# N431 Care Plan # 2

Lakeview College of Nursing

Lindsey Davis

## Demographics (3 points)

| **Date of Admission** 3/20/2020 | **Patient Initials** B.M. | **Age** 38yrs. | **Gender** Female |
|---|---|---|---|
| **Race/Ethnicity** Caucasian | **Occupation** Nurse | **Marital Status** Married | **Allergies** Morphine Sulfate Ragweed |
| **Code Status** Full | **Height** 5'1" | **Weight** 123 lbs. | |

## Medical History (5 Points)

**Past Medical History:** Hypertension, UTIs, Kidney stones

**Past Surgical History:** Cesarean section, Cholecystectomy in 2012

**Family History:** Mother and brother-diabetes Father- Myocardial infarction

**Social History (tobacco/alcohol/drugs):** Patient denies drug use. Patient is a current smoker for the last ten year, smokes one pack a day. Patient admits to a casual drinker 1-2x per month.

**Assistive Devices:** No assistive devices needed.

**Living Situation:** Patient lives at home independently with her husband and eight children.

**Education Level:** Bachelor's degree in nursing (RN BSN)

## Admission Assessment

**Chief Complaint (2 points):** Redness, swelling, and pain to the right lower extremity

**History of present Illness (10 points):** The patient was brought to Sarah Bush Hospital emergency department via spouse on 3/20/2020 for redness, swelling, and severe pain of right lower extremity. Patient states that she was playing with her children in the backyard and tripped over a rock, fell, and skinned her knee on the pavement three days ago. Patient states that is has progressively gotten redder and more swollen as the days have progressed. Patient states that her pain level is currently a 7/10 and not radiating to any other area of the body. Pain is a constant throbbing pain; she has taken Tylenol, and this has not helped. She has a tempted elevating and

icing the area, nothing alleviating the symptoms. Patient was admitted for further evaluation and antibiotics.

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points):** Cellulitis

**Secondary Diagnosis (if applicable):** None

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

"Cellulitis occurs when an entry point through normal skin barriers allows bacteria to enter and release their toxins in the subcutaneous tissues. The etiologic pathogen of cellulitis is typically either *Streptococcus* species or *Staphylococcus aureus* (Brunner & Suddarth, 2018, p. 881). The common contributing factor is a single isolated event or a series of recurrent events. If the infection is left untreated, the infection may spread to the lymph nodes, bloodstream, and deeper tissues leading to septic shock.

Characteristics associate with cellulitis are systemic signs of fever, chills, and sweating. Redness may appear around the affected area; this may not always be uniform (Brunner & Suddarth, 2018.). During the assessment, a nurse would want to get vitals and look for fever. Tachycardia, which is also a sign of fever, elevated blood pressure for symptoms of pain. Often a skin marker is used to mark the affected area so providers and nurses can see if the therapy is effective.

Diagnostic testing related to cellulitis is an x-ray to look for foreign objects within the skin. Blood tests looking specifically at white blood cells, elevated WBC are a sign of infection. A culture can also be done in order to know what antibiotic the bacteria is sensitive to.

Some treatments for cellulitis are to apply warm compresses twice daily for comfort to areas where cellulitis is present. Use proper hand hygiene at all times, and do not share personal

items. “Superficial skin infections are treated with topical antibacterial cream or ointment. Extensive bacterial skin infections involving the lymphatic system, or if cellulitis is present, are treated with systemic antibiotic therapy (cephalosporins or penicillins)” (Henry, 2016, p490).

**Pathophysiology References (2) (APA):**

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

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

Hinkle, J. L., Cheever, K. H., & Hinkle, J. L. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing*. Wolters Kluwer.

