N311 Care Plan #4

Lakeview College of Nursing

Matthew Catlett

Demographics (/5 points)

Date of Admission	Patient Initials	Age	Gender
01/18/20	R.J.	60	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	N/A	Married	Sulfa
Code Status	**Height**	**Weight**	
Full Code	182.9 cm (72 in.)	104.5 kg (230 lbs)	

Medical History (/5 Points)

Past Medical History: Chronic renal failure, type 2 diabetes, peripheral vascular disease, coronary artery disease, and atrial fibrillation.

Past Surgical History: N/A

Family History: Hypertension (maternal and paternal), congestive heart failure (paternal)

Social History (tobacco/alcohol/drugs): One pack of cigarettes/day, 3-5 alcoholic beverages/week.

Admission Assessment

Chief Complaint (/2 points): SOB, weakness

History of present Illness (/10 points): 60 y/o male admitted to the emergency department on reporting shortness of breath and weakness relating to right upper lobe pneumonia. Client shows elevated respirations and states “It feels like there is an elephant on my chest.” Client reports symptoms began two days ago intermittently. Client describes pain as 1/10. Pressure on chest is relieved when sitting up. Client states doing any physical work causes pressure to intensify and must sit down to stop the shortness of breath. Client does not take any medications currently to relieve chest tightness.

Primary Diagnosis

Primary Diagnosis on Admission (/3 points): Chronic renal failure

Secondary Diagnosis (if applicable): Pneumonia

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

Chronic kidney disease, or chronic kidney failure, is the gradual decrease in kidney function over time, resulting in the kidney being unable to filter the blood and eliminate waste and excess fluid from circulation. This can lead to dangerous amounts of waste within the blood, and excess fluid within the body. The client is experiencing excess fluid within his body, which is seen by his edema and pneumonia. Other symptoms of kidney failure include nausea, vomiting, changes in urination, and shortness of breath. Causes of kidney failure include high blood pressure, glomerulonephritis, and polycystic kidney disease. Another cause of kidney failure is type 1 or type 2 diabetes. In this client's case, his kidney failure was more than likely caused by his type 2 diabetes, and his inability to manage his diabetes. Kidney failure can also cause rise in potassium found in the blood, which this client suffers from. Other complications include heart disease, vascular disease, osteoporosis, anemia, damage to the CNS, and end-stage kidney disease, which is irreversible damage to the kidneys that requires a kidney transplant or dialysis. Prevention of kidney disease includes taking over the counter medications as indicated, maintaining a healthy weight, exercise, a balanced diet, staying away from tobacco use, and managing any disease that may exacerbate kidney issues.

To diagnose kidney failure, there are a few tests that can be performed to identify kidney issues. This include blood tests, which can measure the amount of waste within your blood (creatinine, urea, bilirubin), urine tests, and imaging tests, which can assess the size

and structure of the kidneys. Kidney disease can not be reversed, but it can be controlled. A doctor may control kidney disease through treatment of diseases that may worsen kidney function.

Pathophysiology References (/2) (APA):

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

Chronic kidney disease. (2019, August 15). Retrieved from https://www.mayoclinic.org/diseases-conditions/chronic-kidney-disease/symptoms-causes/syc-20354521

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	**4.00-6.10**	**2.7**	**NA**	**Low RBC count related to kidney disease.**
Hgb	**14.0-18.0 g/dL**	**9.3 g/dL**	**NA**	**Hgb is low due to decrease in RBCs.**
Hct	**37.0-51.0%**	**28.2%**	**NA**	**Hematocrit is low due to decrease in RBCs.**
Platelets	**150-400**	**162**	**NA**	
WBC	**5.00-12.00**	**16.1**	**NA**	
Neutrophils	**2.0-8.0 x 10^9/L**	**3.0 x 10^9/L**	**NA**	
Lymphocytes	**1.0-4.0 x 10^9/L**	**3.0 x 10^9/L**	**NA**	
Monocytes	**0.2-0.8 x 10^9/L**	**0.3 x 10^9/L**	**NA**	
Eosinophils	**< 0.5 x 10^9/**	**0.3 x**	**NA**	

