N311 Care Plan #5

Lakeview College of Nursing

Matthew Catlett

Demographics (/5 points)

Date of Admission	Patient Initials	Age	Gender
08/01/20	J.J.	78	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired	Widowed	NKA
Code Status	**Height**	**Weight**	
Full Code	170 cm (67 in.)	71 kg (156 lbs)	

Medical History (/5 Points)

Past Medical History: Congestive heart failure, diabetes.

Past Surgical History: Two previous surgeries on left hip within the last 5 years.

Family History: Hypertension (maternal and paternal), dementia (maternal)

Social History (tobacco/alcohol/drugs): No use of alcohol or tobacco.

Admission Assessment

Chief Complaint (/2 points): Confusion

History of present Illness (/10 points): 78 y/o female admitted to the emergency department with reports of confusion. Client shows signs of agitation and fatigue. Client has trouble breathing and has difficulty conversing with healthcare staff. Client also states that she feels "overall unwell and sometimes I have cramps," and states that she was diagnosed with a urinary tract infection a week prior to admission. Client also reports frequent urge to use the restroom without ability to expel urine. Client's trouble with breathing minimally relieved with changing position to semi-Fowlers. Client is on medication for urinary tract infection.

Primary Diagnosis

Primary Diagnosis on Admission (/3 points): Urosepsis

Secondary Diagnosis (if applicable): Shock

Pathophysiology of the Disease, APA format (/20 points): A urinary tract infection, or UTI, is the presence of high white blood cells within the urinary tract. The bacteria that is usually present with a UTI is E. coli. Women are more likely to get a UTI compared to men because of the smaller distance between the anus and the urethra. When bacteria from the anus meets the urethra, that allows the bacteria to move up the urinary tract and multiply. This is how UTI's start and without proper hygiene it is very easy for a UTI to occur.

Other risk factors for a UTI include tight clothing, improper hygiene, sexual intercourse, a suppressed immune system, menopause, certain birth controls, and diabetes. If someone is suspected to have a UTI, the care provider will have a urine culture taken to identify if there is any bacteria or white blood cells present within the urine.

Signs and symptoms of a UTI include itching, burning, hesitancy, frequency, cloudy urine, strong smelling urine, and pelvic pain. Depending on where the infection is within the urinary tract, there will be different signs and symptoms. If the infection is within the urethra, there will be burning with urination. If the infection is in the bladder, this will cause pelvic pressure, abdominal discomfort, frequent urination, and blood within the urine. If the infection is within the kidneys, there will be flank pain, fever, chills, nausea, and vomiting.

Treatment for UTI's include antibiotics, and although not FDA approved, many doctors might suggest adding cranberry into the client's diet which may also stop and prevent UTI's. The client in this scenario was given Levaquin for her UTI, which is an antibiotic.

When UTI's go untreated this can lead to permanent kidney damage, recurrent infections, urethral narrowing, and sepsis of the blood. To prevent UTI's, it is important to drink plenty of liquids, perform proper hygiene, emptying the bladder after sexual intercourse, or changing your birth control if that is a causative factor.

Pathophysiology References (2/2) (APA):

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

Urinary tract infection (UTI). (2019, January 30). Retrieved from 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	**4.00-6.10**	**4.8**	**NA**	
Hgb	**14.0-18.0 g/dL**	**11.3 g/dL**	**NA**	**Hgb is low due to acute infection.**
Hct	**37.0-51.0%**	**33%**	**NA**	**Hematocrit is low due to acute infection**
Platelets	**150-400**	**220**	**NA**	
WBC	**5.00-12.00**	**13.0**	**NA**	**Elevated WBC due to acute infection.**
Neutrophils	**2.0-8.0 x 10^9/L**	**3.5 x 10^9/L**	**NA**	
Lymphocytes	**1.0-4.0 x 10^9/L**	**2.0 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/L**	**0.3 x 10^9/L**	**NA**	

