N321 Care Plan #2

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 2/29/2020	**Patient Initials** W.M.	**Age** 71	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Vietnam Veteran	**Marital Status** Single	**Allergies** Mushroom Extract Complex
Code Status FULL	**Height** 6'0	**Weight** 259 lbs.	

Medical History (5 Points)

Past Medical History: Esophageal varices in alcoholic cirrhosis, Hypothyroid, Abnormal liver enzymes, Alcoholic cirrhosis, Alcoholic dependence, Thrombocytopenia, Deliberate self-cutting, Community acquired pneumonia of right lower lobe of lung, Alcohol intoxication in active alcoholic, Schizoaffective disorder (bipolar type), Esophageal varices without bleeding, Cocaine dependence, Benign essential hypertension, Hemoptysis, Lung problems from crack cocaine, Acute respiratory failure with hypoxia, Hepatic encephalopathy, Sciatica

Past Surgical History: Colonoscopy, Leg surgery, EGD with banding, Upper GI endoscopy

Family History: Not on file

Social History (tobacco/alcohol/drugs): Smoke cigars, never used smokeless tobacco, Alcohol use of about 126oz of alcohol per week, "crack" cocaine and cocaine

Assistive Devices: His only DME is a cane.

Living Situation: Patient lives alone in a single room cabin with one step to enter with no railing.

Education Level: High School

Admission Assessment

Chief Complaint (2 points): Alcohol intoxication

History of present Illness (10 points): W.M. is a 71-year-old male admitted through the ER with a history of alcohol intoxication. The patient was brought by the EMS services. The patient is known to have chronic alcohol dependency, polysubstance abuse. Previously was found to be cirrhotic. He had several admissions for the same reason. He's agitated. He says he cut his forearms for the sake of cutting. He denies any chest pain and shortness of breath or abdominal pain. His abdomen is slightly distended according to him. He says he drinks beer until he goes to sleep. He uses cocaine frequently. He says he has not taken and medication for the last month or so. His alcohol level is 270 and urine drug screen is positive for cocaine.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Hepatic encephalopathy

Secondary Diagnosis (if applicable): Acute Alcohol intoxication

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

Pathophysiology References (2) (APA):

Sethi, S. (2018, June 14). *Hepatic Encephalopathy*. https://www.healthline.com/health/hepatic-encephalopathy-2

WebMD. (n.d.). *Lactulose*. https://www.webmd.com/drugs/2/drug-3367-7202/lactulose-oral/lactulose-liver-oral-rectal/details

Hepatic encephalopathy

Hepatic encephalopathy is a decline in brain function that occurs as a result of severe liver disease. In this condition, your liver can't adequately remove toxins from your blood (Sethi, 2018). This causes a buildup of toxins in your bloodstream, which can lead to brain damage (Sethi, 2018). Hepatic encephalopathy can be acute or chronic. In some cases, a person with hepatic encephalopathy may become unresponsive and slip into a coma (Sethi, 2018).

Signs and symptoms that W.M. experience are personality changes and poor judgment (Sethi, 2018). W.M.'s personality changes correlate with having schizoaffective disorder, bipolar type. W.M.'s poor judgment correlates with being alcohol and cocaine dependent and deliberate self-cutting.

Diagnostic tests include a complete blood count and liver function tests (Sethi, 2018). The complete blood count checks the blood cells, white blood cells, and platelets. W.M. has thrombocytopenia because of his low platelet count. The liver function tests check for raised enzyme levels. W.M. has abnormal liver enzymes indicating he's putting stress on his liver due to his substance abuse of alcohol and cocaine.

W.M is taking lactulose (Chronulac) for treatment. Lactulose is a synthetic sugar that prevents ammonia diffusion from the intestine into the blood. The body will then remove the blood from the colon (Sethi, 2018). Lactulose helps treat or prevent complications of hepatic encephalopathy (WebMD, n.d.). It doesn't cure the problem but may help to improve W.M.'s mental status (WebMD, n.d.).

The best way for W.M. to manage hepatic encephalopathy is to avoid alcohol or consume it in moderation, avoid high-fat foods, maintain a healthy weight, and not to share contaminated needles (Sethi, 2018).

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	4.40-5.80			
Hgb	13.0-16.5			
Hct	38.0-50.0			
Platelets	140-440	120	N/A	Low platelets count due to long term alcohol use that cause direct toxicity of the bone marrow.
WBC	4.00-12.00			
Neutrophils	40.0-68.0%			
Lymphocytes	19.0-49.0%			
Monocytes	3.0-13.0%			
Eosinophils	0.0-8.0%			
Bands	0.0-4.0			

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			
K+	3.5-5.0 mmol/L			
Cl-	98-108			
CO2	23-29	19	N/A	Having hepatic encephalopathy reduced CO2 levels.

