N431 Care Plan #1

Lakeview College of Nursing

Delaney Lockard

Demographics (3 points)

Date of Admission 03/20/2020	**Patient Initials** M.K	**Age** 27 years old	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Elementary School teacher	**Marital Status** Married	**Allergies** Sulfa
Code Status Full code	**Height** 63 cm	**Weight** 80 kg	

Medical History (5 Points)

Past Medical History: Pregnancy-induced hypertension, rheumatoid arthritis, anemia

Past Surgical History: Cesarean section, lithotripsy

Family History: Maternal - diabetes, paternal - myocardial infarction, brother - diabetes

Social History (tobacco/alcohol/drugs): Never used tobacco products, uses alcohol casually (one-two times per month), never abused drugs/substances

Assistive Devices: N/A

Living Situation: The patient lives with her husband and daughter in their home.

Education Level: Bachelor's degree in elementary education

Admission Assessment

Chief Complaint (2 points): Generalized "not feeling well"

History of present Illness (10 points): M.K. presented to the ED on 03/20/2020 by car with her spouse. She complains that she has not been feeling well in general. This patient is a runner and states that she has been training recently for a marathon. She continues, stating that she has run 50 miles in the past three days; she is trying to beat a personal record. No aggravating or alleviating factors present.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Rhabdomyolysis

Secondary Diagnosis (if applicable): N/A

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

Rhabdomyolysis is a medical condition that affects the skeletal muscle. The muscle integrity is affected due to the release of electrolytes, myoglobin, creatine kinase, aldolase, and lactate dehydrogenase. These invade the bloodstream and the extracellular fluid. This disease can be asymptomatic and it can show things like electrolyte imbalances and elevated CK levels (Torres, et. al., 2015). Rhabdomyolysis is most likely to occur from a traumatic injury but can happen due to factors like use of illicit drugs, electrolyte imbalances, metabolic disorders, and muscle ischemia (Capriotti and Frizzell, 2016).

Signs and symptoms of rhabdomyolysis make up a "classic triad" and include myalgias, generalized weakness, and myoglobinuria (Hinkle, Cheever, and Brunner, 2018). Many people describe their urine as "tea-colored" (Torres, et. al., 2015). In this patient's case, she reported myalgias and generalized weakness. Upon assessment of her urine, there was no noted discoloration.

Diagnostic testing for the disease process of rhabdomyolysis includes neuromuscular examinations, serum creatine kinase, and urinalysis. The most sensitive and telling diagnostic testing result is an elevated serum creatine kinase (Hinkle, Cheever, and Brunner, 2018). While in therapy, it is important to continue to watch serum CK levels, electrolyte levels, and liver function (Torres, et. al., 2015). Upon admission of this patient, the ED had ordered an

electrocardiogram and a chest x-ray to rule out any further damage to the skeletal muscle tissue in her body.

Treatment for this patient's new diagnosis includes correcting the electrolyte imbalances and avoiding acute kidney injury (Torres, et. al., 2015). This can be achieved by promptly hydrating the patient with intravenous fluids and continuously monitoring the kidney function of the patient (Torres, et. al., 2015). If the disease was caused by indirect muscle injury like toxic medications, the physician will take measures to discontinue the medication (Hinkle, Cheever, and Brunner, 2018). The treatment for this patient includes monitoring her kidney function and correction of imbalanced electrolytes by hydration intravenously.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. (2016). *Pathophysiology: Introductory Concepts and Clinical Perspectives*. Davis Company.

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

Torres, P. A., Helmstetter, J. A., Kaye, A. M., & Kaye, A. D. (2015). Rhabdomyolysis: Pathogenesis, diagnosis, and treatment. *The Ochsner Journal*. 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 (03/20/2020)	Today's Value	Reason for Abnormal Value
RBC	3.80-5.41 mcl	N/A	N/A	
Hgb	11.3-16 g/L	8.8 g/L	N/A	The patient's hemoglobin levels are decreased due to her past medical history of anemia (Van Leeuwen and Bladh, 2015).
Hct	37-47%	N/A	N/A	
Platelets	149-393 k/mcl	N/A	N/A	
WBC	4.0-11.4 k/mcl	7.4	N/A	
Neutrophils	45.3-79%	N/A	N/A	
Lymphocytes	11.8-45.9%	N/A	N/A	
Monocytes	4.4-12%	N/A	N/A	
Eosinophils	0.0-6.3%	N/A	N/A	
Bands	0.0-5.0%	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 (03/20/2020)	Today's Value	Reason For Abnormal
Na-	135-145 mmol/L	123 mmol/L	N/A	These levels are decreased due to the disturbances occurring to the sodium/potassium pumps. This is also because of the effects

