N321 Care Plan # 2

Lakeview College of Nursing

Kaytlynn Roberts

23 March 2020

Demographics (3 points)

Date of Admission 3/20/2020	**Patient Initials** MK	**Age** 27	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Elementary School Teacher	**Marital Status** Married	**Allergies** Sulfa drugs
Code Status Full code	**Height** 160 cm	**Weight** 80 kg	

Medical History (5 Points)

Past Medical History: Past: Pregnancy-induced hypertension. **Ongoing**: Rheumatoid arthritis, and anemia.

Past Surgical History: Cesarean section, Lithotripsy

Family History: Patients mother and father both have diabetes. Patients father has had a myocardial infarction.

Social History (tobacco/alcohol/drugs): Patient has never been a smoker and denies substance abuse. Patient is an occasional drinker and will have a drink 1-2 times per month.

Assistive Devices: None needed.

Living Situation: Lives at home with husband and daughter.

Education Level: Bachelor's degree in elementary education.

Admission Assessment

Chief Complaint (2 points): Generalized pain, states she is "not feeling well".

History of present Illness (10 points): 27-year-old presenting with generalized pain. Patient states that she is "not feeling well". Patient is a marathon runner and is training to beat her personal best at this next race. She states that she has ran over 50 miles in the past 3 days. Patient has no aggravating or alleviating factors.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Rhabdomyolysis

Secondary Diagnosis (if applicable): NA

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

According to an article on NCBI, “Rhabdomyolysis is a complex medical condition involving the rapid dissolution of damaged or injured skeletal muscle. This disruption of skeletal muscle integrity leads to the direct release of intracellular muscle components, including myoglobin, creatine kinase (CK), aldolase, and lactate dehydrogenase, as well as electrolytes, into the bloodstream and extracellular space” (Torres et al., 2015, para. 1). Rhabdomyolysis can be caused by drug abuse, trauma, sepsis, muscular disease, and immobilization (Torres et al., 2015). My patient has a past and ongoing history of rheumatoid arthritis which increased her risk of developing rhabdomyolysis.

The hallmark sign in Rhabdomyolysis is myoglobinuria, which is tea-colored urine (Torres et al., 2015). The patient can also present with myalgia, weakness, tachycardia, fever, nausea, and vomiting, but many patients will present asymptomatic (Torres et al., 2015).

When diagnosing a patient with rhabdomyolysis, is the elevation of creatinine is a major indicator (Torres et al., 2015). My patient has a creatinine level of 1.67 mg/dL. Myoglobin levels are also helpful in diagnosing rhabdomyolysis but can result in false positives (Torres et al., 2015). It is also important to complete a physical examination in order to look for physical clues of the disease including muscle pain, weakness, and trouble moving extremities (Rhabdomyolysis, 2019). My patient presented with generalized pain. The full assessment of the patient was within normal limits.

According to the article on NCBI, the labs that are going to be affected include myoglobin, creatinine, aldolase, lactate dehydrogenase, and electrolytes (Torres et al., 2015). My patient has electrolyte and fluid imbalances which can be seen in her lab values. The patient's potassium and creatine kinase are elevated.

When it comes to treating rhabdomyolysis, one of the most important goals of treatment is to avoid acute kidney injury (Torres et al., 2015). In the beginning the treatment is mainly supportive and management of patient's ABCs (airway, breathing, circulation). Patients who are treated for rhabdomyolysis require vigorous rehydration (Torres et al., 2015).

Some complications that can occur from rhabdomyolysis are compartment syndrome, acute kidney injury, hypovolemia, hyper/hypocalcemia, hyperphosphatemia, hyperkalemia, and disseminated intravascular coagulation (Torres et al., 2015). My patient has hyperkalemia with a serum level of 5.5 mmol/L.

