

N321 Care Plan #3

Lakeview College of Nursing

Marianne Florido

**Demographics (3 points)**

<b>Date of Admission</b> 4/8/20	<b>Patient Initials</b> G.M	<b>Age</b> 85 y/o	<b>Gender</b> M
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Retired, Professor	<b>Marital Status</b> Married	<b>Allergies</b> NKA
<b>Code Status</b> Full	<b>Height</b> 5'5"	<b>Weight</b> 129 lbs	

**Medical History (5 Points)**

**Past Medical History:** Hypertension, Diabetes Type 2, Hyperlipidemia, Glaucoma, Benign, Prostatic Hyperplasia, Kidney disease

**Past Surgical History:** TURP surgery, lithotripsy, tonsillectomy

**Family History:** Mother died of stroke; Father had HTN

**Social History (tobacco/alcohol/drugs):** He reports that he has quit smoking. His smoking use included cigars. He has never used smokeless tobacco. He reports that he does not drink alcohol or use drugs.

**Assistive Devices:** none

**Living Situation:** Lives at home with wife

**Education Level:** Graduated college with a master's degree

**Admission Assessment**

**Chief Complaint (2 points):** Urine Frequency and pain

**History of present Illness (10 points):** 85-year Caucasian male is alert and orientated and lives in a long-term care facility with his wife. Both are living at long term care after the flood and their house become inhabitable. Two days ago, the staff started to notice Mr. Green acting out of sorts, then just yesterday Mr. Green started to become combative with the staff. He refused to eat and stated, "get me out of this prison." He states he has pain but cannot tell the location. He

is agitated when asked questions. The wife states Mr. Green has been complaining of burning when he urinates and has to use the bathroom many times. He is incontinent which is not normal for him. He has been increasing his fluid intake to try to remedy the problem. The wife became concerned after Mr. Green started to become agitated and confused around staff.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** UTI & sepsis (urosepsis)

**Secondary Diagnosis (if applicable):** .

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

Urinary tract infections (UTI) can involve the urethra, prostate, bladder, or kidneys. About 95% of UTIs occur when bacteria ascend the urethra to the bladder and in the case of nephritis, ascend the ureter to the kidney (Capriotti, 2015). The rest of UTI's are carried throughout the blood and affect the circulatory system, also called urosepsis. The most common bacteria that causes a UTI is *Escherichia coli* as what was seen in the pt's C&S results. In this pt's case, he is considered to have a "complicated UTI". A UTI is considered complicated if the pt is a child, is pregnant, or has any of the following: a structural or functional urinary tract abnormality and obstruction of urine flow, a comorbidity that increases risk of acquiring infection or resistance to treatment (i.e. poorly controlled diabetes, chronic kidney disease), or recent instrumentation or surgery of the urinary tract (Imam, 2018). The pt has type II diabetes and chronic kidney disease which could have been a contributor to his UTI.

*E. coli*, a bacteria found in stool, causes 70% to 95% of upper and lower UTIs (Capriotti, 2015). The most common cause of UTI in elderly men is stasis of urine caused by obstruction of the urethra because of BPH. The pt had BPH and received TURP surgery because of it. Some

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other common causes of UTI include: urinary catheterization, sexual intercourse, diaphragm and spermicide use, antibiotic use, and history of UTIs.

Common signs and symptoms of UTI include: dysuria, urethral discharge (primarily in men), frequency, urgency, burning or painful voiding, nocturia, suprapubic or low back pain. In acute pyelonephritis, the pt may present with chills, fever, flank pain, colicky abdominal pain, nausea and vomiting (Imam, 2018). In elderly pts, an indwelling catheter may present with sepsis and delirium. The pt was very confused and agitated which is an indication that his UTI had started to become widespread in his body, in the case of urosepsis.

There are some diagnostic testing used to confirm for UTI and these include urinalysis and sometimes a urine culture. In more critically ill patients, as in the instance of sepsis, typically CBC, electrolytes, lactate, BUN, creatinine and blood cultures are gathered. The pt had a urinalysis completed with elevated WBC's, bacteria of 3+ with E. coli found in his urine culture. The appearance of his urine was dark yellow and cloudy with nitrites positive. Nitrites indicate infection and are indicative of his urosepsis. He also received blood cultures to see if the infection reached his blood. Both blood cultures showed positive results, indicating the infection turned systemic.

