

N321 Care Plan #1

Lakeview College of Nursing

Marianne Florido

Demographics (3 points)

Date of Admission 2/12/20	Patient Initials CG	Age 78 y/o	Gender F
Race/Ethnicity White	Occupation Retired	Marital Status Married	Allergies Diclofenac and Statins
Code Status Full	Height 5'2"	Weight 195 lbs	

Medical History (5 Points)

Past Medical History: HTN, GERD, hypothyroidism, hyperlipidemia, arthritis, carcinoma

Past Surgical History: hysterectomy, colonoscopy, cataract removal w/implant

Family History: cardiac disease, heart issues

Social History (tobacco/alcohol/drugs): Pt states she has quit smoking, denies alcohol or other drug use.

Assistive Devices: gait belt and walker until leg is healed. Normally at home only uses a cane

Living Situation: Lives at home

Education Level: High school

Admission Assessment

Chief Complaint (2 points): Possible wound infection

History of present Illness (10 points): Pt is a 78 y.o female who was admitted to SHMC on 2/12/2020 for possible wound infection. Pt fell outside in her yard on 1/16, during which she obtained a laceration to her left knee. She was evaluated in the ED and received sutures. While the wound was healing, she tripped over a throw rug in her house and fell on the knee again. She was evaluated 3 days ago and had a surgical repair of the lac. Since returning home she has been taking antibiotics as directed, but noticed increased swelling

and warmth on her knee extending down her leg. She continues to have knee pain and reports purulent drainage from the laceration. She also reports nausea and general loss of appetite but denies fever, chills, vomiting, abdominal pain, weakness or urinary/bowel symptoms.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Cellulitis

Secondary Diagnosis (if applicable): .n/a

Pathophysiology of the Disease, APA format (20 points): The term cellulitis is commonly used to indicate a non-necrotizing inflammation of the skin and subcutaneous tissues, usually from acute infection. In the instance of this patient, her laceration became infected. Cellulitis usually follows a break in the skin where microscopic and invasive bacteria can enter (Capriotti, 2016). Bacteria that is most common is streptococcus and staphylococcus. Signs and symptoms usually occur on one side of body and can include: redness that tends to expand from the infected site, swelling, tenderness, pain, warmth, blisters, and skin dimpling (Mayo Clinic, 2020). In addition, the patient may experience fever in attempts to fight off the infection. The patient may have increased heart rate and have increased WBC's because the body is trying to rid the infection.

Testing used to diagnose cellulitis usually includes a medical history and physical exam (Mayo Clinic, 2020). Blood and skin samples may be taken to confirm the diagnosis and the type of bacteria that is present. The patient had a CMP, CBC, along with an aerobic culture and a smear gram stain from the wound completed for evaluation. The results are still processing for the aerobic culture and there were "no organisms seen" for the smear

gram stain. A bacterial culture can identify the organism causing the condition and indicate the most effective antibiotic.

An x-ray was ordered in addition to make sure the infection did not go into the bone. The results were negative.

Treatment for cellulitis involves antibiotics and hygienic practices. Usually, doctors prescribe a drug that's effective against both streptococci and staphylococci (Mayo Clinic, 2020). The antibiotic that was ordered for the patient was IV Cefazolin (Ancef). To heal from cellulitis, it is important to wash hands often, apply lotion to cracked skin, inspect feet daily, clean the wound daily with soap and water, protect hands and feet, and prompt treatment of any superficial infections on skin i.e. athlete's foot (Mayo Clinic, 2020). The patient had a dressing change to make sure the area stayed clean. The nurse applied antibacterial ointment to the wound for reinforcement. The patient will most likely go home with antibiotics, taken as directed under the orders of the physician. The length is usually five to ten days but can be as long as 14 days.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J.P. (Eds.) (2016). *Pathophysiology: Introductory Concepts and Clinical Perspective* (1st ed.). F.A. Davis Company.

