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N431 Care Plan # 1

Lakeview College of Nursing

Rebecca Bishop

Demographics (3 points)

Date of Admission 02/22/20	**Patient Initials** J.H.	**Age** 67	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Retired (Handy man)	**Marital Status** Married	**Allergies** Penicillin (makes eyes swell)
Code Status Full	**Height** 187.96cm	**Weight** 88.2kg	

Medical History (5 Points)

Past Medical History: Bilateral renal cysts, colon polyps, MRSA, renal stone, seasonal allergies

Past Surgical History: Colonoscopy 12/21/15, I&D of the right knee on 02/23/20

Family History: Grandfather- Colon cancer, Uncle- heart attack

Social History (tobacco/alcohol/drugs): Never used

Assistive Devices: Glasses

Living Situation: Lives at home with his wife

Education Level: High school and some college education

Admission Assessment

Chief Complaint (2 points): Right knee pain extending to his calf, complaint of slight febrile

History of present Illness (10 points): The patient (Pt) first started noticing symptoms on February 18th, 2020. He recently was working on his house and scraped his knee. On February 19th, he was seen at Sarah Bush emergency department (ED) and had an I&D done with an aspiration of his knee; he was then sent home on Bactrim. On February 20th, the pt was switched to clindamycin because the Bactrim wasn't helping. The aspiration of his knee came back positive for MRSA. He then came back to the ED because it was not getting better; he was also experiencing fevers and increasing pain in his right knee. They decided to surgically I&D his knee. He was then put on vancomycin and has since been symptom-free

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Septic prepatellar bursitis

Secondary Diagnosis (if applicable):.

Pathophysiology of the Disease, APA format (20 points): Bursitis is the result of inflammation that leads to an increase in synovial fluid production. This increase is from the cells (synovial) that line the bursa. An increase of fluid can lead to pressure, pain, inflammation, and infection of the knee. When there is any breaking or puncture of the skin at the site of the bursa, this can lead to direct bacteria (Truong & Ashurst, 2019). Bursae are fluid-filled sac structures located between the skin and bone or between the bone, muscle tendons, and skin. Septicemia most often happens from micro-trauma or a direct puncture of the overlying skin. The contiguous spread of the cellulitis of the skin is also a common cause of superficial bursitis. Septic bursitis happens more commonly in males with a mean onset of approximately 50 years of age (Truong & Ashurst, 2019). Symptoms of Bursitis is the swelling of a joint. Septic bursitis includes local joint pain, joint warmth, and redness, fever, a general feeling of sickness, and bursa tenderness (OrthoBethesda, 2020).

A blood test would include chemistries, a CBC, and markers of inflammation. For diagnostics, an X-ray or magnetic resonance imaging scan (MRI) will also be used in the diagnostic process (Stanford Health Care, 2019). The peripheral white blood count (WBC) may not differ between infectious and non-infectious bursitis and may not even be elevated above the normal range. In septic bursitis, C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) are usually elevated (Truong & Ashurst, 2019, para. 7). Aspiration and analysis of bursal fluid are the standards of diagnostic criteria; this is done to rule out sepsis and crystal-induced bursitis

(Truong & Ashurst, 2019). Treatment of septic bursitis includes antibiotic therapy or an incision and drainage (I&D). In the case of this pt, there were multiple tests and procedures, such as aspiration, multiple I&D, labs, diagnostics, and surgery. The pt now seems to be septic free and continuing antibiotics.