				rhabdomyolysis has on the renal system (Van Leeuwen and Bladh, 2015).
K+	3.5-5.0 mmol/L	5.5 mmol/L	N/A	Her potassium level is elevated due to the disturbances that occur to the sodium/potassium pumps in the disease process of rhabdomyolysis (Van Leeuwen and Bladh, 2015).
Cl-	98-106 mmol/L	N/A	N/A	
CO2	21-31 mmol/L	N/A	N/A	
Glucose	74-109 mg/dL	86	N/A	
BUN	7-25 mg/dL	10	N/A	
Creatinine	0.05-0.90 mg/dL	1.67 mg/dL	N/A	This patient's creatinine level is elevated because of the abnormal production of creatinine in muscle wasting diseases like her recent diagnosis of rhabdomyolysis (Van Leeuwen and Bladh, 2015).
Albumin	3.5-5 g/dL	N/A	N/A	
Calcium	9.0-10.5 mEq/dL	N/A	N/A	
Mag	1.3-2.1 mEq/dL	N/A	N/A	
Phosphate	2.5-4.5 mg/dL	N/A	N/A	
Bilirubin	0.3-1 mg/dL	N/A	N/A	
Alk Phos	35-105 units/L	N/A	N/A	
AST	0.0-32 units/L	N/A	N/A	
ALT	4-33 units/L	N/A	N/A	
Amylase	30-220 units/L	N/A	N/A	

Lipase	0.0/160 units/L	N/A	N/A	
Lactic Acid	0.5-1 mmol/L	N/A	N/A	
Troponin	>0.03	N/A	N/A	
CK-MB	>90	N/A	N/A	
Total CK	30-170 mmol/L	3568 mmol/L	N/A	The patient's creatinine kinase levels are elevated due to her body's cellular destruction that is present in her diagnosis of rhabdomyolysis (Van Leeuwen and Bladh, 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	Today's Value	Reason for Abnormal
INR	0.8-1.1	N/A	N/A	
PT	11-12.5	N/A	N/A	
PTT	30-40 sec	N/A	N/A	
D-Dimer	<0.4 mcg/mL	N/A	N/A	
BNP	0.5-30 pg/mL	N/A	N/A	
HDL	>55 mg/dL	N/A	N/A	
LDL	<130 mg/dL	N/A	N/A	
Cholesterol	50-60 mg/dL	N/A	N/A	
Triglycerides	35-135 mg/dL	N/A	N/A	
Hgb A1c	>55 mg/dL	N/A	N/A	
TSH	0.4-4.2 mU/L	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 and 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 mmHg	N/A	N/A	
PaCO2	35-45 mmHg	N/A	N/A	
HCO3	21-28 mEq/L	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 Range	Value on Admission	Today's Value	Explanation of Findings
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):

Van Leeuwen, A. M., & Bladh, M. L. (2015). *Davis's Comprehensive handbook of Laboratory & Diagnostic tests* (6th ed.). F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): On 03/20/2020, this patient had undergone a chest x-ray to visualize the respiratory and cardiovascular systems and the results were negative for any abnormalities. The same day, an EKG was ordered and the results concluded that there was normal sinus rhythm present, along with no abnormalities.

Diagnostic Test Correlation (5 points): An electrocardiogram was ordered to assess the patient's heart rhythm due to her lab values showing electrolyte imbalances. A normal sinus rhythm was noted; therefore, requiring no further intervention (Van Leeuwen and Bladh, 2015). Additionally, the chest x-ray was ordered. This allows the physician to diagnose abnormalities to the lungs or heart (Van Leeuwen and Bladh, 2015). In this case, there were no noted abnormalities.

