

Running head: N311 Care Plan #2

N311 Care Plan #2

Lakeview College of Nursing

McKayla Norton

133/150

**Demographics (5/5 points)**

<b>Date of Admission</b> 1/13/2020	<b>Patient Initials</b> O.C.	<b>Age</b> 6/20/1926 (93y.o)	<b>Gender</b> Female
<b>Race/Ethnicity</b> White/Caucasians	<b>Occupation</b> Retired	<b>Marital Status</b> Widowed	<b>Allergies</b> Fentanyl, Hydrocodone, Lisinopril
<b>Code Status</b> Full Code	<b>Height</b> 5'2"	<b>Weight</b> 139lbs	

**Medical History (5/5 Points)**

**Past Medical History:** Paroxysmal A-fib, Primary open angle Glaucoma bilaterally, Rotator cuff tear Arthropathy of both shoulders, Hypertension, Complete heart block—making her pacemaker dependent.

**Past Surgical History:** Right hip fracture repair

**Family History:** Mother and father both had histories of stroke— causing both of their deaths

**Social History (tobacco/alcohol/drugs):** According to pt chart, pt was a former smoker of 54 years. Tentative quit day was 5/1/2008.

When asked during interview, pt denied any history of smoking or current use. Doctor noted the pt may have an underlying problem of dementia.

**Admission Assessment**

**Chief Complaint (2/2 points):** Incarcerated Ventral Hernia

**History of present Illness (10/10 points): Onset:** Pt noticed an onset of hernia in early December 2019. **Location:** Pt's hernia is located in the Right Lower Quadrant. **Duration:** Pt states that this is a constant pain. Although, when onset occurred it was more of an on again, off again. After about the third time of feeling "unbearable" pain, pt proceeded to go to the Carle Foundation Hospital Emergency Room. **Characteristics:** Pt. described the pain as being "excruciating". **Associated Manifestations:** Pt feels as though when her pain worsens, she begins to feel constipated because the hernia is pushing against her intestines. **Relieving Factors:** Pt was advised to gently massage the hernia when feeling pain. This allows her to feel relief and pushes the hernia back into her abdomen, so it is not protruding. **Therapeutic Treatments:** Pt sought treatment at Carle Hospital, receiving pain medicine that provided some relief but if she is not on top of pain medicine, the pain will return.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3/3 points):** Incarcerated Ventral Hernia

**Secondary Diagnosis (if applicable):** Right hip fracture that was acquired during hospital stay.

**Pathophysiology of the Disease, APA format (10/20 points):** Anterior abdominal walls are made up of many layers including skin, fat, fascia, muscle and peritoneum (Capriotti 2016). Repetitive stress on the abdominal wall due to increased intra-abdominal pressure can lead to microscopic tears of tissue. If this is a continuous thing, strength of the tissues can weaken leading to hernia formations. Abdominal pressure from constipation, physical labor, child birth, excessive coughing or frequent vomiting are examples of what kind of strenuous pressure can lead to formations of hernias. People with hernias are more susceptible to infections, so this will need to be monitored closely (Smith 2019). Pt had shared with me that she has been constipated many times before, this could be one reason she

is experiencing this hernia. Some risk factors that a pt with a hernia may encounter are prolonged pain at the site, damage of blood vessels, or nerve damage or damage to nearby organs (Pietrangelo 2017). Hernias can be diagnosed by a laparoscopy, this is a surgical diagnostic procedure used to examine organs inside the abdomen. It is a minimally invasive procedure that only requires small incisions and is a low-risk procedure. **Look at the rubric and follow and need to write relationship with path and your patient.**

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

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

Smith, J. (2019, January 16). Ventral Hernia. [https://www.ncbi.nlm.nih.gov/books/NBK499927/#\\_article-17021\\_s4\\_](https://www.ncbi.nlm.nih.gov/books/NBK499927/#_article-17021_s4_)

Pietrangelo, A. (2018, September 17). Inguinal Hernia Repair. <https://www.healthline.com/health/inguinal-hernia-repair>

