N321 Care Plan #3

Lakeview College of Nursing

Name

Khyati Patel

Demographics (3 points)

Date of Admission 03/03/2020	Patient Initials CF	Age 71	Gender Female
Race/Ethnicity Caucasian	Occupation Unemployed	Marital Status Widowed	Allergies Atorvastatin
Code Status Full code	Height 5'11'' (180.3 cm)	Weight 198 lb (89.8 kg)	

Medical History (5 Points)

Past Medical History: Anxiety disorder, Depression, Arthritis, Colon polyps, Diabetes Mellitus, Diverticulitis, DVT, GERD, HTN

Past Surgical History: Cataract removal (bilateral), cholecystectomy, Hysterectomy, Tubal ligation

Family History: Mother – Arthritis, Alzheimer's disease
Father – Lung cancer

Social History (tobacco/alcohol/drugs): Never smoke (Passive smoke exposure – husband smoked 18 years), never used smokeless tobacco or no alcohol use.

Assistive Devices: None (but needs one-person assistance to stand up from bed)

Living Situation: Home- Lives with son

Education Level: Graduate from high school

Admission Assessment

Chief Complaint (2 points): Severe left lower extremity pain

History of present Illness (10 points): Patient was admitted on 3/3/2020 patient came from ER. Patient had a very significant low bp and patient also states feeling dizziness in ER. She has CT-scan done of the lower back. There is a thecal sac impingement and spinal stenosis. This is probably causing minor impingement at all. The pain is very significant. Patient seen by PT/OT. Patient has very significant left-sided back spasm in the lumber area. Possible left-sided lower extremity radiculopathies present as well.

The patient likely received 2 liters of 0.9 NS bolus to increase her blood pressure while still giving small doses of Fentanyl 25 mcg IV PRN to help control the pain without impacting her blood pressure more and so she could lay flat and hold still in the CT scanner.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Hypotension

Secondary Diagnosis (if applicable): Thecal sac impingement with spinal stenosis

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

Pathophysiology:

Hypotension is a physiologic state in which the arterial blood pressure is abnormally low. For an adult, hypotension exists when the systolic pressure is less than 90 mmHg and the diastolic pressure is less than 60 mmHg. Hypotension reduces blood flow and therefore oxygen delivery to organs and tissues, which may cause cellular damage and dysfunction. When oxygen delivery is insufficient to support tissue metabolic requirements, a person is said to be in circulatory shock. Because arterial pressure is determined by cardiac

output, venous pressure and systemic vascular resistance, a reduction in any of these variables can lead to hypotension. Hypotension may result from:

Reduced cardiac output

Hypovolemia

Blood volume redistribution

Reduced systemic vascular resistance

Vascular obstruction (e.g., pulmonary embolism) (Klabunde, n.d).

Signs/symptoms: Symptoms of hypotension can include fatigue, lightheadedness, dizziness, nausea, clammy skin, depression, loss of consciousness, blurry vision (Roth, 2019).

Expected findings: Confusion, especially in older people, Cold, clammy, pale skin, Rapid, shallow breathing, Weak and rapid pulse

Labs and Diagnostic testing:

Blood tests. These can provide information about overall health, including low blood sugar or anemia, both of which can cause low blood pressure.

Blood pressure monitoring

Electrocardiogram (ECG or EKG). This noninvasive test detects irregularities in the heart rhythm or heart structure, and problems with the supply of blood and oxygen to the heart muscle.

Stress test. A stress test is performed while exercising, such as walking on a treadmill. When heart is working harder, heart will be monitored with electrocardiography, echocardiography or other tests (Mayo Clinic, 2018).

Treatment:

Use more salt. Experts usually recommend limiting salt in your diet because sodium can raise blood pressure, sometimes dramatically. For people with low blood pressure, that can be a good thing. But because excess sodium can lead to heart failure, especially in older adults, it's important to check with your doctor before increasing the salt in your diet.

Drink more water. Fluids increase blood volume and help prevent dehydration, both of which are important in treating hypotension.

Wear compression stockings. The elastic stockings commonly used to relieve the pain and swelling of varicose veins can help reduce the pooling of blood in your legs.

