

N311 Care Plan #

Lakeview College of Nursing

Claire Guyon

Demographics (5 points)

Date of Admission 4/02/2020	Patient Initials JJ	Age 78	Gender Female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Widowed	Allergies NKA
Code Status Full Code	Height 67 inches	Weight 71 kg	

Medical History (5 Points)

Past Medical History: CHF and diabetic

Past Surgical History: N/A

Family History: unknown

Social History (tobacco/alcohol/drugs): doesn't drink, smoke, or do drugs

Admission Assessment

Chief Complaint (2 points): Difficulty breathing

History of present Illness (10 points):

A 78-year-old Caucasian female presented to the ER from home with slight confusion due to having urosepsis. She has a history of CHF and diabetes. She was having troubles breathing due to her CHF. She wasn't in any pain on admission but was very irritable due to being in the ER and not being at home. Her respirations were high at 24 breaths per minute. There was nothing that helped relieve her breathing. Laying down on her back made her breathing worse.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): UTI

Secondary Diagnosis (if applicable): fractured hip

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

The pathophysiology of a urinary tract infection. The urinary tract is supposed to be healthy and sterile. In women the urinary tract and the rectum are relatively closer together, so women get UTI's more often than men. If there is any obstruction of the urinary outflow it decreases the bladder's resistance to fighting of a bacterial infection. When there is stagnant urine in the bladder that gives an opportunity for bacteria to grow in the bladder. Instead when there is a continual flow of urine from the bladder the bacteria does not have enough time to grow in the bladder. E. Coli is the bacteria that causes a UTI most often. There are other bacteria that cause A UTI such as Staphylococcus saprophyticus, Klebsiella, Proteus, Pseudomonas, and Enterococcus. Uropathogenic bacteria has an outer capsule that can resist the acidity of the urine. Interference from the urinary flow can cause UTIs such as sexual intercourse, urinary tract obstruction, instruments in the urinary tract, use of catheters not drained to gravity. UTIs are not serious diseases, but if not treated on time it can turn into a deadly infection. UTIs are very uncommon for men and if a male gets one it should be investigated to why. Urosepsis is a UTI that the infection ends up in the bloodstream. This is common for the elderly when they have a long-term indwelling catheter (Capriotti, 2020).

There are multiple signs and symptoms for a UTI such as frequency, urgency, burning while urinating, urine that is cloudy, passing small amounts of urine, strong smelling urine, blood in the urine, and pelvic pain (Urinary Tract Infection, 2019).

To diagnose a UTI there are some tests that can be ran, such as, analyzing a urine sample, growing a culture of the urine, and using a scope to look inside the bladder. The most common being analyzing and growing a culture of the urine. The treatment for a UTI is taking antibiotics (Urinary Tract Infection, 2019).

Pathophysiology References (2) (APA):

Capriotti, T. M. (2020). *PATHOPHYSIOLOGY: Introductory Concepts and Clinical*

Perspectives. F. A. Davis.

Urinary tract infection (UTI) - Symptoms and causes. (2019). *Mayo Clinic*.

<https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/symptoms-causes/syc-20353447>

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	4.5-6.3	4.8		
Hgb	14-18	11.3		Hgb is low due to having RBC in the Urine
Hct	41-51	33		Hct is low due to having RBC in the urine.
Platelets	140-440	220,000		
WBC	4-10	13,000		White blood cells are high because she is fighting off a urinary tract infection.
Neutrophils	UNK	UNK		
Lymphocytes	UNK	UNK		
Monocytes	UNK	UNK		
Eosinophils	UNK	UNK		
Bands	UNK	UNK		

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145	135		It is low due to having congestive heart failure (Lewis, 2019).
K+	3.5-5.1	4.4		
Cl-	98-107	100		
CO2	21-31	UNK		
Glucose	74-109	92		
BUN	7-25	21		
Creatinine	0.7-1.2	1.0		
Albumin	3.5-5.2	3.2		Albumin is slightly low due to her not having proper diet being in the hospital.
Calcium	8.6-10.3	9		
Mag	UNK	UNK		
Phosphate	UNK	UNK		
Bilirubin	UNK	UNK		
Alk Phos	UNK	UNK		

