N311 Care Plan #5

Lakeview College of Nursing

April 22, 2020

Professor Cho RN, MSN

Professor Lawson MSN, RN, CMAC

Ashley Miller

Demographics (5 points)

Date of Admission 4/16/2020	Patient Initials JL	Age 36-year-old (6/29/1974)	Gender Female
Race/Ethnicity White/ N/A	Occupation Stockbroker	Marital Status Single	Allergies Sulfa
Code Status Full Code	Height 167.6cm (66in)	Weight 59kg (130lbs)	

Medical History (5 Points)

Past Medical History: Chron's Disease and Intermittent Gastritis

Past Surgical History: 6 months ago, had an ileostomy and started on infliximab IV.

Family History: Unknown

Social History (tobacco/alcohol/drugs): Not a smoker or uses recreational drugs, but drinks 5 or so drinks (Wine) a night after work.

Admission Assessment

Chief Complaint (2 points): The pt felt weak and dizzy, had abdominal pain, and bloody stools

History of present Illness (10 points):

On April 16, 2020, a 36-year-old white female was admitted to the medical-surgical unit at 1500 for dizziness and weakness shortly after she got up this morning. The pt is also being seen for abdominal pain and bloody stools. The pt has a history of Chron's disease and intermittent gastritis. The pt also had surgery about six months ago to have an ileostomy placed. On arrival to the ED unit the pt had serosanguineous effluent in her ostomy bag. The pt has also been taking Infliximab IV for about six months and had her last dose seven weeks ago. Pt heart rate and respirations are elevated, while her blood pressure is low, and her O2 sat is 95% on 2

liters of oxygen by nasal canula. Pt pain level on a scale of 0 to 10, she describes her pain as sore and crampy and being a 6 out of 10 on the scale located in her abdomen. She believes it is stress that is causing all the pain. When she gets headaches, she takes ibuprofen and eats unhealthy meals when she is feeling stressed.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): GI Bleed

Secondary Diagnosis (if applicable): Chron's Disease

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

A GI bleed is a bleed that can occur from a lesion, erosion, ulceration, varicosed vein, or a tear that is in the GI lining (Capriotti, 2016, p. 655). There are two types of GI bleeds, there is an acute GI bleed that can come from a rupture or tear, perforation in the esophageal or gastric lining that results in blood loss from the GI, and then there is a chronic GI bleed occur from small tears in the GI lining that gradually loss small amount of blood loss over time (Capriotti, 2016, p. 655).

Causes from a GI bleed, include: PUD, esophageal varices, Mallory-Weiss syndrome, Boerhaave syndrome, esophageal cancer, and hemorrhagic gastritis (Capriotti, 2016, p. 655).

Symptoms of a GI bleed, include: hematemesis, melena and occult blood, fatigue, lethargy, pain may be present, dizziness, weakness, SOB, anxiety, tachycardia, tachypnea, and skin may be pale and clammy (Capriotti, 2016, p. 655). The pt, she experienced several of these symptoms, such as, the melena, fatigue, pain, dizziness, weakness, SOB, tachycardia, tachypnea, and the pale skin.

Expected findings in a patient with a GI bleed, include: low hemoglobin level, low iron level, fecal occult blood test, tachypnea, tachycardia (Capriotti, 2016, p. 655). Which all these expected findings were present in the patient when she went in to be examined.

Diagnostic testing confirming that a patient has a GI bleed, include: stool examination, sigmoidoscopy, colonoscopy, endoscopic ultrasonography, small bowel enteroscopy, wireless capsule (Swearingen & D, 2019, p. 435). The pt had an endoscopy done to confirm the GI bleeding.

Treatments for a GI bleed, acute GI bleed is treated by rapid fluid replacement, insertion of a NG tube, administration of blood transfusions, laparoscopy and surgical repair at the site of bleeding (Capriotti, 2016, p. 655). Chronic GI bleeding treatment is, PPIs such as omeprazole for four to eight weeks, sucralfate an adhesive medication that is used to augment the gastric lining if ulceration is present (Capriotti, 2016, p. 655). For the patient, she was treated with 2 units of RBCs, so she was getting a blood transfusion. She was also getting IV fluids to keep her hydrated.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. (1st ed.). Philadelphia, PA: F A Davis.