Pathophysiology References (2) (APA):

Truong, J., & Ashurst, J. V. (2019, February 14). *Septic Bursitis - StatPearls - NCBI Bookshelf*. National Center for Biotechnology Information. https://www.ncbi.nlm.nih.gov/books/NBK470331/

OrthoBethesda. (2020, January 15). *What Is Septic Bursitis?* Ortho Bethesda. https://www.orthobethesda.com/blog/what-is-septic-bursitis/

Stanford Health Care. (2019). *MRI*. Stanford Health Care (SHC) - Stanford Medical Center | Stanford Health Care. https://stanfordhealthcare.org/medical-conditions/bones-joints-and-muscles/bursitis/diagnosis/mri.html

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	4.7-6.1	4.26	4.09	
Hgb	13-17 g/dL	12.6	12.3	
Hct	40%-52%	37.2	36.0	Lower Hct can be due to issues in the colon, anemia, or a drop in red blood cells (Leeuwen et al., 2019, p. 582).
Platelets	150-400	308	304	
WBC	4-10 x 10^9/L	9.3	8.0	
Neutrophils	2-8 x 10^9/L	17.3	5.5	Helps stop microorganisms in infections by eating them and destroying them with enzymes (Ross, Jewell, 2016, para. 1).”

Lymphocytes	1-4 x 10^9/L	13.4	15.7	"Uses antibodies to stop bacteria or viruses from entering the body (B-cell lymphocyte) –kills off the body's cells if they've been compromised by a virus or cancer cells (T-cell lymphocyte) (Ross, Jewell, 2016, para. 1)."
Monocytes	0.2-0.8	12.5	11.7	"Becomes a macrophage in the body's tissues, eating microorganisms and getting rid of dead cells while increasing immune system strength (Ross, Jewell, 2016, para. 1)."
Eosinophils	<0.5	2.4	2.7	"Helps control inflammation, especially active during parasite infections and allergic reactions, stops substances or other foreign materials from harming the body (Ross, Jewell, 2016, para. 1)."
Bands	<1 x 10^9/L	0.4	0.4	

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 mmol/L	137	138	
K+	3.5-5 mmol/L	3.6	4.0	
Cl-	95-105 mmol/L	105	105	
CO2	23-29	26	25	

Glucose	65-110 mg/dL	113	108	
BUN	8-21 mg/dL	12	12	
Creatinine	0.8-1.3 mg/dL	0.84	0.73	
Albumin	3.4-5.4g/L	3.5	3.5	
Calcium	8.5-10.3 mg/dL	8.5	7.6	
Mag	1.5-2 mEq/L	N/A	N/A	
Phosphate	0.8-1.5 mmol/L	N/A	N/A	
Bilirubin	0.2-1.2	0.5	0.4	
Alk Phos	50-100 U/L	94	95	
AST	5-30 U/L	103	N/A	
ALT	5-30 U/L	161	N/A	
Amylase	30-125 U/L	N/A	N/A	
Lipase	10-150 U/L	N/A	N/A	
Lactic Acid	0.5-1mmol/L	N/A	N/A	
Troponin	0-0.4 ng/mL	N/A	N/A	
CK-MB	0-4 ng/mL	N/A	N/A	
Total CK	25-200 U/L	N/A	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 Admissio**	**Today's Value**	**Reason for Abnormal**

		n		
INR	0.9-1.2	N/A	0.98	
PT	11-14 seconds	N/A	N/A	
PTT	20-40 seconds	N/A	N/A	
D-Dimer	< 500 mg/mL	N/A	N/A	
BNP	<125 mg/dL	N/A	N/A	
HDL	>60 mg/dL	N/A	N/A	
LDL	<100 mg/dL	N/A	N/A	
Cholesterol	<200 mg/dL	N/A	N/A	
Triglycerides	<150 mg/dL	N/A	N/A	
Hgb A1c	<6%	N/A	N/A	
TSH	0.4 mg/dL	N/A	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	Light yellow & clear	N/A	N/A	
pH	5-9	N/A	N/A	
Specific Gravity	1.001-1.029	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	<5	N/A	N/A	
RBC	<5	N/A	N/A	