Diagnostic Test Reference (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2015). *Davis's Comprehensive handbook of Laboratory & Diagnostic tests* (6th ed.). F.A. 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	azathioprine (Azasan)	hydroxychloro--quine sulfate (Plaquenil)	Folic acid
Dose	10 mg	2 gummies	50 mg	200 mg	1 mg
Frequency	Daily	Daily	Daily	Daily	Daily
Route	PO	PO	PO	PO	PO
Classification	Antihistamines	Multivitamin	Immuno-suppressant	Antirheumatic	Vitamin
Mechanism of Action	Tricyclic antihistamine is long-acting with selective H-1 receptor antagonistic activity.	Vitamins work together to insure that the fetus gets the nutrients it needs to decrease the chances of complications or neural tube defects.	This allows help in preventing proliferation and differentia-tion of activated T and B cells.	This drug accumulates in the white blood cells, which in turn inhibit enzymes like collagenase and proteases that cause cartilage breakdown.	Necessary for formation of coenzymes in metabolic systems. Aids in prevention of neural tube defects for conceiving women.
Reason Client Taking	Tx seasonal allergies	Tx preparing for conception	Tx rheumatoid arthritis	Tx rheumatoid arthritis	Tx anemia, tx preparing for conception
Contraindications (2)	Hypersensitivity, hepatic impairment	Hypersensitivity, hemolytic anemia	Hypersensitivity	Hypersensitivity, retinal or visual changes	Hypersensitivity
Side Effects/Adverse Reactions (2)	Headache, drowsiness	GI upset, headache	Fever, abdominal pain	Abnormal nerve conduction, angioedema	Bronchospasm, malaise

Nursing Considerations (2)	Caution in patients with hepatic or renal impairment, don't exceed 10 mg/day	Caution in patients with gastritis, consult with doctor before breastfeeding	Decrease if WBC levels remain low, monitor for sign and symptoms of lymphomas	Use cautiously in patients with alcoholism, observe patients with psoriasis closely	Upon severe GI malabsorption you can give IV or IM, Monitor for hypersensitivity reactions
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor closely for serious adverse effects	Monitor closely for serious adverse effects	Obtain WBC, RBC and platelet counts weekly for the first month of therapy, monitor liver enzymes, monitor PTT	Periodic blood cell counts	CBC, Hgb, hct, serum folate levels, and serum vitamin b12 levels, Schilling test
Client Teaching needs (2)	Do not use concurrently with alcohol, do not operate machinery prior to knowing adverse effects	Do not take more than the recommended dose, do not take within 2 hours of another multivitamin	Take with food to minimize GI upset, educate patient on the signs of infection	Take with milk or meal to minimize GI upset, contact provider about aggravating adverse effects	Tell your doctor what other medications you are taking, call doctor immediately if you develop a rash/itching

Hospital Medications (5 required)

Brand/Generic	sodium chloride solution (Normal saline 0.9%)	sodium chloride	sodium polystyrene sulfonate (Kayexalate)	acetaminophen (Ibuprofen)	docusate sodium (Colace)
Dose	250 mL/hr	1 gram	30 mg	650 mg	100 mg
Frequency	Continuously	Daily	Once	PRN Q6H	PRN BID
Route	IV	PO	PO	PO	PO
Classification	Minerals/electrolytes	Minerals/electrolytes	Potassium binders	Nonopioid analgesic	Stool softener

Mechanism of Action	Sodium is an essential cation of fluid function and helps control water distribution, and balances electrolytes and osmotic pressure. This intravenous solution is valuable in balancing fluids and electrolytes.	In hyponatremia, there is a decrease in plasma osmolality that stops the secretion of ADH. Renal water excretion results in sodium levels balancing	This occurs through cation exchange resin, sodium ions partially released and potassium is replaced, binds potassium in lumen and is excreted through fecal matter.	Inhibits cyclooxygenase, then blocking prostaglandin production and tampering with pain impulse generation in the peripheral NS.	This drug acts as a surfactant that softens the stool by decreasing the surface tension. More fluid then penetrates the stool, forming it to become softer.
Reason Client Taking	Tx "generalized weakness" and potential dehydration	Tx hyponatremia	Tx hyperkalemia	Tx generalized pain and weakness	Tx constipation
Contraindications (2)	congestive heart failure patients, severe renal impairment	Hypersensitivity, hypernatremia	Hypersensitivity, hypokalemia	Hypersensitivity, severe hepatic impairment	Hypersensitivity, fecal impaction
Side Effects/Adverse Reactions (2)	Hypertension, fluid retention	Nausea/vomiting, edema	GI disturbances, constipation	Agitation, hypotension	Dizziness, diarrhea
Nursing Considerations (2)	Store at room temperature, monitor for edema	Monitor renal function in elderly patients, assess for potential swelling of the ankles	Use caution in severe hypertension, large doses may cause fecal impaction	Use cautiously in patients with hepatic impairment, use cautiously in patients with alcoholism	Electrolyte imbalance may happen with long-term use, may need to assess for laxative abuse syndrome
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess IV site and patency, auscultate lung and heart sounds	Monitor for edema, monitor serum sodium levels	Monitor serum potassium levels, monitor calcium and	Prior to long-term therapy, obtain liver function tests, monitor renal function	Monitor CBC, monitor bowel movements, monitor stool characteristics

