

N311 Care Plan # 1

Lakeview College of Nursing

Ruva Mutopo

Demographics (5 points)

| | | | |
|-----------------------------------------------|---------------------------------|---------------------------------|-------------------------|
| Date of Admission 08/01/2020 @ 0500 | Patient Initials J. J | Age 03/15/1942 78y/o | Gender Female |
| Race/Ethnicity African American | Occupation Retired | Marital Status Single | Allergies NKA |
| Code Status DNR | Height 67 in | Weight 156 lb. | |

Medical History (5 Points)

Past Medical History: Congestive Heart Failure and Diabetes

Past Surgical History: Angioplasty at age 58 approx. 03/2000

Family History: Mother: Diabetes

Father: Coronary Heart Disease

Siblings: Diabetes

Social History (tobacco/alcohol/drugs): Lives alone, reports previous tobacco and alcohol use during 20s and 30s, no drug use

Admission Assessment

Chief Complaint (2 points): Dysuria, dyspnea and suprapubic pain

History of present Illness (10 points): Onset: At approximately 0500 on August 1st, client JJ was admitted into the emergency department for urosepsis.

Location: She is experience suprapubic pain and painful, difficult urination

Duration: She says the urination pain started about a three days ago, consistent suprapubic pain also started three days ago

Characteristics: Client says urination feels like a burning sensation and her suprapubic is radiating

N311 Care Plan

Associating: Along with her pain, client is experiencing fever, chills, dyspnea and confusion. No aggravating factors

Relieve: Reports taking Tylenol

Treatment: She has not sought out treatment previously

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Urosepsis

Secondary Diagnosis (if applicable): Diabetes

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

The urinary tract is a sterile environment that starts from the kidneys and expels waste through the urethra. Normal urine has no bacteria and the one-way flow aids in preventing infection (Urology Health, 2019). New bacteria or obstruction of flow can disrupt this sterile environment. Women are at higher risk for a UTI than men because of how close the proximity the rectum is to the urethra. Approximately 50% of all women will have a UTI at least once in their life. The most common bacteria that causes a UTI is Escherichia coli, it is seen in about 75% to 90% of UTI cases. E. coli is commonly transmitted from the bowel to urethra. Urine can easily become a site of growth for this bacteria and others like Streptococci, Staphylococcus epidermiditis and Klebsiella. These bacteria tend to change the pH of urine and can ultimately travel up to infect the kidneys (Capriotti, T, 2016).

Obstruction of flow can be influenced by suppression of urination, sexual intercourse, catheters. Thus, making it all the more likely to acquire an infection. Lifestyle is also a factor, improper perineal care, tight clothing and irritating bath produces or spermicides aid in getting an infection. Bacteremia causes a more serious complication of UTI, called Urosepsis. Elderly

N311 Care Plan

individuals especially with catheters and those with compromised immune system are more susceptible to infection. A client may endure symptoms of frequency, painful urination, urgency, and bloody urine. When we see these signs and symptoms a health care professional will perform a urinalysis and urine culture. The lab results will show red blood cells, positive white blood cells and leukocyte esterase and nitrites. The culture results will show a large number of bacteria that is significant enough for an infection (Capriotti, T, 2016).

Treatment includes an antibiotic, usually specified from the urine culture. My client's culture came back as positive with E. coli. We were then able to administer the right kind of antibiotic to her. We could also suggest a nonpharmaceutical treatment to her such as cranberry juice. It is believed that cranberry juice can decrease the risk of UTI because it lessens the adherence of bacteria to the bladder wall.