## 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 | Today's Value | Reason for Abnormal Value |
|---|---|---|---|---|
| **RBC** | 4.2-5.4 | n/a | n/a | |
| **Hgb** | 12-16 | 8.8 | 12 | “Low Hgb evaluate anemia, polycythemia, hydration status, and monitor therapy such as transfusion” Bladh, 2019, pg 672). |
| **Hct** | 37-47 | 38 | 40 | |
| **Platelets** | 150,000-400,000 | 300,000 | 300,100 | |
| **WBC** | 4.5-11.1 | 17.4 | | “High white blood cell count can indicate the body's immune system is trying to destroy an infection” Bladh, 2019, pg 1238). |
| **Neutrophils** | 2.0-7.0 | n/a | n/a | |
| **Lymphocytes** | 1.0-3.0 | n/a | n/a | |

| | | | | |
|---|---|---|---|---|
| **Monocytes** | 4-6% | n/a | n/a | |
| **Eosinophils** | 7% or less | n/a | n/a | |
| **Bands** | 45-75% | n/a | 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-** | 135-145 | 138 | 140 | |
| **K+** | 3.5-5.0 | 3.6 | 4.0 | |
| **Cl-** | 98-107 | 99 | 101 | |
| **CO2** | 22-29 | 24 | 24 | |
| **Glucose** | 70-100 | 86 | 92 | |
| **BUN** | 6-20 | 10 | 11 | |
| **Creatinine** | 0.6-1.3 | 1.67 | | "Increased in poliomyelitis or shock related to increasing release from damaged muscle" Bladh, 2019, pg 421). |
| **Albumin** | 3.5-5.2 | 3.7 | 3.9 | |
| **Calcium** | 8.6-10 | 8.9 | 9.0 | |
| **Mag** | 1.7-2.2 | 1.8 | 2.0 | |
| **Phosphate** | 2.5-4.5 | n/a | n/a | |
| **Bilirubin** | 0.1-1.2 | n/a | n/a | |
| **Alk Phos** | 20-140 | n/a | n/a | |

| | | | | |
|---|---|---|---|---|
| **AST** | 10-30 | n/a | n/a | |
| **ALT** | 10-40 | n/a | n/a | |
| **Amylase** | 56-90 | n/a | n/a | |
| **Lipase** | 0-110 | n/a | n/a | |
| **Lactic Acid** | 0.5-1 | n/a | n/a | |
| **Troponin** | >0.03 | n/a | n/a | |
| **CK-MB** | >90 | n/a | n/a | |
| **Total CK** | 30-170 | n/a | n/a | |

**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 | Today's Value | Reason for Abnormal |
|---|---|---|---|---|
| **INR** | 0.9-1.2 | n/a | n/a | |
| **PT** | 11-14 | n/a | n/a | |
| **PTT** | 0-250 | n/a | n/a | |
| **D-Dimer** | 0-250 | n/a | n/a | |
| **BNP** | <100 | n/a | n/a | |
| **HDL** | <40 | n/a | n/a | |
| **LDL** | >100 | n/a | n/a | |
| **Cholesterol** | <200 | n/a | n/a | |
| **Triglycerides** | <150 | n/a | n/a | |
| **Hgb A1c** | <7% | n/a | n/a | |
| **TSH** | 0.4-4.0 | n/a | 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** | yellow/clear | n/a | n/a | |
| **pH** | 5.0-8.0 | n/a | n/a | |
| **Specific Gravity** | 1.005-1.035 | n/a | n/a | |
| **Glucose** | Normal | n/a | n/a | |
| **Protein** | negative | n/a | n/a | |
| **Ketones** | Negative | n/a | n/a | |
| **WBC** | <5 | n/a | n/a | |
| **RBC** | 0-3 | n/a | n/a | |
| **Leukoesterase** | Negative | n/a | n/a | |

**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 | Today's Value | Explanation of Findings |
|---|---|---|---|---|
| **pH** | 7.35-7.45 | n/a | n/a | |
| **PaO2** | 80-100 | n/a | n/a | |
| **PaCO2** | 35-45 | n/a | n/a | |
| **HCO3** | 21-28 | n/a | n/a | |
| **SaO2** | 95-100 | n/a | n/a | |

**Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.**

| Test | Normal | Value on | Today's | Explanation of Findings |
|---|---|---|---|---|

| | Range | Admission | Value | |
|---|---|---|---|---|
| **Urine Culture** | negative | n/a | n/a | |
| **Blood Culture** | negative | n/a | n/a | |
| **Sputum Culture** | negative | n/a | n/a | |
| **Stool Culture** | negative | n/a | n/a | |

**Lab Correlations Reference (APA):**

M., V. L. A., & Bladh, M. L. (2019). *Davis's comprehensive manual of laboratory and diagnostic tests with nursing implications*. Davis Company.