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-	**135-145 mEq/L**	**135 mEq/ L**	**NA**	
K+	**3.5-5.0 mEq/L**	**4.4 mEq/L**	**NA**	
Cl-	**98-106 mEq/L**	**100 mEq/ L**	**NA**	
CO2	**35-45 mm Hg**	**40 mm Hg**	**NA**	
Glucose	**70-100 mg/ dL**	**92 mg/dL**	**NA**	
BUN	**8-20 mg/dL**	**21 mg/dL**	**NA**	**Elevated BUN caused by decreased kidney function.**
Creatinine	**0.7-1.3 mg/ dL**	**1.0 mg/dL**	**NA**	
Albumin	**3.5-5.5 g/dL**	**3.2 g/dL**	**NA**	**Decreased albumin caused by decreased kidney function.**
Calcium	**9.0-10.5 mg/dL**	**9 mg/dL**	**NA**	
Mag	**1.5-2.4 mg**	**1.8 mg**	**NA**	
Phosphate	**3.0-4.5 mg/ dL**	**3.7 mEq/L**	**NA**	
Bilirubin	**0.3-1.2 mg/ dL**	**1.0 mg/dL**	**NA**	
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	Value on	Today's	Reason for Abnormal

	Range	Admission	Value	
Color & Clarity	**Pale yellow-Yellow; Clear**	**Cloudy, slight amber**	**NA**	**Color caused by decreased fluid evacuation. Cloudiness caused by infection.**
pH	**5-7**	**5.6**	**NA**	
Specific Gravity	**1.005-1.025**	**1.039**	**NA**	**High specific gravity indicative of high concentration of substance within the urine.**
Glucose	**Negative**	**Negative**	**NA**	
Protein	**Negative**	**Negative**	**NA**	
Ketones	**Negative**	**Negative**	**NA**	
WBC	**<25**	**10**	**NA**	
RBC	**<20**	**4 - 6**	**NA**	
Leukoesterase	**Negative**	**NA**	**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**	**150,000 CFU/mL**	**N/A***	**Increase in bacteria present in urine occurs with urinary tract infections.**
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): Client received chest x-ray which showed dilated hilar and pulmonary vasculature, which shows signs of COPD. Client also received an x-ray of the left hip, which showed femoral neck fracture.

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

Brand/Generic	Digoxin (Lanoxin)	Lorazepam (Ativan)	Levofloxacin (Levaquin)	Acetaminophen (Tylenol)	Glyburide (DiaBeta)
Dose	0.25 mg	2mg	250 mg	325 mg	2.5 mg
Frequency	Once daily	Every 6 hours, PRN	Every 12 hours	Every 4 hours, or PRN	Once daily with breakfast
Route	PO	PO	IV Bolus	PO	PO
Classification	Antiarrythmic	Anxiolytic	Antibiotic	Antipyretic and nonopioid analgesic	Antidiabetic
Mechanism of Action	Increases the force and velocity of myocardial contraction, resulting in positive inotropic effects.	May potentiate the effects of gamma-aminobutyric acid and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of CNS.	Interferes with bacterial cell replication by inhibiting the bacterial enzyme DNA gyrase.	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 fibrillation	To reduce anxiety.	To inhibit and decrease bacterial growth.	To reduce fever	To control diabetes
Contraindication	Ventricular	Acute angle-	Myasthenia	Hypersensitivit	Diabetic

s (2)	**fibrillation, hypersensitivity to digoxin.**	**closure glaucoma; hypersensitivity to lorazepam.**	**gravis, hypersensitivity to levofloxacin.**	**y to acetaminophen; liver disease**	**ketoacidosis; hypersensitivity to glyburide**
Side Effects/Adverse Reactions (2)	**Heart block, arrhythmias**	**Seizures; Anaphylaxis**	**Aortic dissection; hypoglycemia**	**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 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**-Client was agitated and fatigued.** **-Client showed signs of distress due to SOB.** **-Client was well groomed.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:**	**-Clients skin was dry** **-Clients skin temperature was warm to the touch** **-Clients skin turgor was = 5 seconds.** **-Stage 2 pressure ulcer present on coccyx.** **-Ecchymosis present on left elbow due to fall.**

