

N311 Care Plan # 1
Lakeview College of Nursing
Jenna Helton

Demographics (5 points)

Date of Admission 3/11/2020	Patient Initials Z.S.	Age 55	Gender Male
Race/Ethnicity Caucasian	Occupation Plumber	Marital Status Single	Allergies Penicillin- Hives
Code Status Full Code	Height 6' 0"	Weight 80 kg	

Medical History (5 Points)

Past Medical History: N/A

Past Surgical History: Tonsillectomy at 6 years old

Family History: Paternal: Colon Cancer

Social History (tobacco/alcohol/drugs): Smokes 2 packs per day for the past 30 years, Drinks 24 pack of Corona per week, and doesn't use recreational drugs.

Admission Assessment

Chief Complaint (2 points): Abdominal pressure and nausea

History of present Illness (10 points): A pleasant and single gentleman came into the hospital on 3/11/2020 for a colon resection. He complains of stomach pressure and nausea. His pain is located in the abdomen and the buttocks. He says the pain is constant and is a burning sensation and feels nauseous. On date of admission, the patient was able to turn himself in bed, but has become dependent x2 after his surgery. Turning the patient makes his pain feel worse. The patient states that the pain is relieved once he is given pain medications, but only helps for about 10 minutes. He has been given medications through the PCA pump, an Incentive Spirometer, and had applied TED hose and SCD's.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Colorectal Cancer. The “pain related to tissue injury from tumor invasion and the surgical incision.” (Sommers & Fannin, 2015)

Secondary Diagnosis (if applicable): Pneumonia

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

The beginning of colorectal cancer will start with a benign polyp. Over time, it can grow into adenomatous polyps, which are potentially cancerous. About 90% of these polyps are smaller than 1 cm, while 10% are larger than 1 cm. These larger polyps tend to have a higher chance of being invasive cancer. “On a molecular level, colon cancer is caused by genetic changes that result in defective tumor suppressor genes, activated oncogenes, or mismatched gene repair.” (Capriotti & Frizzell, 2020) If there are multiple genetic mutations that occur, then there can be a result of adenocarcinoma. Adenocarcinoma is when dysplastic tissue travels deeper into the intestinal wall and causes harm. There are three types of adenomatous polyps: tubular adenomas, villous adenomas, and tubulovillous adenomas. Tubular adenomas, or pedunculated adenomas, are masses that attach themselves to the intestinal wall with stalks. Villous Adenomas, or sessile polyps, also attach themselves to the intestinal wall without a stalk. This is more cancerous than tubular adenomas, because it has a higher chance of cancerous changes to the intestinal wall. Tubulovillous adenomas are a similar to tubular adenomas and villous adenomas. “Colorectal carcinoma can be graded into well, moderately and poorly differentiation lesions; there is little evidence, however, that grading may be of help in evaluating prognosis of affected patients.” (Ponz de Leon & Di Gregorio, 2001). Depending on what stage of the cancer, it can then travel to the liver.

Colorectal cancer has different signs and symptoms. These would include fatigue and weakness, weight loss, iron deficiency anemia, different patterns of bowel movements, including

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presence of blood, diarrhea, or constipation. Diagnostic testing that will help find the cancer would be either images or blood testing. These will include colonoscopy, DRE, FOBT, and barium enema. There also can be a test called sigmoidoscopy, which is a screening of the colon, but doesn't have an entire image of the colon. Lab blood tests would include CBC, serum iron, serum ferritin, CEA, and liver enzymes. Other tests would include genetic testing and see the likeliness of developing colorectal cancer.

Our patient has had a blood test that shows anemia, level of 22 carcinoembryonic antigen, and positive computerized technology scan that showed a mass on the sigmoid rectal region. Treatment for colorectal cancer would be colostomy, rechecking the colon, annual colonoscopy, and every 3 months of CEA blood tests, possible radiation and chemotherapy, NSAIDS, and the possible use of aspirin. Treatment for the patient is colostomy performed on 3/11/2020.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell J.P., (2016). *Pathophysiology: introductory concepts and clinical perspectives*. (1st ed.). F.A. Davis Company.

