N321 Care Plan # 1

Lakeview College of Nursing

Darby McNeil

Demographics (3 points)

Date of Admission 2/08/2020	**Patient Initials** JW	**Age** 82	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Married	**Allergies** Contrast media Hydrocodone Penicillin
Code Status DNR	**Height** 5'11"	**Weight** 102.7 kg	

Medical History (5 Points)

Past Medical History: Arterial fibrillation, chronic back pain, congestive heart failure, non-Hodgkin's lymphoma, GERD

Past Surgical History: Insertion of port in right upper chest

Family History: Mother: CHF; Father: Cancer

Social History (tobacco/alcohol/drugs): Former smoker, drinks one or two beers per year, no drug use

Assistive Devices: Uses a walker/cane

Living Situation: Lives at home with wife

Education Level: College graduate

Admission Assessment

Chief Complaint (2 points):: "Shortness of breath"

History of present Illness (10 points): PT came to emergency department complaining of shortness of breath and pain in the base of his chest. PT states pain has been present for the last seven days and rates that pain as a 4 on a 0-10 scale. He says this pain is a constant throbbing pain. Pt has been treating pain with Tylenol which seems to help some and lowers his pain to a 2.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Non-Hodgkin's Lymphoma

Secondary Diagnosis (if applicable): Congestive heart failure, chest pain, atrial fibrillation

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

Treatment

Non-Hodgkin's lymphoma starts within the lymphatic system, which is responsible for fighting disease and bacteria throughout a person's body. When non-Hodgkin's lymphoma, NHL for short, develops it is formed from lymphocytes which are a type of white blood cells (Mayo, 2018). NHL normally develops from B-cells and is most commonly found among older adults, most frequently in males (Capriotti, 2016). When NHL is found in children or young adults it is usually a much more aggressive case of cancer than found in older adults. In 85% of lymphomas there is a translocation of genes at 14q32 and 18q21, although it is unknown why translocations occur at these genes (Capriotti, 2016). There are some pathogens that are believed to increase the chances of developing NHL such as HIV, hepatitis C and human herpesvirus-8. When a patient has HIV and develops NHL it most commonly affects the brain and leads to focal neurological signs and mental status changes (Capriotti, 2016). This is commonly a side effect of late stage HIV infection. There are some other risk factors for NHL that are common amongst all lymphomas and are listed by Capriotti in *Pathophysiology Introductory Concepts and Clinical Perspective* such as, age older than 60, H. *pylori*, immunosuppressive therapy, exposure to toxic chemicals, hair dye usage before 1980, and a family history of lymphoma.

The first common sign of non-Hodgkin's lymphoma that a nurse would find when doing a physical assessment is swollen lymph nodes. Since NHL originates in lymph tissue it makes sense why one would associate swollen lymph nodes with NHL but it is important to remember

that this is usually painless so be sure to always assess a patients lymph nodes, regardless of how they say they feel. Patients may also complain of chest pain, trouble breathing, chronic fatigue, night sweats, and weight loss (Mayo, 2018). It is also important when assessing a patient with a potential for NHL to ask about their health history relating to the pathogens that increase the risk for development of NHL. A CBC is commonly done on patients with non-Hodgkin's lymphoma and this will usually show low red and white blood cell counts. To actually diagnose the cancer though, a lymph node biopsy should be done to determine if cancer is there and what stage it may be in (Capriotti, 2016).

In some cases, when the patient's non-Hodgkin's lymphoma is slowly growing and doesn't seem to have any symptoms doctors will hold off on treatment and see what happens. This is because cancer treatment is very aggressive and can cause many adverse effects to the patient. When treatment is necessary there are many different options available such as chemotherapy, radiation therapy, bone marrow transplant, or clinical trials (Mayo, 2018). It is important for the doctor and the patient to decide together what treatment plan is best for the individual and proceed based on their preference.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology Introductory Concepts and Clinical Perspectives.* Philadelphia, PA: F. A. Davis.