Wounds: . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**-Head/Neck: Normal; no deviations, symmetrical.** **-Ears: TM pearly grey; without drainage** **-Eyes: Sclera's are white, positive RLR, Rosenbaum 14/14, EOM's present.** **-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 clear, S1 and S2 present.** **-Capillary refill < 3 seconds.** **-Pulses present bilaterally on upper and lower extremities, 2+ throughout.** **-Edema present around left hip and left ankle.**
RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	**-Respirations are slightly elevated.** **-Lung sounds present with crackles and wheezing.** **-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:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒**	**-Bowel sounds present; normoactive.** **-Abdomen is tender upon palpation.** **-Regular diet.** **-Height: 170 cm (67 in.)** **-Weight: 71 kg (156 lbs)**

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 amber; cloudy.** **-Urine output is scant (100 mL in 7 hours)** **-Genitals moist and pink.** **-Reports burning and irritation with urination.** **-Client currently on indwelling catheter.**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 45** **Activity/Mobility Status: CBR** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**-Client placed in Buck's traction.** **-Poor strength, limited ROM.** **-Patient currently on complete bed rest due to Buck's traction.**
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, not oriented to place or time upon arrival.** **-Pupils were equal and reactive to light.** **-Speech is clear, although client shows distress when speaking.** **-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 Caucasian -Client identifies as Christian. -Uses sewing as a coping mechanism. -Patient lives alone.

Vital Signs, 1 set (/5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

0500	**96/radial**	**136/72** **Left arm**	**24**	**99.4** **Fahrenheit**	**91%**

Pain Assessment, 1 set (/5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1530	**4/10**	**Left hip**	**Mild to moderate**	**"Dull"**	**Client received Advair and albuterol to relieve chest tightness.**

Intake and Output (/2 points)

Intake (in mL)	Output (in mL)
0700- 2300 mL/IV **60 mL/IVPB** **Total: 2360 mL**	**0700- 100 mL/ urine (Indwelling catheter)** **Total: 100 mL**