Leukoesterase	Negative	N/A	N/A	

Arterial Blood Gas 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
pH	7.38 - 7.42	N/A	N/A	
PaO2	75 - 100 mmHg	N/A	N/A	
PaCO2	38 - 42 mmHg	N/A	N/A	
HCO3	22 - 28 mEq/L	N/A	N/A	
SaO2	94 - 100%	N/A	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	Negative	N/A	N/A	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (APA): References

Burke, A. (2020, February 25). *Laboratory Values: NCLEX-RN*. RN Programs - Registered Nurse || RegisteredNursing.org. https://www.registerednursing.org/nclex/laboratory-values/

Leeuwen, A. M., & Bladh, M. L. (2019). *Davis's Comprehensive Handbook of Laboratory & Diagnostic Tests with Nursing Implications* (8th ed.). F A Davis Company.

Heather Ross and Tim Jewell. (2016, August 30). *Blood Differential Test: Purpose, Procedure, and Complications*. Healthline. https://www.healthline.com/health/blood-differential

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Xray to the right knee

Diagnostic Test Correlation (5 points): An Xray was taken to look for underlying and foreign bodies especially if there is a puncture or trauma that could have led to the bursitis (Zelman, 2019).

Diagnostic Test Reference (APA):

Zelman, D. (2019, January 30). *Bursitis Diagnosis, Treatment, and Prevention*. WebMD. https://www.webmd.com/pain-management/understanding-bursitis-treatment

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

Home Medications (5 required)

Brand/Generic	Aspirin (acetylsalicylic acid)	Benadryl (diphenhydramine)	Tylenol/ acetemenophen	Bactrim DS (Sulfamethoxazole and trimethoprim)	Senioside docusate
Dose	81mg	25mg	500mg	800mg/160mg	8.6-50mg
Frequency	1 tab daily	1 capsule prn	PRN every 4 hrs	Bid	Bid
Route	Oral	Oral	Oral	Oral	Oral
Classification	Antiplatelet	Antihistamine	Nonopioid analgesic	Antibiotic	
Mechanism of Action	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandins	Binds to central and peripheral H1 receptors, competing with histamine for these sites and	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in	TMP-SMX work together to inhibit enzyme systems involved in the bacterial synthesis (*Jones & Bartlett*	

	synthesis (*Jones & Bartlett learning*, 2019, p.100)	preventing it from reaching its sit of action *(Jones & Bartlett learning, 2019, p. 351).*	the peripheral nervous system (*Jones & Bartlett learning*, 2019).	*learning*, 2019).	
Reason Client Taking	-Lower chances of a heart attack	-To treat hypersensitivity reactions to seasonal allergies	To reliever mild to moderate pain, antipyretic	To treat septic bursitis	
Contraindications (2)	Allergy to tartrazine dye, asthma, bleeding problems (*Jones & Bartlett learning*, 2019).	-Hypersensitivity to diphenhydramine -Peptic ulcer (*Jones & Bartlett learning*, 2019).	Hypersensitivity to acetaminophen, severe hepatic impairment (*Jones & Bartlett learning*, 2019).	Hypersensitivity to sulfa -drug induced thrombocytopenia (*Jones & Bartlett learning*, 2019).	
Side Effects/Adverse Reactions (2)	-Decreased blood iron levels -prolonged bleeding time (*Jones & Bartlett learning*, 2019).	-Drowsiness -Nausea (*Jones & Bartlett learning*, 2019).	Diarrhea, nausea and vomiting (*Jones & Bartlett learning*, 2019).	Diarrhea, nausea and vomiting (*Jones & Bartlett learning*, 2019).	
Nursing Considerations (2)	-Don't crush time released -Ask about tinnitus (*Jones & Bartlett learning*, 2019).	-Discontinue drug 72 hours before skin tests for allergies to prevent false negative -Give with food (*Jones & Bartlett learning*, 2019).	Use acetaminophen cautiously in pts with hepatic impairment. Before and during long term therapy, monitor AST, ALT, bilirubin, and creatinine. Monitor renal functions (*Jones & Bartlett learning*, 2019).	-Be cautious with a history of low platelet levels -Can cause anemia (*Jones & Bartlett learning*, 2019).	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Lab levels such as platelets, surgery pt	Assessment of the symptoms of allergies	Monitor AST, ALT, bilirubin, and creatinine. Monitor renal functions (*Jones & Bartlett learning*, 2019).	Monitor CBC (*Jones & Bartlett learning*, 2019).	
Client Teaching	-Advise pt not	-Instruct to take	Caution pt not to use	-Be aware that	