Pathophysiology References (2) (APA):

Rhabdomyolysis: Symptoms, Causes, and Treatments. (2019, March 13). Retrieved from https://www.webmd.com/a-to-z-guides/rhabdomyolysis-symptoms-causes-treatments#1

Torres, P. A., Helmstetter, J. A., Kaye, A. M., & Kaye, A. D. (2015). Rhabdomyolysis: pathogenesis, diagnosis, and treatment. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4365849/

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 (3/20/20)	Most Recent Value	Reason for Abnormal Value
RBC	**3.80-5.41 mcl**	NA	NA	NA
Hgb	**11.3-155.2 g/dL**	8.8 g/dL Low	NA	My patient has a past and ongoing medical history anemia. "Anemia is when the body does not make enough hemoglobin, or the hemoglobin doesn't function properly (Low Hemoglobin Possible Causes, 2015, para. 1).
Hct	**33.2-45.3%**	NA	NA	NA
Platelets	**149-393 k/mcl**	NA	NA	NA
WBC	**4.0-11.7 k/mcl**	7.4 k/mcl	NA	NA
Neutrophils	**45.3-79.0%**	NA	NA	NA
Lymphocytes	**11.8-45.9%**	NA	NA	NA
Monocytes	**4.4-12%**	NA	NA	NA
Eosinophils	**0.0-6.3%**	NA	NA	NA
Bands	**0.0-5.0%**	NA	NA	NA

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 (2/17)	Reason For Abnormal
Na-	**135-145 mmol/L**	NA	NA	NA
K+	**3.5-5.0 mmol/L**	5.5 mmol/L High	NA	Hyperkalemia is a complication that can occur from rhabdomyolysis (Torres et al., 2015).

Cl-	**98-106 mmol/L**	NA	NA	NA
CO2	**21-31 mmol/L**	NA	NA	NA
Glucose	**74-109 mg/dL**	86 mg/dL	NA	NA
BUN	**7-25 mg/dL**	10 mg/dL	NA	NA
Creatinine	**0.50-0.90 mg/dL**	1.67 mg/dL High	NA	My patient is dehydrated. My patient was also diagnosed with rhabdomyolysis and elevated CK is the golden diagnostic (Torres et al., 2015).
Albumin	**3.5-5 g/dL**	NA	NA	NA
Calcium	**9.0-10.5 mEq/dL**	NA	NA	NA
Mag	**1.3-2.1 mEq/L**	NA	NA	NA
Phosphate	**2.5-4.5 mg/ dL**	NA	NA	NA
Bilirubin	**0.3-1 mg/dL**	NA	NA	NA
Alk Phos	**35-105 units/L**	NA	NA	NA
AST	**0.0-32 units/L**	NA	NA	NA
ALT	**4-33 units/L**	NA	NA	NA
Amylase	**30-220 units/L**	NA	NA	NA
Lipase	**0.0-160 units/L**	NA	NA	NA
Lactic Acid	**0.5-1 mmol/L**	NA	NA	NA
Troponin	**0-0.4 ng/mL**	NA	NA	NA
CK-MB	**3-5%**	NA	NA	NA
Total CK	**22-198 u/L**	3568 u/L High	NA	My patient is dehydrated. My patient was also diagnosed with rhabdomyolysis and elevated CK

				is the golden diagnostic (Torres et al., 2015).

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	Most Recent Value (2/14)	Reason for Abnormal
INR	**0.8-1.1**	NA	NA	NA
PT	**11-12.5**	NA	NA	NA
PTT	**30-40 seconds**	NA	NA	NA
D-Dimer	**<0.4 mcg/mL**	NA	NA	NA
BNP	**0.5-30 pg/mL**	NA	NA	NA
HDL	**>55 mg/dL**	NA	NA	NA
LDL	**<130 mg/dL**	NA	NA	NA
Cholesterol	**50-60 mg/dL**	NA	NA	NA
Triglycerides	**35-135 mg/dL**	NA	NA	NA
Hgb A1c	**4-5.9%**	NA	NA	NA
TSH	**0.4-4.2 mU/L**	NA	NA	NA

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	**Yellow/clear**	NA	NA	NA
pH	**5.0-8.0**	NA	NA	NA
Specific Gravity	**1.005-1.035**	NA	NA	NA
Glucose	**Normal**	NA	NA	NA

Protein	**Negative**	NA	NA	NA
Ketones	**Negative**	NA	NA	NA
WBC	**>5**	NA	NA	NA
RBC	**0-3**	NA	NA	NA
Leukoesterase	**Negative**	NA	NA	NA

Arterial Blood Gas Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Most Recent Value (2/14)	Explanation of Findings
pH	7.35-7.45	NA	NA	NA
PaO2	80-100 mmHg	NA	NA	NA
PaCO2	35-45 mmHg	NA	NA	NA
HCO3	21-28 mEq/L	NA	NA	NA
SaO2	95-100%	NA	NA	NA

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	Negative	NA	NA	NA
Blood Culture	Negative	NA	NA	NA
Sputum Culture	Negative	NA	NA	NA
Stool Culture	Negative	NA	NA	NA
Wound Culture	Negative	NA	NA	NA

Lab Correlations Reference (APA):

Ball, B. S., DiStasi, A., Henry, N. J. E., Holman, H. C., Johnson, J., Lemon, T., McMichael, M. (2016). *Rn adult medical surgical nursing: review module*. Assessment Technologies Institute.