UTI requires antibiotics to kill the bacteria. Occasionally surgery is done to drain the abscess, correct underlying structural abnormalities, or relieve obstruction of whatever is causing the problem (Capriotti, 2015). In this pt's case he was administered antibiotics Ciprofloxacin and Piperacillin to treat his UTI.

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

Capriotti, T., & Frizzell, J.P. (Eds.) (2016). *Pathophysiology: Introductory Concepts and Clinical Perspective* (1st ed.). F.A. Davis Company.

National Kidney Foundation (2019). *Dialysis*. Retrieved from <https://www.kidney.org/atoz/content/dialysisinfo>

**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	4.10 - 5.70			
Hgb	12.0 – 18.0			
Hct	37.0 – 51.0%			
Platelets	140-400			
WBC	4.00 – 11.00	17,000	14,000	Increased due to bacterial infection
Neutrophils	54 - 62%	78%	75%	Increased due to bacterial infection
Lymphocytes	25 - 33%			
Monocytes	3-7%			
Eosinophils	1-3%			
Bands	3-5%	17%	15%	Increased due to bacterial infection

**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	152	145	Pt is dehydrated
K+	3.5-5.1	2.2	3.0	Insulin administration can cause hypokalemia

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Cl-	98-107			
CO2	21.0 – 32.0			
Glucose	60-99	400	190	Increased due to Diabetes
BUN	7-25			
Creatinine	0.6-1.2	1.5	1.6	Kidney's are failing and unable to process the creatinine
Albumin	3.5-5.5			
Calcium	8.5-10.1			
Mag	1.5-2.6			
Phosphate	2.5-4.5			
Bilirubin	0.0			
Alk Phos	34-104			
AST	13-39			
ALT	7-52			
Amylase	23-470			
Lipase	20-86			
Lactic Acid	0.5-1.0	3.2	3.3	Increased due to sepsis

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
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<b>INR</b>	<b>0.9-1.1</b>			
<b>PT</b>	<b>10.1-13.1</b>			
<b>PTT</b>	<b>25-36</b>			
<b>D-Dimer</b>	<b>&lt;0.5</b>			
<b>BNP</b>	<b>&lt;125</b>			
<b>HDL</b>	<b>40-59</b>			
<b>LDL</b>	<b>100-129</b>			
<b>Cholesterol</b>	<b>&lt;200</b>			
<b>Triglycerides</b>	<b>&lt;150</b>			
<b>Hgb A1c</b>	<b>4-5.6%</b>	<b>7.8%</b>	n/a	<b>Increased due to diabetes</b>
<b>TSH</b>	<b>0.4-4.0</b>		n/a	

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Color &amp; Clarity</b>	<b>5.0-9.0</b>	<b>Dark Yellow cloudy</b>	n/a	<b>UTI</b>
<b>pH</b>	<b>5.0-8.5</b>	<b>7.8</b>	n/a	
<b>Specific Gravity</b>	<b>1.001-1.035</b>		n/a	
<b>Glucose</b>	<b>Neg</b>		n/a	
<b>Protein</b>	<b>Neg</b>		n/a	
<b>Nitrites</b>	<b>Neg</b>	<b>Positive</b>	n/a	<b>Nitrites indicate severe infection/sepsis</b>
<b>WBC</b>	<b>Neg 0-5</b>		n/a	
<b>RBC</b>	<b>Neg 0-5</b>		n/a	
<b>Leukoesterase</b>	<b>Neg</b>	<b>Positive</b>	n/a	<b>Increased due to infection from UTI</b>

**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	n/a	Positive	n/a	Positive for E. Coli
Blood Culture	n/a	Both blood cultures-positive	n/a	Indication of systemic infection (sepsis)
Sputum Culture	n/a		n/a	
Stool Culture	n/a		n/a	

**Lab Correlations Reference (APA):**

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference*. St. Louis, MO: Elsevier.