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

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	UNK	2.7	GI blood loss could be from the pt having Chron's Disease. (Jane Vincent Corbett & Angela Denise Banks, 2019)
Hgb	14-18	UNK	7	Deficient number of RBC's result in a lower number of Hgb level. (Jane Vincent Corbett & Angela Denise Banks, 2019)
Hct	41-51	UNK	21%	Deficient number of RBC's result in a lower number of Hct level. (Jane Vincent Corbett & Angela Denise Banks, 2019)
Platelets	140-440	UNK	162	N/A
WBC	4-10	UNK	6	N/A
Neutrophils	2-6.9	UNK	N/A	N/A
Lymphocytes	0.6-3.4	UNK	N/A	N/A
Monocytes	0-8	UNK	N/A	N/A
Eosinophils	0-0.5	UNK	N/A	N/A
Bands	UNK	UNK	N/A	N/A

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	UNK	N/A	N/A

K+	**3.5-5.1**	**UNK**	**N/A**	**N/A**
Cl-	**98-107**	**UNK**	**N/A**	**N/A**
CO2	**21-31**	**UNK**	**N/A**	**N/A**
Glucose	**74-109**	**UNK**	**N/A**	**N/A**
BUN	**7-25**	**UNK**	**N/A**	**N/A**
Creatinine	**0.7-1.2**	**UNK**	**N/A**	**N/A**
Albumin	**3.5-5.2**	**UNK**	**N/A**	**N/A**
Calcium	**8.6-10.3**	**UNK**	**N/A**	**N/A**
Mag	**UNK**	**UNK**	**N/A**	**N/A**
Phosphate	**UNK**	**UNK**	**N/A**	**N/A**
Bilirubin	**0.3-1.0**	**UNK**	**N/A**	**N/A**
Alk Phos	**40-130**	**UNK**	**N/A**	**N/A**

(Jane Vincent Corbett & Angela Denise Banks, 2019)

Reference:

Jane Vincent Corbett, & Angela Denise Banks. (2019). *Laboratory tests and diagnostic procedures: with nursing diagnoses.* Pearson.

Sarah Bush Lincoln Health Center (2020). *Reference Range (lab values).* Mattoon, IL.

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 Admissio	Today's Value	Reason for Abnormal

		n		
Color & Clarity				**No cultures were completed for this pt.**
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

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**	**UNK**	**UNK**	**N/A**
Blood Culture	**Negative**	**UNK**	**Blood in stool**	**The blood in the stool could result from the Chron's Disease. (Crohn's Disease<< Ada, n.d.)**
Sputum Culture	**Negative**	**UNK**	**UNK**	**N/A**
Stool Culture	**Negative**	**UNK**	**UNK**	**N/A**

Reference:

Chrohn's Disease<<Ada. (n.d.). Ada. Retrieved on April 22, 2020, from

https://ada.com/conditions/crohns-disease/.

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

N/A

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/ Generic	**Acetaminophen/ Tylenol**	**Ibuprofen/ Advil**	**Inflixamab/ Remicade**	**Morphine sulfate/ Arymo ER**	**Zofran/ Ondansetron Hydrochloride**
Dose	**650mg**	**400mg**	**5mg/kg**	**4mg**	**4mg**
Frequency	**PRN (Every 4 hours)**	**PRN (Every 6 hours)**	**Every 8 weeks**	**PRN (Every 2 hours)**	**PRN (Every 6 hours)**
Route	**PO**	**PO**	**IV**	**IV Bolus**	**IV**
Classification	**Antipyretic, nonopioid analgesic**	**Analgesic, anti-inflammatory, antipyretic**	**Anti-inflammatory**	**Opioid Analgesic**	**Antiemetic**