**Laboratory Data (20/20 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
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<b>RBC</b>	<b>3.90-4.98</b>	<b>3.90</b>	<b>*</b> <b>Unable to obtain</b>	
<b>Hgb</b>	<b>12.0-15.5</b>	<b>9.6</b>	<b>*</b>	<b>Low Hgb is most likely due to surgery.</b>
<b>Hct</b>	<b>35-45%</b>	<b>30.8</b>	<b>*</b>	<b>Low Hct is most likely due to surgery.</b>
<b>Platelets</b>	<b>140-400</b>	<b>350</b>	<b>*</b>	
<b>WBC</b>	<b>4.0-9.0</b>	<b>15.99</b>	<b>*</b>	<b>WBC levels can be elevated due to the fact that the body is trying to fight off an infection.</b>
<b>Neutrophils</b>	<b>40-70%</b>	<b>n/a</b>	<b>*</b>	
<b>Lymphocytes</b>	<b>10-20%</b>	<b>17%</b>	<b>*</b>	
<b>Monocytes</b>	<b>5%</b>	<b>10%</b>	<b>*</b>	<b>Monocytes can be elevated due to the injury pt had.</b>
<b>Eosinophils</b>				
<b>Bands</b>				

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
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<b>Na-</b>	<b>135-145</b>	<b>140</b>	<b>* Unable to obtain</b>	
<b>K+</b>	<b>3.5-5.1</b>	<b>3.6</b>	<b>*</b>	
<b>Cl-</b>	<b>98-107</b>	<b>108</b>	<b>*</b>	<b>Elevated Cl- can indicate that the pt is dehydrated.</b>
<b>CO2</b>	<b>22-29</b>	<b>28.1</b>	<b>*</b>	
<b>Glucose</b>	<b>70-99</b>	<b>94</b>	<b>*</b>	
<b>BUN</b>	<b>6-20</b>	<b>19</b>	<b>*</b>	
<b>Creatinine</b>	<b>0.50-1.00</b>	<b>0.64</b>	<b>*</b>	
<b>Albumin</b>		<b>n/a</b>		
<b>Calcium</b>	<b>8.4-10.5</b>	<b>9.6</b>	<b>*</b>	
<b>Mag</b>	<b>1.6-2.6</b>	<b>1.7</b>		
<b>Phosphate</b>				
<b>Bilirubin</b>				
<b>Alk Phos</b>				

Chemistry **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 Colorless Clear yellow	Yellow	n/a	
pH	5.0-7.0	7.0	n/a	
Specific Gravity	1.003-1.035	1.05	n/a	May be due to X-ray dye according to lab report.
Glucose		neg.	n/a	
Protein		neg.	n/a	
Ketones		n/a	n/a	
WBC	0-25	61	n/a	High levels of WBC in an Urinalysis can indicate there is an infection in urinary tract or kidneys.
RBC	0-20	14	n/a	
Leukoesterase		n/a		

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

APA format.

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	Ph: 5.0-7.0	7.0		
Blood Culture		n/a		
Sputum Culture		n/a		
Stool Culture		n/a		

**Lab Correlations Reference (APA):**

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

**Diagnostic Imaging**

**All Other Diagnostic Tests (10/10 points):** Pt had an X-ray after being discharged from Carle. This was an X-ray of her right femur due to it being fractured. The purpose of the x-ray was to make sure everything went well in the surgery. They determined pt had no need for a brace/spleen/cast.

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

<b>Brand/Generic</b>	<b>Aspirin</b>	<b>Losartan/ Cozaar</b>	<b>Metoprolol Succinate ER/ Toprol XL</b>	<b>Omeprazole / Prilosec</b>	<b>Acetamin ophen/ Abenol</b>
<b>Dose</b>	<b>81mg</b>	<b>25mg</b>	<b>50mg</b>	<b>20mg</b>	<b>325mg</b>
<b>Frequency</b>	<b>Qd <b>Daily is better, QD will be confused with QOD</b></b>	<b>qd</b>	<b>qd</b>	<b>qd</b>	<b>PRN</b>
<b>Route</b>	<b>PO</b>	<b>PO</b>	<b>PO</b>	<b>PO</b>	<b>PO</b>
<b>Classification</b>	<b>Anti- Inflammat ory / Antiplatelet</b>	<b>Antihyperte nsive</b>	<b>Antianginal / antihyperte nsive</b>	<b>Antiulcer</b>	<b>Antipyreti c, nonopioid analgesic</b>

