

N311 Care Plan #3

Lakeview College of Nursing

Jessica Kavajecz

Demographics (5 points)

Date of Admission 1/18/20	Patient Initials JL	Age 36	Gender Female
Race/Ethnicity White	Occupation Stock Broker	Marital Status	Allergies Sulfa
Code Status Full code	Height 5'6"	Weight 130 lbs.	

Medical History (5 Points)

Past Medical History: Crohn's disease (Has had since age 19), and intermittent Gastritis.

Past Surgical History: Ileostomy (6 months ago).

Family History: Mother and Father died of natural causes.

Social History (tobacco/alcohol/drugs): Pt does not smoke, but does drink about 5 drinks/day on occasion.

Admission Assessment

Chief Complaint (2 points): Abdominal cramping and weakness.

History of present Illness (10 points): **Onset:** This morning when pt woke up. **Location:** Top of stomach and weak/dizzy all over. **Duration:** all day. **Characteristics:** sore and crampy.

Aggravating factors: when Pt is stressed. **Relieving factors:** Pain medication. **Treatment:** Pt came to the ED this morning for treatment.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): GI bleed

Secondary Diagnosis (if applicable): Crohn's disease

Pathophysiology of the Disease, APA format (20 points): GI bleeding occurs when a part of your gastrointestinal tract is bleeding. Areas that can be included in this are; the esophagus,

N311 Care Plan

stomach, small intestine, large intestine, colon, rectum, and anus (Cunha & Anand, 2020). A GI bleed itself is not a condition but a symptom of one. Some diseases that can result in a GI bleed include; Crohn's disease, Peptic ulcer disease, Gastritis, cancer, inflammation, and polyps (Cunha & Anand, 2020). Risk factors for having a GI bleed would include some of these underlying GI disorders or things like alcohol consumption or medications (Capriotti and Frizzell, 2016).

Signs and symptoms of a GI bleed include; Blood in the stool, fatigue, weakness, shortness of breath, abdominal pain and cramps, paleness, low blood pressure, and loss of consciousness (Cunha & Anand, 2020). To diagnose a GI bleed a CBC, coagulation tests, and serum tests would be completed (Cunha & Anand, 2020). If those would not work, an endoscopy or colonoscopy would be performed (Cunha & Anand, 2020).

There is no cure for a GI bleed but the patient would receive IV fluids and or a blood transfusion and change their diet to high fiber, fluids, and an avoidance from irritants like alcohol, smoking, and anti-inflammatory medications like Tylenol (Cunha & Anand, 2020). Every case is different and depending on the severity of the condition/GI bleed the patient may need surgery or be prescribed medication (Cunha & Anand, 2020). GI bleeds can be prevented by avoidance of alcohol, certain medications, smoking, and a good diet (Cunha & Anand, 2020).

Our patient is at a great risk factor for a GI bleed because she has Crohn's disease, intermittent gastritis, and consumes alcohol. She also takes anti-inflammatory medication which can cause a GI bleed. Avoiding these things and adopting a better diet could help the patient greatly.

Pathophysiology References (2) (APA):

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

Cunha, J. P., & Anand, B. (2020, February 27). 20 Gastrointestinal Bleeding Symptoms, Causes, Treatment, Prognosis. Retrieved from https://www.emedicinehealth.com/gastrointestinal_bleeding/article_em.htm#gastrointestinal_gi_bleeding_definition_and_facts

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	3.90-4.98	2.7	3.0	RBC's are low due to blood loss/trauma from GI bleed (Capriotti and Frizzell, 2016).
Hgb	12.0-15.5	7g/dl	8g/dl	Hgb is low due to blood loss/trauma from GI bleed (Capriotti and Frizzell, 2016).
Hct	35-45	21	24	Hct is low due to blood loss/trauma from GI bleed (Capriotti and Frizzell, 2016).
Platelets	140-400	162	162	
WBC	4.0-9.0	6	6	
Neutrophils				
Lymphocytes				
Monocytes				

N311 Care Plan

Eosinophils				
Bands				

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-		N/A		Pt did not have these tests done*
K+		N/A		
Cl-		N/A		
CO2		N/A		
Glucose		N/A		
BUN		N/A		
Creatinine		N/A		
Albumin		N/A		
Calcium		N/A		
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		N/A		Pt did not have these labs done*
pH		N/A		
Specific Gravity		N/A		
Glucose		N/A		
Protein		N/A		
Ketones		N/A		
WBC		N/A		
RBC		N/A		
Leukoesterase		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		No culture		
Blood Culture		No Culture		
Sputum Culture		No culture		
Stool Culture	Negative	Positive		Pt tested positive for blood in stool due to GI bleed

N311 Care Plan

Lab Correlations Reference (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Endoscopy which indicated a GI bleed.