	L	**10^9/L**		
Bands	**< 1.0 x 10^9/ L**	**0.4 x 10^9/L**	**NA**	

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 mEq/L**	**128 mEq/ L**	**NA**	**Sodium decreased due to inability to void urine.**
K+	**3.5-5.0 mEq/L**	**5.1 mEq/L**	**NA**	**Potassium increased due to inability to void urine.**
Cl-	**98-106 mEq/L**	**100 mEq/ L**	**NA**	
CO2	**35-45 mm Hg**	**40 mm Hg**	**NA**	
Glucose	**70-100 mg/ dL**	**71 mg/dL**	**NA**	**Glucose elevated due to diabetes; inability to adhere to diabetic management plan.**
BUN	**8-20 mg/dL**	**44 mg/dL**	**NA**	**Elevated BUN caused by kidney disease.**
Creatinine	**0.7-1.3 mg/ dL**	**3.0 mg/dL**	**NA**	
Albumin	**3.5-5.5 g/dL**	**4.2 g/dL**	**NA**	
Calcium	**9.0-10.5 mg/dL**	**8.7 mg/dL**	**NA**	**Decreased calcium caused by kidney disease.**
Mag	**1.5-2.4 mg**	**1.8 mg**	**NA**	
Phosphate	**3.0-4.5 mg/ dL**	**3.6 mEq/L**	**NA**	
Bilirubin	**0.3-1.2 mg/ dL**	**2.8 mg/dL**	**NA**	**Increased bilirubin due to inefficient kidney function.**
Alk Phos	**36-92 U/L**	**NA**	**NA**	

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	Pale yellow-Yellow; Clear	Clear; Yellow	NA	
pH	5-7	5	NA	
Specific Gravity	1.005-1.025	1.02	NA	
Glucose	Negative	Negative	NA	
Protein	Negative	Negative	NA	
Ketones	Negative	Negative	NA	
WBC	<5	Negative	NA	
RBC	<3	Negative	NA	
Leukoesterase	Negative	Negative	NA	

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*	N/A*
Blood Culture	Negative	*	*	*
Sputum Culture	Negative	*	*	*
Stool Culture	Negative	*	*	*

Lab Correlations Reference (APA): ATI. (2016). *RN Adult Medical Surgical Nursing* (10.0 ed., Content Mastery Series)

Diagnostic Imaging

All Other Diagnostic Tests (/10 points): Patient received bladder scan to identify inability to void urine. Patient also received chest x-ray, which showed opacity in right upper lobe of lung and scant opacity in left lung. This identifies that pneumonia is present within the right upper lobe.

Current Medications (/10 points, 2 points per completed med)

Brand/Generic	**Digoxin (Lanoxin)**	**0.9% sodium chloride (saline solution)**	**Vancomycin hydrochloride (Vancocin)**	**Acetaminophen (Tylenol)**	**Glipizide (Glucotrol XL)**
Dose	**0.125 mg**	**1000 mL**	**750 mg**	**650 mg**	**10 mg**
Frequency	**Once daily**	**100 mL/hr**	**BID**	**Every 4 hours, or PRN**	**BID**
Route	**PO**	**IV**	**IV bolus**	**PO**	**PO**
Classification	**Antiarrythmic**	**Crystalloid**	**Antibiotic**	**Antipyretic and nonopioid analgesic**	**Antidiabetic**
Mechanism of Action	**Increases the force and velocity of myocardial contraction, resulting in positive inotropic effects.**	**Allows regulation of fluid through osmosis.**	**Inhibits bacterial RNA and cell wall synthesis.**	**Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the PNS.**	**Stimulates insulin release from beta cells in pancreas.**
Reason Client Taking	**To control ventricular response rate in chronic atrial**	**Regulation of fluid**	**To treat pneumonia**	**Pain control**	**To regulate blood glucose.**

	fibrillation				
Contraindications (2)	**Ventricular fibrillation, hypersensitivity to digoxin.**	**N/A**	**Hypersensitivity to corn or corn products when given with dextrose solutions, hypersensitivity to vancomycin.**	**Hypersensitivity to acetaminophen; liver disease**	**Hypersensitivity to glipizide.**
Side Effects/Adverse Reactions (2)	**Heart block, arrhythmias**	**N/A**	**Hypotension, acute kidney injury.**	**Hypertension; hepatotoxicity**	**Arrythmias, Hypoglycemia**

5 <u>different</u> medications must be completed

Medications (5 required)

Medications Reference (APA): Jones & Bartlett Learning. (2020). *2020 Nurses drug handbook*. Burlington, MA.