Pathophysiology References (2) (APA):

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

Urology Health. (2019, April). *What is a Urinary Tract Infection (UTI) in Adults?* Retrieved from <https://www.urologyhealth.org/urologic-conditions/urinary-tract-infections-in-adults>

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 | 3.90 – 5.03 million/mm ³ | 4.8 million/mm ³ | | |
| Hgb | 12.0 – 15. g/dL | 11.3 g/dL | | Blood loss, especially from her urine |
| Hct | 35.5% - 44.9% | 33% | | Large number of WBC due to her infection |
| Platelets | 157,000 - 371,000 /mm ³ | 220,000/mm ³ | | |
| WBC | 3,400 to 9,600 /mm ³ | 13,000/mm ³ | | Because of infection |
| Neutrophils | | | N/A | |
| Lymphocytes | | | N/A | |
| Monocytes | | | N/A | |
| Eosinophils | | | N/A | |
| Bands | | | 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 | 135 mEq/L | | |
| K+ | 3.5 – 5.1 | 4.4 mEq/L | | |
| Cl- | 100 -110 | 100 mEq/L | | |
| CO2 | | N/A | | |
| Glucose | 70 - 100 | 92 mg/dL | | |
| BUN | 8- 20 | 21 mg/dL | | Urinary tract obstruction |

N311 Care Plan

| | | | | |
|-------------------|-------------------|------------------|--|--|
| Creatinine | 0.5 – 1.2 | 1.0 mg/dL | | |
| Albumin | 3.2 – 4.8 | 3.2 mg/dL | | |
| Calcium | 8.5 - 10.5 | 9 mg/dL | | |
| Mag | | N/A | | |
| Phosphate | | N/A | | |
| Bilirubin | | N/A | | |
| Alk Phos | | 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 | Clear & Light Yellow | Slight amber & Cloudy | | Inflammation of the urethra causes cloudy |
| pH | 4.5 – 7.8 | 5.6 | | |
| Specific Gravity | 1.003 – 1.030 | 1.039 | | Dehydration |
| Glucose | negative | negative | | |
| Protein | 0 | 2 mg/dL | | Released by kidney, because of diabetes or kidney disorder |
| Ketones | Negative | negative | | |
| WBC | >5 | 10 | | Sign of infection |
| RBC | >3 | 4-6 | | Sign of infection or irritation to urinary tract |
| Leukoesterase | Negative | positive | | White blood cells in the urine |

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 Bacteria present | E. Coli | | E. Coli is typically found in the bowel and can travel to the urethra |
| Blood Culture | | N/A | | |
| Sputum Culture | | N/A | | |
| Stool Culture | | N/A | | |

Lab Correlations Reference (APA):

American College of Physicians. (n.d.). *Normal Lab Values*. PDF.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): no diagnostic imaging was needed

Current Medications (10 points, 2 points per completed med)

5 different medications must be completed

Medications (5 required)

| | | | | | |
|-----------------------|----------------------------|--------------------------------|--------------------------------|---------------------------|-----------------------------|
| Brand/Generic | Glyburide (Diabeta) | Levofloxacin (Levaquin) | Acetaminophen (Tylenol) | Lorazepam (Ativan) | Lactated Ringer's IV |
| Dose | 2.5 mg | 250 mg | 325 mg | 2 mg | 1000 ml |
| Frequency | daily | Every 12 hr. | PRN | Every 6 hr. | 30 mL/hr. |
| Route | PO | IV | PO | PRN | IV |
| Classification | Sulfonylur | fluoroquinolo | Analgesics | Benzodiazep | Water and |

| | | | | | |
|-------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| | eas | nes | | ines | Electrolytes |
| Mechanism of Action | Causes the pancreas to produce insulin and helps the body to use insulin efficiently | An antibiotic that stops the growth of bacteria in an infection | It interferes with pain messages sent to the brain from nerve endings | Balances out the chemicals in the brain | It restores fluid and electrolyte balances, produces diuresis and acts as an alkalizing agent |
| Reason Client Taking | Treats type 2 diabetes | To treat Urosepsis | if fever greater than 100 F and for pain | For agitation and restlessness | IV therapy |
| Contraindications (2) | Low blood sugar or alcoholism | Low blood sugar or Low potassium in the blood | Breast feeding or liver problems | Hypersensitivity to benzodiazepines, coma or sleep apnea | Newborns, not at the same time with calcium containing solutions, and clients with hypersensitivity to sodium lactate |
| Side Effects/Adverse Reactions (2) | Seizures or any signs of an infection | Tendinitis, tendon rupture | Allergic reaction: rash, itch swelling or severe dizziness | Hives, difficulty breathing, swelling of face, lips tongue or throat | Immune system, metabolic, administration site disorders, as well as hypersensitivity and edema |

