N311 Care Plan #1

Lakeview College of Nursing

Kristy Geier

Demographics (5 points)

Date of Admission 6/12/2019	Patient Initials C.D.	Age 92	Gender Male
Race/Ethnicity Caucasian	Occupation Mechanical Engineer (U of I)	Marital Status Window	Allergies NKA
Code Status DNR	Height 1.727m (5'8")	Weight 134lb 1.6oz	

Medical History (5 Points)

Past Medical History: Bladder Outlet Function, Dysphagia, Lumbar Spinal Stenosis, Prostate Cancer

Past Surgical History: G-Tube Placement, Mastectomy

Family History: Mother: no known problems, father: no known problems.

Social History (tobacco/alcohol/drugs): Former Smoker, 1 PPD for 15 years; quit in 1969. Occasional alcohol use.

Admission Assessment

Chief Complaint (2 points): Lower Back Pain secondary to fall. As evidenced by pain on a 5/10 scale, reposition Q2H.

History of present Illness (10 points): Onset: On November 14, 2019, this 92 year old white, widowed male was admitted to Carle Foundation Hospital for lower back pain. Location: Lumbar area of lower back. Duration: On November 14, 2019, the patient presented to the ED because he had fallen at his long-term care facility at Champaign Rehabilitation Center in Urbana, IL. Characteristics: The patient is experiencing pain in the lumbar area of the lower back, which he stated was throbbing and about a 5/10 pain. Aggravating: Patient has difficulty walking and sitting for long periods of time is aggravating for his back as well. Relieving: Turning him every 2 hours on a regular basis with the support of pillows. Treatment: Using

Tylenol 3, Turning every two hours, working with restorative therapy and perhaps using ice/heat packs prn.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Pain management

Secondary Diagnosis (if applicable): Related to lower back pain due to a fall in Fall 2019

Pathophysiology of the Disease, APA format (20 points): Degenerative disc disease or DDD as it is commonly referred to is a common cause of pain, moto weakness, and neuropathy. The disorder has effect on the nervous system because anatomically the vertebrae and discs surround the spinal nerves. Motor spinal nerves exit from the spinal cord and travel through narrow openings of the vertebral bone out to the periphery to stimulate muscles of the extremities. Similarly, sensory spinal nerves from the extremities enter the spinal cord through narrow vertebral discs and vertebral bone become compressed. The disorder most commonly occurs in the cervical and lumbar regions of the vertebral column. DDD of the lumbar vertebrae is a common cause of low back pain, which is the second most common reason for patient visits to primary health-care providers. (Capriotti, 2015) Despite what the name suggests, degenerative disc disease is not a disease, but a condition in which natural, age-related wear-and-tear on a disc causes pain, instability, and other symptoms. This condition usually does not result in long-term disability, and most cases can be managed using non-surgical treatment methods.

While it is true that disc degeneration is likely to progress over time, the pain from degenerative disc disease usually does not get worse and in fact usually feels better given enough time. (Spine-Health).

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

McHugh, B. (n.d.). What Is Degenerative Disc Disease? Retrieved from https://www.spine-health.com/conditions/degenerative-disc-disease/what-degenerative-disc-diseas

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC <mark>**Highlight All Abnormal Labs**</mark>**—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	**3.90-4.98**	**2.88**	**4.12**	
Hgb	**12.0-15.5**	**9.0**	**12.6**	
Hct	**35-45**	**27.8**	**38.7**	
Platelets	**140-400**	**240**	**290**	
WBC	**4.0-9.0**	**8.4**	**8.47**	
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

Chemistry <mark>Highlight All Abnormal Labs</mark>—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	141	142	
K+	3.5-5.1	3.9	3.9	
<mark>Cl-</mark>	<mark>98-107</mark>	<mark>106</mark>	<mark>109</mark>	<mark>High, irregular breathing</mark>
CO2	22-29	26.3	28.2	
<mark>Glucose</mark>	<mark>70-99</mark>	<mark>138</mark>	<mark>105</mark>	<mark>Abnormal, too many carbs while eating</mark>
<mark>BUN</mark>	<mark>6-20</mark>	<mark>17</mark>	<mark>38</mark>	<mark>Abnormal, could be fluid deficit</mark>
Creatinine	0.50-1.00	0.6	0.76	
Albumin	3.5-5.2	2.3	2.8	
Calcium	8.4-10.5	7.9	9.0	
Mag	1.6-2.6	Unable to obtain	2.0	
Phosphate		*	7.5	
Bilirubin	0.0-1.2	0.4	0.6	
Alk Phos	35-105	57	92	

Urinalysis <mark>Highlight All Abnormal Labs</mark>—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		Unable to Obtain	Unable to Obtain	
pH		*	*	