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	Slight amber, cloudy		

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pH	4.5-8	5.6		
Specific Gravity	1.005-1.025	1.039		Her specific gravity might be high due to being dehydrated or because of her CHF (Urine specific gravity test: Procedure and results, n.d.).
Glucose	<130mg/d	negative		
Protein	<150mg/d	2		
Ketones	Negative	negative		
WBC	<2-5WBC/hpf	10		The WBC are high due to having a UTI and they are trying to fight it off.
RBC	<2 RBCs/hpf	4-6		Having the bacteria in the bladder causing a UTI it can cause irritation therefore having RBC in the urine (Nall, 2018).
Leukoesterase	Negative	positive		This is positive because there are WBCs in the urine (Leukocyte Esterase, 2016).

Leukocyte esterase urine test Information | Mount Sinai - New York. (2016). *Mount Sinai*

Health System. <https://www.mountsinai.org/health-library/tests/leukocyte-esterase-urine-Test>

Lewis, J. (2019). *Hyponatremia (Low Level of Sodium in the Blood)*. Merck Manuals

Consumer Version; Merck Manuals. <https://www.merckmanuals.com/home/hormonal-and-metabolic-disorders/electrolyte-balance/hyponatremia-low-level-of-sodium-in-the-blood>

Nall, R. (2018, September 12). *Why Are There Red Blood Cells in My Urine?* Healthline;

Healthline Media. <https://www.healthline.com/health/rbc-in-urine>

Urine specific gravity test: Procedure and results. (n.d.). *Www.Medicalnewstoday.Com.*

<https://www.medicalnewstoday.com/articles/322125#results>

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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Chest X-Ray: The lungs are well aerated. There is no evidence of any focal area of consolidation.

A faint rounded density is seen in the base of the left lower hemithorax probably representing a nipple shadow. The hilar and pulmonary vasculature is dilated with long standing mild chronic obstructive pulmonary disease. The heart size is enlarged consistent with hypertrophy of the left ventricle. The costophrenic angles are clear.

Left hip and femur: AP view of the hip is reviews. Only 1 limited view is obtained. This is a poor-quality x-ray with a lot of soft tissue shadow. Significant for basicervical type femoral neck fracture. Lesser trochanter is intact. This is high intertrochanteric fracture/basicervical.

Left elbow: No fracture apparent but evidence of mild soft tissue shadow consistent with muscle confusion.

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

Medications (5 required)

Brand/ Generic	Glyburide/ DiaBeta	Levofloxacin/ Levaquin	Digoxin/ Ilanoxin	Albuterol/ Proventil	Tylenol/ Acetaminophen
Dose	2.5 mg	250 mg	0.25 mg	0.5% solution in 3 mL of 0.9% sodium chloride	350 mg
Frequency	Daily with breakfast	Every 12 hours	Everyday	Every 6 hours	Every 4 hours PRN
Route	PO	IV bolus	PO	Nebulizer	PO
Classification	Therapeutic class: Antidiabetic	Therapeutic class: Antibiotic	Therapeutic class: antiarrhythmic	Therapeutic class: Bronchodilator	Therapeutic class: Antipyretic, nonopioid analgesic