Medications. Several medications can be used to treat low blood pressure that occurs when you stand up. For example, the drug fludrocortisone, which boosts your blood volume, is often used to treat this form of low blood pressure (Mayo Clinic, 2018).

Listed clinical data that correlates to this patient: This patient diagnosed with severe hypotension. Patient is taking Losartan to treat hypertension so may be that affects, and hypotension is a side effect of Losartan. Patient is on continuous monitoring on blood pressure. She is triggering her vagus nerve by bearing down and trying to have a bowel movement which is causing her hypotension and could have caused enough pressure to cause the impingement in her back.

Pathophysiology References (2) (APA):

Roth, E. (2019, May 8). *Everything You Need to Know About Low Blood Pressure*. Retrieved from https://www.healthline.com/health/hypotension

Klabunde, R. E. (n.d.). *Hypotension - Introduction*. Retrieved from https://www.cvphysiology.com/Blood Pressure/BP030

Mayo Clinic. (2018, March 10). *Low blood pressure (hypotension).* Retrieved from https://www.mayoclinic.org/diseases-conditions/low-blood-pressure/diagnosis-treatment/drc-20355470

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	**4.40 – 5.80**	4.51	4.87	
Hgb	**12.0 – 18.0**	13.7	12.2	
Hct	**37.0 – 51.0 %**	40.0	40.6	
Platelets	**140 - 440**	277	257	
WBC	**4.00 – 12.00**	4.40	4.00	
Neutrophils	**40 - 68**	58	67.3	
Lymphocytes	**18 - 49**	20.4	18.1	

Monocytes	**3.0 – 13.0**	7.5	10.3	
Eosinophils	**0.0 – 8.0**	3.1	3.2	
Bands	**<1**	0.8	0.3	

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**	**138**	**141**	
K+	**3.5 – 5.2**	**4.0**	**3.9**	
Cl-	**98 - 108**	**102**	**107**	
CO2	**22 - 29**	**29**	**28**	
Glucose	**70 - 100**	**115 (H)**	**148 (H)**	**High blood sugar is because of patient have diabetes mellitus**
BUN	**8 - 25**	**16**	**15**	
Creatinine	**0.6 – 1.3**	**0.87**	**0.86**	
Albumin	**3.5 – 5.7**	**4.2**	**3.5**	

Calcium	**8.6 - 10**	**9.5**	**9.3**	
Mag	**1.5 – 2.6**	**N/A**	**N/A**	
Phosphate	**2.5 – 4.5**	**N/A**	**N/A**	
Bilirubin	**0.2 – 0.8**	**0.6**	**0.5**	
Alk Phos	**34 - 104**	**67**	**52**	
AST	**13 - 39**	**35**	**33**	
ALT	**7 - 52**	**35**	**31**	
Amylase	**23 - 85**	**N/A**	**N/A**	
Lipase	**0 -160**	**N/A**	**N/A**	
Lactic Acid	**0.5 – 1.0**	**N/A**	**N/A**	

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	**10.1 – 13.1**	N/A	N/A	
PTT	**25 - 36**	N/A	N/A	
D-Dimer	**<0.5**	N/A	N/A	
BNP	**<125**	N/A	N/A	
HDL	**40 - 59**	N/A	N/A	
LDL	**100 - 129**	N/A	N/A	
Cholesterol	**<200**	N/A	N/A	
Triglycerides	**<150**	N/A	N/A	
Hgb A1c	**4 – 5.6**	N/A	N/A	
TSH	**0.4 – 4.0**	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 Clear	Yellow Clear		
pH	5.0-8.0	6.0		
Specific Gravity	1.005-1.034	1.006		

Glucose	Negative	Negative		
Protein	Negative	Negative		
Ketones	Negative	Negative		
WBC	Negative/ 0-5	0-5		
RBC	Negative/ 0-2	0-2		
Leukoesterase	Negative	Negative		

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):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2019). *Mosby's Diagnostic and Laboratory Test Reference* (14th ed.). St.Louis, Mo: Elsevier

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT lumbar spine wo contrast:

There is disc degeneration at the L2-3 interspace with a vacuum phenomenon noted. There is minimal anterolisthesis of L4 and L5. There is a vacuum phenomenon at L5-S1
At L4-5, there is bilateral facet and ligament hypertrophy causing posterior lateral indentation on the thecal sac and a mild to moderate stenosis.