Mayo Clinic. (2018, April 10). *Non-Hodgkin's Lymphoma.* Retrieved from https://www.mayoclinic.org/diseases-conditions/non-hodgkins-lymphoma/symptoms-causes/syc-20375680

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	4.28-5.56	3.32	3.53	Related to non-Hodgkin's lymphoma.
Hgb	13-17	9.8	10.1	Related to non-Hodgkin's lymphoma.
Hct	38.1-48.9	29.2	31.1	Related to non-Hodgkin's lymphoma.
Platelets	149-393	50	46	Related to non-Hodgkin's lymphoma.
WBC	4-11.7	2	2.7	Related to non-Hodgkin's lymphoma.
Neutrophils	45.3-79	27	43	Related to non-Hodgkin's lymphoma.
Lymphocytes	11.8-45.9	29	39	
Monocytes	4.4-12.9	NA	2.0	Related to non-Hodgkin's lymphoma.
Eosinophils	0-6.3	6	5	
Bands	0-6	NA	NA	

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-	136-145	135	136	
K+	3.5-5.1	3.8	4.1	
Cl-	98-107	102	101	
CO2	21-31	25	24	
Glucose	74-109	113	112	
BUN	7-25	20	25	

Creatinine	0.7-1.3	1.1	1.15	
Albumin	3.5-5.2	3.7	NA	
Calcium	8.6-10.3	8.5	9.1	
Mag	1.6-2.4	NA	NA	
Phosphate		NA	NA	
Bilirubin	0.3-1	0.7	NA	
Alk Phos	34-104	37	NA	
AST	13-39	14	NA	
ALT	7-52	10	NA	
Amylase		NA	NA	
Lipase		NA	NA	
Lactic Acid		NA	NA	

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		NA	NA	
PT		NA	NA	
PTT		NA	NA	
D-Dimer		NA	NA	
BNP	0-100	332	NA	High BNP is found in the blood due to being released in excess because of heart failure (Capriotti, 2016).

HDL	23-92	36	NA	
LDL	<,= 100	78	NA	
Cholesterol	<,= 149	129	NA	
Triglycerides	0-149	76	NA	
Hgb A1c	<,= 6.4	5.7	NA	
TSH	0.45-5.33	1.3	NA	

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	Yellow	NA	
pH	6.0	6.0	NA	
Specific Gravity	1.005-1.034	1.040	NA	
Glucose	Normal	Normal	NA	
Protein	Negative	Negative	NA	
Ketones	Negative	Negative	NA	
WBC	<5	1	NA	
RBC	0-3	4	NA	
Leukoesterase	Negative	Negative	NA	

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

Test	Normal Range	Value on Admissio	Today's Value	Explanation of Findings

		n		
Urine Culture		NA	NA	
Blood Culture		NA	NA	
Sputum Culture		NA	NA	
Stool Culture		NA	NA	

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology Introductory Concepts and Clinical Perspectives.* Philadelphia, PA: F. A. Davis.

Sonora Quest Laboratories. (2020). Understanding the Complete Blood Count (CBC). Retrieved from https://www.sonoraquest.com/patient/knowledge-center/understanding-the-complete-blood-count-cbc/

Diagnostic Imaging

All Other Diagnostic Tests (5 points):EKG, Echocardiogram, chest CT

Diagnostic Test Correlation (5 points): EKG is done due to a previous diagnosis of atrial fibrillation and shows irregular rate. Echocardiogram shows a left ventricular EF of 50-55%, and aortic, mitral, and tricuspid valve regurgitation. The echo also shows an overall enlargement of the PTs heart. This is related to his previous diagnosis of congestive heart failure. The chest CT showed bilateral pleural effusion. A pleural effusion occurs when there is fluid buildup between the lung and the chest wall, (Tidy, 2016). There are many differnet causes of pleural effusion, but in this patient the most likely cause is heart failure. The radiologist reported being more concerned for pneumonitis than volume overload.