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<p>Mechanism of Action</p>	<p>Stimulates insulin release from beta cells in the pancreas. Glyburide also increases peripheral tissues sensitivity to insulin either by enhancing insulin binding to cellular receptors or by increasing the number of insulin receptors.</p>	<p>Interferes with bacterial cell replication by inhibiting the bacterial enzyme DNA gyrase, which is essential for repair and replication of bacterial DNA.</p>	<p>Increases the force and velocity of myocardial contraction, resulting in positive inotropic effects. By decreasing the conduction rate and increasing the effective refractory period of AV node.</p>	<p>Albuterol attaches to beta2 receptors on bronchial cell membranes, which stimulates the intercellular enzyme adenylate cyclase to convert adenosine triphosphates to cyclic adenosine monophosphate. This reaction decreases intracellular calcium levels. It also increases intracellular levels of cAMP. Together these effects relax bronchial smooth muscle cells and inhibit histamine release.</p>	<p>Inhibits action of alpha-amylase and alpha-glucoside enzymes. Normally, alpha-amylase hydrolyzes complex starches to oligosaccharides in the small intestine and alpha-glucose hydrolyzes oligosaccharides, trisaccharide, and disaccharides to glucose and other monosaccharides in the brush border of the small intestines. In the diabetic patients acarbose inhibits these actions and delays glucose absorption reducing blood glucose levels after meals.</p>
<p>Reason Client Taking</p>	<p>As adjunct to control blood</p>	<p>To treat complicated UTI caused</p>	<p>To treat mild or moderate</p>	<p>To treat bronchospasm in patients</p>	<p>To relieve mild or moderate pain</p>

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	glucose level in type 2 diabetes mellitus.	by Enterococcus faecalis, E. Cloacae, E. Coli, K. pneumoniae, or P. mirabilis or acute pyelonephritis caused by E. Coli	heart failure with rapid digitalization.	with reversible obstructive airway disease	
Contraindications (2)	Diabetic ketoacidosis, hypersensitivity to glyburide	Hypersensitivity to levofloxacin, other fluoroquinolones, or their components	History of presence of digitalis toxicity or idiosyncratic reaction to digoxin	Hypersensitivity to albuterol or its components	Chronic intestinal disease, cirrhosis
Side Effects/Adverse Reactions (2)	Arrhythmias, hypoglycemia	Encephalopathy, increased intracranial pressure	Heart block, electrolyte imbalances	Bronchospasm, pulmonary edema	Fulminant hepatitis, hepatotoxicity (2020 Nurse's drug handbook, 2020)

Medications Reference (APA):

2020 Nurse's drug handbook. (2020). *Jones & Bartlett Learning*.

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Alert Orientation: Slight Confusion Distress: Yes, with not being able to breathe Overall appearance: Well groomed</p>	
<p>INTEGUMENTARY: Skin color: normal for race Character: dry Temperature: normal Turgor: less than 3 seconds Rashes: none Bruises: none Wounds: none Braden Score: 13 Moderate Risk Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>HEENT: Head/Neck: symmetric, no palpable lymph nodes Ears: pearly gray Eyes: PERRLA Nose: no swollen lymph nodes, turbinates, no polyps Teeth: good condition, no decay</p>	
<p>CARDIOVASCULAR: Heart sounds: normal S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Normal Peripheral Pulses: strong bilaterally Capillary refill: less than 3 seconds 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>RESPIRATORY: Accessory muscle use: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character: she is breathing hard but stable She has crackles in the lungs</p>	
<p>GASTROINTESTINAL: Diet at home: normal</p>	

<p>Current Diet: normal Height: 67 inches Weight: 71 kg Auscultation Bowel sounds: present in all 4 quadrants Last BM: 4/01/2020 Palpation: Pain, Mass etc.: no pain Inspection: abdomen Distention: none Incisions: none Scars: none Drains: none Wounds: none Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>GENITOURINARY: Color: slight amber Character: cloudy Quantity of urine: Pain with urination: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: normal Catheter: Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Type: Foley Size: 14</p>	
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Good ROM Supportive devices: None Strength: Good, Strong and Equal ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 95 high risk Activity/Mobility Status: x1 Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/> Yes</p>	
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/></p>	

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Orientation: slightly confused Mental Status: slightly impaired due to UTI Speech: clear Sensory: no impairment LOC: no	
PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: normal for age Religion & what it means to pt.: none specific Personal/Family Data (Think about home environment, family structure, and available family support): lives alone	