<b>Mechanism of Action</b>	<b>Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis.</b>	<b>Blocks binding of angiotensin II to receptor sites in many tissues. The inhibiting effects of angiotensin II reduce blood pressure.</b>	<b>Inhibits stimulation of beta 1-receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand.</b>	<b>Interferes with gastric acid secretion by inhibiting the hydrogen potassium adenosine triphosphatase enzyme system, or the proton pump, in gastric parietal cells.</b>	<b>Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulses.</b>
<b>Reason Client Taking</b>	<b>Pt is taking to relieve pain from hernia.</b>	<b>Pt. is taking to maintain good blood pressure.</b>	<b>To manage hypertension alone or with other antihypertensives.</b>	<b>Pt is taking to manage GERD.</b>	<b>Pt is taking this to relieve mild to moderate pain.</b>

<b>Contraindications (2)</b>	<b>Active bleeding or coagulation disorders, hypersensitivity to aspirin, current or recent GI bleeds</b>	<b>Concurrent aliskiren therapy (in pt with diabetes or renal impairment), hypersensitivity to losartan or its components</b>	<b>Acute heart failure, cardiogenic shocks, hypersensitivity to metoprolol, its components, or other beta blockers.</b>	<b>Concurrent therapy with rilpivirine - containing products, hypersensitivity to omeprazole, other proton pump inhibitors.</b>	<b>Hypersensitivity to acetaminophen or its components, severe hepatic impairment, severe active liver disease.</b>
<b>Side Effects/Adverse Reactions (2)</b>	<b>Confusion, stomach pain, nausea, decreased blood iron level</b>	<b>Dizziness, fatigue, headache, insomnia, malaise</b>	<b>Anxiety, confusion, CVA, depression, dizziness, fatigue</b>	<b>Agitation, dizziness, fatigue, hypertension, peripheral edema</b>	<b>Agitation, anxiety, fatigue, fever, insomnia, hypertension, stridor</b>

**\*5 different medications must be completed\***

**Medications Reference (APA):**

Jones & Bartless Learning. (2020). *2020 Nurse's drug handbook* (19<sup>th</sup> ed.).

**Assessment (18/18) Very good!**

<p><b>GENERAL: Pt appears pleasant.</b> <b>Alertness: A&amp;O x4</b> <b>Orientation: Oriented to person, time, place, and current events.</b> <b>Distress: No acute distress.</b> <b>Overall appearance: Well groomed.</b></p>	
<p><b>INTEGUMENTARY:</b> <b>Skin color: White, normal for race.</b> <b>Character: Appears hydrated, clean.</b> <b>Temperature: Warm.</b> <b>Turgor: 4 seconds</b> <b>Rashes: None noted.</b> <b>Bruises: None noted.</b> <b>Wounds: None noted.</b> <b>Braden Score: 19</b> <b>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>Type:</b></p>	<p>Pts Braden Score was 19. This was due to the fact that pt walks occasionally with the assistance of walker or GB or uses wheelchair. After talking to pt, she states that she skips meals occasionally because she does not feel like eating. There is also a potential problem with shearing and friction. Pt slides down in bed.</p>

**HEENT:**

**Head/Neck:** Head and Neck symmetrical. No lesions or rashes noted.

**Ears:** Auricle was pink, moist, with no rashes or lesions noted.

**Eyes:** Pt uses glasses to help with near vision. Upon inspection, sclera was white, cornea was clear, conjunctiva was pink with no lesions or discharge noted.