Diagnostic Test Reference (APA):

Tide, C. (2016, May 5). Pleural Effusion. What is pleural Effusion? Symptoms and info. Retrieved from https://patient.info/chest-lungs/pleural-effusion-leaflet

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

Brand/Generic	Aspirin	Eliquis/apixaban	Apo-Famotidine, famotidine	Zyrtec, cetirizine hydrochloride	Ultram, tramadol
Dose	81 mg	5 mg	40 mg	10 mg	50 mg
Frequency	HS	BIL	Daily	Daily	PRN, Q4H
Route	PO	PO	PO	PO	PO
Classification	NSAID	Anticoagulant	Antiulcer agent	Antihistamine	Analgesic
Mechanism of Action	Blocks cyclooxygenase, which is needed for prostaglandin synthesis, which plays role in inflammatory response.	Inhibits free and clot-bound factor Xa, which decreases the generation of thrombin and thrombus development.	Prevents histamine from binding with H2, leading to a decrease in formation of HCl.	Inhibits late-phase inflammatory reaction and down regulates the expression of markers of allergic inflammation	Binds with mu receptors, inhibiting reuptake of norepinephrine and serotonin
Reason Client Taking	To relieve mild pain or fever	Lower risk of stroke related to atrial fibrillation	Treatment of GERD	Treat respiratory allergy symptoms	Manage chronic pain
Contraindications (2)	Asthma, Bleeding problems	Active bleeding, hypersensitivity to components of apixaban	Hypersensitivity to famotidine or other H_2 receptor antagonists	Pregnancy, hypersensitivity to cetirizine	Excessive use of opioids, bronchial asthma
Side Effects/Adverse Reactions (2)	CNS depression, ecchymosis	Hemorrhagic stroke, syncope	Palpitations, dry mouth	Dry mouth, weakness	Euphoria, chest pain
Nursing Considerations (2)	Do not take with ibuprofen, stop taking if pt has signs of bleeding	Do not give to PT with severe hepatic dysfunction, should be discontinued 48 hours before invasive procedure	Shake suspension before administration, Store at room temperature	Educate PT on increased sleepiness, consult doctor if pregnant	Do not give to PT with history of addiction, excessive use may lead to addiction as well

Hospital Medications (5 required)

Brand/Generic	Inderal, propranolol	Lipitor Atorvastatin	Colace Docusate	Benadryl, diphenhydramine	Lasix, furosemide
Dose	10 mg	80 mg	100 mg	25 mg	40 mg
Frequency	Daily	HS	BID	PRN Q6H	BID
Route	PO	PO	PO	PO	IVP
Classification	Beta-Blocker	Antihyperlipidemic	Laxative	Antihistamine	Diuretic
Mechanism of Action	Prevents arterial dilation and inhibits renin secretion	Inhibits HMG-CoA reductase which reduces plasma cholesterol levels	Softens stool by decreasing the surface tension in feces between water and oil	Prevents histamine from binding to peripheral H1 receptor sites	Inhibits reabsorption of sodium and water in the loop of Henle
Reason Client Taking	Treat atrial fibrillation by slowing heart rate	Control lipid levels	To treat constipation	Treat allergy symptoms	Reduce edema caused by heart failure
Contraindications (2)	Asthma, sinus bradycardia	Pregnancy, active hepatic disease	Fecal impaction, intestinal obstruction	Symptomatic BPH, bladder neck obstruction	Kidney problems, hypersensitivity to furosemide
Side Effects/Adverse Reactions (2)	Dizziness, fatigue	Cognitive impairment, headache	Syncope, abdominal cramps	Drowsiness, confusion	Orthostatic hypotension, hyperglycemia
Nursing Considerations (2)	Monitor bp, pulse, I&O, Cardiac output	Do not take with colestipol, use cautiously if PT consumes large amounts of alcohol	Assess for laxative abuse syndrome, teach PT to take with a full glass of water or milk	Avoid alcohol while taking, avoid hazardous activities until effects are known	Use cautiously if PT has hepatic cirrhosis, Obtain PT weight periodically throughout therapy

Medications Reference (APA):