Mechanism of Action	**Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.**	**Clocks activity cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate inflammatory response and cause local pain, swelling, and vasodilation. By inhibiting prostaglandins, this NSAID reduces inflammatory symptoms and relieves pain. Ibuprofen's antipyretic action probably stems from its effect on the hypothalamus, which increases peripheral blood**	**Binds with cytokine tumor necrosis factor alpha, preventing it from binding with its receptors. As a result, TNF-alpha can't produce proinflammatory cells into inflamed intestine and joint declines.**	**Binds with and activates opioid receptor (mainly mu receptors) in brain and spinal cord to produce analgesia and euphoria.**	**Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine. This action reduces nausea and vomiting by preventing serotonin release in the small intestine (probable cause of chemotherapy- and radiation-induced nausea and vomiting) and by blocking signals to the CNS. Ondansetron may also bind to other serotonin receptors and to mu-opioid receptors.**

		flow, causing vasodilation and encouraging heat dissipation.			
Reason Client Taking	**Fever and Pain**	**Pain**	**Chron's Disease**	**Pain**	**Nausea**
Contraindications (2)	**Hypersensitivity to acetaminophen or its components, severe hepatic impairment, severe active liver disease**	**Angioedema, asthma, bronchospasm, nasal polyps**	**Breastfeeding: doses greater than 5mg/kg in patients with moderate to severe heart failure; hypersensitivity to infliximab**	**Arrhythmias, brain tumor, seizure disorders**	**Concomitant use of apomorphine, congenital long QT syndrome, hypersensitivity to ondansetron or its components**
Side Effects/ Adverse Reactions (2)	**Abdominal pain, diarrhea, hepatotoxicity, nausea, vomiting**	**Abdominal cramps, distention, or pain, GI bleeding, hemorrhage, perforation**	**Acute hepatic failure, GI hemorrhage; hepatitis, hepatotoxicity**	**Abdominal cramps or pain, gastroenteritis, toxic megacolon**	**Abdominal pain, intestinal obstruction, diarrhea**

(2020 Nurse's drug handbook., 2020).

Medications Reference (APA):

2020 Nurse's drug handbook. (2020). Jones and Bartlett learning.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 **A/O X3 to person, place, and time** **Pt is cramping in abdominal area.** **Well-groomed and appropriately dressed for place.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type: N/A**	 **Pale** **Dry** **Warm** **Good (No Tinting)** **N/A** **N/A** **N/A** **Mild Risk (22)**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **Symmetrical and lymph nodes are no palpable** **TM pearly gray, symmetrical** **PERRLA** **Symmetrical, no deviation or turbinates or polyps** **No decay, moist, pink, and intact**
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:**	 **Normal, S1 and S2 are present, no murmurs, no gallops or rubs in S3 or S4. Heart rate is elevated.** **Strong and Equal** **Less than 3 seconds** **N/A**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	 **Lung sounds are clear in all lobes bilaterally. 95% O2 sat, 2L of oxygen by nasal canula**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:**	. **Regular** **Clear Liquid** **167.6cm (66 in)** **59kg (130 lbs)** **Hyperactive bowel sounds in all four**

Last BM: **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☒ N ☐** **Nasogastric: Y ☐ N ☒** **Size: N/A** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: N/A**	**quadrants** **4/15/2020 in the morning** **No rebound tenderness, no masses on palpation, moderate pain on abdominal tenderness. Drainage of semi liquid stool w/ red streaks.** **N/A** **N/A** **N/A** **N/A** **N/A** **Six months ago, the pt had an ileostomy placed on the RLQ. Drainage of the serosanguineous effluent were present in the ostomy bag on arrival.**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type: N/A** **Size:N/A**	 **Yellow** **Clear** **1,450 mL output** **Normal**
MUSCULOSKELETAL: **Neurovascular status:** **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 ☐**	. **Normal, good in all extremities** **N/A** **Equal bilaterally** **High Risk (45)** **1 assist** **No** **Yes, 1 assist** **Yes, 1 assist**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:**	