## Diagnostic Imaging

**All Other Diagnostic Tests (5 points):**

A chest x-ray, EKG, right foot x-ray, and venous doppler of RLE were performed.

**Diagnostic Test Correlation (5 points):**

The patient received a chest x-ray on 3/20/20. This test is used to “evaluate the cardiac, respiratory, and skeletal structure within the lunch cavity and diagnose multiple diseases” (Bladh, 2019, pg301). Due to this patient coming in with swelling, redness, and pain in the lower extremity, the doctors wanted to rule out any kind of pleural effusion (PE) from a possible deep vein thrombosis (DVT) in the leg. The chest x-ray came back negative for any acute abnormalities, normal heart size, clear lungs, osseous structures are intact, and no visualized pneumothorax or pulmonary embolism. Due to this coming back negative, the provider can move on to the next test to continue ruling out the possibility of a DVT. The next test ordered was an electrocardiogram (EKG), “to evaluate the electrical impulses generated by the heart during the cardiac cycle to assist with the diagnosis of cardiac blocks, damage or infection.”

(Bladh, 2019, pg522). This EKG showed normal sinus rhythm and no noted abnormalities. Letting the provider know there was no heart damage done due to infection. Due to the patient being in pain of the lower right extremity and experiencing a fall, the next test order was a Right foot x-ray. “To assist in evaluating bone pain, trauma, and abnormalities related to events such as a dislocation, fracture, physical abuse, and degenerative disease” (Bladh, 2019, pg237). This test came back negative for any acute abnormalities. So the provider was able to rule out a fracture. The last test order was a venous doppler of the right lower extremity for a final DVT rule out and make sure the foot was receiving sufficient blood supply. “To assess venous blood flow in the lower extremities toward diagnosing disorder such as deep vein thrombosis, venous insufficiency, causation of pulmonary embolism, and monitor the effects of therapeutic interventions (Bladh, 2019, pg1170). This test also came back negative for DVT. The provider was able to prescribe antibiotics and diagnose the injury as cellulitis.

**Diagnostic Test Reference (APA):**

M., V. L. A., & Bladh, M. L. (2019). *Davis's comprehensive manual of laboratory and diagnostic tests with nursing implications*. Davis Company.

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

**Home Medications (5 required)**

| **Brand/Generic** | Loratadine/ Claritin | Prenatal Vitamin | Lisinopril/ Zestril | Tamsulosin/ Flomax | Docusate/ Colace |
|---|---|---|---|---|---|
| **Dose** | 10 mg | 2 chewable gummies | 20 mg | 0.4 mg | 100 mg |
| **Frequency** | Daily | Daily | Daily | Daily | BID/PRN |
| **Route** | Oral | Oral | Oral | Oral | Oral |
| **Classification** | Antihistamin | Vitamin | Angiotensi | Selective | stool softener |

| | | | | | |
|---|---|---|---|---|---|
| | e | | n-Converting Enzyme (ACE) | peripheral adrenergic blocker | |
| **Mechanism of Action** | Selectively antagonizes peripheral histamine H1 receptors. | Multivitamin and iron products used to treat or prevent vitamin deficiency due to poor diet, certain illnesses during pregnancy. | Inhibits angiotensin conversion of angiotensin I to angiotensin II | Binds preferentially to adrenoceptor subtype | It lowers the surface tension at the oil-water interface of the feces. |
| **Reason Client Taking** | Seasonal allergies | supplement | Treat high blood pressure | History of kidney stones | Constipation |
| **Contraindications (2)** | Caution in hepatic impairment or renal impairment. | Iron metabolism disorder causing increased iron storage—an overload of iron in the blood. | Pregnancy and caution in severe CHF patients. | Pregnancy, breastfeeding. Hypersensitivity | avoid abrupt withdrawal, caution if renal impairment |
| **Side Effects/Adverse Reactions (2)** | Drowsiness, headache | Constipation Diarrhea | Dizziness and hypotension | Dizziness, headache | hypersensitivity, GI bleed |
| **Nursing Considerations (2)** | Monitor renal function and vitals for LOC | n/a | Monitor for hypotension and cough | Swallow caps whole do not break, crush, or chew. | monitor cardiac rhythm at baseline, behavior changes |
| **Key Nursing Assessment(s)/Lab (s) Prior to Administration** | Assess for seizure or hepatotoxicity. | Iron labs | Monitor for elevated BUN and Creatinine | Check blood pressure and heart rate before administration | Assess for rash or electrolyte disorder. |