Jones & Bartlett Learning. (2018). *2019 Nurses Drug Handbook.* Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is AOx4, no acute stress, appears stated age, dresses self with limited help x1, appears put together
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Skin is same color throughout, pink, dry, warm. Skin turgor normal. Capillary refill less than 3 seconds. No noted lesions, rashes, or wounds. No drains present. Port in right upper chest. Braden score 19.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head is normocephalic. Ears intact, wears hearing aides. PERRLA. Uses eye glasses. No noted deviated septum, polyps, or turbinate's. Trachea is midline. Does not use dentures, has most of own teeth. .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	Normal rate and rhythm. No notes murmurs, gallops, or rubs. Peripheral pulses 2+. No neck distention noted. No edema noted.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	No noted accessory muscle use. Lung sounds diminished bilaterally. No noted wheezes or crackles.

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 ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	Regular diet at home. Currently on heart healthy diet in facility. On fluid restriction of 1200 mL per day. Bowel sounds present. Last BM yesterday. No noted distention, incisions, scars, drains, or wounds.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	PT is continent, uses urinal. Urine yellow. Reports no pain upon urination. No dialysis or catheter.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	ROM intact in all extremities. Weakness related to cancer and chemotherapy treatment. ADL assistance limited x1 with walker or cane. Fall score 45.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐**	MAEW. Strength equal in all extremities. Normal mental status, clear speech, no noted sensory loss.

Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	
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):**	Coping methods: time with family, church. Lives at home with wife. Retired, Cristian.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	105 bpm	137/73	18	36.7	93%
2300	70 bpm	120/68	18	37	95%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0924	1-10	Chest	4	Throbbing	Tylenol given
1130	1-10	Chest	2	None	Not needed

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:NA **Location of IV:NA** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	NA

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1040 mL	1875 mL

Nursing Care

Summary of Care (2 points)

Overview of care: The main focus of care today was to manage pain for the PT and regain ability to ambulate. After receiving medication for pain the PT was able to ambulate with therapy, but not without his O_2 dropping.

Procedures/testing done: CBC, chest CT, Echocardiogram

Complaints/Issues: Pain, shortness of breath

Vital signs (stable/unstable): Stable. O_2 beginning to stabilize while on room air

Tolerating diet, activity, etc.: Tolerating diet, activity, pain

Physician notifications: Chance of discharge if PT can easily walk without O_2 dropping

Future plans for patient: Manage pain and increase ability to be active

Discharge Planning (2 points)

Discharge location: Home with wife

Home health needs (if applicable): Physical Therapy

Equipment needs (if applicable): Cane/Walker

Follow up plan: Set schedule with in home physical therapy

Education needs: Teach PT to rest when out of breath, safe ambulation with assistive devices

