N311 Care Plan #1

Lakeview College of Nursing

March 18,2020

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Demographics (5 points)

Date of Admission **3/11/2020**	**Patient Initials** **ZS**	**Age** **55 years old (1/23/65)**	**Gender** Male
Race/Ethnicity **Caucasian/ N/A**	**Occupation** **Plumber**	**Marital Status** **Single**	**Allergies** **Penicillin (Itching/ Hives)**
Code Status **Full Code**	**Height** **72in (182.88cm)**	**Weight** **80Kg (176.37lbs)**	

Medical History (5 Points)

Past Medical History: N/A

Past Surgical History: Tonsils removed at 6 years old

Family History: Paternal: Colorectal Cancer, Maternal: No known problems

Social History (tobacco/alcohol/drugs): Pt reports use of tobacco (smoking) two packs a day for 30 years. Reports use of alcohol (beer) a case (24-pack) a week. No recreational drug uses.

Admission Assessment

Chief Complaint (2 points): Colon resection on 3/11/2020. C/O sacrum and abdominal pain, pressure, and nausea all night from six o'clock yesterday (3/11/2020).

History of present Illness (10 points): On March 11, 2020, a 55-year-old white, single, male was admitted to the Medical-surgical unit for colorectal cancer (colon resection). C/O nausea (NG tube has not been emptied since last night), sacrum and abdominal pain, pressure in the abdominal, and pain during deep breathing. On a pain scale (Numerical 0-10), the pt. states, "His pain is a 5 out of 10 on the scale." The pt's pain has been going on since last night 3/11/2020 because of his surgery. The pt has been experiencing continuous burning pain and nausea. Aggravating: the pt's pain is turning himself without help from healthcare staff (pt stated, "He did not get any help from the staff on 3/11/2020 during the nighttime hours when he asked for

the help.”). Relieving: sleeping was the only relief the pt got. Treatment: use of a PCA pump by pt.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):.Colorectal Cancer

Secondary Diagnosis (if applicable): Nosocomial Pneumonia

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

Colorectal cancer is a cancer that occurs in colon or rectum. A polyp goes through many changes before it becomes cancerous. Cancerous polyps are called adenomatous polyps (Capriotti, 2016). The polyps are usually smaller than one cm in diameter and the potential for malignancy is very small, which this makes up about 90% of the polyps. The other 10% of the polyps may be larger than 1 cm and the chance of them becoming invasive cancer is about 10% (Capriotti, 2016). “Colon cancer is a genetic dysfunction that is mismatched gene repairs that result from progression of normal colonic mucosal cells then goes to benign adenoma then to adenomatous polyp finally to adenocarcinoma” (Capriotti, 2016). Colorectal cancer can metastasize to the liver. The cancer also lays asymptomatic for years before the affected person decides to seek medical help.

Common causes of colorectal cancer are age related, family history of the cancer, or dietary habits, social history may even impact the cancer. The pt’s family had a hx of the cancer from the paternal side of the family. The pt is 55-year-old and is afraid he may pass away before he is 60 just like his father did from the cancer. The pt when he recovers may want to think about changing his dietary habits and even quit smoking and drinking to lower the risks of getting the cancer.

Common signs and symptoms of colorectal cancer include: fatigue, weakness, weight loss, iron deficiency anemia, changes in bowel habits, melena, diarrhea, and constipation. Also present during colorectal cancer is rectal bleeding or narrowing of stool caliber (Capriotti, 2016). The pt presented to the medical-surgical unit with complaints of fatigue, rectal bleeding, and bowel pattern changes.

Diagnostic testing to confirm colorectal cancer include: colonoscopy, DRE, FOBT (fecal occult blood test), and barium enema (Capriotti, 2016). To go with the colonoscopy a CT or MRI scan may be involved. For the laboratory tests include: CBC, serum iron, serum ferritin, CEA and liver enzymes (Capriotti, 2016).

Screenings to prevent colorectal cancer include: colonoscopy every 10 years, flexible sigmoidoscopy every 5 years, fecal occult blood test, double-contrast barium enema every 5 years, virtual colonoscopy every 5 years (Swearingen & D, 2019). Preventions of colorectal cancer include: regular screenings, maintain healthy weight, adopt physical activity lifestyle, consume healthy diet, and limit alcohol (Swearingen & D, 2019).

Treatments: surgical resection to remove the tumor, radiation is an option, chemotherapy may be recommended, and some studies have shown that NSAIDs decrease the number of polyps and even the size of them. They are not used as preventive measures against colorectal cancer yet.