Ponz de Leon, M., & Di Gregorio, C. (2001). Pathology of colorectal cancer. *Digestive and Liver Disease*, 33(4), [https://doi.org/10.1016/s1590-8658\(01\)80095-5](https://doi.org/10.1016/s1590-8658(01)80095-5)

Sommers, M. S., & Fannin, E. F., (2015). *Diseases and disorders: a nursing therapeutics manual*. (5th ed.). F.A. Davis Company.

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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	4.5-6.3	3.9		Iron Deficiency Anemia (capriotti)
Hgb	14-18	11.4		The patient's levels are low possibly by blood loss, which is also related to the low levels of RBC's. (Corbett & Banks, 2019)
Hct	41-51	36		When RBC levels are low, more than likely Hct levels will be low. Also, it can be due to the blood loss. (Corbett & Banks, 2019)
Platelets	140-440	140		N/A
WBC	4-10	15.6		There is a bacterial infection in the patient's body, which would be the pneumonia. (Corbett & Banks, 2019)
Neutrophils	2-6.9	81.4		First line of defense for WBCs when it comes to infections. Stress can also cause this level to go up. (Corbett & Banks, 2019)
Lymphocytes	0.6-3.4	1.0		N/A
Monocytes	0-8	6		N/A
Eosinophils	0-0.5	0.1		N/A
Bands	Unknown	Unknown		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-	136-145	142		N/A
K+	3.5-5.1	4.2		N/A
Cl-	98-107	99		N/A
CO2	21-31	28		N/A
Glucose	74-109	91		N/A
BUN	7-25	15		N/A

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Creatinine	0.7-1.2	0.8		N/A
Albumin	3.5-5.2	2.0		The dysfunction of the liver is what makes these levels low. Colorectal cancer often travels to the liver further on in its stages. Also, the patient is NPO, which would mean that his nutritional status is more than likely poor. (Corbett & Banks, 2019)
Calcium	8.6-10.3	9.0		
Mag	Unknown	Unknown		
Phosphate	Unknown	Unknown		
Bilirubin	0.3-1.0	0.5		
Alk Phos	40-130	60		

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				
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell J.P., (2016). *Pathophysiology: introductory concepts and clinical perspectives*. (1st ed.). F.A. Davis Company.

Corbett, J. V., & Banks A. D. (2019). *Laboratory tests and diagnostic procedures with nursing diagnoses*. (9th ed.). Pearson.

Sarah Bush Lincoln Health Center (2020). Reference (lab values). Mattoon, IL.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

CXR: Left Lower Lung Consolidation

CT of Pelvis: Mass in Sigmoid Colon

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)

Brand/Generic	Promethazine/ Anergan	Cefazolin/ Ancef, Kefzol	Metronidazole/ Flagyl, Flagyl ER, Protostat, TriKacide (CAN)	Famotidine/ Pepcid or Pepcid AC	Enoxaparin/ Lovenox
Dose	50 mg	1000 mg	500 mg	20 mg	40 mg
Frequency	Q 6 hrs prn	Q 8 hrs	Q 6 hrs	Q 12 hrs	Everyday
Route	IV/IM	IVPB	IVPB	IVPB	SQ
Classification	<u>Pharmacologic:</u> Phenothiazine <u>Therapeutic:</u> Antiemetic, antihistamine, antivertigo, sedative- hypnotic	<u>Pharmacologic:</u> First- generation cephalosporin <u>Therapeutic:</u>	<u>Pharmacologic:</u> Nitroimidazole <u>Therapeutic:</u> Antiprotozoal	<u>Pharmacologic:</u> Histamine-2 blocker <u>Therapeutic:</u> Antiulcer agent	<u>Pharmacologic:</u> Low-molecular- weight heparin <u>Therapeutic:</u> Anticoagulant
Mechanism of Action	Competes with histamine for H1- receptor sites, which antagonizes many histamine effects and reducing signs and symptoms of allergies.	Interferes with bacterial cell wall synthesis by inhibiting the final step in the cross-linking of peptidoglycan strands. Peptidoglycan makes cell membranes rigid and protective. Without it, bacterial cells rupture and die.	Undergoes intracellular chemical reduction during anaerobic metabolism. After metronidazole is reduced, it damages DNA's helical structure and breaks its strands, which inhibits bacterial nucleic acid synthesis and causes cell death.	In normal digestion, parietal cells in the gastric epithelium secrete hydrogen (H+) ions, which combine with chloride ions (Cl-) to form hydrochloric acid (HCl). However, HCl can inflame,	“Potentiates the action of antithrombin III, a coagulation inhibitor. By binding with antithrombin III, enoxaparin rapidly binds with and inactivates clotting factors (primarily factor Xa and thrombin). Without thrombin, fibrinogen can't convert to fibrin and clots can't