Medications Reference (APA): webmd.com

Prescription Drug Information, Interactions & Side Effects. (n.d.). Retrieved March 15, 2020, from <https://www.drugs.com/>

WebMD Drugs & Medications - Medical information on prescription drugs, vitamins and over-the-counter medicines. (n.d.). Retrieved March 15, 2020, from <https://www.webmd.com/drugs/2/index?show=drugs>

Assessment

Physical Exam (18 points)

| | |
|--------------------------------------|--------------------------------------------------|
| GENERAL: Alertness: | Alert and oriented x2 to person and place |
|--------------------------------------|--------------------------------------------------|

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Orientation: Distress: Overall appearance:</p> | <p>Does not appear to be in distress Client appears sweaty</p> |
| <p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p> | <p>Pink Normal Warm +2 None None None 20</p> |
| <p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p> | <p>Symmetrical, no bumps or lesions. Trachea is midline. Lymph nodes are nonpalpable No bumps or lesions, no discharge, healthy cerumen and TM is a pearly grey No abnormalities seen in lids, sclera, conjunctiva and cornea. PERRLA. Normal EOM, and vision with glasses No deviation or abnormalities and sinuses are not tender No lesions or bumps. Mouth is pink and moist</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>Normal S1 and S2 sounds with no presence of gallops or murmurs. Cap refill is less than 3 to 5 seconds</p> |
| <p>RESPIRATORY: Accessory muscle use: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p> | <p>Pt has abnormal lung sounds; crackles – fluid in her lungs</p> |
| <p>GASTROINTESTINAL: Diet at home:</p> | <p>Low sodium diet</p> |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p> | <p>5'5" 168 lb. Soft clicks and gurgles heard in each quadrant Two nights ago No abnormalities, pain or tenderness palpated or seen</p> |
| <p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input checked="" type="checkbox"/> N <input 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: Indwelling Size: 14 Fr</p> | <p>Slightly amber Cloudy 100 mL Genitals appear normal</p> |
| <p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" 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>Normal Rom No supportive devices needed Strength in upper and lower extremities</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"/></p> | |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Orientation: Mental Status: Speech: Sensory: LOC: | Oriented to person and place Confused as to why and time Normal speech patterns Alert and Responsive Alert and Oriented x2 |
| 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): | Neighbor Mature Baptist and its very important to her Lives alone, partner died 3 years ago, doesn't have kids, siblings live far away |

Vital Signs, 1 set (5 points)

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|------|-------|--------|-----------|--------|--------|
| 0500 | 96 | 136/76 | 24 | 99.4 F | 91% |

Pain Assessment, 1 set (5 points)

| Time | Scale | Location | Severity | Characteristics | Interventions |
|------|---------------------|------------|----------|-----------------|---------------|
| 0645 | Numerical 0 - 10 | Suprapubic | 6/10 | Radiating | Tylenol |

Intake and Output (2 points)

| Intake (in mL) | Output (in mL) |
|----------------|-------------------------|
| 2300 IV | 100 Indwelling Catheter |
| 60 IVPB | |