| | | | | | |
|---|---|---|---|---|---|
| | | | | . | |
| **Client Teaching needs (2)** | Should not operate heavy machinery on the first dose. | Take with a full glass of water. Do not break, chew crush, or open capsule-take whole. | Teach the patient how to take blood pressure at home. Take daily at the same time each day. | To continue to take, even if feeling better. Not to drive or operate machinery for 4 hours after the first dose and after a dosage increase. | Contact a doctor with persistent diarrhea or abdominal cramps. |

**Hospital Medications (5 required)**

| **Brand/Generic** | Normal Saline | Clindamycin/Cleocin | Acetaminophen/Tylenol | Hydrocodone/ Acetaminophen/Norco | Hydromorphone/Dilaudid |
|---|---|---|---|---|---|
| **Dose** | 100 mL/hr | 200 mg | 650 mg | 5/325 | 0.5 mg |
| **Frequency** | hourly | Q6h | Q6h | Q4h/PRN | Q4h/PRN |
| **Route** | IV | IV | Oral | Oral | IV |
| **Classification** | Fluid | Antibiotic | analgesics | Opioid | Opiate analgesic |
| **Mechanism of Action** | Needed for adequate utilization of amino acids | Interferes with bacterial protein synthesis. | Antipyretic effect via direct action on the hypothalamic heat-regulating center. | Bind to opiate receptors in CNS to reduce pain | Inhibits ascending pain pathways in CNS |
| **Reason Client Taking** | Hydration | Infection | Pain/Fever | Moderate pain | Severe pain |
| **Contraindications (2)** | Patients with congestive heart failure or severe renal impairment | Hypersensitivity burns ulcerations | Hepatic impairment, hypovolemia | Do not abruptly d/c. Should not be used on Cushing's patients. | If hypersensitivity to addiction**.** caution in renal/hepatic disease |

| | | | | | |
|---|---|---|---|---|---|
| **Side Effects/Adverse Reactions (2)** | Hyperglycemia or fluid volume overload. | Nephrotoxicity of ototoxicity | renal tubular necrosis, headache | Drowsiness Dizziness | Sedation Seizure Respiratory depression |
| **Nursing Considerations (2)** | Inspect site for a patent IV site. Check for edema or necrosis. | Assess for allergic reaction burning, stinging, and swelling. | caution if malnutrition or renal impairment | Monitor for CNS changes such as dizziness, hallucination. | Assess for respiratory dysfunction. Assess pain control |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | Check electrolytes (K, Na, Ca, Cl, Mg) | Check for a patent IV site. Check renal function. | Monitor liver function | Continue pain assessments. Monitor for nausea/vomiting, gastrointestinal upset. | Assess Bowel function, Assess for CNS changes. |
| **Client Teaching needs (2)** | Teach the patient to let someone know if the IV site starts to hurt or swells. Also, if it becomes hard to breathe, it should let someone know immediately. | Teach the client to notify the nurse if the IV site becomes swollen, painful, or warm. Let the nurse know if the patient has diarrhea due to long term antibiotic use. | Don't take with alcohol | Report CNS changes. That withdrawal symptoms may occur nausea, vomiting, cramps, fever, faintness, and anorexia. | That physical dependency may result when used for an extended time. Avoid driving, other hazardous activities, drowsiness may occur. |