Low Hemoglobin Possible Causes. (2015). Retrieved from https://my.clevelandclinic.org/health/symptoms/17705-low-hemoglobin/possible-causes

Torres, P. A., Helmstetter, J. A., Kaye, A. M., & Kaye, A. D. (2015). Rhabdomyolysis: pathogenesis, diagnosis, and treatment. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4365849/

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest x-ray and EKG.

Diagnostic Test Correlation (5 points): Patient underwent chest x-ray in order to rule out “fluid in or around your lungs, enlarged heart, blood vessel problems, congenital heart disease, and calcium build-up in the heart or blood vessels” (Beckerman, 2018, para. 2). The results were negative for any acute abnormalities. Patient underwent an EKG in order to confirm normal “heart rate, rhythm and to rule out signs of a myocardial infarction, or structural abnormalities” (Electrocardiogram (ECG or EKG), 2019, para. 3). The results showed normal sinus rhythm (NSR) and no noted abnormalities.

Diagnostic Test Reference (APA):

Beckerman, J. (2018, August 1). Chest X-Ray for Diagnosing Heart Disease, Lung Cancer, and

More. Retrieved from https://www.webmd.com/heart-disease/guide/diagnosing-chest-x-ray

Electrocardiogram (ECG or EKG). (2019, February 27). Retrieved from https://www.mayoclinic.org/tests-procedures/ekg/about/pac-20384983

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

Brand/ Generic	**Claritin/ Loratadine**	**Vynatal/ Prenatal vitamin**	**Vidaza/ Azathioprine**	**Plaquenil/ Hydroxychloroquine**	**Folvite/ Folic acid**
Dose	10 mg	2 chewable gummies	50 mg	200 mg	1 mg
Frequency	Daily	Daily	Daily	Daily	Daily
Route	PO	PO	PO	PO	PO
Classification	Antihistamines	Multivitamin	Antineoplastic	Antimalarials/ Immunosuppressants	Vitamins, Water-soluble
Mechanism of Action	Long-acting tricyclic antihistamine (Jones & Bartlett Learning, 2019).	Consist of multiple vitamins that are essential for fetus development (Jones & Bartlett Learning, 2019).	Hypomethylation of DNA and direct cytotoxic effect on abnormal cells in bone marrow (Jones & Bartlett Learning, 2019).	Mechanism is unknown but it does increases pH (Jones & Bartlett Learning, 2019).	Necessary for formation of coenzymes in metabolic systems; stimulates platelet production in folate deficiency anemia (Jones & Bartlett Learning, 2019).
Reason Client Taking	This medication is used to treat allergic rhinitis. My patient is using this medication to help alleviate her allergies.	Used to provide the additional vitamins that are needed during pregnancy.	This medication can be used to help treat anemia. My patient has a medical history of anemia.	This medication is used to relieve symptoms of rheumatoid arthritis. My patient has a medical history of rheumatoid arthritis.	This medication is used for a nutritional supplementation in patients with anemia. My patient has a medical