Diagnostic Test Correlation (5 points):

CT was done because patient was complaining about severe left lower extremity pain.
Vacuum phenomenon involves one or more intervertebral discs and can be caused by an accumulation of gas with the discs. It usually represents advanced disc degeneration. Since discs are integral to anterior spinal support, vacuum disc is a sign of instability.

Diagnostic Test Reference (APA):

Krans, B. (2017, July 8). *Lumbar Spine CT Scan: Purpose, Procedure & Risks.* Retrieved from https://www.healthline.com/health/lumbar-spine-ct-scan

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2019). *Mosby's Diagnostic and Laboratory Test Reference* (14th ed.). St.Louis, Mo: Elsevier

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	**Acetaminophen (Tylenol)**	**Azathioprine (Imuran)**	**Metformin (Glucophage)**	**Losartan (Cozaar)**	**Omeprazole (Prilosec)**
Dose	650 mg	50 mg	500 mg	100 mg	20 mg
Frequency	Q6h PRN	Daily	BID with	Daily	Daily

			meals		
Route	Oral	Oral	Oral	Oral	Oral
Classification	Antipyretic and Analgesic	Antimetabolite	Antidiabetic	Antihypertensive	Antiulcer
Mechanism of Action	Inhibits the enzyme cyclooxygenase, interfering with pain impulse generation in peripheral nervous system.	May prevent proliferation and differentiation of activated T and B cells by interfering with purine and nucleic acid synthesis	May promote storage of excess glucose as glycogen in the liver, which reduces glucose production.	Blocks binding of angiotensin II to receptor sites in may tissues	Interferes with gastric acid secretion by inhibiting the hydrogen potassium ATPase enzyme or proton pump, in gastric parietal cells.
Reason Client Taking	To relieve pain	To reduce signs and symptoms of arthritis	To reduce blood glucose level	To manage hypertension	To treat symptomatic GERD
Contraindications (2)	-Hypersensitive to acetaminophen or its component -Severe hepatic impairment and active liver disease	- Hypersensitive to drug or its component -Caution with renal impairment	-Advanced renal disease - Hypersensitivity to drug and its component -Metabolic acidosis	- Hypersensitivity to drugs and its component - pregnancy -caution if renal impairment, hepatic impairment	-Hypersensitive to drugs and its component -caution if hypomagnesemia
Side Effects/Adverse Reactions (2)	GU: Oliguria MS: Muscle spasm HEME: Hemolytic anemia, leukopenia, neutropenia	HEME: Anemia, Leukopenia GI: hepatotoxicity, nausea, pancreatitis	CNS: headache ENDO: hypoglycemia GI: nausea, vomiting	CV: Hypotension MS: Back pain, leg pain, muscle spasms	CNS: Agitation, dizziness, drowsiness MS: back pain, joint pain
Nursing Considerations (2)	-Use acetaminophen cautiously in	- Give oral azathioprine in divided doses	-Know that metformin should never be	-Monitor blood pressure and renal function	-Give before meals, preferably in the

	patient with hepatic impairment -Monitor the end of a parenteral infusion to prevent possibility of air embolism	or with meals if GI upset occurs. - Know the hematologic reactions typically are dose related.	given to a patient with severe renal impairment - Monitor patient's blood glucose level to evaluate drug effectiveness.	studies as ordered, to evaluate drug effectiveness -Periodically monitor patient's serum potassium level, as ordered, to detect hyperkalemia	morning. -Monitor patient's urine output because this drug may cause acute interstitial nephritis.