needs (2)	to take ibuprofen because it may reduce the cardioprotective and stroke preventative effects of aspirin -not to use aspirin with a vinegar like smell to it (*Jones & Bartlett learning*, 2019).	med at least 30 minutes before exposure to allergies -Avoid hazardous activities until drug's effects wear off (*Jones & Bartlett learning*, 2019).	over the recommended amount and keep acetaminophen in a safe area (*Jones & Bartlett learning*, 2019).	antibiotics cause diarrhea -Do not drink alcohol while taking (*Jones & Bartlett learning*, 2019).	

Hospital Medications (5 required)

Brand/Generic	Lovenox (Enoxaprinl)	Vancocin (vancomycin)	Duramorph (morphine sulfate)	Zofran	Lactated ringers
Dose	40mg	1,750mg=35ml	2mg=1ml	4mg=2ml	1,000ml
Frequency	daily	Q8h	Q2h prn	Q6h prn	75ml per hour
Route	sq	IV piggyback	IV push	IV push	IV drip
Classification	Antithrombotic	Antibiotic	Analgesics	Antiemetic	
Mechanism of Action	Potentiates the action of antithrombin III, a coagulation inhibitor, rapidly binds with and inactivates	Inhibits bacterial RNA and cell wall synthesis, alters permeability of bacterial cells (*Jones &*	Binds with and activated opioid receptors in the brain and spinal cord to produce analgesia	Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at	

	clotting factors (*Jones & Bartlett learning*, 2019).	*Bartlett learning*, 2019).	(*Jones & Bartlett learning*, 2019).	vagal nerve terminals in the intestine (*Jones & Bartlett learning*, 2019, p. 901)	
Reason Client Taking	-To prevent DVT during hospital stay (*Jones & Bartlett learning*, 2019).	- To treat MRSA, septic bursa (*Jones & Bartlett learning*, 2019).	Pre and post-surgical pt	-To prevent nausea or vomiting (*Jones & Bartlett learning*, 2019).	
Contraindications (2)	-Active major bleeding, Hypersensitivity to benzyl alcohol (*Jones & Bartlett learning*, 2019).	Hypersensitivity to corn and vancomycin (*Jones & Bartlett learning*, 2019).	-Acute bronchial asthma -Hypersensitivity to (*Jones & Bartlett learning*, 2019).	Hypersensitivity to ondansetron and congenital long QT syndrome (*Jones & Bartlett learning*, 2019).	
Side Effects/Adverse Reactions (2)	-Hemorrhage -Anemia (*Jones & Bartlett learning*, 2019).	- Chills -Hypotension (*Jones & Bartlett learning*, 2019).	-Anxiety -Headache (*Jones & Bartlett learning*, 2019).	-Drowsiness -Arrhythmias (*Jones & Bartlett learning*, 2019).	
Nursing Considerations (2)	-Use with extreme caution in pts with history of heparin induced thrombocytopenia -Use extreme caution with pts with active GI disease or ulcerations (*Jones &*	-Rapid delivery my cause hypotension or “red man syndrome” -Monitor hearing during therapy (*Jones & Bartlett learning*, 2019).	-Use cautiously in pts about to undergo surgery. -Store at room temperature (*Jones & Bartlett learning*, 2019).	-Electrolyte imbalance should be corrected before given - Monitor pt closely for signs and symptoms of hypersensitivity (*Jones & Bartlett learning*,	