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				<p>ulcerate, and perforate gastric and intestinal mucosa normally protected by mucus. Famotidine, an H2-receptor antagonist, reduces HCl formation by preventing histamine from binding with H2 receptors on the surface of parietal cells. By doing so, the drug helps prevent peptic ulcers from forming and helps heal existing ones.</p>	form.”
<p>Reason Client Taking</p>	<p>To prevent or treat nausea and vomiting in certain types of anesthesia and surgery</p>	<p>To provide surgical prophylaxis</p>	<p>To prevent perioperative bowel infection</p>	<p>To prevent or treat GI bleeding in hospitalized patients who cannot take oral drug</p>	<p>To prevent DVT after abdominal surgery for patients with thromboembolic risk factors (cancer, general anesthesia lasting longer than 30</p>

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					minutes, a history of DVT or pulmonary embolism, obesity, or over age 40)
Contraindications (2)	Coma Bone marrow depression	Hypersensitivity to cefazolin, other cephalosporins or their components	Disulfiram use within past 2 weeks Hypersensitivity to metronidazole or its components	Hypersensitivity to famotidine, other H2-receptor antagonists, or their components	Active major bleeding Pork products or their components
Side Effects/Adverse Reactions (2)	Hypertension Tachycardia	Abdominal cramps Dyspnea	Depression Dry Mouth	Abdominal pain Confusion	Bloody stools Nausea

(Jones & Bartlett Learning, 2020)

Medications Reference (APA):

Jones & Bartlett Learning (2020), *2020 nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>X3 X3 Not in distress Well groomed and well kept</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Normal for race Dry Normal Good; Not tenting; Less than 3 secs. None None Dressing clean, dry, and intact Mild Risk-19 JP and Ostomy</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Symmetrical and Lymph nodes non-palpable Pearly grey tympanic membrane PERRLA and doesn't wear glasses No turbinates, clear sinuses, no deviated septum, no polyps No decay and in good condition</p>
<p>CARDIOVASCULAR: 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 type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>S1 and S2 heard Regular Cardiac Rhythm Strong and equal pulses Less than 3 seconds N/A</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>RML- wheezes Left Lower Lung- coarse crackles</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight:</p>	<p>Regular Diet NPO 6'0" 80 kg</p>

<p>Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Nasogastric: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Normal 3/11/2020 Pain when palpated abdomen N/A Healing well and no infection N/A Clean and well kept N/A 14 N/A</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: Size:</p>	<p>Amber Clear, but dark 350 ml Normal Foley 14</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Good and MAEW Walker Weak bilaterally High risk- 60 Assist x2 Needs assistance with equipment X Needs support to stand and walk X</p>
<p>NEUROLOGICAL: 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:</p>	<p>X3</p>

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Speech: Sensory: LOC:	Alert and awake Clear No impairment
PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):	Fiancee Appropriate for age No know religion Fiancee said they were a team and is a good support system

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
09:15	90	144/82 mmHg	24 per minute	37.7 C	92% on 2 L O2 nasal cannula

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
09:15	Numeric Scale 0-10	Abdomen and Buttock	5/10	Nausea, pressure and burning	Turning; Cleared NG tube, PCA pump, Deep breathing, and Incentive Spirometry