Hospital Medications (5 required)

Brand/Generic	**Clopidogrel (Plavix)**	**Enoxaparin (Lovenox)**	**Methocarbamol (Robaxin)**	**Ondansetron (Zofran-ODT)**	**Pantoprazole (Protonix)**
Dose	75 mg	40 mg	750 mg	4 mg (disintegrating tab)	40 mg
Frequency	Daily	Q24h	4 times a day	Q6h PRN	Daily
Route	Oral	Subcutaneous	Oral	Oral	Oral

		injection			
Classification	Platelet aggregation inhibitor	Antithrombotic	Skeletal muscle relaxant	Antiemetic	Antiulcer
Mechanism of Action	Binds to ADP receptors on the surface of activated platelets and prevents fibrinogen from attaching to receptors	Binds with Antithrombin III and inactivates clotting factors.	May depress CNS, which leads to sedation and reduced skeletal muscle spasms. Also alters perception of pain	Block serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine.	Interferes with gastric acid secretion by inhibiting the hydrogen potassium ATPase enzyme
Reason Client Taking	To reduce thrombotic event such as stroke	To prevent DVT	To relieve discomfort caused by acute, painful musculoskeletal condition	To prevent nausea and vomiting	To treat erosive esophagitis associated with GERD
Contraindications (2)	-Active pathological bleeding including peptic ulcer and intracranial hemorrhage - Hypersensitivity to drug or its components	-Active major bleeding - Hypersensitivity to pork products	- Renal impairment - seizure disorder - hypersensitivity to drug or its component	-Concomitant use of apomorphine -congenital long QT syndrome	- hypersensitivity to drug or its components - caution if long term use or caution if hypomagnesemia
Side Effects/Adverse Reactions (2)	CV: Chest pain, edema, hypertension MS: Arthralgia, back pain, myalgia	GI: Bloody stools, elevated liver enzyme GU: Hematuria, menstrual irregularities	CNS: Dizziness, drowsiness, fever, seizures CV: Bradycardia, hypotension, thrombophlebitis	RESP: Bronchospasm, pulmonary GI: Anorexia, indigestion, flatulence	ENDO: hyperglycemia RESP: Bronchitis, dyspnea, increased cough
Nursing	-Monitor patient who	- Test stool for occult blood as	- Crush tablet and mix with water or	-Use calibrated container or oral	-Monitor urine output because

Considerations (2)	takes aspirin closely because risk of bleeding is increased. -Obtain blood cell count, as ordered, whenever sign and symptoms suggest a hematologic problem	ordered. - Check serum potassium level for elevation, especially patient with renal impairment.	saline solution for administration by NG tube - Don't give methocarbamol by subcutaneous route - Be aware that the parenteral dosage form shouldn't be used in patients with renal impairment	syringe to measure dose of oral solution -Monitor patient closely for signs and symptoms of hypersensitivity	drug may cause acute interstitial nephritis. -Know that proton pump inhibitors should not be given longer than medically necessary.

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurse's Drug Handbook* (18th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert and oriented times 3 No acute distress Appears well-developed Not toxic appearing or diaphoretic
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:**	Skin color was normal according to ethnicity Skin was warm Skin turgor indicates adequate hydration No rashes No lesion No Bruises

Bruises: **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	No wounds Braden score: 23
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and Neck are symmetrical trachea is midline without deviation Ears: moist and pink without lesions Sclera and cornea clear, PERRLA Nose was moist, no bleeding or polyps Patients has own teeth and in good condition.
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:**	S1 and S2 heart sounds were auscultated No murmur gallops Capillary refill was less than 3 seconds Peripheral pulses were present
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Effort normal, regular even, non-breath sounds, normal, symmetrical No wheezes or crackles noted

GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Carb consistent 5'11" 198 lbs Absent bowel sounds Last BM: 2/12/2020 No CVA tenderness No abnormalities found upon inspection for distention, incision, or drains. No wounds
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Yellow Clear, Not cloudy 470 mL **N/A**
MUSCULOSKELETAL (2 points): **Neurovascular status:**	Pt alert and responsive Active and Passive ROM performed

ROM: **Supportive devices:** **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☐**	None Strength in upper and lower extremities bilaterally Fall score: 4 Pt is active and mobile, but nurse was there to help her if she wants to go to bathroom
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Alert and oriented times 3 Mood is appropriate to circumstances Thoughts and judgement are normal
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):**	Coping method: talking with someone “suffer throughout” Christian and she go every Sunday and Saturday night to church Family support is good Son and daughter were always on the phone to ask her health