**Medications Reference (APA):**

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

**Assessment**

**Physical Exam (18 points)**

| | |
|---|---|
| **GENERAL (1 point):**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | Patient had facial grimacing during the interview. Patient knew where she was, who she was, the year, and the president. A&O x4. Besides the pain, the patient had no complaints. |
| **INTEGUMENTARY (2 points):**<br>**Skin color:**<br>**Character:**<br>**Temperature:**<br>**Turgor:**<br>**Rashes:**<br>**Bruises:**<br>**Wounds:** .<br>**Braden Score:**<br>**Drains present: Y☐ N ☒**<br>**Type:** | The Patient's skin is pink, dry, and warm. Patients' stomach and back appear well moisturized, and no rashes detected. Skin integrity was intact, localized abnormalities. Lower extremities have no pitting edema, and no varicose veins present. Nails normal for ethnicity. Cap normal less than 3 seconds. Skin turgor was normal, 1 second of tenting. The wound to the right lower extremity is red, swollen, and warm to touch. Bruising on the right lower extremity and upper extremities bilaterally. Patient states they are from the fall. The Patient's Braden score was 22. |
| **HEENT (1 point):**<br>**Head/Neck:**<br>**Ears:**<br>**Eyes:**<br>**Nose:**<br>**Teeth:** | Pupils are symmetrical, with no sclera. Head and Neck appear in normal limits. No jugular vein distention, no carotid bruit, no lymphadenopathy. Trachea midline, no thyroid tenderness. The ear is within normal limits and hearing intact, pearly grey tympanic membrane. Patient denies the use of glasses. The nose appears normal, with no deviation, turbinate's inspected. Patient has no dentures, and no cavities noted at this time.<br>. |
| **CARDIOVASCULAR (2 points):**<br>**Heart sounds:**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):**<br>**Peripheral Pulses:**<br>**Capillary refill:**<br>**Neck Vein Distention: Y ☐ N ☒**<br>**Edema Y ☐ N ☒**<br>**Location of Edema:** | Regular rate and rhythm, S1 and S2 are normal, no murmurs/rubs/or gallops, point of maximal intensity nondisplaced. The capillary refill was normal within 3 seconds. Nail beds normal for ethnicity. No edema on the ankle, pedal bilaterally. Pulses normal 3+ radial and dorsal bilaterally. Pulses intact and symmetrical in all extremities. |
| **RESPIRATORY (2 points):**<br>**Accessory muscle use: Y☐ N ☒**<br>**Breath Sounds: Location, character** | Lungs sound clear in upper and lower lungs bilaterally both anterior and posterior upon auscultation. No rales/rhonchi/wheezes. Patient has regular unlabored breathing—patient on |

| | |
|---|---|
| | room air. No cough noted. |
| **GASTROINTESTINAL (2 points):**<br>**Diet at home:**<br>**Current Diet**<br>**Height:**<br>**Weight:**<br>**Auscultation bowel sounds:**<br>**Last BM:**<br>**Palpation: Pain, Mass etc.:**<br>**Inspection:**<br>**Distention:**<br>**Incisions:**<br>**Scars:**<br>**Drains:**<br>**Wounds:**<br>**Ostomy: Y ☐ N ☒**<br>**Nasogastric: Y ☐ N ☒**<br>**Size:**<br>**Feeding tubes/PEG tube Y ☐ N ☒**<br>**Type:** | Patient does not follow any special diets at home. Weight is 63.6 kg, and height is 152.4 cm, making the BMI 27.4, placing this patient in the overweight category for his height and weight. Active bowel sounds normal in all four quadrants (sounds heard within 1 minute). resonant to percussion, soft, non-distended and tender on the right side both upper and lower quadrants., no rebound or patient was guarding on the right side, no hepatomegaly. No palpable masses. No eating difficulties, fair appetite, no nausea. No voiding difficulties, no bladder distention. Last bowel movement was 3/20/2020 |
| **GENITOURINARY (2 Points):**<br>**Color:**<br>**Character:**<br>**Quantity of urine:**<br>**Pain with urination: Y ☐ N ☒**<br>**Dialysis: Y ☐ N ☒**<br>**Inspection of genitals:**<br>**Catheter: Y ☐ N ☒**<br>**Type:**<br>**Size:** | Patient's urine is light yellow to clear. No visible sediment, no foul smell. No problems voiding. |
| **MUSCULOSKELETAL (2 points):**<br>**Neurovascular status:**<br>**ROM:**<br>**Supportive devices:**<br>**Strength:**<br>**ADL Assistance: Y☐ N ☒**<br>**Fall Risk: Y ☒ N☐**<br>**Fall Score:**<br>**Activity/Mobility Status:**<br>**Independent (up ad lib) ☐**<br>**Needs assistance with equipment ☐**<br>**Needs support to stand and walk☐** | Patient reports pain in the upper and lower left quadrants. No signs of pallor, paresthesia, or paralysis, a pulse is within the normal range. Patient is about to complete ROM exercises on her own on the left side with no pain. Patient does not need supportive devices, and the patient is up with one assist and walker. Patient's strength is 5/5 bilaterally on upper and lower extremities. Patients fall score is 35. |
| **NEUROLOGICAL (2 points):**<br>**MAEW: Y ☒ N☐** | Patients' pupils were equal, round, and reactive to light when assessing with a penlight. Patient was |