Mayo Clinic. (2020, February 6). *Cellulitis*. Retrieved February 14, 2020, from <https://www.mayoclinic.org/diseases-conditions/cellulitis/symptoms-causes/syc-20370762>

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
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RBC	4.10 - 5.70	2.62	n/a	Possible secondary to acute blood loss from recent falls
Hgb	12.0 – 18.0	8.3	n/a	Possible secondary to acute blood loss from recent falls
Hct	37.0 – 51.0%	24.7	n/a	Possible secondary to acute blood loss from recent falls
Platelets	140-400		n/a	
WBC	4.00 – 11.00		n/a	
Neutrophils	54 - 62%		n/a	
Lymphocytes	25 - 33%		n/a	
Monocytes	3-7%		n/a	
Eosinophils	1-3%		n/a	
Bands	3-5%		n/a	

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		n/a	
K+	5.1-5.1		n/a	
Cl-	98-107		n/a	
CO2	21.0 – 32.0		n/a	
Glucose	60-99	120	n/a	Glucose could be high from recent meal or stress
BUN	7-25		n/a	
Creatinine	0.6-1.2	1.3	n/a	Inc due to low blood flow, pt has not been eating well, can also be inc from infection
Albumin	3.5-5.5		n/a	
Calcium	8.5-10.1		n/a	

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Mag	1.5-2.6		n/a	
Phosphate	2.5-4.5		n/a	
Bilirubin	0.0		n/a	
Alk Phos	34-104		n/a	
AST	13-39		n/a	
ALT	7-52		n/a	
Amylase	23-470		n/a	
Lipase	20-86		n/a	
Lactic Acid	0.5-1.0		n/a	

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	0.9-1.1		n/a	
PT	10.1-13.1		n/a	
PTT	25-36		n/a	
D-Dimer	<0.5		n/a	
BNP	<125		n/a	
HDL	40-59		n/a	
LDL	100-129		n/a	
Cholesterol	<200		n/a	
Triglycerides	<150		n/a	

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Hgb A1c	4-5.6%		n/a	
TSH	0.4-4.0		n/a	

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 – pale yellow		n/a	
pH	5.0-8.5		n/a	
Specific Gravity	1.001-1.035		n/a	
Glucose	Neg		n/a	
Protein	Neg		n/a	
Ketones	Neg		n/a	
WBC	Neg 0-5	Trace 6-10	n/a	Increased due to cellulitis infection
RBC	Neg 0-5		n/a	
Leukoesterase	Neg		n/a	

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	n/a		n/a	
Blood Culture Aerobic culture	n/a	Results in progress	n/a	Results in progress, determining what type of bacteria causing cellulitis

Sputum Culture	n/a		n/a	
Stool Culture	n/a		n/a	

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference*. St. Louis, MO: Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- **US left venous duplex lower extremity veins**
- **XR of left knee**

Diagnostic Test Correlation (5 points):

An US of left venous duplex for her lower extremity veins was completed to rule out DVT. The results showed no evidence of deep or superficial venous thrombosis.

A XR was completed to make sure the infection did not get into the bone. The XR was negative and did not show evidence of any deeper infection.

Diagnostic Test Reference (APA):

Capriotti, T., & Frizzell, J.P. (Eds.) (2016). *Pathophysiology: Introductory Concepts and Clinical Perspective* (1st ed.). F.A. Davis Company.

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

Hospital Medications (5 required)

Brand/Generic	cefazolin/ Ancef	Zofran/ ondansetron	acetaminophen/ Tylenol	Prinivil/ lisinopril	Gaba penti n/ neuro ntin
Dose	2g	4mg	325 mg	30 mg	300 mg
Frequency	2g Q8H	4 mg Q12H PRN	Q 24H	Daily	2x daily
Route	IV	injection	PO	PO	P.O.
Classification	Antibiotic	Antiemetic	Antipyretic Non-opioid analgesic	ACE inhibitor	antic onvul sant
Mechanism of Action	Targets bacterial cells and demonstrates bactericidal activity against most strains including: s. aureus, s. epidermidis, s. agalactiae, s. pneumonia	Used for prevention of nausea and vomiting, blocks receptor antagonist	Inhibits enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the PNS.	Prevents conversio n of angiotensi n I to angiotensi n II, which is a potent vasoconst rictor	Inhib its the rapid firing of neuro ns associ ated with seizur es.
Reason Client Taking	For cellulitis infection	For nausea	For pain	Hypertens ion	Posto perati ve pain (acut e)
Contraindication	Use caution	Concomitant	Hypersensitivit	Concomit	Hype