Specific Gravity		*	*
Glucose		*	*
Protein		*	*
Ketones		*	*
WBC		*	*
RBC		*	*
Leukoesterase			

Cultures <mark>Highlight All Abnormal Labs</mark>—**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		Unable to Obtain	Unable to Obtain	
Blood Culture		*	*	
Sputum Culture		*	*	
Stool Culture		*	*	

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

MRI T/L Spine w/o contrast – November 19, 2019

CT Abdomen/Pelvis w/o contrast – November 15, 2019

XR Abdomen Series w/ PA Chest – November 14, 2019

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	Mirtazapine	Digoxin	Docu Liquid	Potassium Chloride	Cholecalciferol
Dose	22.5mg	0.125mg	50mg/5ml	20mg/ 15ml (10%)	2000 units
Frequency	QD @ HS	QD @ AC		15ml via tube daily	Daily
Route	G-Tube	G-Tube	G-Tube	G-Tube	G-Tube
Classification	Antidepressant	Heart Medication	Sulfonic Acid	Alkali Metal	Dietary Supplement
Mechanism of Action	May inhibit neuronal reuptake of norepinephrine and serotonin. By doing so, this tetracyclic antidepressant increases the action of these neurotransmitters in nerve cells.	Increases the force of velocity of myocardial contraction, resulting in positive inotropic effects. Digoxin produces antiarrhythmic effects by decreasing the conduction rate and increasing the effective refractory period of the AV mode.	Lowers the surface tension at the oil-water interface of the feces, allowing water and lipids to penetrate the stool. This helps to hydrate and soften the fecal material, facilitating natural defecation.	Acts as the major cation in intracellular fluid, activating many enzymatic reactions essential for physiologic processes, including nerve impulse transmission and cardiac and skeletal muscle contraction. Potassium also helps	By itself is inactive.

				maintain electroneutrality in cells by controlling exchange of the intracellular and extracellular ions.	
Reason Client Taking	**Depression**	**Dysrhythmia**	**Constipation**	**Supplement**	**Supplement**
Contraindications (2)	**High Cholesterol. Dehydration**	**Myocardial infarction. Hypothyroidism**	**Unable to obtain**	**Acute dehydration. Addison's disease (untreated)**	**Sarcoidosis. Kidney Stones**
Side Effects/Adverse Reactions (2)	**Dizziness. Weight Gain**	**Dizziness. Diarrhea**	**Abdominal Pain. Diarrhea**	**Complete heart block. Dehydration**	**Weakness. Metallic taste in mouth**

Medications Reference (APA):

Jones & Bartlett Learning. (2020). *2020 Nurses drug handbook*. **Burlington, MA.**

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Alert and oriented to time, place, date, and person x3 No distress. Well-groomed and appropriately dressed.

INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y**☒ **N** ☐ **Type:** Foley Catheter	Pink Dry/Normal Warm Normal turgor 2+ None None None Could not find Braden score to document.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck symmetrical, normal cephalic Patient's ears are free of discharge, difficulty hearing: States he is hard of hearing after an MRI test Eyes symmetrical EOM, nose symmetry, no deviation, does have top dentures which are well groomed. Teeth on bottom are well groomed.
CARDIOVASCULAR: **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:**	Heart sounds normal S1 and S2, no murmurs, no gallops or rubs detected in S3 and S4. Capillary refill is less than 3 seconds. Peripheral pulses 2+ symmetric. No neck vein distention. No sign of edema.
RESPIRATORY: **Accessory muscle use: Y**☐ **N** ☒ **Breath Sounds: Location, character**	Respirations are regular, even and unlabored, symmetrical, no wheezes or crackles noted.

GASTROINTESTINAL:
Diet at home:
Current Diet
Height:
Weight:
Auscultation Bowel sounds:
Last BM:
Palpation: Pain, Mass etc.:
Inspection:
   Distention:
   Incisions:
   Scars:
   Drains:
	Regular diet/regular liquids; 1:1 supervision in dining room (due to risk of aspiration)
	
	5'8"
	134lb 1.6 oz.
	Bowel sounds are normoactive in all 4 quadrants
	Earlier this morning
	No CVA tenderness
	PEG tube in place, scar in area where PEG tube placed, drain of PEG tube placed and bandaged properly.

Wounds:
Ostomy: Y ☐ N ☒
Nasogastric: Y ☐ N ☒
  Size:
Feeding tubes/PEG tube Y ☒ N ☐
  Type: PEG tube	

GENITOURINARY:
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐ N ☒
Dialysis: Y ☐ N ☒
Inspection of genitals:
Catheter: Y ☒ N ☐
  Type: Foley Catheter
  Size: Unable to obtain size
	Yellow
	Not cloudy, but clear
	Consistently voiding into Foley bag – 300ml measured and dumped.