Glucose	70-100 mg/dL			
BUN	8-25 mg/dL	4	N/A	Drinking excessive amount of alcohol caused low BUN value.
Creatinine	0.6-1.3 mg/dL			
Albumin	3.5-5.2 gm/ dL			
Calcium	8.6-10 mg/dL			
Mag	1.5-2.6			
Phosphate	2.5-4.5			
Bilirubin	<1.5 mg/dL			
Alk Phos	34-104			
AST	10-30 units/ L			
ALT	23-470			
Amylase	20-86			
Lipase	20-86			
Lactic Acid	0.5-1.0			

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	2-3	1.5	N/A	Having liver problems caused low INR level.
PT	F: 9.5-11.3 s M: 9.6-11.8 s			
PTT	30-40 s			

D-Dimer	≤250 ng/mL			
BNP	<125			
HDL	40-59			
LDL	100-129			
Cholesterol	<200			
Triglycerides	<150			
Hgb A1c	4-5.6%			
TSH	0.4-4.0			

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	Ambery yellow clear			
pH	5.0-9.0			
Specific Gravity	1.003-1.030			
Glucose	Negative			
Protein	-0.8 mg/dL			
Ketones	Negative			
WBC	0.4			
RBC	≤2			
Leukoesterase	Negative			

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	(-) < 10,000mL (+)> 100,000mL			
Blood Culture	Negative			
Sputum Culture	Normal upper respiratory tract			
Stool Culture	Normal intestinal flora			

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T.J., & Pagana, T.N. (2019). *Mosby's Diagnostic and Laboratory Test Reference* (14th ed). MO; Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Ultrasound Guidance and Paracentesis:

Catheter: 6 French centesis catheter

Site: Right Lower Quadrant

Fluid: Volume – 4450mL removed

Color: Yellow

Disposition: Discarded safely and sent to the lab for analysis

Diagnostic Test Correlation (5 points): Patient has presence of ascites due to cirrhosis. Abdominal paracentesis is performed for diagnostic sampling of peritoneal fluid and for therapeutic drainage of symptomatic large volume ascites. Ultrasound allows visualization of abnormal anatomy to avoid, the deepest pocket of peritoneal fluid, and confirmation that the etiology of abdominal distention is ascites rather than another disease process.

Diagnostic Test Reference (APA):

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ACEP Now. (2012, November 01). *Ultrasound-guided paracentesis*.

https://www.acepnow.com/article/ultrasound-guided-paracentesis/?singlepage=1&theme=print-friendly

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

Home Medications (5 required)

Brand/Generic	chlordiazepoxide (Librium)	quetiapine (Seroquel)	furosemide (Lasix)	hydroxyzine (Atarax)	lactulose (Chronulac)
Dose	10mg	200mg	20mg	25mg	25mcg
Frequency	Every 6 hrs	Nightly	2x Daily	3x Daily	3x Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	Benzodiazepine	Antipsychotic	Sulfonamide	Antihistamine	Laxative
Mechanism of Action	Helps relieve alcohol withdrawal by causing CNS depression.	Produce antipsychotic effects.	Inhibits sodium & water reabsorption & increases urine output.	Suppresses results of histaminic activity.	Prevents ammonia diffusion from intestine into blood.
Reason Client Taking	For withdrawal & anxiety.	To treat schizophrenia.	To reduce edema caused by cirrhosis, HF, & renal disease.	To treat pruritis.	To prevent and treat hepatic encephalopathy.
Contraindications (2)	1.Hypersensitivity 2. Uncontrolled severe pain	1.Hypersensitivity 2. Neuroleptic Malignant Syndrome	1. Anuria unresponsive to furosemide 2.Hypersensitivity	1.Hypersensitivity 2. Prolonged QT interval	1.Hypersensitivity 2. Galactose & lactose intolerance
Side Effects/Adverse Reactions (2)	1. Dizziness 2. Drowsiness	1. Constipation 2. Stomach pain	1. nausea/ vomiting 2. diarrhea/ constipation	1. Drowsiness 2. Dizziness	1. Gaseous distention 2. Dehydration
Nursing Considerations (2)	1. Use cautiously in pts w/ renal/hepatic impairment or porphyria	1. Monitor pt for suicidal tendencies. 2. Assess pt for	1. Obtain pt's weight before and periodically during therapy to monitor fluid	1. Don't give hydroxyzine by SQ or IV b/c tissue necrosis may occur.	1. Monitor blood ammonia level in pt w/ hepatic encephalopathy.