**Diagnostic Imaging**

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

- Chest X-Ray
- Electrocardiogram EKG

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

Chest x-ray showed normal results. The electrocardiogram showed sinus tachycardia. This could be because of his infection and fever which can cause a fast heart rate. His body is trying to fight the infection, so heart rate is increased.

**Diagnostic Test Reference (APA):**

Capriotti, T., & Frizzell, J.P. (Eds.) (2016). *Pathophysiology: Introductory Concepts and Clinical Perspective* (1st ed.). F.A. Davis Company.

**Current Medications (10 points, 1 point per completed med)  
\*10 different medications must be completed\***

**Home Medications (5 required)**

<b>Brand/ Generic</b>	<b>Metformin (Glucophage)</b>	<b>Simvastatin (Zocor)</b>	<b>Olmesartan (Benicar)</b>	<b>Levemir (Insulin Detemir)</b>	<b>Latanoprost Eye drops (Xalatan)</b>
<b>Dose</b>	<b>500 MG Tablet</b>	<b>40 mg tablet</b>	<b>20 mg tablet</b>	<b>30 units</b>	<b>1 drop each eye</b>
<b>Frequency</b>	<b>BID</b>	<b>Nightly</b>	<b>Daily</b>	<b>Nightly</b>	<b>Nightly</b>
<b>Route</b>	<b>PO</b>	<b>PO</b>	<b>PO</b>	<b>SubQ</b>	<b>Eye drop</b>
<b>Classification</b>	<b>Biguanides (Anti-diabetic)</b>	<b>Statins</b>	<b>Angiotensin receptor blocker (ARB)</b>	<b>Insulin</b>	<b>Ophthalmic glaucoma agents</b>
<b>Mechanism of Action</b>	<b>Decreases glucose production</b>	<b>Lowers level of LDL cholesterol and increases HDL, also lowers triglycerides</b>	<b>Blood vessels dilate &amp; BP is reduced</b>	<b>Lower levels of glucose in body</b>	<b>Used to treat glaucoma and eye pressure</b>
<b>Reason Client Taking</b>	<b>For type II diabetes</b>	<b>Hyperlipidemia</b>	<b>Hypertension</b>	<b>Diabetes type II</b>	<b>Glaucoma</b>
<b>Contraindications (2)</b>	<b>Chronic heart failure, metabolic acidosis without coma</b>	<b>Active liver disease, cyclosporine</b>	<b>Fetal toxicity, impaired renal activity</b>	<b>Hypoglycemia, hypersensitivity to Levemir</b>	<b>Hypersensitivity to latanoprost, benzalkonium chloride</b>
<b>Side Effects/ Adverse Reactions (2)</b>	<b>Physical weakness, diarrhea</b>	<b>Headache, abdominal pain</b>	<b>Cough, hyperkalemia</b>	<b>Dizziness, sweating</b>	<b>Eye pain, stinging of eyes</b>

<b>Nursing Considerations (2)</b>	<b>Pts should avoid heavy alcohol use, suspend therapy prior to any surgery</b>	<b>Use in caution with pt who are 65+ they are predisposed to myopathy, Chinese pts have increased risk for myopathy</b>	<b>Assess bp and pulse routinely for hypotension, monitor K levels, elevated BUN, liver enzymes</b>	<b>Monitor patient closely for signs and symptoms of a hypersensitivity reactions,</b>	<b>Do not touch tip of eye dropper to eye,</b>
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**Hospital Medications (5 required)**