	Bartlett learning, 2019).			2019).	
Key Nursing Assessment(s)/Lab (s) Prior to Administration	Monitor vitals	-Monitor vancomyicin concentrations	Monitor vitals	Monitor vitals	Monitor vitals
Client Teaching needs (2)	-Emphasize the importance or follow up visits -Caution pt not to rub the site after injection (*Jones & Bartlett learning*, 2019).	-Emphasize the importance or follow up visits -Monitor the IV accesses (*Jones & Bartlett learning*, 2019).	-Tell pt to change positions slowly -May increase anxiety (*Jones & Bartlett learning*, 2019).	-Advise to pt to seek medical attention if experiencing worsening symptoms. -Avoid alcohol (*Jones & Bartlett learning*, 2019).	

Medications Reference (APA):

2019 Nurse's drug handbook. (2019). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	A&Ox4, the pt is calm and collective. He is in no overall distress and appearance is normal	
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 20 **Drains present: Y☐ N ☒** **Type:**	Skin is warm, dry, and pink. Skin turgor bounces back within 3 seconds, there are no rashes, bruises, or wounds.	

HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical with no tracheal deviation. Ears are equal with the tops of the pinna and symmetrical. Nose is midline with no drainage and patent nostrils. Teeth are normal, intact. Thyroid is not enlarged or swollen.	.
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:**	Pt heart sounds are present with normal S1, S2. No edema, peripheral pulses all normal, no neck vein distensions, and cap refill within 3 seconds	.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Pt is on room air. Breath sounds are within normal limits, no wheezes or rhonchi and that is within posterior and anterior lobes.	.
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:**	Diet at home and in the hospital is normal. Bowel sounds are present in all quadrants. Last BM was the morning of 02/21/2020 at 1043. Upon palpitation there is no lumps, mass, or pain. Upon inspection the belly is normal, no protrusion.	.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒**	Pt has a normal light-yellow urine, with no malodor, no notable pain with urination. No rashes, wounds, or skin break down upon inspection of genitals while helping with bathroom assist.	

Dialysis: Y ☐ N ☒ **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**		
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** ☐	Active PERLA. Pt is A&Ox4, only assistive device is glasses and no equipment. Pt overall has good strength, his right leg is weak from the I&D. He is up with one and a fall risk due to having surgery less than a day ago (02/22/2020)	.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☒ if no -** **Legs ☒ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	MAEW and PERLA is noted with no abnormalities. Pt is strong in both his arms. Pt's right leg is sore from surgery no abnormalities but weaker due to the I&D. Pt has clear speech and is easy to understand. Mental status is A&Ox4 with no distress.	.
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):**	Pt has sufficient coping methods. He enjoys watching movies with his wife, working on the house, and reading new books. Wife also has sufficient coping methods. She enjoys doing these things with her husband as well. Pt's transportation, food, medication assistance, home is dependent on self and wife. From what I can understand pt has a good home environment, family structure, and support. Wife has been at bedside off and on since admission	.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0730	74	146/88	22	36.6 C	95%
1055	70	134/82	18	36.8 C	95%

Vital Sign Trends: Vital signs seem to be trending down with his pain level. The only difference was a small bump in his temperature and that could be due to probe placement.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0730	Numeric	Right knee	3	Dull	No interventions at this time
1055	Numeric	Right knee	2	Dull	No interventions at this time

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge **Location of IV:** Right AC **Date on IV:** 02/22/20 **Patency of IV:** IV is patent and flushable **Signs of erythema, drainage, etc.:** N/A **IV dressing assessment:** Dry, intact, date noted	Saline Lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
450mL of saline	260mL emptied from pts urinal

Nursing Care

Summary of Care (2 points)

Overview of care: Pt is doing well after his I&D. He has minimal pain, swelling, or redness. Pt will continue on vancomycin, his leg is wrapped from hip to toe with ace wrap. Pt is no longer NPO.