					history of anemia.
Contraindications (2)	Hypersensitivity is a contraindication. This contraindication does not pertain to my patient.	Low-salt diets and coadministration of two different prenatal vitamins at once. These contraindications do not pertain to my patient.	Hypersensitivity and pregnancy/lactation are contraindications. These contraindications do not pertain to my patient.	Hypersensitivity and retinal/visual field changes are contraindications. These contraindications do not pertain to my patient.	Hypersensitivity is a contraindication. This contraindication does not pertain to my patient.
Side Effects/ Adverse Reactions (2)	Headache and drowsiness may occur.	Upset stomach or headache may occur.	Nausea and anemia may occur.	Nausea and vomiting may occur.	Flushing and nausea may occur.
Nursing Considerations (2)	(1) Use caution in patients with renal or hepatic impairment. (2) Monitor patient for drowsiness.	(1) Monitor for hypersensitivity reaction. (2) An overdose can cause injury to the fetus.	(1) Monitor for hepatotoxicity (2) Thoroughly monitor hematologic response	(1) Should be prescribed by experienced physician familiar with complete contents of package insert. (2) Patients are prone to dermatitis outbreaks.	(1) May mask anemia at dosages >0.1 mg/day. (2) Vials must be protected from heat and light.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor liver and kidney function.	Check minerals and H&H.	Monitor liver enzymes, and CBC.	Monitor CBC, BUN, Cr, AST, and ALT.	Monitor folic acid level.
Client Teaching needs (2)	(1) Excreted in breast milk; avoid. (2) Swallow the tablet whole`1.	(1) Patient should take as prescribed. (2) Take with a full glass of water.	(1) Patient should not become pregnant while on this drug. (2) Take with food if it causes stomach upset.	(1) Take with a meal or a glass of milk. (2) Stay compliant with medication and take full course.	(1) Use regularly and at the same time each day. (2) Take with a full glass of water.

Hospital Medications (5 required)

Brand/ Generic	**Normal Saline/ Sodium chloride injection**	**Sodium Chloride (NaCl)**	**Kayexalate/ Sodium polystyrene sulfonate**	**Tylenol / Acetaminophen**	**Colace/ Docusate**
Dose	250 mL	1 tablet	30 g	650 mg	100 mg

Frequency	Hourly	Daily	Once	Every 6 hrs. PRN	BID, PRN
Route	IV	PO	PO	PO	PO
Classification	Nonpyrogenic solution	Salt	Potassium Binders	Analgesic	Laxatives. Stool softener
Mechanism of Action	This solution helps replenish our fluids and electrolytes (Jones & Bartlett Learning, 2019).	Electrolyte that regulates amount of water in the body. If unregulated the body will send nerve impulses and muscle contractions (Jones & Bartlett Learning, 2019).	Cation exchange resin, sodium ions partially released from polystyrene and replaced by potassium (Jones & Bartlett Learning, 2019).	Acts on hypothalamus to produce antipyresis (Jones & Bartlett Learning, 2019).	Surfactant laxative, reduced tension of oil-water interface of the stool (Jones & Bartlett Learning, 2019).
Reason Client Taking	This is used to replenish fluids and electrolytes. My patient is dehydrated, and some electrolytes are slightly altered.	This medication is used to treat or help prevent sodium loss. My patient is dehydrated. (Creatinine: 1.67 mg/dL)	This medication is used to treat hyperkalemia. My patient has hyperkalemia, and this is being used to help reduce serum potassium level	This medication is used as an analgesia and fever reducer. My patient reported generalized pain rated a 6/10 and was administered medication to manage pain.	This medication is used to help relieve constipation. My patient has hyperkalemia, and this is being used to help reduce serum potassium level.
Contraindications (2)	Congestive heart failure and hypernatremia are contraindications. These contraindications do not pertain to my patient.	Dehydration and high levels of potassium in the blood. My patient is dehydrated and has increased serum potassium.	Hypokalemia and obstructive bowel disease are contraindications. These contraindications do not pertain to my patient.	Hypersensitivity and severe acute liver disease are contraindications. These contraindications do not pertain to my patient.	Nausea, vomiting and acute abdominal pain are contraindications. These contraindications do not pertain to my patient.
Side Effects/ Adverse Reactions (2)	Fever and site irritation may occur.	Extreme thirst and fatigue may occur.	GI disturbance and nausea may occur.	Dizziness and disorientation may occur.	Bloating and cramping may occur.
Nursing Considerations	(1) Used to replace fluid	(1) Maintain fluid and electrolyte	(1) Best when used in non-life-	(1) Hypersensitivity	(1) May cause electrolyte

(2)	loss, monitor input and output closely. (2) Use caution in cardiac or renal disease.	balance. (2) Monitor for adverse effects.	threatening hyperkalemia. (2) Hypokalemia may occur.	and anaphylactic reactions reported. (2) Limit dose from all sources and routes <4 g/day in adults.	imbalance. (2) Ask patient if they are using any other form of mineral oil
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Check electrolytes and monitor for edema in extremities. Also monitor renal function.	Monitor CBC, serum sodium and all other electrolytes.	Monitor serum potassium and all electrolytes.	Monitor AST and ALT. Also monitor for toxicity.	Monitor serum electrolytes and glucose.
Client Teaching needs (2)	(1) Educate client on S/S of infection at the site. (2) Remind client to change positions slowly.	(1) Take without food if possible. (2) You may dissolve the tablet in water and drink.	(1) May cause constipation. (2) Use the medication exactly as directed.	(1) Limit dose from all sources and routes <4 g/day in adults. (2) Do not take if you have had three or more alcoholic beverages.	(1) Excessive use may result in dependence. (2) Contact PCP if bowel habits persist over 14 days.