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

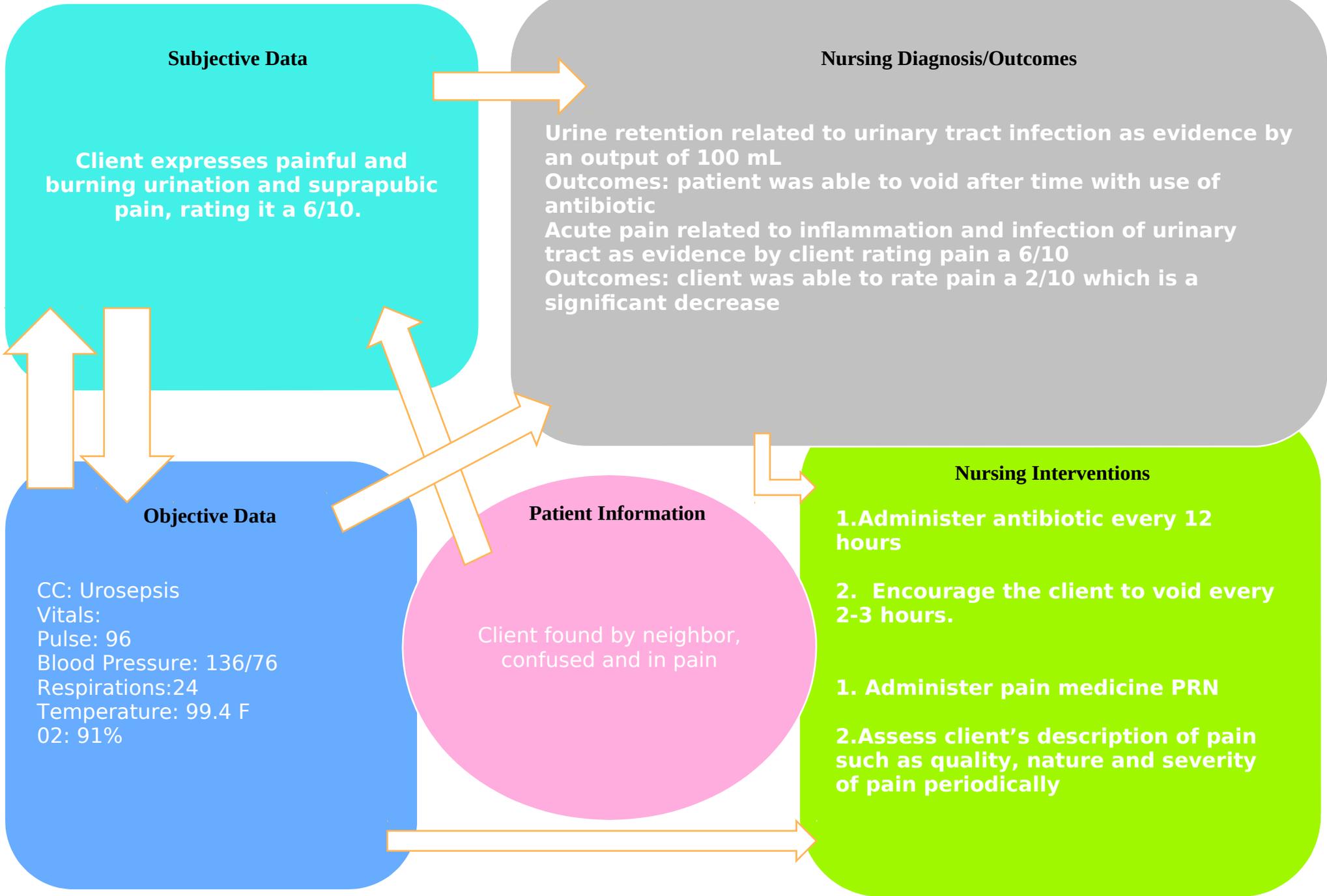
| Nursing Diagnosis | Rational | Intervention (2 per dx) | Evaluation |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Include full nursing diagnosis with | <ul style="list-style-type: none"> Explain why the nursing | | <ul style="list-style-type: none"> How did the patient/family respond |

N311 Care Plan

| | | | |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>“related to” and “as evidenced by” components</p> | <p>diagnosis was chosen</p> | | <p>to the nurse’s actions?</p> <ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan. |
| <p>1. Urinary Retention</p> | <p>Related to urinary tract infection as evidence by an output of 100 mL</p> | <p>1.Administer antibiotic every 12 hours</p> <p>2. Encourage the client to void every 2-3 hours.</p> | <p>Goal was met by patient eventually being able to void urine</p> |
| <p>2. Acute Pain</p> | <p>Related to inflammation of urinary tract and infection as evidence by client rating pain a 6/10</p> | <p>1. Administer pain medicine PRN</p> <p>2.Assess client’s description of pain such as quality, nature and severity of pain periodically</p> | <p>Goal was met because patient now rated pain significantly low as a 2 and appears to be dis</p> |

Other References (APA):

Concept Map (20 Points):



N311 Care Plan

N311 Care Plan