Procedures/testing done: Labs, X-ray, aspiration, I&D

Complaints/Issues: No complaints, pt is now on vancomycin. His infection seems to be going down.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Up with one, back to regular diet**,** pt is tolerating both

Physician notifications: N/A

Future plans for patient: Follow up in clinic after discharge

Discharge Planning (2 points)

Discharge location: To home with his wife

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Follow up in the clinic setting.

Education needs: Come to Emergency department if symptoms worsen or reoccur

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

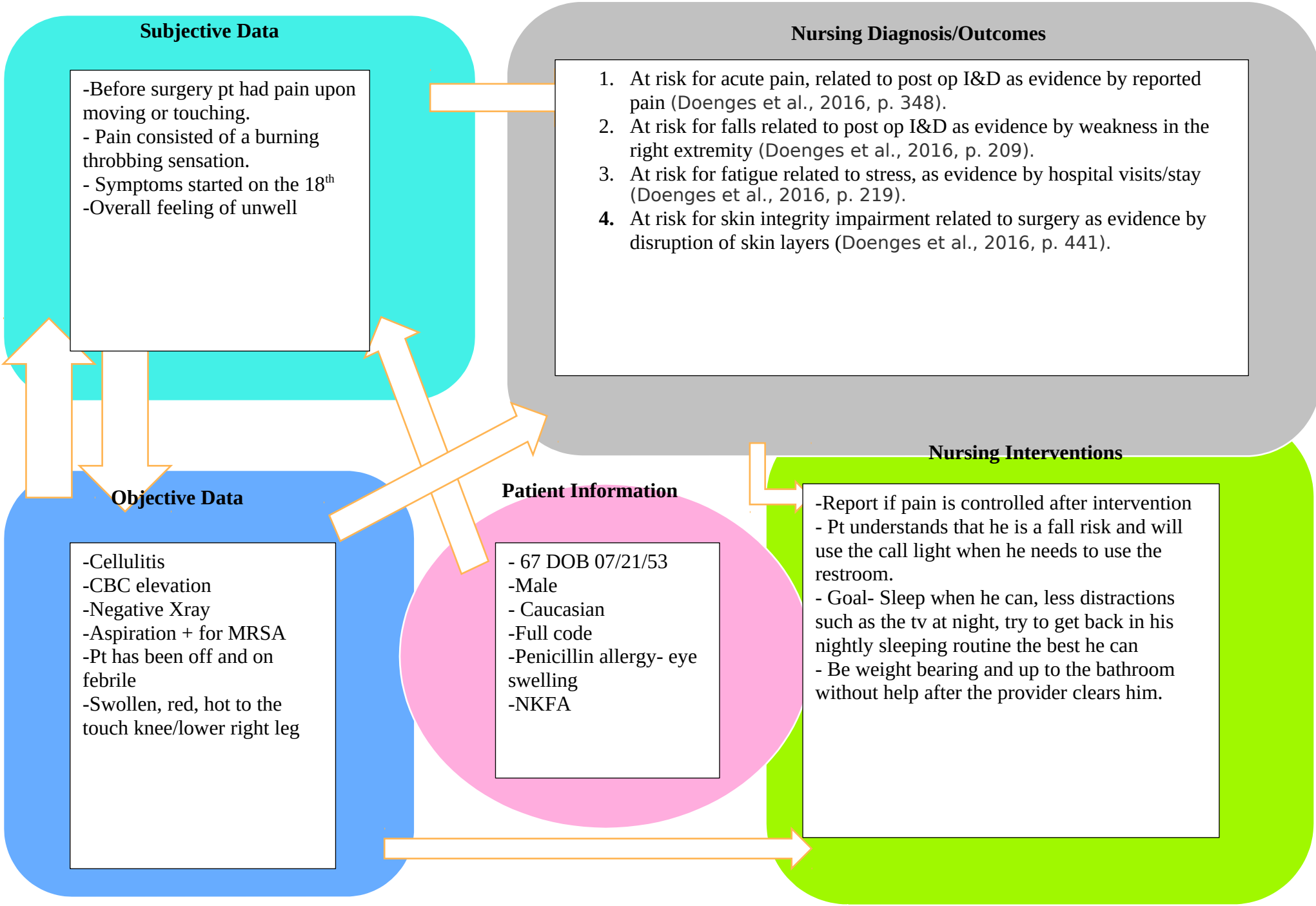
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. At risk for acute pain, related to post op I&D as evidence by reported pain (Doenges et al., 2016, p. 348).	I chose this as a nursing diagnosis because it is important to keep our pts pain free after surgery if we can	1.Morphine 2.Tylenol	-Pt states that "Morphine helped when the pain was more but now would be okay with Tylenol." -Report if pain is controlled after intervention