**Nose:** Septum midline. No drainage or bleeding noted.

**Teeth:** Pt has dentures teeth on top and on bottom.

**CARDIOVASCULAR:**

**Heart sounds:** S1, S2 Clear with no gallops, murmurs, or rubs.

**Cardiac rhythm (if applicable):**

**Peripheral Pulses:** 61bpm

**Capillary refill:** 4 seconds

**Neck Vein Distention:** Y  N  **Edema** Y  N

**Location of Edema:** N/A

<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Nonlabored breathing. Ronchi noted on the Right Lobe.</b></p>	<p>Pt presented with moaning sounds on the right lobe. Pt was reevaluated after instructed to cough. Ronchi was still present after reevaluation.</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home: Regular Diet.</b>  <b>Current Diet: Regular</b>  <b>Height: 5'2"</b>  <b>Weight: 139lbs</b>  <b>Auscultation Bowel sounds: Present in all four quadrants post-prandial.</b>  <b>Last BM: Yesterday morning.</b>  <b>Palpation: Pain presented on the RLQ due to hernia.</b>  <b>Inspection: No lesions or rashes noted.</b>  <b>Distention: No distention.</b>  <b>Incisions: No incisions noted.</b>  <b>Scars: No scars noted on abdomen.</b>  <b>Drains: No drains present.</b>  <b>Wounds: No wounds present on abdomen.</b>  <b>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Size:</b>  <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Type: N/A</b></p>	<p>Pt usually has a bowel movement once a day after eating.</p>

**GENITOURINARY:**

**Color: Clear- Light Yellow**

**Character: No cloudiness or sediment in urine upon inspection after ambulating pt to the restroom.**

**Quantity of urine: Pt voided one time while present with me. No hat was available to measure.**

**Pain with urination: Y  N**

**Dialysis: Y  N**

**Inspection of genitals: N/A**

**Catheter: Y  N**

**Type:**

**Size:**

**MUSCULOSKELETAL:**

**Neurovascular status: Pt has no neurovascular deficits noted.**

**ROM: ROM is good. Pt can get up and out of chair/wheelchair with assistance of HCP. Pt prefers wheelchair due to fracture of right femur.**

**Supportive devices: Wheelchair and walker present.**

**Strength: Good, equal bilaterally.**

**ADL Assistance: Y  N**

**Fall Risk: Y  N**

**Fall Score: 22 (according to John Hopkins scale)**

**Activity/Mobility Status:**

**Independent (up ad lib)**

**Needs assistance with equipment X**

**Needs support to stand and walk**

Pt scores as a high fall risk according to the John Hopkins scale due to falling within the last six months.

<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>PERLA:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Strength Equal:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input checked="" type="checkbox"/> Arms <input type="checkbox"/>  <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b> Oriented to person, time, place, and current events.  <b>Mental Status:</b> Good.  <b>Speech:</b> Good.  <b>Sensory:</b> Glasses present.  <b>LOC:</b> Alert.</p>	<p>Pt presents with weakness in the RLE due to fracture. Pt also presents with weakness in the arms due to having arthritis in shoulders.</p> <p>When PERLA was examined, left eye did not show accommodations.</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b> Pt. states that she uses the help of family to cope.  <b>Developmental level:</b> No deficits noted.  <b>Religion &amp; what it means to pt.:</b> Pt. stated that she grew up very religious but has strayed away from her beliefs and no longer attends church or reads the bible.  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b> Pt. states she lives near her daughter and grandchildren, and it is helpful for her having her daughter nearby for support or if any assistance is needed doing ADLs.</p>	<p>.</p>

**Physical Exam (18 points)**

**Vital Signs, 1 set (5/5 points)**

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
<b>1100</b>	<b>61 radial</b>	<b>138/50 taken on right upper arm</b>	<b>16</b>	<b>97.5 F temporal</b>	<b>96% Room air or with O2?</b>

**Pain Assessment, 1 set (5/5 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>1100</b>	<b>0</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>

**Intake and Output (2/2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
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<p>Pt had 240mL of coffee &amp; 120mL of juice.</p> <p>Pt. ate about 75% of her breakfast. Pt stated she was full and could not finish her meal. <b>Total?</b> _____</p>	<p>Pt. voided 1x during my shift—unable to measure it because pt. went to the bathroom on her own, and no hat was present to measure urine.</p>
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**Nursing Diagnosis (10/15 points)**  
**\*Must be NANDA approved nursing diagnosis\***