MUSCULOSKELETAL: **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**☒	Normal ROM Strength in both upper and lower extremities 2-Wheel walker, gait belt, rolling walker Strength in both arms, legs weak Needs assistance with all ADL's. High Unable to obtain fall score Y – transfer with 1 person with gait belt / walker – stand pivot Y- transfer with 1 person with gait belt / walker – stand pivot
NEUROLOGICAL: **MAEW:** Y ☒ N☐ **PERLA:** Y ☒ N☐ **Strength Equal:** Y ☒ N ☐ if no - **Legs** ☒ **Arms** ☐ **Both** ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 Weak legs, Arms strong Cognitive of space, time and location Articulative speech, fluent Alert No gross focal neurological deficits
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home**	Friends, nieces, and nephews Mature Christian Patient is a widow with no children. Has 2 nephews and 3 nieces who visit often. Also has a

environment, family structure, and available family support):	few friends who visit every couple of weeks.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0715	79	117/59 mmHg	16	98.2 F	98% RA

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1100	Numeric	Lower Intestines	5/10	Tender	Changing patients positions every 2 hours or provide pillow for patient to be more comfortable.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Milk Carton – 240 mL **Water – 240 mL cup drank in morning after shower** **Total = 480 mL input** **Food: corn flakes with milk** **100% of breakfast** **G-Tube Feed:**	**250 mL out during morning care before shower. 300mL out at 11:00am assessment dumped from Foley catheter.** **BM: 1 Large BM this morning during morning care @ 7:30am. Green, soft, mushy**

Jevity 1Cal: 0.04gram – 1.06 kcal/mL **Take 75mL/hr. by G-Tube @ bedtime** **(Nocturnal 8pm-6am)**	

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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. **Pain, Chronic**	**Related to lower back pain as evidenced by fall in November 2019 per chart.**	**1. Administer pain medication around the clock** **2. Turn every 2 hours to allow better blood flow to body which will help with circulation and prevent pressure ulcers**	**Goal met. Meds are given by nurse.** **Goal met. Pt adjusted for me and ambulated from bed to recliner after his shower and breakfast which helped the patient feel better.**
2. **Impaired Mobility**	**Related to the patient's chronic back pain as evidenced by "I fell in November in my room and I don't move as well**	**1. Check the patient every odd hour by CNA and every even hour by RN to make sure the patient is positioned well**	**Goal met. Patient was checked on every hour essentially by either the CNA or the RN or Nursing Student. Patient was positioned comfortably.**

	as I used to. I don't like to move much because I'm afraid I'll fall again."	and not having pain in his lower back. 2. Restorative Therapy - which would include range of motion exercises	Goal met. Patient worked on Range of motion exercises with Student Nurse.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Objective Data

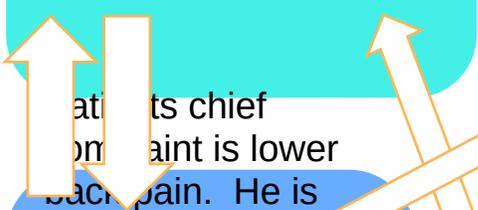**Nursing Interventions**

Patient Information

Chronic pain related to fall and lower back pain as evidenced by: **"I fell in November in my room and I don't move as well as I used to. I don't like to move much because I'm afraid I'll fall again."**

*Goal met: meds are given by nurse

*Goal met: Patient adjusted well to turning 2QH and his pain was relieved to a 5/10 on the pain scale. Patient happy to change positions.

Impaired mobility related to patient's Degenerative disc disease as evidenced by: "I don't like to move much because I'm afraid I'll fall again."

Patient States: "I fell in November in my room and I don't move as well as I used to. I don't like to move much because I'm afraid I'll fall again."

**Goal met: Patient adjusted well to using pillows to help him change
positions to help with circulation and reduce pressure ulcers.**

***Goal met. Patient and student nurse worked on range of motion
techniques.**

ati ts chief
om aint is lower
back pain. He is
diagnosed with
Degenerative Disc
Disease which is
Chronic.
(DDD)
Vitals:
BP: 117/59
RR: 16
Temp: 98.2F
spO2%: 98%
Pulse: 79

MRI completed
in November
2019 which
showed DDD.

Administer pin medication around the clock .
Turn every 2 hours to allow for better circulation of lower extremities and to prevent pressure ulcers.
Check on patient every hour (example: odd hours by CNA / even hours by RN) to make sure patient is comfortable.
Range of motion exercises daily.