<b>Brand/ Generic</b>	<b>acetaminophen Tylenol</b>	<b>Cipro/ Ciprofloxacin</b>	<b>Lorazepam/ Ativan</b>	<b>Dilaudid/ hydromorphone</b>	<b>NPH insulin/humulin</b>
<b>Dose</b>	<b>650 mg</b>	<b>400mg</b>	<b>0.5 mL</b>	<b>0.5 mg</b>	<b>40 units</b>
<b>Frequency</b>	<b>Q 4-6H</b>	<b>Q8H</b>	<b>Q8H</b>	<b>Q6H</b>	<b>After meals</b>
<b>Route</b>	<b>PO</b>	<b>IV</b>	<b>IV</b>	<b>IV</b>	<b>SubQ</b>
<b>Classification</b>	<b>Antipyretic Non-opioid analgesic</b>	<b>Fluroquinolone</b>	<b>Benzodiazepines</b>	<b>Opioid Narcotic</b>	<b>Insulin</b>
<b>Mechanism of Action</b>	<b>Inhibits enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the PNS.</b>	<b>Inhibits the enzyme DNA gyrase, which is responsible for the unwinding and supercoiling of bacterial DNA before it replicates</b>	<b>affects chemicals in the brain that may be unbalanced in people with anxiety</b>	<b>Attach to opioid receptors to relieve pain</b>	<b>lowers blood glucose within 1 to 2 hours administration and a peak effect at 6 to 8 hours</b>
<b>Reason Client Taking</b>	<b>For pain</b>	<b>To treat UTI</b>	<b>Anxiety</b>	<b>For pain</b>	<b>Diabetes</b>
<b>Contraindications (2)</b>	<b>Hypersensitivity to acetaminophen, Severe hepatic impairment</b>	<b>Concomitant administration with tizanidine, Hypersensitivity to Cipro</b>	<b>Alcohol, hypersensitivity to polyethylene glycol</b>	<b>Bronchial asthma, respiratory depression</b>	<b>Hypersensitivity to insulin, hypoglycemia</b>

<b>Side Effects/Adverse Reactions (2)</b>	<b>Agitation, Anxiety</b>	<b>Drowsiness, depression</b>	<b>CNS depression, anterograde amnesia</b>	<b>Constipation, nausea</b>	<b>Sweating, dizziness</b>
<b>Nursing Considerations (2)</b>	<b>Pt should not drink alcohol while taking this drug. Advise pt it is unsafe to take more than 4000 mg of acetaminophen in a 24 hr period</b>	<b>Obtain culture and sensitivity test results, as ordered, before giving ciprofloxacin Encourage patient to drink plenty of fluids during therapy to prevent crystalluria</b>	<b>Pt should not use if they are pregnant, can be habit forming which can cause addiction, drug overdose, or death</b>	<b>Avoid alcohol, Do not drive or operate heavy machinery</b>	<b>Frequent monitoring pts with renal or hep impairment, may be hypokalemia</b>

**Medications Reference (APA):**

Institute for Safe Medication Practices: ISMP Medication Safety Alert. <http://www.ismp.org/>.

Jones & Bartlett Learning. (2019). 2019 Nurse’s Drug Handbook. Burlington, MA

**Assessment**

**Physical Exam (18 points)**

<b>GENERAL (1 point):</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	<b>Confused, does not know his name, place, or time</b> <b>A&amp;O x1</b> <b>Aggitated</b> <b>Well-groomed and appropriately dressed</b>
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<p><b>INTEGUMENTARY (2 points):</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds: .</b>  <b>Braden Score:</b>  <b>Drains present: Y</b><input type="checkbox"/> <b>N</b><input checked="" type="checkbox"/>  <b>Type:</b></p>	<p><b>Pink, but nailbeds are pale</b>  <b>Dry/Normal</b>  <b>Warm</b>  <b>Normal turgor 2+</b>  <b>None</b>  <b>Small bruising on lt shoulder, couple on rt hand</b>  <b>12</b>  <b>n/a</b></p>
<p><b>HEENT (1 point):</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p><b>Head and neck symmetrical, neck veins flat, normal cephalic</b>  <b>Patient's ears are free of discharge, some hearing loss, hearing aids used, eyes symmetrical EOM, nose symmetry, no deviation, dentures well-groomed.</b></p>
<p><b>CARDIOVASCULAR (2 points):</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention: Y</b><input type="checkbox"/> <b>N</b><input checked="" type="checkbox"/>  <b>Edema Y</b><input type="checkbox"/> <b>N</b><input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	<p><b>Heart sounds normal S1 and S2, no gallops, rubs or murmors detected in S3 and S4.</b>  <b>Capillary refill is less than 3 seconds.</b>  <b>Peripheral pulses 2+ symmetric.</b>  <b>No neck vein distention</b></p>
<p><b>RESPIRATORY (2 points):</b>  <b>Accessory muscle use: Y</b><input type="checkbox"/> <b>N</b><input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p><b>Respirations are regular, symmetrical, no adventitious breath sounds are auscultated</b></p>
<p><b>GASTROINTESTINAL (2 points):</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>  <b>Distention:</b>  <b>Incisions:</b>  <b>Scars:</b>  <b>Drains:</b>  <b>Wounds:</b></p>	<p><b>Soft diet with liquids</b>    <b>5'5"</b>  <b>129 lbs</b>  <b>Bowel sounds are normoactive in all 4 quadrants</b>  <b>3:30 pm</b>  <b>No CVA tenderness</b>  <b>No abnormalities found upon inspection for incision, scars, drains, or wounds.</b>  <b>Abdomen slightly distended in lower quads</b></p>