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook*. Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** AOx4, oriented to person, place, time, and situation. **Distress:** **Overall appearance:**	Well nourished, no acute distress, cooperative, appropriate mood and effect. Judgement is intact.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** <3	 Intact; pink Warm and dry Oral: 36.4 C Elastic; <3

Rashes: No noted rashes **Bruises:** No noted bruises **Wounds:** No noted bruises **Braden Score:** 2: WNL, patient is not at risk for skin breakdown **Drains present: Y☐ N ☒** **Type:** None	No skin breakdown present. No drains or ports were present on this patient.
HEENT (1 point): **Head/Neck:** Non-tender, no JVD, no thyromegaly **Ears:** Ears are appropriate in size **Eyes:** PERRLA **Nose:** No noted deviated septum **Teeth:** White, oral is moist, tongue is midline.	Normocephalic, atraumatic, normal hearing, moist oral mucosa, no sinus tenderness, no nosebleeds, no oral lesion, tonsil grade 1 without erythema or exudate, uvula midline. Patient had normal pink conjunctiva and white sclera. Patient did not have dentures.
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:**	No chest pain, palpations or syncope Regular rate and rhythm S1&S2 noted No noted murmurs, gallops or rubs 3+ bilaterally LE <3 bilaterally UE No noted edema in upper and lower extremities.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breathing is regular, chest expansion symmetric, no obvious accessory muscle use. Normal in all four quadrants. Lungs are clear upon auscultation bilaterally, no crackles, wheezes, SOB, or stridor.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** 2/16/20 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	No nausea, vomit, diarrhea Normal diet Normal diet 160 cm 80 kg Present; normal/active in all four quadrants. Brown, formed consistency soft, non-tender No distension of the abdomen No noted incisions No noted scars No noted drains No noted masses or hernias

Ostomy: Y ☐ N ☒ **Nasogastric: Y ☐ N ☒** **Size:** No tube present **Feeding tubes/PEG tube Y ☐ N ☒** **Type:** No tubes present	
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	No hematuria or pain upon urination Normal; pale yellow Transparent (clear) fluid Patient voided 1750 mL in 4 hrs. This is within the 30mL/hr. range.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** None needed **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** 35 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	No back pain, neck pain, joint pain, muscle pain, or decreased ROM. Neurovascular status intact UE and LE normal range of motion. Muscle strength is 5/5 in all extremities upper and lower. WNL, patient is not a fall risk. Independent; smooth gait, no crepitus None needed, patient can walk independently None needed, patient can walk independently
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	CN II-XII intact. Sensation is intact to light, and touch. Speech is clear, follows commands, recent and remote memory intact. AOx4, oriented to person, place, time, and situation. Recent and remote memory intact Speech is clear, and follows commands Sensation is intact to light, and touch Glasgow Coma Scale – 15: alert, attentive, oriented, and obeys commands.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):**	 Not assessed

Developmental level:	College Bachelors
Religion & what it means to pt.:	Not assessed
Personal/Family Data (Think about home environment, family structure, and available family support):	Patient feels safe at home with her daughter and husband.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	76 bpm	126/68 mmHg	16 bpm	36.5 C°	98%
1100	68 bpm	118/62 mmHg	16 bpm	36.8 C°	97%

Vital Sign Trends: The vital sign trend shows that at 0700 my patient was hypertensive (126/68 mmHg). Patients' blood pressure could have been increased due to her generalized pain (6/10) also reported at 0700. All other vital signs are stable, Tylenol and interventions are working as intended.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric	Generalized	6/10	"Not feeling well."	Tylenol administered
1100	Numeric	Generalized	2/10	Generalized	No intervention used at this time.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Left: 20 gauge Right: 18 gauge	Saline lock
Location of IVs: Left AC and right hand	
Date on IVs: 3/20/2020	
Patency of IVs:	Catheters are patent, infuse w/o difficulty, flush easily, and both have good blood return.
Signs of erythema, drainage, etc.:	No erythema/phlebitis/infiltration present
IV dressings assessment:	Transparent, dry and intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Orally: 360 mL – Tea and apple juice IV: 1000 mL – Normal saline (NS)	Two bowel movements Urine: 1750 mL

Balance: -390 mL

Nursing Care

Summary of Care (2 points)

Overview of care: During my shift I did a head to toe assessment. The assessment was within normal limits. Patient was given medications to reduce her pain. Prescriber also ordered testing for the patient. Vital signs and pain assessments were obtained at 0700 and 1100.