			magnesium levels		
Client Teaching needs (2)	Report issues with IV site immediately, report signs of allergic reactions	Take with 8 oz. of water, report to physician if symptoms do not improve	May decrease absorption of other medications, do not mix with banana or orange juice	Tablets can be swallowed whole or may be crushed, do not exceed daily limit	Contact physician if nausea/vomiting occur, discontinue if bleeding occurs

Medications Reference (APA):

Jones, & Bartlett. (2017). Nurse's Drug Handbook (16th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient is A&Ox4. She is lying in the semi-fowler's position in her hospital bed. She seems pleasant; her husband and daughter have been visiting with her. The patient is in a little pain, but no distress noted. Overall appearance x3.
INTEGUMENTARY (2 points): **Skin color:** Normal for ethnic **Character:** Pink, dry, warm to touch **Temperature:** 36.8 **Turgor:** Good **Rashes:** None present **Bruises:** None present **Wounds:** None present **Braden Score:** 19 **Drains present: Y☐ N■** **Type:**	Patient is Caucasian and presents with a fair complexion. Skin is pink, dry, and warm to touch. The skin turgor and its elasticity is normal with no tenting present or abnormal textures. No rashes, bruises, or wounds present. Braden score: 19
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Patient's head is normocephalic. The neck is supple. Ears show no abnormal drainage; the tympanic membrane is visible and pearly grey. Hair is a strawberry blonde color, longer in length, and tied in a braid. PEERLA is noted. Nose shows the turbinates equal bilaterally. Oral mucosa is pink and moist with no abnormalities.

	Patient does not wear glasses. Her teeth are clean and intact.
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:**	Patient is not currently on telemetry. Heart sounds auscultated and S1 and S2 sounds noted. No murmur present. Dorsalis pedis pulses graded at 3+ and present bilaterally. Capillary refill was < 3 seconds on the left hand. Patient does not currently have edema. No signs of neck vein distention.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N■** **Breath Sounds: Location, character**	The patient's lungs were auscultated anteriorly. Lungs sound clear with no presence of crackles. The patient has no present accessory muscle use when breathing. She denies SOB. Patient is not on supplemental oxygen.
GASTROINTESTINAL (2 points): **Diet at home:** Regular **Current Diet:** Regular **Height:** 63 cm **Weight:** 80 kg **Auscultation Bowel sounds:** **Last BM:** 03/23/2020 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ■** **Nasogastric: Y ☐ N ■** **Size:** **Feeding tubes/PEG tube Y ☐ N ■** **Type:**	Patient's current diet is regular at home and in the hospital. She denies the use of alcohol. Upon auscultation, bowel sounds are active in all four quadrants. Last BM was today, on 03/23/2020. She states she does not have pain upon palpation. Abdomen is round and distended. There is scar tissue present on her abdomen due to past surgical history including a cesarean section. No masses present. No ostomy, nasogastric or PEG tubes present. The patient also denies rapid or current weight loss.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N■** **Dialysis: Y ☐ N■** **Inspection of genitals:**	Urine is yellow and hazy; there was 1,750 mL voided during my shift. Patient says she feels no pain, hesitancy or urgency upon urination. There is no dialysis or catheter present. Genitals were not assessed. Patient is on I's and O's.

Catheter: Y ☐ N ■ **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N■** **Fall Risk: Y ☐ N■** **Fall Score:** 50 **Activity/Mobility Status:** **Independent (up ad lib) ■** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	This patient has full range of motion and does not require additional support upon ambulation. She shows no signs of neurovascular deficit. She exhibits an active range of motion bilaterally. The fall risk score is 50; this concludes she is not a fall risk. She is up ad lib with no assistive devices. She does not need ADL assistance.
NEUROLOGICAL (2 points): **MAEW: Y■ N☐** **PERLA: Y■ N☐** **Strength Equal: Y■ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient can move all extremities well. Strength is equal in all extremities as well. PERLA is noted and present upon assessment. She appears a little fatigued but cheerful due to her family being present. A&O x4 and LOC x3. She speaks English well.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Patient states that she "enjoys running, yard work with her daughter, and making crafts." Her developmental level is noted to be normal. Patient states that she is of the Catholic religion. Patient appears to have family support by her husband and daughter. Patient is employed as an elementary teacher.