<p><b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b></p>	
<p><b>GENITOURINARY (2 Points):</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Type:</b>  <b>Size:</b></p>	<p><b>Dark yellow</b>  <b>Cloudy</b>  <b>100 mL</b>   <b>French</b>  <b>16 g</b></p>
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p><b>Normal ROM</b>  <b>Cane</b>  <b>Strength in upper and lower extremities bilaterally</b>  <b>Minimal assist with ADLs</b>  <b>50</b>  <b>Pt is active and mobile w/minimal assist</b>   <b>No</b>  <b>No</b></p>
<p><b>NEUROLOGICAL (2 points):</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input checked="" type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p><b>Confused with name, time, and place</b>  <b>Articulative speech</b>  <b>Mature and cognitive</b>  <b>Garbled</b>  <b>No gross focal neurological deficits</b></p>
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b>  <b>Coping method(s):</b>  <b>Developmental level:</b></p>	<p><b>Family: Wife and 2 grown children</b>  <b>Mature</b></p>

<b>Religion &amp; what it means to pt: Personal/Family Data (Think about home environment, family structure, and available family support):</b>	<b>Lutheran and active in church</b>
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**Vital Signs, 2 sets (5 points)**

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
<b>1310</b>	<b>113</b>	<b>158/88</b>	<b>28</b>	<b>101.8 F</b>	<b>95%</b>
<b>1545</b>	<b>106</b>	<b>140/82</b>	<b>24</b>	<b>98.2 F</b>	<b>96%</b>

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

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>1315</b>	<b>1-10</b>	<b>n/a</b>	<b>8</b>	<b>Pt has pain but can't identify where at</b>	<b>Pain medicine</b>
<b>1550</b>	<b>1-10</b>	<b>n/a</b>	<b>4</b>	<b>Overall body</b>	<b>Pain medicine</b>

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV:</b> 20 g and 18 g <b>Location of IV:</b> Rt forearm and left forearm <b>Date on IV:</b> <b>Patency of IV:</b> patent <b>Signs of erythema, drainage, etc.:</b> none <b>IV dressing assessment:</b> clean, dry, intact	0.9 NS 100 mL/hr and Cipro 400 mg running/ Saline Lock for both

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>300 mL</b>	<b>1000 mL</b>

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care:** Pt was seen in the ED. Workup done shows presence of UTI with sepsis from elevated labs (WBC's, lactic acid, creatinine, sodium, and nitrites). Patient being admitted for management of UTI and worsening condition indicating sepsis infection. PT/OT will see patient to help with strength.

**Procedures/testing done:** CBC, CMP, Chest X-Ray, Urinalysis, Blood Culture, Urine Culture, EKG, lactic acid

**Complaints/Issues:** None, lengthy process but he said he can't complain

**Vital signs (stable/unstable):** Stable, sinus tachycardia

**Tolerating diet, activity, etc.:** Yes, tolerating diet and activity well

**Physician notifications:** The healthcare team will monitor the patient's symptoms and response to treatment. Labs, diet and medication will be monitored, as well as how the patient is feeling. Treatment will be adjusted as necessary. Inpatient for 1-2 more nights.