s (2)	in pts w/ hx of GI disease, And for pts with renal impairment	use of apomorphine , Hypersensitivity to ondanestron	Contraindication to acetaminophen, Severe hepatic impairment	Contraindication to antialiskiren use in diabetic pts, Hx of angioedema	Contraindication to gabapentin or its components, CNS depression
Side Effects/Adverse Reactions (2)	Pruritus, diarrhea	Atrial fibrillation, Serotonin syndrome	Agitation, Anxiety	Chest pain, dizziness	Asthenia, fatigue
Nursing Considerations (2)	May cause diarrhea, nausea, vomiting, or thrombocytopenia. Should not miss treatment and take as prescribed	Advise pt to report symptoms of GI upsets: distension or bowel obstruction, Or serotonin syndrome	Pt should not drink alcohol while taking this drug. Advise pt it is unsafe to take more than 4000 mg of acetaminophen in a 24 hr period	May cause nausea, vomiting, dizziness, Also angioedema of face, lips, throat	Tell pt to report new or worsening depression, drug may cause dizziness

Home Medications (5 required)

Brand/ Generic	Vitamin B12/ Cyanocobalamin	Levothyroxine/ Synthroid	Hydrocodone/ Acetaminophen Norco	Docusate Sodium/ Colace	Amoxicillin Clavulanate/ Augmentin
Dose	1,000 mcg	112 mcg	325 mg	100mg	125 mg
Frequency	2x day	Daily	1-2 tabs PRN every 4-6 hours	Daily	Daily

Route	PO	PO	PO	PO	PO
Classification	Mineral	Thyroid supplement	Schedule II opioid	Laxative	Antibiotic
Mechanism of Action	Fortifies the body with vitamin B12 supplementation	T3 and T4 bind to thyroid receptor proteins attached to DNA	Inhibits prostaglandin synthesis	Draws water into the stool, softening stool	Inhibits bacterial synthesis by binding to penicillin binding proteins
Reason Client Taking	For vit B12 deficiency	Hypothyroidism	For pain	For constipation	For cellulitis infection
Contra indications (2)	Incompatible with drugs such as ascorbic acid, chlorpromazine and hydrochloride	Acute MI, Diffuse goiter or nodular thyroid disease	Acute bronchial asthma, Respiratory depression	Use of mineral oil, Intestinal obstruction	Renal impairment, Hypersensitivity to amoxicillin
Side Effects/Adverse Reactions (2)	Blurred vision, rosacea	Palpitations, alopecia	hepatotoxicity, dizziness	Abnormal taste in mouth, cramping	Rash, candidiasis
Nursing Considerations (2)	Avoid alcohol, Take with meal and not within 2 hr of other meds	Side effects may include hyperthyroidism, Improvement of symptoms may not be for several weeks	May cause nausea, vomiting, dizziness, Avoid alcohol and other CNS depressants	Maintain adequate hydration, May cause bitter taste in mouth	May decrease effectiveness of contraceptive, Take at start of meal

Medications Reference (APA):

Institute for Safe Medication Practices: ISMP Medication Safety Alert. <http://www.ismp.org/>.