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% RA
1100	68 bpm	118/62 mmHg	16 bpm	36.8 C	97% RA

Vital Sign Trends: N/A

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric Pain Scale	Generalized pain	6	Dull, achy	Tylenol (acetaminophen) 650 mg administered
1100	Numeric Pain Scale	Generalized pain	2	Dull	No further intervention at this time

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 g **Location of IV:** L. antecubital **Date on IV:** 03/20/2020 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** No signs of erythema, drainage or complications present. **IV dressing assessment:** IV dressing is clean, dry, and intact.	Normal Saline 0.9% at 250 mL/hr
Size of IV: 18 g **Location of IV:** R. hand **Date on IV:** 03/20/2020 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** No signs of erythema, drainage or complications present. **IV dressing assessment:** IV dressing is clean, dry, and intact.	Saline lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1,360 mL	1,750 mL

Nursing Care

Summary of Care (2 points)

Overview of care: During my shift, I administered medications orally to the patient. After giving her acetaminophen for her pain, we re-assessed her and her pain had gone from 6 out of 10 to 2 out of 10 using the numeric pain scale. During my shift, I monitored her intake and output and documented it as well.

Procedures/testing done: No procedures or testing done during my shift.

Complaints/Issues: No current complaints or issues present from the patient or her family.

Vital signs (stable/unstable): After obtaining and assessing this patient's vitals, there are no present abnormalities and have remained stable.

Tolerating diet, activity, etc.: She is tolerating her regular diet in the hospital well. She can ambulate independently and needs no assistance regarding ADLs.

Physician notifications: There are no current notes from the physician at this time.

Future plans for patient: Future plans for this patient is to educate her on her new diagnosis and discharge her.

Discharge Planning (2 points)

Discharge location: The location of her discharge will be her home, with her husband and daughter.

Home health needs (if applicable): There are no home health needs applicable to this patient.

Equipment needs (if applicable): There is not a need for equipment for this patient.

Follow up plan: Patient is to follow-up with her PCP in one week from discharge at Sarah Bush Lincoln Health Center in Mattoon, Illinois.

Education needs: It is very important for this patient to leave the hospital educated on her new diagnosis of rhabdomyolysis. She should also be educated on pharmacological and non-pharmacological interventions for pain.