| | |
|---|---|
| **PERLA: Y ☒ N☐**<br>**Strength Equal: Y ☒ N ☐ if no -**<br>**Legs ☐ Arms ☐ Both ☒**<br>**Orientation:**<br>**Mental Status:**<br>**Speech:**<br>**Sensory:**<br>**LOC:** | orientated to person, place, time, and situation. The Patient's level of consciousness was within normal limits. The patient was easily arousable. The Patient's speech was clear and easy to understand. Judgment is intact. No LOC |
| **PSYCHOSOCIAL/CULTURAL (2 points):**<br>**Coping method(s):**<br>**Developmental level:**<br>**Religion & what it means to pt.:**<br>**Personal/Family Data (Think about home environment, family structure, and available family support):** | Patients coping methods are watching are listening to music and praying. Patient completed the bachelor's degree. Patient is a Christian and believes in God. Patient lives at home independently with his husband and eight children. |

**Vital Signs, two sets (5 points)**

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| 0700 | 76 | 126/68 | 16 | 36.5 | 98% |
| 1100 | 68 | 118/62 | 16 | 36.8 | 97% |

**Vital Sign Trends:**

The patient's blood pressure is slightly elevated, and this could be due to the pain that the patient is experiencing at this time.

**Pain Assessment, two sets (2 points)**

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| 0700 | Numeric scale | Generalized pain | 6/10 | Throbbing | Tylenol administered |
| 1100 | Numeric scale | Generalized pain | 2/10 | Aching | No intervention at this time |

**IV Assessment (2 Points)**

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| **Size of IV:**<br>**Location of IV:**<br>**Date on IV:**<br>**Patency of IV:**<br>**Signs of erythema, drainage, etc.:**<br>**IV dressing assessment:** | 20 gauge<br>Left AC<br>3/20/2020 @1400<br>IV site line attached and infusing. Site is dry, clean, and intact. Dressing was allusive with no phlebitis or infiltration present, catheter present, and patent. |

**Intake and Output (2 points)**

| Intake (in mL) | Output (in mL) |
|---|---|
| NS- 100mL/hr x 4 hours<br>Tea PO 240 mL<br>Apple Juice 120 mL<br><br>Total- 760 | Urine 1750 mL in 4hr<br>Stool x2<br><br><br>Total- 1750 |

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care:**

During this shift, we worked on making the patient comfortable with controlling pain levels. This was done by administering pain medications as scheduled and administering antibiotics as scheduled.

**Procedures/testing done:**

No procedures were done on this shift, but a blood draw were performed.

**Complaints/Issues:**

The chief complaint was pain control and ambulation. This was resolved by allowing PT to work with the patient so she can use a walker.

**Vital signs (stable/unstable):**

Patients vitals were stable for current condition.

**Tolerating diet, activity, etc.:**

Patient ambulated to the bathroom and bed with one assist and walker. Was tolerating a normal diet.

**Physician notifications:**

A physician was not notified on my shift.

**Future plans for patient:**

The plan is to allow antibiotics to shrink the cellulitis and manage patients pain. And transfer medications to orals and allow patient to return home.

**Discharge Planning (2 points)**

**Discharge location:**

Patient will be discharged home with her husband and children.

**Home health needs (if applicable):**

No needs.