2. At risk for falls related to post op I&D as evidence by weakness in the right extremity (Doenges et al., 2016, p. 209).	I chose this as a nursing diagnosis because the pt had surgery on 22nd of February	1. Use the call light, up with 1 2.Provide education for the reason of being a fall risk	Pt understands that he is a fall risk and will use the call light when he needs to use the restroom
3. At risk for fatigue related to stress, as evidence by hospital visits/stay (Doenges et al., 2016, p. 219).	I chose this as a nursing diagnosis because medical intervention can be expensive. He has had this ongoing acute issue for four days coming into the ED twice and staying once in the hospital.	1. Note daily energy patterns 2. Measure blood pressure and respiratory rates related to activity	Pt does say he has been sleeping less due to hospital disturbances. Goal- Sleep when he can, less distractions such as the tv at night, try to get back in his nightly sleeping routine the best he can Pt also understands that there is case managers but states “He is lucky has good insurance.”
4. At risk for skin integrity impairment related to surgery as evidence by disruption of skin layers (Doenges et al., 2016, p. 441).	I chose this diagnosis because when you have surgery there is always a risk for skin integrity.	1. Observe how the skin looks and feels around the incision 2. Use antibiotics until they are gone	Pt understands why he needs the antibiotics and he is only on vancomycin now so he will be in the hospital until his vanco treatment is done

Other References (APA): (Doenges et al., 2016)

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2016). *Nurse's Pocket Guide: Diagnoses, Prioritized Interventions, and Rationales*. F.A. Davis.

Concept Map (20 Points):


Subjective Data
-Before surgery pt had pain upon moving or touching.
- Pain consisted of a burning throbbing sensation.
- Symptoms started on the 18th
-Overall feeling of unwell
Nursing Diagnosis/Outcomes
1. At risk for acute pain, related to post op I&D as evidence by reported pain (Doenges et al., 2016, p. 348).
2. At risk for falls related to post op I&D as evidence by weakness in the right extremity (Doenges et al., 2016, p. 209).
3. At risk for fatigue related to stress, as evidence by hospital visits/stay (Doenges et al., 2016, p. 219).
4. At risk for skin integrity impairment related to surgery as evidence by disruption of skin layers (Doenges et al., 2016, p. 441).
Objective Data
-Cellulitis
-CBC elevation
-Negative Xray
-Aspiration + for MRSA
-Pt has been off and on febrile
-Swollen, red, hot to the touch knee/lower right leg
Patient Information
- 67 DOB 07/21/53
-Male
- Caucasian
-Full code
-Penicillin allergy- eye swelling
-NKFA
Nursing Interventions
-Report if pain is controlled after intervention
- Pt understands that he is a fall risk and will use the call light when he needs to use the restroom.
- Goal- Sleep when he can, less distractions such as the tv at night, try to get back in his nightly sleeping routine the best he can
- Be weight bearing and up to the bathroom without help after the provider clears him.

N431 Care Plan

N431 Care Plan