Procedures/testing done: Chest x-ray, and EKG were completed. These were not completed during my shift.

Complaints/Issues: No complaints or issues during hospital stay.

Vital signs (stable/unstable): The vital sign trend shows that at 0700 my patient was hypertensive (126/68 mmHg). All other vital signs were stable, medications and interventions are working as intended.

Tolerating diet, activity, etc.: There was no nausea, vomiting, or diarrhea during my shift.

Physician notifications: No contact with physician throughout shift.

Future plans for patient: Patient will follow up with primary care provider in one week.

Discharge Planning (2 points)

Discharge location: Patient will be discharged to her home with her husband and daughter.

Home health needs (if applicable): None needed

Equipment needs (if applicable): None needed

Follow up plan: Patient will better manage activity and rest periods.

Education needs: Patient will be able to verbalize understanding of the importance of balancing rest and activity.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

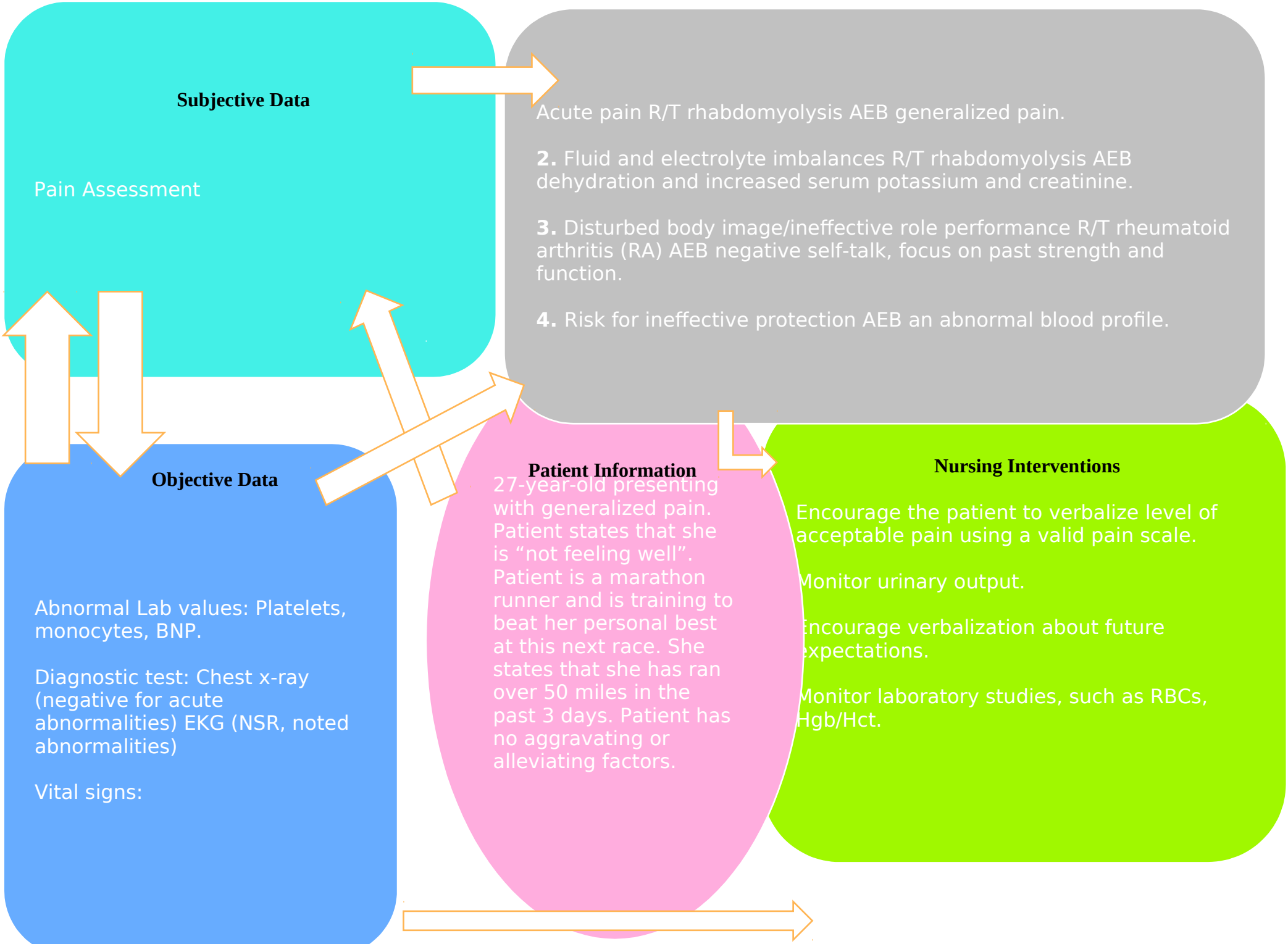
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Acute pain R/T rhabdomyolysis AEB generalized pain (Doenges, Moorhouse, Murr, 2010).	1. Patient reported generalized pain rated a 6/10 at 0700 on 03/23. 2. Patient has rhabdomyolysis which can be a painful condition.	1. Monitor vital signs. 2. Encourage the patient to verbalize level of acceptable pain using a valid pain scale.	1. The vital sign trend shows that patient was hypertensive. All other vital signs are stable 2. Patient was able to verbalize her level of pain.
2. Fluid and electrolyte imbalances R/T rhabdomyolysis AEB dehydration and increased serum potassium and creatinine (Doenges, Moorhouse, Murr, 2010).	1. Patient has an increased serum creatinine, CK, and potassium. 2. Patient shows signs of dehydration.	1.Monitor vital signs. 2.Monitor urinary output.	1. The vital sign trend shows that patient was hypertensive. All other vital signs are stable 2. Patients urine output is -390 mL.
3. Disturbed body image/ineffective role performance R/ T rheumatoid	1. Patient is a marathon runner and strenuous training is	1. Encourage verbalization about future expectations.	1. Patient has an understanding and reasoning of rest and activity periods.