	2. Monitor liver enzymes during therapy	hypothyroidism can cause decrease in thyroxine levels.	loss 2.Monitor pt for hypokalemia when cirrhosis is present.	2.Use cautiously in pts with risk factors for prolonged QT.	2. Plan to replace fluids if frequent bowel movements cause hypovolemia.

Hospital Medications (5 required)

Brand/Generic	levothyroxine (Synthroid)	lorazepam (Ativan)	metoprolol tartrate (Lopressor)	pantoprazole (Protonix)	prazosin (Minipress)
Dose	25mcg	2mg	25mg	20mg	2mg
Frequency	3x Daily	Every 1hr	Daily	Every morning before breakfast	Nightly
Route	Oral	Oral	Oral	Oral	Oral
Classification	Thyroid hormone	Benzodiazepine	Beta Blocker	Proton Pump Inhibitor	Alpha Blocker
Mechanism of Action	Replaces endogenous thyroid hormone.	Helps control emotional behavior.	Helps reduce BP.	Prevents H+ from entering the stomach & additional HCl from forming.	Lowers BP.
Reason Client Taking	To treat severe hypothyroidism.	To treat anxiety.	To manage hypertension, alone or with other antihypertensives.	To treat erosive esophagitis associated w/ GERD.	To manage hypertension.
Contraindications (2)	1. Acute MI 2.Hypersensitivity	1. Acute angle-closure glaucoma 2. psychosis	1. Acute HF 2. Cardiogenic shock	1. Concurrent therapy w/ rilpivirine containing products 2.Hypersensitivity	1.Hypotension 2. Syncope
Side Effects/Adverse Reactions (2)	1. Increased appetite 2. Irritability	1. Severe drowsiness 2. Unusual changes on mood or behavior	1. Blurred vision 2. Chest pain/ discomfort	1. Headache 2. Diarrhea	1. Lack of energy 2. Dizziness
Nursing Considerations (2)	1.. Be aware that therapy is not to be used for	1. Use cautiously, increase risk	1. Use cautiously, BBs can worsen HF.	1. Monitor PT or INR during therapy.	1. Monitor BP regularly.

	treatment of obesity or for weight loss. 2. Use cautiously in the elderly and pts w/ underlying cardiovascular disease.	for physical & psychological dependence. 2. Monitor pt's respiratory every 5-15 min & keep emergency resuscitation equipment readily available.	2. Assess ECG, pt at risk for AV block.	2. Monitor pt's urine output, may cause acute interstitial nephritis.	2. Use cautiously, pt at risk for drug induced HPN.

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurse's Drug Handbook* (18th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Appears alert & oriented; No apparent distress; looks his age; Clean; Well appearing and rested
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Skin is within patient's norm Fair skin; warm & dry; He is not diaphoretic; Temperature is within average range. Turgor shows hydration. No rashes, bruises, wounds; Few scars on both forearms **Braden Score**:19
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head & neck are symmetrical; trachea is midline without deviation; Auricle is moist and pink without lesions; sclera is white; conjunctiva is clear; lids are moist & pink; septum is midline; sinuses are nontender; dentition is good

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; S1 & S2 without murmurs, gallops, or rubs; pulses are 2+ throughout; capillary refill less than 2 seconds
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Respirations are regular even & nonlabored, symmetrical, no wheezes or crackles noted
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:**	Eats a regular balanced diet at home. Currently consumed 100% of lunch. Height: 6’0 Weight: 259 lbs. Bowel sounds are normoactive. Last BM: One day ago. Abdomen is soft, distended, and nontender. Ascites present, No masses. No 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:**	Urine is clear with no odor Urinated 380mL Genitals appear pink & moist
MUSCULOSKELETAL (2 points): **Neurovascular status:**	CV II-XII are intact; Reflexes are 1-2+

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 ☒**	throughout; Coordination: Normal finger to nose bilaterally; No pain, paralysis; No paresthesia; Not pallor; Warm temperature; No swelling or increased pressure; Needs supportive devices: walker, cane & gait belt; He is independent with his ADLs; **Fall Score**: 35
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Alert & oriented to person & place; Speech is articulate; Normal sensation; No LOC; Judgement & thought content normal
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):**	Watches TV, drinks beer, and does cocaine. Despair and feelings that life is without any meaning and without any sense of satisfaction. Does not go to church. He doesn't have family; has a few friends he sees time to time.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1400	82	126/60	18	97.8°F	96
1600	84	124/50	18	98.4°F	97

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1400	Numeric	N/A	0/10	N/A	N/A

1600	Numeric	N/A	0/10	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	N/A – Patient did NOT have an IV

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240mL	380mL

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was cooperative and didn't complain of any chest pain and shortness or breath or abdominal pain.