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
05:00	96	136/76	24	99.4 degrees Fahrenheit	91%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
12:00	Numeric	Left leg	4/10	Stabbing, aching	Pain medications

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
2300 mL	100 mL
60 mL	100 mL
100 mL	680 mL
100 mL	460 mL
150 mL	Total: 1340 mL

310 mL	
260 mL	
385 mL	
Total: 3,665	

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 Acute pain</p>	<p>Related to the hip fracture as evidenced by her stated her pain was a 4/10.</p>	<p>1 be sure to assess the patient’s pain on a scale of 1-10 to make sure the we are helping ease the patients pain.</p> <p>2. administer the pain medications on time to ensure the effectiveness of the drugs.</p>	<ul style="list-style-type: none"> • We would ask the patient to rate their pain when we would go in and assess the patient and reposition them. • We made sure that we gave her pain medications on time each time.
<p>2 Potential for skin break down</p>	<p>related to the patient breaking her hip and not being able to move due to</p>	<p>1 note any redness or any breaks in the skin.</p>	<ul style="list-style-type: none"> • we assessed the bed sore and reported the sore to the charge

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	the buck's traction as evidenced by having a stage 2 bed sore.	1. Reposition the patient frequently at least every 2 hours.	nurse. <ul style="list-style-type: none">• We made sure to reposition the patient every 2 hours to make sure the sore did not get any worse. (Swearingen & D, 2019)
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Other References (APA):

Swearingen, P. L., & D, J. (2019). *All-in-one nursing care planning resource : medical-surgical, pediatric, maternity, and psychiatric-mental health*. Elsevier.

Concept Map (20 Points):

Subjective Data

Pt states, "I am having difficulty breathing."
Pt states, "My left leg pain is a 4/10."

Nursing Diagnosis/Outcomes

- 1 Acute pain: Related to the hip fracture as evidenced by her stated her pain was a 4/10.
 - We would ask the patient to rate their pain when we would go in and assess the patient and reposition them.
 - We made sure that we gave her pain medications on time each time.
- 2 Potential for skin break down: related to the patient breaking her hip and not being able to move due to the buck's traction as evidenced by having a stage 2 bed sore.
 - we assessed the bed sore and reported the sore to the charge nurse.
 - We made sure to reposition the patient every 2 hours to make sure the sore did not get any worse.

Objective Data

Chief Complaint: Difficulty breathing
Patient has urosepsis, history of CHF and diabetes.
Vitals:
Pulse: 96
BP: 136/76
RR: 24
Temp: 99.4 degrees F
Oxygen: 91%

Patient Information

Caucasian female that was admitted to the ER with urosepsis and she has a history of CHF and diabetes. While in the hospital she fell out of bed and broke her left hip. She wasn't a good candidate for surgery so they put her in buck's traction.

Nursing Interventions

- 1 be sure to assess the patient's pain on a scale of 1-10 to make sure the we are helping ease the patient's pain.
 - administer the pain medications on time to ensure the effectiveness of the drugs.
 - note any redness or any breaks in the skin.
- 2 Reposition the patient frequently at least every 2 hours.

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Morse Fall Scale

Item	Item Score	Patient Score
1. History of falling (immediate or previous)	No 0	
	Yes 25	25_____
2. Secondary diagnosis (≥ 2 medical diagnoses in chart)	No 0	
	Yes 15	__15__
3. Ambulatory aid		
None/bedrest/nurse assist Crutches/cane/walker	0	
Furniture	15	
	30	____15__
4. Intravenous therapy/heparin lock	No 0	
	Yes 20	____20
5. Gait		
Normal/bedrest/wheelchair	0	
Weak*	10	
Impaired†	20	____20
6. Mental status		
Oriented to own ability	0	
Overestimates/forgets limitations	15	____0
Total Score‡: Tally the patient score and record.		
<25: Low risk		
25-45: Moderate risk		
>45: High risk		____95