Jones & Bartlett Learning. (2019). 2019 Nurse's Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p>	<p>Alert and oriented to time, place, and person x4 No distress Well-groomed and appropriately dressed</p>
<p>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:</p>	<p>Pink Dry/Normal Warm Normal turgor 2+ None Small bruising on rt knee, couple on left arm None 20 n/a</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck symmetrical, normal cephalic Patient's ears are free of discharge, negative hearing loss, eyes symmetrical EOM, nose symmetry, no deviation, has dentures, well-groomed.</p>
<p>CARDIOVASCULAR (2 points): 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 checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>Heart sounds normal S1 and S2, no murmurs, gallops, or rubs detected in S3 and S4. Peripheral pulses 2+ symmetric. Capillary refill is less than 3 seconds. No neck vein distention 2+ pitting edema from left knee down to left ankle, otherwise no edema</p>
<p>RESPIRATORY (2 points):</p>	<p>Respirations are regular, even and</p>

<p>Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	<p>nonlabored, symmetrical, no wheezes or crackles noted.</p>
<p>GASTROINTESTINAL (2 points):</p> <p>Diet at home:</p> <p>Current Diet</p> <p>Height:</p> <p>Weight:</p> <p>Auscultation Bowel sounds:</p> <p>Last BM:</p> <p>Palpation: Pain, Mass etc.:</p> <p>Inspection:</p> <p> Distention:</p> <p> Incisions:</p> <p> Scars:</p> <p> Drains:</p> <p> Wounds:</p> <p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p> Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p> Type:</p>	<p>Normal diet, no restrictions</p> <p>5'2"</p> <p>195 lbs</p> <p>Bowel sounds are normoactive in all 4 quadrants</p> <p>This am</p> <p>No CVA tenderness</p> <p>No abnormalities found upon inspection for distention, incision, or drains.</p> <p>Scar on abdomen from hysterectomy</p> <p>L. Laceration on knee with cellulitis</p>
<p>GENITOURINARY (2 Points):</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p> Type:</p> <p> Size:</p>	<p>Yellow</p> <p>Clear, not cloudy</p> <p>150 mL</p> <p>n/a</p>
<p>MUSCULOSKELETAL (2 points):</p> <p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Score:</p> <p>Activity/Mobility Status:</p> <p>Independent (up ad lib) <input type="checkbox"/></p> <p>Needs assistance with equipment <input type="checkbox"/></p> <p>Needs support to stand and walk <input type="checkbox"/></p>	<p>Pt alert and responsive</p> <p>Normal ROM</p> <p>Walker and cane at home</p> <p>Strength in upper and lower extremities bilaterally</p> <p>8</p> <p>Pt is active and mobile with 1-person assist, gait belt with walking</p> <p>Yes</p> <p>Yes</p>

<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Cognitive of space, time, and location, Articulative speech Mature and cognitive Alert No gross focal neurological deficits</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>Family: Husband Mature Christian, attends church occasionally Husband is a huge support and confidant</p>

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1359	78	148/62	17	98.5 F	96%
1534	76	145/65	17	98.7 F	97%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1358	1-10	L. Knee	3	Achy	Not ready for pain meds at this time
1533	1-10	L. Knee	4	Achy	Will receive meds in a few hours

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
<p>Size of IV: 20 g Location of IV: Rt hand Date on IV: 2/12/20 Patency of IV: patent</p>	<p>Saline Lock</p>

Signs of erythema, drainage, etc.: none	
IV dressing assessment: clean, dry, intact	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
590 mL	1250 ML

Nursing Care

Summary of Care (2 points)

Overview of care: Pt will be discharged to home, possible referral to outpatient physical therapy

Procedures/testing done: US venous duplex, XR, CMP, CBC, aerobic culture, gram stain

Complaints/Issues: none besides knee being tender

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: Yes tolerating diet and activity well for condition of knee

Physician notifications: Per surgery note, pt may require opening of wound in the near future

Future plans for patient: continue elevation of extremity at rest

Discharge Planning (2 points)

Discharge location: To home

Home health needs (if applicable): n/a, husband at home to assist

Equipment needs (if applicable): walker until knee heals, then use of cane for normal mobility

Follow up plan: possible outpatient physical therapy

Education needs: Cellulitis care and prevention. Continue full course of antibiotics as prescribed. If notice any increased swelling, redness, pain, drainage, or wound not healing, come back in for treatment and evaluation. Elevate leg while at rest. Change dressing daily and clean with soap and water.