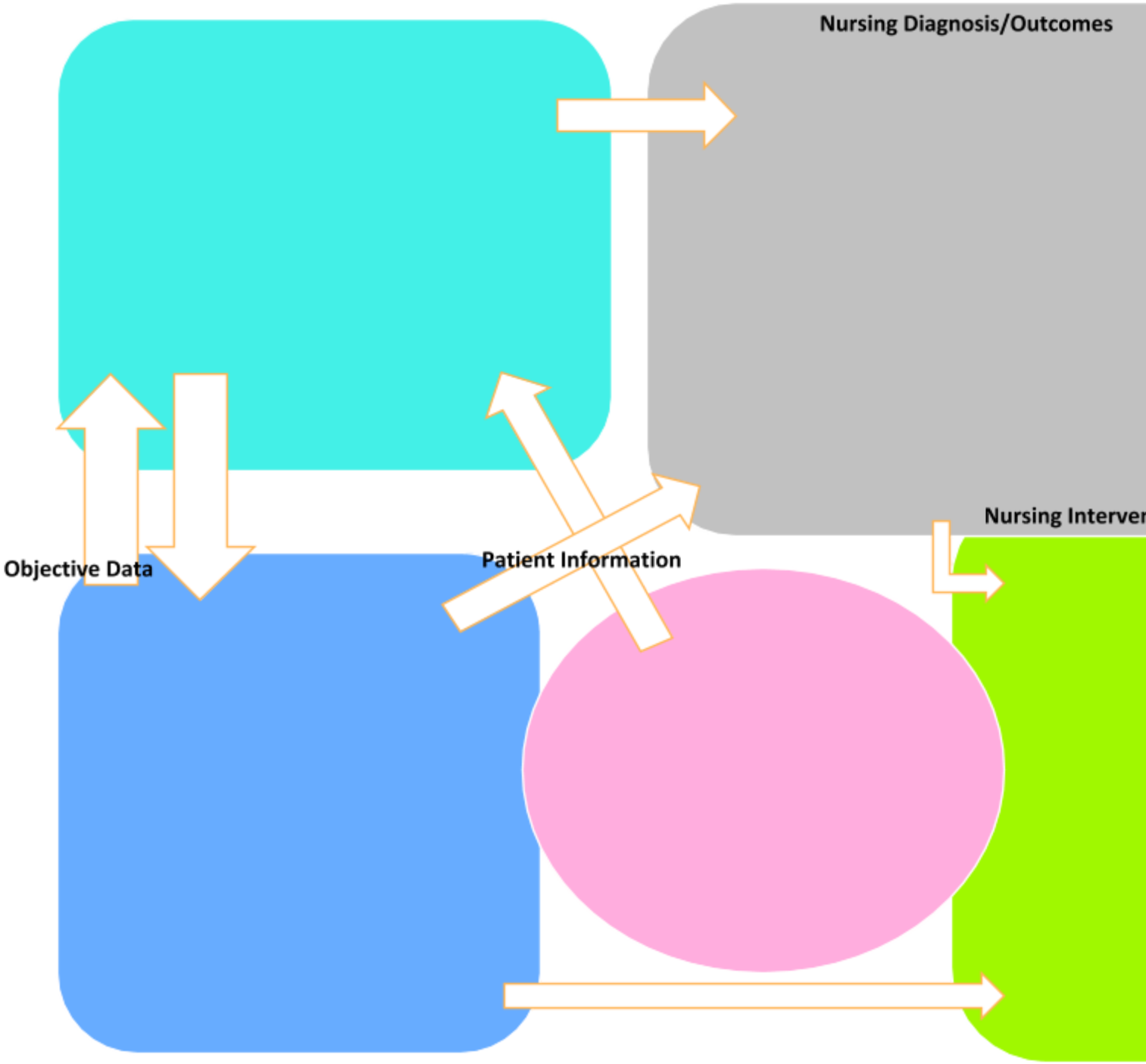
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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 related to the disease process and injury as evidence by the patient's pain scale rating being 6/10 on the numeric pain scale.	The patient's pain scale rating and physiological indicators show that pain has been reduced within 1 to 2 hours following intervention.	**1.** Accept the patient's report of pain and plan the interventions based off of this report. **2.** Use at least two identification factors prior to medication administration	Upon report of the patient's pain being 6/10, acetaminophen 650 mg was administered orally after checking two identifiers. After 4 hours at her next vital sign assessment, her pain level decreased to a 2/10.
2. Constipation related to decreased	Upon intervention, the patient returns to	**1.** As indicated, teach current influences on	Prior to my shift on 03/23/2020, the patient was ordered the

mobility as evidence by the patient's chief complaint being "not feeling well.	her normal bowel elimination pattern.	impaired bowel elimination**.** **2.** If the patient desires, request prescription for stool softener/laxative.	medication docusate 100 mg orally to help soften her stools. During my shift, she had two bowel movements.
3. Deficient knowledge related to unfamiliarity with the disease process, prognosis, lifestyle changes, and treatment plan as evidence by a new diagnosis of rhabdomyolysis.	Before discharge, the patient can show understanding and verbalize accurate information about her newly diagnosed disease process.	1. Assess the patient's health care literacy and specific cultural needs. 2. Involve the significant other in the teaching and learning process.	The patient was not discharged during my shift on 03/23/2020, but is planned to be soon. It is in the documents to educate her on the disease and provide resources to both her and her husband.
4. Risk for peripheral neurovascular dysfunction related to interruption of capillary blood flow occurring with increased pressure within the myofascial compartment as evidence by the patient's diagnosis of rhabdomyolysis	The patient remains to have adequate peripheral neurovascular function in the involved extremities as evidence by normal muscle tone and proper capillary refill.	1. Assess the patient's pain at regular intervals**.** **2.** Assess neurovascular status at regular intervals by checking temperature, movement, and sensation in affected extremities.	During my shift, both the patient's pain and neurovascular status were checked Q4H. Her pain scale decreased after intervention using acetaminophen and she shows no signs of neurovascular deficit upon assessment.

Other References (APA):

Swearingen, P. L. (2016). *All-in-one care planning resource: medical-surgical, pediatric, maternity; psychiatric nursing care plans.* Elsevier/Mosby.



Concept Map (20 Poin