Mental Status: **Speech:** **Sensory:** **LOC:**	**A/O X3** **Appropriate** **Clear** **Alert** **A/O X3**
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):**	 **5 or more drinks (wine) a night** **Appropriate** **N/A** **Pt lives by themselves with no support system. Works long hours during the week. Does not have time to enjoy the finer values in life.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1530	**114 beats per minute**	**100/60mmH g**	**22 breaths per minute**	**37.1 ℃ (98.8 ℉)**	**95% 2L of oxygen**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1530	**0 to 10 Numeric**	**RUQ**	**6 out of 10**	**Sore and crampy**	**Morphine sulfate 4mg PRN for pain**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Clear Liquid **Total: 1,125mL** **PO: 100mL** **IV: 550mL** **Blood: 475mL**	**Clear Liquid** **Total: 1,450mL** **Urine: 1,250mL** **BM: 200mL**

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. Acute Pain	**Related to the patient's abdomen was crampy and sore. As evidence by pain being a 6 out of 10 on the numeric. The heart rate being 114 beats per minute and the respirations being 22 breaths per minute.**	**1.Instruct the patient to request analgesia before pain becomes severe.** **2.Administer antiemetic medications before meals.**	**Pt's pain will be a 2 out of 10 by the end of shift.** **While pt is eating the antiemetic will relieve the nausea during meals.**
2. Potential for Intraabdominal Complications	**Related to the pt having Chron's Disease. As evidence by the blood in stool (ileostomy bag), hyperactive bowel sounds, the pt feeling nausea, the abdominal pain. The elevated HR and RR.**	**1. Assess for fever increased RR and HR, chills, diaphoresis, and increased abdominal discomfort.** **2.Assess for abdominal distention, abdominal rigidity, and increased episodes**	**The pt's RR and HR will come down to normal levels by the end of shift.** **The pt's abdominal discomfort will be relieved by end of shift.**

		of nausea and vomiting.	

(Swearingen & D, 2019).

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):

N311 Care Plan #5

Subjective Data

Pt was admitted due to abdominal pain, blood in stool, dizzy, and weakness. The pt c/o the abdominal pain being a 6 out of 10 with crampy and sore. Pt also stated, “She felt like was going to faint and throw up.”
Pt does not have a history of using recreational drugs or smoking.
Pt is taking Morphine sulfate for the pain. Acetaminophen for when pt gets a fever, Inflixamab for the Chron’s disease, and Zofran for the nausea.

Nursing Diagnosis/Outcomes

1.Acute Pain, related to the patient’s abdomen was crampy and sore. As evidence by pain being a 6 out of 10 on the numeric. The heart rate being 114 beats per minute and the respirations being 22 breaths per minute.

- Pt’s pain will be a 2 out of 10 by the end of shift.
- While pt is eating the antiemetic will relieve the nausea during meals.

2.Potential for Intraabdominal Complications, related to the pt having Chron’s Disease. As evidence by the blood in stool (ileostomy bag), hyperactive bowel sounds, the pt feeling nausea, the abdominal pain. The elevated HR and RR.

- The pt’s RR and HR will come down to normal levels by the end of shift.
- The pt’s abdominal discomfort will be relieved by

Objective Data

Vitals:
B/P: 100/60 laying
RR: 22 breaths per minute
HR: 114 beats per minute
O2 Sat: 95% on 2L of oxygen by NC
RBC level was low
Hgb level was low
Hct level was low
Had blood in the stool
Pt was also taking ibuprofen at home for pain.
Pt was also getting two units of packed red blood cells.
Traces of serosanguineous effluent in ileostomy

Patient Information

A 36-year-old White female single was admitted to the med-sur unit at 1500 for dizzy, weakness, abdominal pain, and bloody stool. The pt has a medical history of Chron’s disease and intermittent gastritis.
The pt also likes to have about 5 or more drinks of wine a night after work

Nursing Interventions

1.Instruct the patient to request analgesia before pain becomes severe.

2.Administer antiemetic medications before meals.

3. Assess for fever increased RR and HR, chills, diaphoresis, and increased abdominal discomfort.

4.Assess for abdominal distention, abdominal rigidity, and increased episodes of nausea and vomiting.

N311 Care Plan #5

N311 Care Plan #5