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

0740	**62**	**129/78**	**16**	**97.8**	**95**
1110	**68**	**121/69**	**16**	**96.5**	**100**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0740	**Numeric**	**Lower back**	**2**	**Stabbing**	**Pain medication given**
1110	**Numeric**	**N/A**	**0**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	20 gauge Right AC 03/03/2020 Open IV is in good condition and flushes well, there was no sign of erythema or drainage, IV dressing clear, dry and intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 mL	470 mL

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was cooperative and didn't have any complains. She said she is having pain in the left lower back only when she moves and walk. She also mentioned that she didn't have any BM since last week.

Procedures/testing done: CT lumbar spine

Complaints/Issues: No issues

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Patient states that she is constipated and didn't have any BM since last week.

Physician notifications: Doctor told verbally about discharge today but waiting for doctor's orders.

Future plans for patient: Discharge soon today

Discharge Planning (2 points)

Discharge location: Home with son

Home health needs (if applicable): Physical therapy

Equipment needs (if applicable): None

Follow up plan: Asked to see a physician in 1 week

Education needs: Drink more fluids to prevent constipation

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. Risk for fall related to hypotension as evidenced by dizziness	Patient states that's she feels dizziness	**1.** Move items used by the patient within easy reach, such as call light, urinal, water, and telephone. **2.** Bed and chair alarms must be secured when patient gets up without support or assistance**.**	Patient was using call light and asking if she want anything
2. Risk for unstable blood glucose related to lack of adherence to diabetes management as evidenced by blood sugar 148	Patient's blood sugar was 148	**1.** Assist the patient in identifying eating patterns that need to be modified. **2.** Refer the patient to an exercise physiologist if needed for specific exercise necessary for the patient	Patient ask to order lunch with less sugar and agree to do exercise with the help of PT
3. Constipation related to inadequate fluid intake as evidenced by absent bowel sounds	Patient has absent bowel sounds and was complaining about constipation	**1**. Encourage the patient to take in fluid 2000 to 3000 mL/day, if not contraindicated medically. **2.** Assist patient to take at least 20 g of dietary fiber (e.g., raw	Patient verbalizes measures that prevent or treat constipation and starts drinks fluids

		fruits, fresh vegetable, whole grains) per day.	

Other References (APA):

Swearingen.P.(2016). ***All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*** **(4th ed.). St.Louis, MO: Elsevier**

Concept Map (20 Points):

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Subjective Data

Patient states she is having left lower back pain and she rated 2/10 on numeric scale. She was also feeling dizzy. Patient was constipated.

Objective Data

Pt is a 71 y.o female who was admitted to SHMC on 03/03/2020 with complaint of severe left lower

Blood glucose

CT lumbar spine: There is disc degeneration at the L2 inferospace with a vacuum phenomenon noted and L5. There is minimal retrolisthesis of L4 on at L5-S1

Past medical history of Anxiety disorder, Depression, Arthritis, Colon polyps, Diabetes Mellitus, Bilateral hip replacement, HLD, GERD, HTN. Patient is a full code

Patient Information

Nursing Diagnosis/Outcomes

1. Risk for fall related to dizziness
Outcome: Patient was using call light and asking if she want anything

2. Risk for unstable blood glucose related to lack of adherence to diabetes management as evidenced by blood sugar 148
Outcome: Patient ask to order lunch with less sugar and agree to do exercise with the help of PT

3. Constipation related to inadequate fluid intake as evidenced by absent bowel sounds
Outcome: Patient verbalizes measures that prevent or treat constipation and starts drinks fluids

Nursing Interventions

1. Move items used by the patient within easy reach, such as call light, urinal, water, and telephone.
2. Bed and chair alarms must be secured when patient gets up without support or assistance.

1. Assist the patient in identifying eating patterns that need to be modified.
2. Refer the patient to an exercise physiologist if needed for specific exercise necessary for the patient

1. Encourage the patient to drink fluid 2000 to 3000 mL/day, if [illegible] allows.
2. Assist patient to take at least 20 g of dietary fiber (e.g., raw fruits, fresh vegetable, whole grains) per day.

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