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)-* Patient only is taking 3 medications*

Brand/Generic					
----------------------	--	--	--	--	--

N311 Care Plan

	Tylenol/ Acetaminophen	Morphine sulfate/ Morphabond ER	Infliximab/ Remicade		
Dose	650 mg	4mg	5mg/kg		
Frequency	Every 4 hr./PRN	Every 2 hr. PRN	Every 8 weeks		
Route	Orally	IV bolus	IV		
Classification	Antipyretic, nonopioid analgesic	Opioid, Opioid analgesic	Monoclonal antibody, Anti- inflammatory		
Mechanism of Action	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.	Binds with and activates opioid receptors in brain and spinal cord to produce analgesia and euphoria.	Binds with cytokine tumor necrosis factor- alpha, preventing it from binding with its receptors.		
Reason Client Taking	For pain.	For pain.	Pt is taking for Crohn's disease.		
Contraindications (2)	Hypersensitivity to acetaminophen or its components, severe hepatic impairment.	Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment, hypersensitivity to montelukast sodium or any of its components.	Breastfeeding, Hypersensitivity to infliximab, murine proteins, or their components.		
Side Effects/Adverse Reactions (2)	Hypotension, pulmonary edema.	Coma, Seizures.	Arrhythmias, Cervical cancer.		

Medications Reference (APA):

Jones & Bartless Learning. (2020). 2020 Nurse's drug handbook (19th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>Alert and oriented X 3. Person, place, time. Pt does seem to be in some distress due to abdominal pain. Overall appearance is good-well groomed.</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>Fair/pale Skin moist Warm Normal turgor 2+ No rashes No bruises No wounds Braden score:23</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Pt.'s head is symmetrical Ears clear and pink-no discharge Eyes are symmetrical and accommodated/reacted to light No nasal deviation Teeth in great condition</p>
<p>CARDIOVASCULAR:</p>	<p>S1 and S2 present, no sign of murmur.</p>

<p>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>Heart rate was elevated Peripheral pulses 2+ symmetric Capillary refill: less than 3 seconds-nail beds pink No sign of edema</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Clear breath sounds are heard throughout Respirations are regular and non-labored.</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input checked="" type="checkbox"/> N <input 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>Normal diet at home- needs more fiber. Hyperactive bowel sounds present in all 4 quadrants Tympany to percussion in all 4 quadrants No rebound tenderness or guarding</p> <p>Does have an ostomy on the lower right hand side of abdomen</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Clear, yellow. Voids regularly.</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM:</p>	<p>Pt. has full ROM and is in good physical condition.</p>

<p>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>Does not use any supportive devices Strong Lives independently and does not need assistance No risk for falls</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 type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Pt moves all extremities well Pupils equal, round, and reactive to light Complete orientation Mental status is excellent Speech is excellent Good sensory- no hearing aids or glasses Patient is conscious, but dizzy/lightheaded.</p>
<p>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):</p>	<p>Pt is busy with work and gets stressed out often. To deal with the stress she drinks wine. Mature Christian Pt lives alone but does have a sister.</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
15:30	114-radial	Right arm 100/60	22	Temporal 98.8	95%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
15:30	0-10	Top of abdomen	6	Crampy, sore.	Pain medication

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
PO- 100 mL	Voided 500mL
IV – 300mL	
Total- 400mL	

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 “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 		<ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<p>1. Ineffective individual coping strategies as evidence by drinking alcohol when stressed.</p>	<p>Pt. drinks alcohol when stressed which affects her Crohn’s disease.</p>	<p>1.Pt will develop new coping strategies like exercise or reading a book.</p> <p>2.Pt will verbally communicate how she can cope in a healthier way.</p>	<p>Goal met. Pt talked about things she can do to replace drinking alcohol to cope.</p> <p>Goal met. Pt recognized that her coping mechanism is part of her issue and she made interventions to change.</p>
<p>2. Acute pain related to GI bleed</p>	<p>Pt has abdominal pain due to GI bleed.</p>	<p>1. Administer pain medication PRN.</p> <p>2. Rest and administer fluids</p>	<p>Goal met. Pain medication was administered and pain went from a 6 to a 3.</p> <p>Goal met. Pt was given fluids and rested.</p>

N311 Care Plan

--	--	--	--

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2020). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.

Concept Map (20 Points):

Subjective Data

Pt was in abdominal pain and said "it feels sore and crampy"
Pt said she felt dizzy and lightheaded.
Pt mentioned that she is often stressed due to her job as a stock broker and because of this she drinks alcohol to relax. She doesn't eat that healthy and doesn't exercise much.