Assessment

Physical Exam (18/18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**-Client was alert and oriented.** **-Client showed signs of distress due to SOB.** **-Client was well groomed.**
INTEGUMENTARY: **Skin color:**	**-Clients skin was dry** **-Clients skin temperature was warm to the**

Character: **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**touch** **-Clients skin turgor was >5 seconds.** **-No rashes or bruises present.** **-Wound present on posterior of right foot.**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**-Head/Neck: Normal; no deviations, symmetrical.** **-Ears: TM pearly grey; without drainage** **-Eyes: Sclera's are slightly yellow, positive RLR, Rosenbaum 14/14** **-Nose: Moist, pink; no septal deviation** **-Teeth: Dentition good, client does not use dentures.**
CARDIOVASCULAR: **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:**	**-Heart sounds erratic, palpations present.** **-Capillary refill < 3 seconds.** **-Pulses present bilaterally on upper and lower extremities, 2+ throughout.** **-Edema present in lower extremities.**
RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	**-Respirations are slightly elevated.** **-Lung sounds present with crackles.** **-Breathing is labored.**
GASTROINTESTINAL: **Diet at home:** **Current Diet: Regular** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM: Two days ago.** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	**-Bowel sounds present; normoactive.** **-Abdomen is tender upon palpation.**

Ostomy: Y ☐ N ☒ **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size: N/A**	**-Urine is yellow; clear.** **-Urine output is scant (50 mL in 7 hours)** **-Genitals moist and pink.**
MUSCULOSKELETAL: **Neurovascular status:** **ROM: Full, without deficit.** **Supportive devices: None** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**-Client is independent.** **-Full ROM** **-Moves without any assistive devices.**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**-Client was alert and oriented.** **-Pupils were equal and reactive to light.** **-Speech was normal.** **-No mental impairments present.**
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):**	-Client is African American -Client does not identify with any religion. -Uses alcohol to cope. -Patient lives with wife. -Client has 2 daughters, 1 son.

Vital Signs, 1 set (/5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1630	**164/radial** **A-fib**	**80/62** **Left arm**	**30**	**99.0** **Fahrenheit**	**91%** **3L/O2/NC**

Pain Assessment, 1 set (/5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1530	**1/10**	**Chest**	**Dull,**	**"Dull, non intense, tightness,"**	**Client received Advair and albuterol to relieve chest tightness.**

Intake and Output (/2 points)

Intake (in mL)	Output (in mL)
0400- 1000 mL/IV **0600- 200 mL/IV** **0800-150 mL/PO, 50 mL/IV, 150 mL/IVPB** **1000-160 mL/IV, 50 mL IVPB** **1100- 100 mL/IV** **Total: 1860 mL**	**1100- 50 mL/Urine** **Total: 50 mL**

Nursing Diagnosis (/15 points)
Must be NANDA approved nursing diagnosis

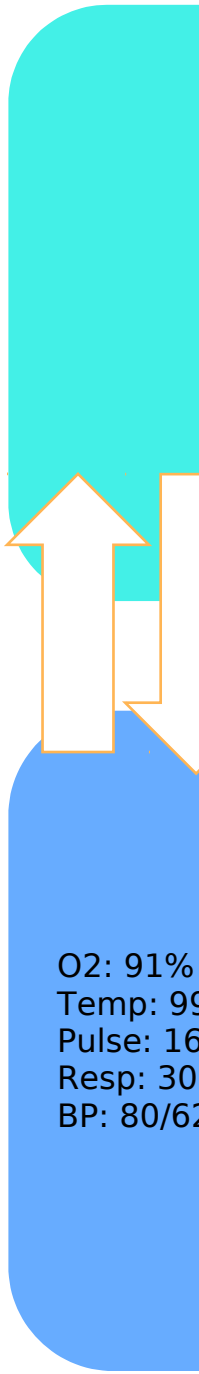
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Excess fluid volume related to kidney disease as evidenced by decreased urine output.	**The client is retaining fluid due to lack of normal kidney function, inability to excrete excess fluid.**	**1. Limit client's intake of fluids to 1,200 mL/day.** **2. Limit sodium intake to <1,500 mg/ day.**	**Goal met: Client's fluid intake limited to 1,200 mL/day causing client to retain less fluid.** **Goal met: Limiting sodium intake to <1,500 mg/day helped in decreasing fluid retention.**
2 Disruption of gas exchange related to pneumonia as evidenced by decreased oxygen saturation.	**The client is unable to inspire O2 and expire CO2 due to excess fluid within the lungs as seen by the chest x-ray.**	**1. Raise client's bed to semi-Fowlers or high-Fowlers position.** **2. Administer 2L/O2/NC to help maintain oxygen saturation.**	**Goal met: Client's breathing became unlabored after head of bed was elevated to high-Fowlers.** **Goal semi-met: Client's oxygen saturation increased marginally from 91% to 92%. Oxygen rate was increased to 3L.**

Other References (APA):

Concept Map (/20 Points)

Subjective Data

Nursing Diagnosis/Outcomes



Nursing Interventions

Objective Data

Patient Information

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