Pathophysiology References (2) (APA):

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

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

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
RBC	4.5-6.3	UNK	3.9	GI blood loss from colon cancer Iron deficiency anemia
Hgb	14-18	UNK	11.4	Deficient number of RBC's result in a lowered Hgb count
Hct	41-51	UNK	36.0%	Deficient number of RBC's result in a lowered Hct count
Platelets	140-440	UNK	140	N/A
WBC	4-10	UNK	15.6	Increased WBC's for a bacterial infection from pneumonia
Neutrophils	2-6.9	UNK	81.4%	Neutrophil count increase from bacterial infection (first to arrive)
Lymphocytes	0.6-3.4	UNK	1.0	N/A
Monocytes	0-8	UNK	6	N/A
Eosinophils	0-0.5	UNK	0.1	N/A
Bands	UNK	UNK	UNK	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	UNK	142	N/A
K+	3.5-5.1	UNK	4.2	N/A
Cl-	98-107	UNK	99	N/A
CO2	21-31	UNK	28	N/A

Glucose	**74-109**	**UNK**	**91**	**N/A**
BUN	**7-25**	**UNK**	**15**	**N/A**
Creatinine	**0.7-1.2**	**UNK**	**0.8**	**N/A**
Albumin	**3.5-5.2**	**UNK**	**2.0**	**Lowered from being NPO and not getting the correct nutrition**
Calcium	**8.6-10.3**	**UNK**	**9.0**	**N/A**
Mag	**UNK**	**UNK**	**UNK**	**N/A**
Phosphate	**UNK**	**UNK**	**UNK**	**N/A**
Bilirubin	**0.3-1.0**	**UNK**	**0.5**	**N/A**
Alk Phos	**40-130**	**UNK**	**60**	**N/A**

(Jane Vincent Corbett & Angela Denise Banks, 2019)

Reference:

Jane Vincent Corbett, & Angela Denise Banks. (2019). *Laboratory tests and diagnostic procedures: with nursing diagnoses.* Pearson.

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

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				**No cultures were completed for this pt.**
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				**No cultures were completed for this pt.**
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

N/A

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

- CXR- LLL consolidation
- CT of pelvis = Mass in the sigmoid colon

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

Medications (5 required)

Brand/ Generic	**Promethazine/ Anergan**	**Cefazolin/ Kefzol**	**Metronidazole/ Flagyl**	**Famotidine/ Pepcid**	**Enoxaparin/ Lovenox**
Dose	**50mg**	**1000mg**	**500mg**	**200mg**	**40mg**
Frequency	**Every 6 hours PRN (4x day)**	**Every 8 hours (3x day)**	**Every 6 hours (4x day)**	**Every 12 hours (2x day)**	**Every Day (1x day)**
Route	**IV/IM**	**IVPB**	**IVPB**	**IVPB**	**SQ**
Classification	**Antiemetic**	**Antibiotic**	**Antiprotozoal**	**Antiulcer agent**	**Anticoagulant**
Mechanism of Action	**Promethazine prevents motion sickness, nausea, and vertigo by acting centrally on medullary chemoreceptive trigger zone and by decreasing vestibular stimulation and labyrinthine function in the inner ear.**	**Interferes with bacterial cell wall synthesis by inhibiting the final step in the cross-linking of peptidoglycan strands.**	**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.**	**An H2-receptor antagonist reduces HCL formation by preventing histamine from binding with H2 receptors on the surface of parietal cells.**	**By binding with antithrombin III, enoxaparin rapidly binds with and inactivates clotting factors (primarily factor Xa and thrombin.)**
Reason Client Taking	**To prevent nausea**	**Nosocomial pneumonia**	**To treat systemic anaerobic infections caused by Clostridium difficile**	**To provide short-term treatment of active duodenal ulcer**	**To prevent DVT**

Contraindications (2)	**Hypersensitivity or history of idiosyncratic reaction to promethazine, pyloroduodenal obstruction**	**Hypersensitivity to cefazolin, other cephalosporins or their components**	**Hypersensitivity to metronidazole or other components, disulfiram use within past 2 weeks**	**Hypersensitivity to famotidine, other H2-receptor antagonists, or their components**	**Active major bleeding, pork products or their components**
Side Effects/ Adverse Reactions (2)	**Anorexia, cholestatic jaundice**	**Hepatic dysfunction, abdominal pain**	**Hepatic failure or hepatotoxicity, pancreatitis**	**Hepatitis, nausea**	**Cholestatic and hepatocellular liver injury, hematemesis**

(2020 Nurse's drug handbook., 2020).

Medications Reference (APA):

2020 Nurse's drug handbook. (2020). Jones and Bartlett learning.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**A/O X3 to person, place, and time** **No distress** **Well-groomed and appropriately dressed for the place (after surgery)**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☒ N ☐** **Type:**	 **Pink** **Dry** **Normal** **Good (No tinting)** **N/A** **N/A** **Clean dry intact** **Mild Risk (18)** **JP (Jackson-Pratt)**
HEENT: **Head/Neck:**	**Symmetrical and lymph nodes are not**