Nursing Diagnosis/Outcomes

Ineffective individual coping strategies as evidence by drinking alcohol when stressed.
Goals met: Pt talked about other things she can do when stressed like reading a book or exercise. Pt also verbally communicated how she can do things differently to prevent another hospitalization like eating better.
Acute pain related to GI bleed.
Goals met: Pain medication was administered and pain level went from a 6 to a 3. Fluids were administered and pt. rested.

Objective Data

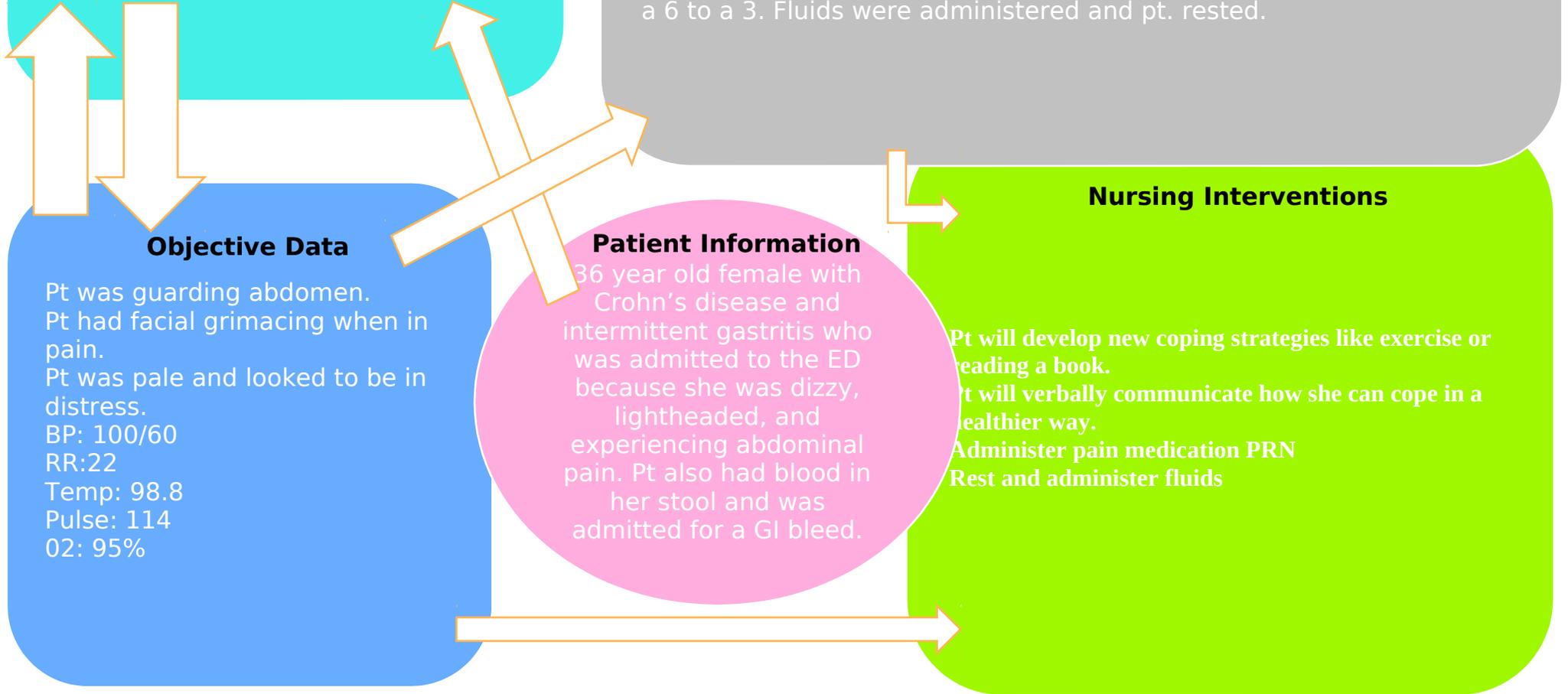
Pt was guarding abdomen.
Pt had facial grimacing when in pain.
Pt was pale and looked to be in distress.
BP: 100/60
RR:22
Temp: 98.8
Pulse: 114
O2: 95%

Patient Information

36 year old female with Crohn's disease and intermittent gastritis who was admitted to the ED because she was dizzy, lightheaded, and experiencing abdominal pain. Pt also had blood in her stool and was admitted for a GI bleed.

Nursing Interventions

Pt will develop new coping strategies like exercise or reading a book.
Pt will verbally communicate how she can cope in a healthier way.
Administer pain medication PRN
Rest and administer fluids



N311 Care Plan

N311 Care Plan