arthritis (RA) AEB negative self-talk, focus on past strength and function (Doenges, Moorhouse, Murr, 2010).	difficult for patients with RA. 2. Patient is currently adjusting lifestyle since RA diagnosis.	2. Involve client in planning care and scheduling activities.	2. Patient can formulate realistic goals and plans.
4. Risk for ineffective protection AEB an abnormal blood profile (Doenges, Moorhouse, Murr, 2010).	1.Patient has decreased hemoglobin (Hgb).	1. Observe for oozing from venipuncture sites. 2. Monitor laboratory studies, such as RBCs, Hgb/Hct.	1. Patient has no signs of erythema or drainage, IV patent, IV site has no swelling and is easily flushable. 2. Patient's Hgb value is 8.8 g/dL which is low.

Other References (APA):

Doenges, M. E., Geissler-Murr, A., Moorhouse, M. F. (2010). *Nursing care plans: guidelines for individualizing client care across the life span* (Eight). F.A. Davis Co.

Concept Map (20 Points)


Subjective Data
Pain Assessment
Acute pain R/T rhabdomyolysis AEB generalized pain.
2. Fluid and electrolyte imbalances R/T rhabdomyolysis AEB dehydration and increased serum potassium and creatinine.
3. Disturbed body image/ineffective role performance R/T rheumatoid arthritis (RA) AEB negative self-talk, focus on past strength and function.
4. Risk for ineffective protection AEB an abnormal blood profile.
Objective Data
Abnormal Lab values: Platelets, monocytes, BNP.
Diagnostic test: Chest x-ray (negative for acute abnormalities) EKG (NSR, noted abnormalities)
Vital signs:
Patient Information
27-year-old presenting with generalized pain. Patient states that she is “not feeling well”. Patient is a marathon runner and is training to beat her personal best at this next race. She states that she has ran over 50 miles in the past 3 days. Patient has no aggravating or alleviating factors.
Nursing Interventions
Encourage the patient to verbalize level of acceptable pain using a valid pain scale.
Monitor urinary output.
Encourage verbalization about future expectations.
Monitor laboratory studies, such as RBCs, Hgb/Hct.

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