**Equipment needs (if applicable):**

No needs

**Follow up plan:**

Patient will follow up with PCP in 1 week after discharge.

**Education needs:**

Patient will need education on how to dress and clean the injured site.

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

| Nursing Diagnosis<br>• Include full nursing diagnosis | Rational<br>• Explain why the nursing | Intervention (2 per dx) | Evaluation<br>• How did the patient/family respond |
|---|---|---|---|

| with “related to” and “as evidenced by” components | diagnosis was chosen | | to the nurse’s actions?<br>• Client response, status of goals and outcomes, modifications to plan. |
|---|---|---|---|
| **1.** Potential for wound and systemic infection related to loss of skin barrier as evidence by elevated white blood count. | The patient is at risk for sepsis if the infection is not treated properly. | **1.** Monitor vital signs every 4 hours, mainly heart rate and temperature.<br><br>**2.** Doing dressing changed as prescribed by the provider. | Patient allowed vitals to be taken often with no problem. Patient also allowed dressing changes as needed. |
| **2.** At risk for falls related to injury to right lower extremity. | Patient is in pain and can’t bare weight on the right lower extremity. | **1.** Round hourly/toileting regularly/bed alarm<br><br>**2.** Walk patient in the hallway 15 ft 2x daily. | Patient adapted and understood. Did great with walking in the hallway and asked to walk 3x today. |
| **3.** Ineffective peripheral tissue perfusion related inflammatory response related to cellulitis. | Patient has decreased tissue perfusion due to skin injury. | **1.** Nurse will assess the patient's dorsal pedis and post tibial pulses of the right leg.<br><br>**2**. The nurse will show patient how to check pulses so they can do this after discharge. | Patients pulses were always within normal limits. And Patient was able to demonstrate checking pulses to the nurse. |
| **4.** Acute pain related to red, swelling, and warmth as evidence by cellulitis. | Patient is experiencing pain due to cellulitis. | **1.** Alternating pain schedule for medications.<br><br>**2.** Providing nonpharmacological interventions for pain. | Patient was receptive to nonpharmacological interventions such as dim lights and door closed. |

**Other References (APA):**

Ladwig, G. B., & Ackley, B. J. (2016). *Mosbys Guide to Nursing Diagnosis.* Elsevier Health Sciences.

**Concept Map (20 Points):**

### Subjective Data

Pain 7/10
Throbbing constant pain
Denies drug use
Drinks alcohol 1-2x per month
Smoker
Home diet regular
No difficulties voiding
Last bowel movement 3/20/2020

### Nursing Diagnosis/Outcomes

Potential for wound and systemic infection related to loss of skin barrier as evidence by elevated white blood count.
Patient allowed vitals to be taken often with no problem. Patient also allowed dressing changes as needed.
At risk for falls related to injury to right lower extremity.
Patient adapted and understood. Did great with walking in the hallway and asked to walk 3x today.
Ineffective peripheral tissue perfusion related inflammatory response related to cellulitis.
Patients pulses were always within normal limits. And Patient was able to demonstrate checking pulses to the nurse.
Acute pain related to red, swelling and warmth as evidence by cellulitis.
Patient was receptive to nonpharmacological interventions such as dim lights and door closed.

### Objective Data

Grimacing when examining lower right extremity.
Braden Score: 22
Fall risk: 35
A&O x4
Regular heart rate and rhythm
Judgement intact
Appetite: fair
Active bowel sounds in all 4 quadrants
No rashes
Skin pink, dry and warm

### Patient Information

B.M.
38 yrs old
Female
Caucasian
Full code
Allergies- Morphine sulfate, Ragweed
Height- 5’ 1” Weight- 123 lbs.

### Nursing Interventions

Monitor vital signs every 4 hours mainly heart rate and temperature.
Doing dressing changed as prescribed by provider.
Round hourly/toileting regularly/bed alarm
Walk patient in the hallway 15 ft 2x daily.
Nurse will assess the patients dorsalis pedis and post tibial pulses of the right leg.
The nurse will show patient how to check pulses, so they are able to do this after discharge.
Alternating pain schedule for medications.
Providing nonpharmacological interventions for pain.