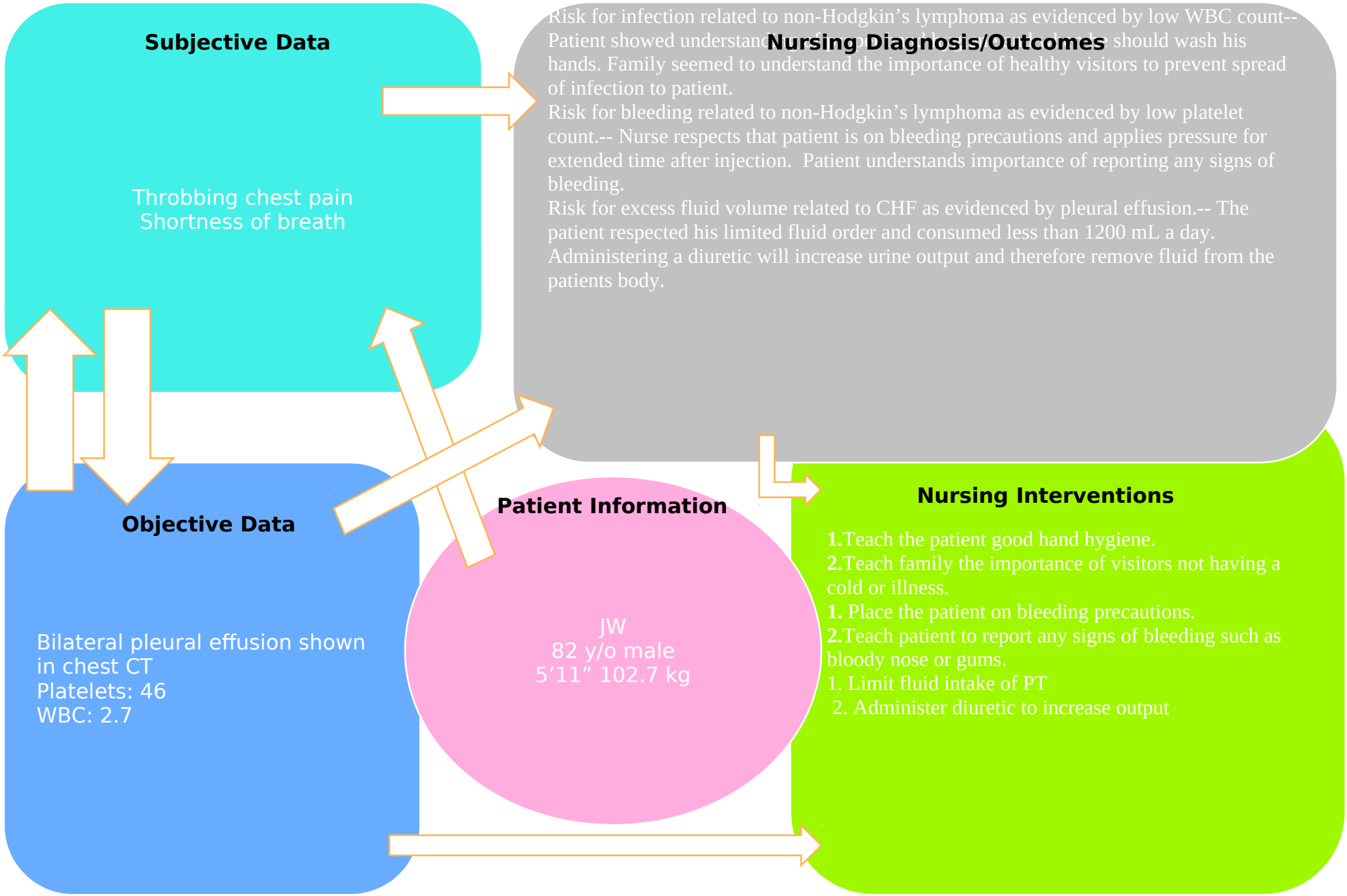
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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 infection related to non-Hodgkin's lymphoma as evidenced by low WBC count	This patient has a low WBC count which means their immune system is suppressed, putting them at risk for infection	**1.**Teach the patient good hand hygiene. **2.**Teach family the importance of visitors not having a cold or illness.	Patient showed understanding of proper hand hygiene and when he should wash his hands. Family seemed to understand the importance of healthy visitors to prevent spread of infection to patient.
2. Risk for bleeding related to non-Hodgkin's lymphoma as evidenced by low platelet count.	A low platelet count leads to an increase in bleeding because platelets are responsible for clotting.	**1.** Place the patient on bleeding precautions. **2.**Teach patient to report any signs of bleeding such as bloody nose or gums.	Nurse respects that patient is on bleeding precautions and applies pressure for extended time after injection. Patient understands importance of reporting any signs of bleeding.
3. Risk for excess fluid volume related to CHF as evidenced by pleural effusion.	The patient shows signs of retaining fluid which is a side effect of CHF.	**1.** Limit fluid intake of PT **2.** Administer diuretic to increase output	The patient respected his limited fluid order and consumed less than 1200 mL a day Administering a diuretic will increase urine output and therefore remove fluid from the patients body.

Other References (APA):

Concept Map (20 Points):

N321 Care Plan



N321 Care Plan

N321 Care Plan