nursing Care

Summary of Care (2 points)

Overview of care: Current care plan is going as projected. Care is to be continued until D/C. Client received medications as scheduled during shift. He did not leave the floor during this student nurses visit. No labs or procedures were observed this day.

Procedures/testing done: ECG, X-ray, and Labs

Complaints/Issues: None upon interview

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Client performs ADLs independently and well.

Physician notifications: This student nurse was not made aware of any.

Future plans for patient: Monitor client and proceed with plan of care.

Discharge Planning (2 points)

Discharge location: Home by himself

Home health needs (if applicable): Continue meds as directed

Equipment needs (if applicable): None

Follow up plan: Referral to substance abuse support group.

Education needs: Effects of drug addiction.

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. Chronic Pain	Related to hx of abuse and progression of HIV as evidenced by multiple pain medications	1. Use 2 forms of identification before administering meds 2.Teach pt about pain management.	Client responded well with the helping in managing symptoms and was compliant with staff. He is achieving his goals daily and continues to make progress.
2. Risk of	Related to altered	1. Assess stage of withdrawal	Client was compliant with process

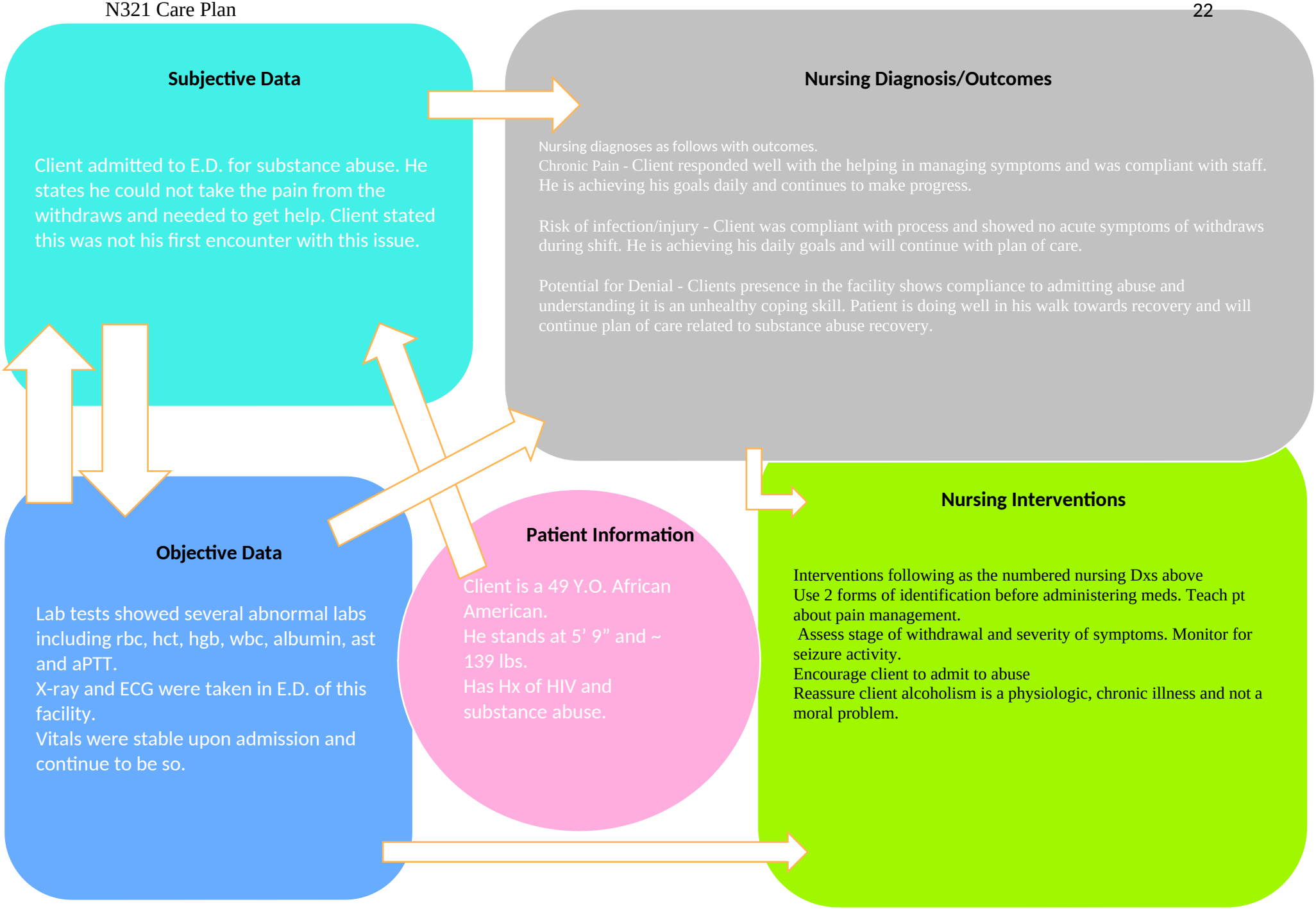
infection/injury	cognitive function occurring with alcohol and drug use as evidenced by abrasions covering clients arms and legs	and severity of symptoms 2. Monitor for seizure activity.	and showed no acute symptoms of withdraws during shift. He is achieving his daily goals and will continue with plan of care.
3. Potential for Denial	Related to lack of control for alcohol and drug use resulting in minimization of its symptoms and effects as evidenced by history of drug and alcohol abuse.	1. Encourage client to admit to abuse 2. Reassure client alcoholism is a physiologic, chronic illness and not a moral problem.	Clients presence in the facility shows compliance to admitting abuse and understanding it is an unhealthy coping skill. Patient is doing well in his walk towards recovery and will continue plan of care related to substance abuse recovery.

The priority of the diagnoses would be safety first (risk of infection), pain management, then potential for denial last.

Other References (APA):

Swearingen, P. L., & Wright, J. (2018). *All-in-One Nursing Care Planning Resource: Medical-Surgical, Pediatric, Maternity, and Psychiatric-Mental Health* (5th ed.). USA: Mosby.

Concept Map (20 points):


Subjective Data
Client admitted to E.D. for substance abuse. He states he could not take the pain from the withdraws and needed to get help. Client stated this was not his first encounter with this issue.
Nursing Diagnosis/Outcomes
Nursing diagnoses as follows with outcomes.
Chronic Pain - Client responded well with the helping in managing symptoms and was compliant with staff. He is achieving his goals daily and continues to make progress.
Risk of infection/injury - Client was compliant with process and showed no acute symptoms of withdraws during shift. He is achieving his daily goals and will continue with plan of care.
Potential for Denial - Clients presence in the facility shows compliance to admitting abuse and understanding it is an unhealthy coping skill. Patient is doing well in his walk towards recovery and will continue plan of care related to substance abuse recovery.
Objective Data
Lab tests showed several abnormal labs including rbc, hct, hgb, wbc, albumin, ast and aPTT.
X-ray and ECG were taken in E.D. of this facility.
Vitals were stable upon admission and continue to be so.
Patient Information
Client is a 49 Y.O. African American.
He stands at 5' 9" and ~ 139 lbs.
Has Hx of HIV and substance abuse.
Nursing Interventions
Interventions following as the numbered nursing Dxs above
Use 2 forms of identification before administering meds. Teach pt about pain management.
Assess stage of withdrawal and severity of symptoms. Monitor for seizure activity.
Encourage client to admit to abuse
Reassure client alcoholism is a physiologic, chronic illness and not a moral problem.

Concept Map (20 Points):