<b>Nursing Diagnosis</b>	<b>Rational</b>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b>
<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. Pt has history of <b>hypertension</b> related to A Fib as evidence by pt being prescribed hypertensive medication by the doctors and being diagnosed with Paroxysmal A-fib.</b></p> <p><b>HTN is a medical diagnosis, find out nursing diagnosis</b></p>	<p><b>This diagnosis was chosen because if not controlled and managed, pt can suffer serious consequences like heart attack or death.</b></p>	<p><b>1. Nurse should be checking pts labs to help determine contributing factors.</b></p> <p><b>2. Blood pressure should be monitored closely. Taking vitals frequently and charting results. Pt should participate in activities that lower blood pressure and cardiac load, in hopes that BP will remain low.</b></p> <p><b>good</b></p>	<p><b>Pt has participated in activities that are relaxing. Pt participates in activities such as meditation and listening to calming noises and sounds. Pt's BP seems to be getting better. It is not 120/80 but it is lower than what it has been charted. Pt states she can tell a difference when pressure is not as high. Goals for lowering BP have been met.</b></p> <p><b>Goal met or not and why?</b></p>
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<p><b>2. Generalized weakness in right lower extremity related to hip fracture as evidence by pt falling in hospital and receiving reconstruction surgery to right femur.</b></p>	<p><b>Diagnosis was chosen because pt needs rehabilitation to right lower leg in order to effectively live and ambulate.</b></p>	<p><b>1. Pt will participate in ROM and strengthening exercises during physical therapy (that was ordered by the doctor) and on her own. Exercises will be approved by a physical therapist after assessing pt and figuring out the best course of action to strengthen right lower extremity.</b></p> <p><b>2. Pt should have walker and wheelchair near by at all times in case of emergency or episodes of weakness occur.</b></p>	<p><b>Pt. agreed that ROM and physical therapy has improved her strength. Pt feels safer with a walker or wheelchair near by, but also is gaining confidence to walk with just a walker. She hopes this progress will continue and she will be released to go back home. Goals of gaining strength and ROM were met.</b></p>
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**Other References (APA):**

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

**Concept Map (18/20 Points):**

### Patient Information

93 y.o female with a history Paroxysmal A-fib, Primary open angle Glaucoma bilaterally, Rotator cuff tear Arthropathy of both shoulders, Hypertension, Complete heart block - making her pacemaker dependent. Admitted for hernia and rehab of right hip. Pt. has history of smoking.

Pt's BP seems to be getting better. It is not 120/80 but it is lower than what it has been charted. Pt states she can tell a difference when pressure is not as high. Goals for lowering BP have been met.

1. Generalized weakness in right lower extremity related to hip fracture as evidence by pt falling in hospital and receiving reconstruction surgery to right femur.

Pt. agreed that ROM and physical therapy has improved her strength. Pt feels safer with a walker or wheelchair near by, but also is gaining confidence to walk with just a walker. She hopes this progress will continue and she will be released to go back home. Goals of gaining strength and ROM were met.

### Nursing Diagnosis/Outcomes

### Nursing Interventions

1. Nurse should be checking pts labs to help determine contributing factors.
  2. Blood pressure should be monitored closely. Taking vitals frequently and charting results. Pt should participate in activities that lower blood pressure and cardiac load, in hopes that BP will remain low.
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1. Pt will participate in ROM and strengthening exercises during physical therapy (that was ordered by the doctor) and on her own. Exercises will be approved by a physical therapist after assessing pt and figuring out the best course of action to strengthen right lower extremity.
  2. Pt should have walker and wheelchair near by at all times in case of emergency or episodes of weakness occur.

### Objective Data

High levels of WBC in a Urinalysis can indicate there is an infection in urinary tract or kidneys. Elevated Cl- can indicate that the pt is dehydrated. Low Hgb and Hct is most likely due to surgery. WBC levels can be elevated due to the fact that the body is trying to fight off an infection. Monocytes can be elevated due to the injury pt had.

Good