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
125 IM per hr for 8 hrs- 1000 mL	600 mL- Emesis
Cefazolin IVPB- 500 mL	350 mL- Urinary
Metronidazole IVPB- 250 mL	10 mL- Ostomy blood
Total= 1750 mL	90 mL- JP

	Total= 1050 mL
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Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Intervention (2 per dx)</p>	<p>Evaluation</p> <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.
<p>1. Decreased Sexual Function</p>	<p>Related to colostomy in place as evidenced by the patient crying and explaining to us nurses that he thinks that his fiancée won’t love him because of his stoma.</p>	<p>1.Encourage patients to maintain open communication with their partners about needs and concerns. Suggest them to try different routes of intimacy while the patient is healing like kissing, hugging, whispering, etc,</p> <p>2. Assess the patient for the impact of what the diagnosis and treatment has done to their sexual functioning and self-concept.</p>	<p>Goal met. The nurse’s guide of telling the patient that him and his wife are a team, and she will love him no matter what.</p> <p>Goal partially met. We allowed the patient to find meaning behind what has happened with his diagnosis and treatment. We are giving him time to cope with his outcomes.</p>

<p>2. Potential for Nosocomial Pneumonia</p>	<p>Related to bedrest as evidenced by coarse crackles in the left lower lung.</p>	<p>1. Perform thorough hand hygiene before and after contact with the patient (even if gloves are worn)</p> <p>2. Make sure the patient verbalizes knowledge of these activities and their rationales and returns demonstrations appropriately.</p>	<p>Goal met. Nurses wash hands before and after touching the patient and wear gloves when in contact with the patient.</p> <p>Goal partially met. The nurses have shown him before and after his surgery on how to use the Incentive Spirometer. He has not successfully used it on his own.</p>
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(Swearingen & Wright, 2019)

Other References (APA):

Swearingen, P. L., & Wright, J. D., (2019) *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. (5th ed.). Elsevier.

Concept Map (20 Points)

Subjective Data

The patient states that he is experiencing abdomen pressure and nausea. He says that his pain in a 5 out of 10. The characteristics of this pain is constant and burning. The pain becomes worse when he is turned, and also cannot turn himself. The pain is relieved with medication, but only for about 10

Nursing Diagnosis/Outcomes

Decreased Sexual Function related to colostomy in place as evidenced by the patient crying and explaining to us nurses that he thinks that his fiancée won't love him because of his stoma.

- Goal met. The nurse's guide of telling the patient that him and his wife are a team, and she will love him no matter what.
- Goal partially met. We allowed the patient to find meaning behind what has happened with his diagnosis and treatment. We are giving him time to cope with his outcomes.

Potential for Nosocomial Pneumonia related to bedrest as evidenced by coarse crackles in the left lower lung.

- Goal met. Nurses wash hands before and after touching the patient and wear gloves when in contact with the patient.
- Goal partially met. The nurses have shown him before and after his surgery on how to use the Incentive Spirometer. He has not successfully used it on his own.

Objective Data

Client's Chief Complaint is abdomen pressure and nausea. He has a diagnosis of colorectal cancer from his health care provider.

Vitals:

BP: 144/82 mmHg

RR: 24 per minute

Temp: 37.7

SpO2%: 92%

Pulse: 90

His computerized technology scan was positive for a mass on the sigmoid rectal region. His labs showed

carcinoembryonic antigen levels of 22 and anemia.

Patient Information

A 55 year old male with no past medical history is admitted for an colostomy because of colorectal cancer. The patient has had a tonsillectomy at the age of six.

Nursing Interventions

1. Encourage patients to maintain open communication with their partners about needs and concerns. Suggest them to try different routes of intimacy while the patient is healing like kissing, hugging, whispering, etc,
2. Assess the patient for the impact of what the diagnosis and treatment has done to their sexual functioning and self-concept.
3. Perform thorough hand hygiene before and after contact with the patient (even if gloves are worn)
4. Make sure the patient verbalizes knowledge of these activities and their rationales and returns demonstrations

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