Ears: **Eyes:** **Nose:** **Teeth:**	**palpable** **TM pearly gray, symmetrical** **PERRAL** **Symmetrical, no deviation or turbinates** **No decay, moist, pink, and intact**
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:**	 **Normal, present with S1 and S2, no murmurs, no gallops or rubs in S3 or S4.** **Regular** **Strong and equal** **Less than 3** **N/A**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Coarse crackles present in lower left lobe** **Wheezes present in right middle lobe** **Pt is on 2 Liters of oxygen by nasal cannula**
GASTROINTESTINAL: **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: 14** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: N/A**	 **Regular** **NPO** **72in** **80Kg** **Hypoactive present in all 4 quadrants** **3/11/2020 morning before surgery** **Light palpable- pain** **N/A** **Abdominal clean dry/intact (stoma stitches are approximating well)** **N/A** **JP it was serosanguineous** **N/A**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒**	 **Clear amber** **Clear/Dark** **350mL output**

Inspection of genitals: **Catheter: Y ☒ N ☐** **Type: Foley** **Size: 12**	**Normal**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: High Risk (60)** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	 **Good to all extremities** **Walker** **Weak bilaterally** **Two assists** **No** **Yes- 2 people w/walker** **Yes- 2 people w/walker**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 **Weak both legs and arms** **A/O X3** **Clear** **Alert** **A/O X3**
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):**	 **Fiancée** **Appropriate** **N/A** **Pt's fiancée is by his side while in the hospital after surgery. Pt lives with fiancée. Has good support system.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0900	**90 beats per minute**	**144/82 mmHg**	**24 breathes per minute**	**37.7 °C (99.86 °F)**	**92% NC 2L oxygen**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900	**0 to 10 Numeric**	**Abdominal Sacrum Deep Breathing**	**5 out of 10**	**Burning Nausea**	**Turned pt to right side, cleared NG tube, PCA pump, spirometer**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
NPO **Total: 1750mL** **IV: 125mL/hr (8hr shift, 1L or 1000mL)** **Cefaolin: 500mL by IVPB every 8 hr** **Metronidazole: 250mL IVPB every 6 hr**	**Total: 1050mL** **NG Tube: 600mL out (emesis)** **350mL out of urine** **10mL colostomy (Pure blood)** **90mL JP Drain**

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

1. Decreased Sexual Function	**Related to the colorectal resection and having a colostomy bag placed as evidence by: "My fiancée will not look at me the same way again."**	**1.Assess the pt for impact of diagnosis and treatment on the pt's sexual functioning and self-concept** **2.Assess the pt's readiness to discuss sexual concerns**	**Goal Met. Pt was more interactive with fiancée.** **Goal partially met. Pt is still not ready to talk about sexual concerns.**
2. Potential for Nosocomial Pneumonia	**Related to having colorectal surgery and being in a bed as evidence by: "I am unable to turn by myself in bed."**	**1. Assess the pt to see if he is at increased risk for aspiration** **2.Advise the pt to quit smoking during preoperative and postoperative periods. Refer to a quit smoking program or provide nicotine replacement therapy.**	**Goal met. NG tube was still placed properly.** **Goal partially met. Pt has not smoked since the surgery.**

(Swearingen & D, 2019).

Other References (APA):

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

Concept Map (20 Points)

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Subjective Data

Patient stated, “His pain is a 5 out of 10 on the scale and that he did not get any help from the staff on 3/11/2020 during the nighttime hours when he asked for the help.”

Nursing Diagnosis/Outcomes

1. Decreased Sexual Function related to the colorectal resection and having a colostomy bag placed as evidence by: “My fiancée will not look at me the same way again.”
   - Goal Met. Pt was more interactive with fiancée.
   - Goal partially met. Pt is still not ready to talk about sexual concerns.

2. Potential for Nosocomial Pneumonia related to having colorectal surgery and being in a bed as evidence by: “I am unable to turn by myself in bed.”
   - Goal met. NG tube was still placed properly.
   - Goal partially met. Pt has not smoked since the surgery.

Objective Data

Client’s chief complaint is sacrum and abdominal pain, pressure, and nausea all night from six o’clock yesterday (3/11/2020). He is diagnosed with colorectal cancer.
Vitals:
BP: 144/82 mmHg
RR: 24 breaths per minute
Temp: 37.7℃ (99.86℉)
SpO2%: 92% NC (2L of oxygen)
Abnormal Labs: RBC, Hgb, Hct, and albumin are too low. Neutrophils and WBC are too high.

Patient Information

A 55-year-old male with a history of tonsils being removed at the age of 6, father side with colorectal cancer, no known problems on mother’s side, Pt reports use of tobacco (smoking) two packs a day for 30 years. Reports use of alcohol (beer) a case (24-pack) a week.

Nursing Interventions

1.Assess the pt for impact of diagnosis and treatment on the pt’s sexual functioning and self-concept

2. Assess the pt’s readiness to discuss sexual concerns

3. Assess the pt to see if he is at increased risk for aspiration

4. Advise the pt to quit smoking during preoperative and postoperative periods. Refer to a quit smoking program or provide nicotine replacement therapy.

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