Procedures/testing done: Ultrasound Guidance & paracentesis

Complaints/Issues: Alcoholic intoxication

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Tolerates diet and activities

Physician notifications: Patient will continue Lasix and spironolactone for fluid retention, Folic acid for anemia, lorazepam as anxiolytics, levothyroxine for hypothyroidism, lactulose for hyper ammonia level, pantoprazole for reflux symptoms, and metoprolol for hypertension rate control.

Future plans for patient: Patient feel that he needs rehab before he goes home. Patient preference is inpatient REHAB at OSF HMMC. Discussed a backup plan if he cannot go to REHAB and discussed the VA house and Gardenview that patient has been to in the past. Patient stated his backup plan is Gardenview.

Discharge Planning (2 points)

Discharge location: To home.

Home health needs (if applicable): N/A

Equipment needs (if applicable): Walker and cane

Follow up plan: Follow up with PCP: yellow team as needed & follow up with psych as needed.

Education needs: Follow up with healthcare provider as directed. Don’t drink alcohol as it can worsen your condition and may cause new or worsening damage to your liver and brain. Eat low-protein and low-sodium foods.

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 acute confusion related to hepatic encephalopathy as evidenced by alcohol abuse.	Patient has chronic alcohol dependency.	1. Recommend avoidance of narcotics and limiting or restricting use of medications metabolized by the liver. 2. Eliminate or restrict protein in diet. Provide glucose supplements and adequate hydration.	Patient initiates lifestyle changes to prevent or minimize recurrence of problem.
2. Excess fluid volume related to excess fluid intake as evidence by weight gain.	Patient has alcoholic cirrhosis and ascites.	1. Measure abdominal girth. 2. Encourage fluid restriction.	Patient has stabilized fluid volume, with balanced I&O, stable weight, vital signs are within patient's normal range, and absence of edema.
3. Ineffective breathing pattern related to acute respiratory failure as evidenced by hypoxia.	Patient has lung problems from crack cocaine.	1. Assess and record respiratory rate and depth at least every 4 hours. 2. Observe for breathing patterns.	Patient maintains an effective breathing pattern, as evidenced by relaxed breathing at normal rate and depth and absence of dyspnea.

Other References (APA):

Swearingen, P. (2016). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health* (4th ed.). Elsevier.

Concept Map (20 Points):

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Subjective Data

"Alcohol intoxication"

Nursing Diagnosis/Outcomes

Diagnosis #1 Risk for acute confusion related to hepatic encephalopathy as evidenced by alcohol abuse.
Outcome Patient initiates lifestyle changes to prevent or minimize recurrence of problem.
Diagnosis #2 Excess fluid volume related to excess fluid intake as evidenced by weight gain.
Outcome Patient has stabilized fluid volume, with balanced I&O, stable weight, vital signs are within patient's normal range, and absence of edema.
Diagnosis #3 Ineffective breathing related to acute respiratory failure as evidenced by hypoxia.
Outcome Patient maintains an effective breathing pattern, as evidenced by relaxed breathing at normal rate and depth and absence of dyspnea.

Objective Data

Platelets 120
CO2 19
INR 1.5
Pulse 82; 84
BP 126/60; 124/50
Resp Rate 18
Temp 97.8°F; 98.4°F
Oxygen 96;97

Patient Information

V.M.
Admitted 2/29/2020
71 years old
Male, Caucasian
Vietnam veteran
Single
Allergies – Mushroom Extract Complex
Height: 6'0
Weight: 259 lbs.
Code: FULL

Nursing Interventions

Diagnosis #1 Interventions:
Recommend avoidance of narcotics and limiting or restricting use of medications metabolized by the liver.
Eliminate or restrict protein diet. Provide glucose supplements and adequate hydration.
Diagnosis #2 Interventions:
Measure abdominal girth.
Encourage fluid restriction.
Diagnosis #3 Interventions:
Assess and record respiratory rate and depth at least every 4 hours.
Observe for breathing patterns.

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