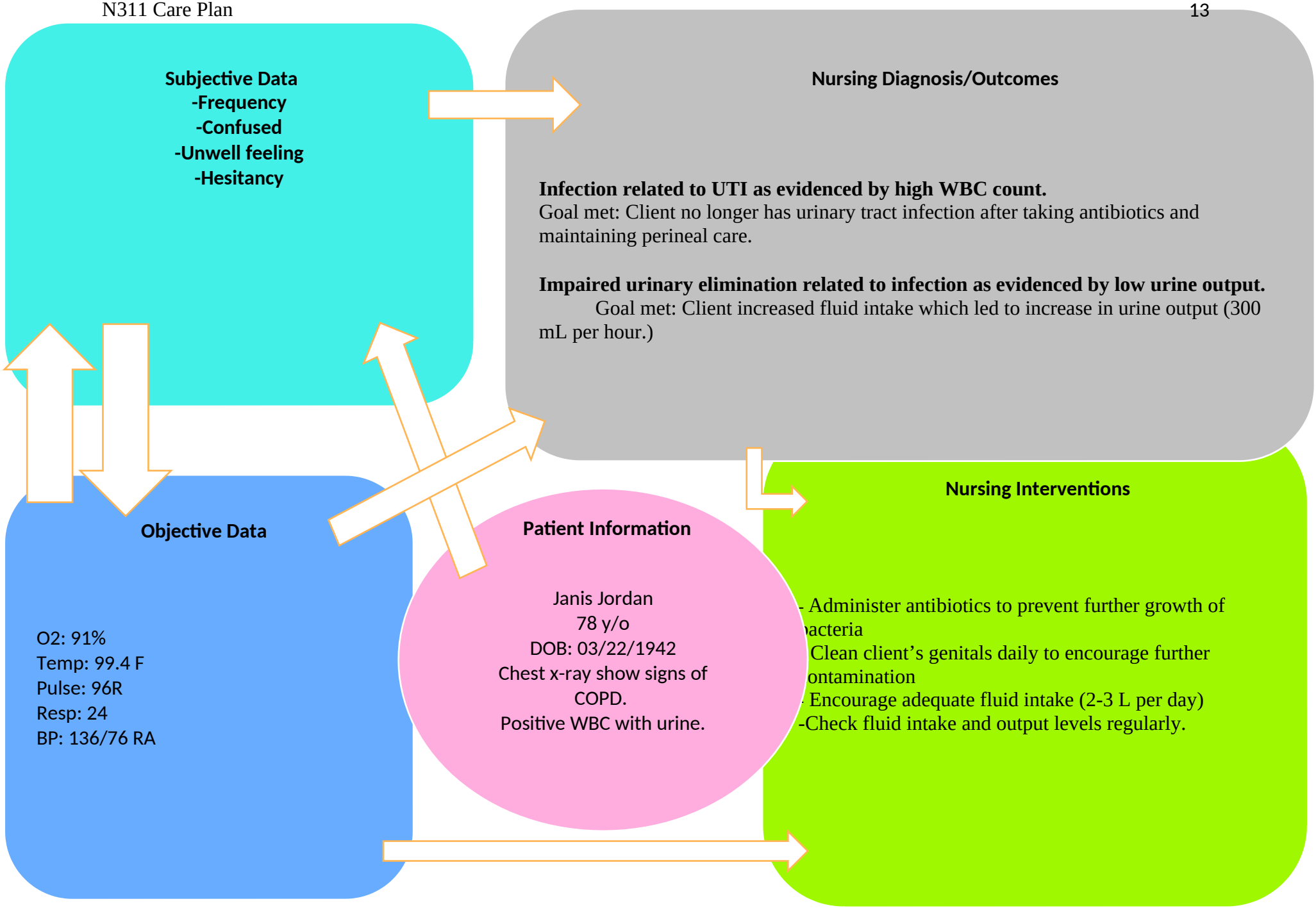
Nursing Diagnosis (/15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis	• Explain why the nursing		• How did the patient/family

with "related to" and "as evidenced by" components	diagnosis was chosen		respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Infection related to UTI as evidenced by high WBC count.	**WBC should not be present with urine**	**1. Administer antibiotics to prevent further growth of bacteria.** **2. Clean client's genitals daily to encourage further contamination**	**Goal met: Client no longer has urinary tract infection after taking antibiotics and maintaining perineal care.**
1. Impaired urinary elimination related to infection as evidenced by low urine output.	**Because urine output was scant compared to fluid intake**	**1. Encourage adequate fluid intake (2-3 L per day)** **2. Check fluid intake and output levels regularly.**	**Goal met: Client increased fluid intake which led to increase in urine output (300 mL per hour.)**

Other References (APA):

Concept Map (/20 Points)


Subjective Data
-Frequency
-Confused
-Unwell feeling
-Hesitancy
Nursing Diagnosis/Outcomes
Infection related to UTI as evidenced by high WBC count.
Goal met: Client no longer has urinary tract infection after taking antibiotics and maintaining perineal care.
Impaired urinary elimination related to infection as evidenced by low urine output.
Goal met: Client increased fluid intake which led to increase in urine output (300 mL per hour.)
Objective Data
O2: 91%
Temp: 99.4 F
Pulse: 96R
Resp: 24
BP: 136/76 RA
Patient Information
Janis Jordan
78 y/o
DOB: 03/22/1942
Chest x-ray show signs of COPD.
Positive WBC with urine.
Nursing Interventions
- Administer antibiotics to prevent further growth of acteria
Clean client's genitals daily to encourage further ontamination
Encourage adequate fluid intake (2-3 L per day)
-Check fluid intake and output levels regularly.