**Future plans for patient:** Pt will need IV antibiotics at long-term care facility

**Discharge Planning (2 points)**

**Discharge location:** To long-term care facility

**Home health needs (if applicable):** PT and OT

**Equipment needs (if applicable):** cane

**Follow up plan:** Encourage proper care of condition along with education on seeking treatment if condition worsens

**Education needs:** UTI and sepsis education will be given to patient and family

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
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<ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>		<ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p><b>1. Acute pain due to urinary elimination</b></p>	<p><b>Related to dysfunction in urinary elimination as evidenced by urinary frequency and burning on urination</b></p>	<p><b>1. Assess pt’s pattern of elimination</b></p> <p><b>2. Encourage increased fluid intake (3-4 liters a day if tolerated)</b></p>	<ul style="list-style-type: none"> <li>• <b>Goal met: pt tolerated the intervention well, nurse was able to document output</b></li> <li>• <b>Goal partially met: pt tolerated the intervention well, was able to increase fluids to 2.8 L</b></li> </ul>
<p><b>2. Sepsis related to UTI</b></p>	<p><b>Related to positive bacteria in lab tests as evidenced by culture and sensitivity showing E. coli and positive blood cultures</b></p>	<p><b>1. Monitor laboratory results (e.g., electrolytes, glucose, WBC count, bacteria in urine</b></p> <p><b>2. Encourage client to complete whole duration of antibiotic therapy</b></p>	<p><b>Goal met: labs monitored and rechecked to determine health status of infection</b></p> <p><b>Goal partially met: pt put on antibiotics and is scheduled for IV antibiotics at home</b></p>
<p><b>3. Confusion acute</b></p>	<p><b>Related to sepsis infection as evidenced by pt acting confused and agitated with fever of 101.8 F</b></p>	<p><b>1. Educate pt on importance of frequent bladder emptying to flush out bacteria</b></p> <p><b>2. Pt given Ativan and pain medicine to treat agitation and pain</b></p>	<p><b>Goal met: nurse initiated IV fluids and antibiotics</b></p> <p><b>Goal met: patient is now calm and comfortable, tolerated intervention well</b></p>

Other References (APA): n/a

Concept Map (20 Points):

## N321 Care Plan

### Subjective Data

Pt states, "I have much pain and it burns when I pee. Get me out of this prison!"

### Nursing Diagnosis/Outcomes

- 1. Acute pain due to urinary elimination:** Related to dysfunction in urinary elimination as evidenced by urinary frequency and burning on urination  
**Goal met: pt tolerated the intervention well, nurse was able to document output**  
**Goal partially met: pt tolerated the intervention well, was able to increase fluids to 2.8 L**
- 2. Sepsis related to UTI:** Related to positive bacteria in lab tests as evidenced by culture and sensitivity showing E. coli and positive blood cultures  
**Goal met: labs monitored and rechecked to determine health status of infection.**  
**Goal partially met: pt put on antibiotics and is scheduled for IV antibiotics at home**
- 3. Confusion acute:** Related to sepsis infection as evidenced by pt acting confused and agitated with fever of 101.8 F  
**Goal met: nurse initiated IV fluids and antibiotics**  
**Goal met: patient is now calm and comfortable, tolerated intervention well**

### Objective Data

Client's cc is urinary frequency and pain  
Chest x-ray showed normal results.  
The electrocardiogram showed sinus tachycardia. This could be because of his infection and fever which can cause a fast heart rate. His body is trying to fight the infection, so heart rate is increased.

### Patient Information

85-year Caucasian male is alert and orientated and lives in a long-term care facility with his wife. Both are living at long term care after the flood and their house become inhabitable. Two days ago, the staff started to notice Mr. Green acting out of sorts, then just yesterday Mr. Green started to become combative with the staff. He refused to eat and stated, "get me out of this prison." He states he has pain but cannot tell the location. He is agitated when asked questions. The wife states Mr. Green has been complaining of burning when he urinates and has to use the bathroom many times. He is incontinent which is not normal for him. He has been increasing his fluid intake to try to remedy the problem. The wife became concerned after Mr. Green started to become agitated and

### Nursing Interventions

- 1. Assess pt's pattern of elimination**
- 2. Encourage increased fluid intake (3-4 liters a day if tolerated)**
- 1. Monitor laboratory results (e.g., electrolytes, glucose, WBC count, bacteria in urine)**
- 2. Encourage client to complete whole duration of antibiotic therapy**
- 1. Educate pt on importance of frequent bladder emptying to flush out bacteria**
- 2. Pt given Ativan and pain medicine to treat agitation and pain**

## N321 Care Plan

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