Nursing Diagnosis (15 points)

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

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	Rational <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Intervention (2 per dx)	Evaluation <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.
1. Immobility: physical, decreased	Related to laceration and complications of infection to L knee, as evidenced by pt moving slower than usual and stating, “my knee is pretty tender and achy.”	1.Walk 10 ft from bed with walker and back to bed 2.Assist pt when needed with gait belt when unsteady gait or weakness is noted	Goal met: pt tolerated the intervention well. She was able to walk without taking a break. Goal met: I assisted the pt by placing hand on back for confidence but patient did all the work.
2. Skin integrity, impaired	Related to cellulitis infection to L knee as	1. Wound care and dressing change daily 2.Wound care,	Goal met: pt tolerated dressing change well. The nurse applied a new dressing.

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	evidenced by increased swelling , tenderness, and purulent drainage from site	washing wound with soap and water daily in-between dressing changes	Goal met: the nurse assisted patient with cleaning the lac site before dressing
3. Pain, acute	Related to cellulitis infection to L knee as evidenced by pt stating, “my pain level is at a level four right now. I have to move much slower to get around.”	<ol style="list-style-type: none"> 1. Elevate knee and leg on pillow while at rest to decrease swelling and resulting pain 2. Administer pain meds around the clock, Q6H for pain management 	<p>Goal met: Pt tolerated intervention well and seemed comfortable with positioning</p> <p>Goal met: Pt receiving Norco 325 mg tablet PO every 6 hours for pain</p>

Other References (APA): n/a

Concept Map (20 Points):

Subjective Data

Pt states, "my knee is pretty tender and achy. However, the pain is well managed when I take pain medications."

Nursing Diagnosis/Outcomes

1. **Immobility: physical, decreased:** related to laceration and complications of infection to L knee, as evidenced by pt moving slower than usual and stating, "my knee is pretty tender and achy." Goal met: Patient tolerated the intervention well. She was able to walk without taking a break. Goal met: I assisted the pt by placing hand on back for confidence but patient did all the work.
2. **Skin integrity, impaired:** related to cellulitis infection to L knee as evidenced by increased swelling, tenderness, and purulent drainage from site. Goal met: Patient tolerated dressing change well. The nurse applied a new dressing. Goal met: the nurse assisted patient with cleaning the lac site before dressing
3. **Pain, acute:** related to cellulitis infection to L knee as evidenced by pt stating, "my pain level is at a level four right now. I have to move much slower to get around." Goal met: Pt tolerated intervention well and seemed comfortable with positioning. Goal met: Pt receiving Norco 325 mg tablet PO every 6 hours for pain

Objective Data

Client's cc is possible wound infection.
An US of left venous duplex for her lower extremity veins was completed to rule out DVT. The results showed no evidence of deep or superficial venous thrombosis.
A XR was completed to make sure the infection did not get into the bone. The XR was negative and did not show

Patient Information

Pt is a 78 y.o female who was admitted to SHMC on 2/12/2020 for possible wound infection. Pt fell outside in her yard on 1/16, during which she obtained a laceration to her left knee. She was evaluated in the ED and received sutures. While the wound was healing, she tripped over a throw rug in her house and fell on the knee again. After the 2nd repair, she noticed increased swelling, pain, and purulent drainage from lac.

Nursing Interventions

1. Walk 10 ft from bed with walker and back to bed
 2. Assist pt when needed with gait belt when unsteady gait or weakness is noted
-
1. Wound care and dressing change daily
 2. Wound care, washing wound with soap and water daily in-between dressing changes
-
1. Elevate knee and leg on pillow while at rest to decrease swelling and resulting pain
 2. Administer pain meds around the clock, Q6H for pain management

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