N431 Care Plan #3

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 7/07/2020	Patient Initials F.A.	Age 83 y/o	Gender Female M
Race/Ethnicity White	Occupation Retired, Professor	Marital Status- Divorced	Allergies NKA
Code Status Full	Height 5'6"	Weight 129 lbs	

Medical History (5 Points)

Past Medical History: Hypertension, Diabetes Type 2, Hyperlipidemia, Glaucoma, Benign, Prostatic Hyperplasia, Kidney disease

Past Surgical History: TURP surgery, lithotripsy, tonsillectomy

Family History: Mother died of stroke; Father had HTN

Social History (tobacco/alcohol/drugs): He reports that he has quit smoking. His smoking use included cigars. He has never used smokeless tobacco. He reports that he does not drink alcohol or use drugs.

Assistive Devices: None

Living Situation: Lives at home with wife

Education Level: Graduated college with a master's degree

Admission Assessment

Chief Complaint (2 points): Pain with urination and frequency

History of present Illness (10 points): 85-year Caucasian male is alert and orientated and lives in a long-term care facility with his wife. Both are living at long term care after the flood and their house become inhabitable. Two days ago, the staff started to notice Mr. Green acting out of sorts, then just yesterday Mr. Green started to become combative with the staff. He refused to eat and stated, "get me out of this prison." He states he has pain but cannot tell the location. He

is agitated when asked questions. The wife states Mr. Green has been complaining of burning when he urinates and has to use the bathroom many times. He is incontinent which is not normal for him. He has been increasing his fluid intake to try to remedy the problem. The wife became concerned after Mr. Green started to become agitated and confused around staff.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): UTI & sepsis (urosepsis)

Secondary Diagnosis (if applicable): N/a

Pathophysiology of the Disease, APA format (20 points): Urinary tract infections (UTI) can involve the urethra, prostate, bladder, or kidneys. About 95% of UTIs occur when bacteria ascend the urethra to the bladder and in the case of nephritis, ascend the ureter to the kidney (Capriotti, 2015). The rest of UTI's are carried throughout the blood and affect the circulatory system, also called urosepsis. The most common bacteria that causes a UTI is Escherichia coli as what was seen in the patient's C&S results. In this patient's case, he is considered to have a "complicated UTI". A UTI is considered complicated if the pt is a child, is pregnant, or has any of the following: a structural or functional urinary tract abnormality and obstruction of urine flow, a comorbidity that increases risk of acquiring infection or resistance to treatment (i.e. poorly controlled diabetes, chronic kidney disease), or recent instrumentation or surgery of the urinary tract (Imam, 2018). The pt has type II diabetes and chronic kidney disease which could have been a contributor to his UTI.

E. coli, a bacterium found in stool, causes 70% to 95% of upper and lower UTIs (Capriotti, 2015). The most common cause of UTI in elderly men is stasis of urine caused by obstruction of the urethra because of BPH. The pt had BPH and received TURP surgery because

of it. Some other common causes of UTI include urinary catherization, sexual intercourse, diaphragm and spermicide use, antibiotic use, and history of UTIs.

Common signs and symptoms of UTI include dysuria, urethral discharge (primarily in men), frequency, urgency, burning or painful voiding, nocturia, suprapubic or low back pain. In acute pyelonephritis, the pt may present with chills, fever, flank pain, colicky abdominal pain, nausea and vomiting (Imam, 2018). In elderly pts, an indwelling catheter may present with sepsis and delirium. The pt was very confused and agitated which is an indication that his UTI had started to become widespread in his body, in the case of urosepsis.

There are some diagnostic testing used to confirm for UTI and these include urinalysis and sometimes a urine culture. In more critically ill patients, as in the instance of sepsis, typically CBC, electrolytes, lactate, BUN, creatinine and blood cultures are gathered. The pt had a urinalysis completed with elevated WBC's, bacteria of 3+ with E. coli found in his urine culture. The appearance of his urine was dark yellow and cloudy with nitrites positive. Nitrites indicate infection and are indicative of his urosepsis. He also received blood cultures to see if the infection reached his blood. Both blood cultures showed positive results, indicating the infection turned systemic.

UTI requires antibiotics to kill the bacteria. Occasionally surgery is done to drain the abscess, correct underlying structural abnormalities, or relieve obstruction of whatever is causing the problem (Capriotti, 2015). In this patient's case he was administered antibiotics Ciprofloxacin and Piperacillin to treat his UTI.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology Introductory Concepts and Clinical Perspectives*. Philadelphia, PA: F.A. Davis Company.

National Kidney Foundation (2019). *Dialysis*. Retrieved from https://www.kidney.org/atoz/content/dialysisinfo

Van Leeuwen, A. M.,& Bladh, M.L. (2017). *Davi's Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications* (7ed.) Philadelphia, PA:F.A. Davis Company.

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	**4.10 - 5.70**		**n/a**	
Hgb	**12.0 – 18.0**		**n/a**	
Hct	**37.0 – 51.0%**		**n/a**	
Platelets	**140-400**		**n/a**	
WBC	**4.00 – 11.00**	**17,000**	**14,000**	**Increased due to bacterial infection (**Capriotti & Frizzell, 2016).
Neutrophils	**54 - 62%**	**78%**	**75%**	**Increased due to bacterial infection (**Capriotti & Frizzell, 2016).
Lymphocytes	**25 - 33%**		**n/a**	
Monocytes	**3-7%**		**n/a**	
Eosinophils	**1-3%**		**n/a**	
Bands	**3-5%**	**17%**	**15%**	**Increased due to bacterial infection (**Capriotti & Frizzell, 2016).

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**	**152**	**145**	**Pt is dehydrated (**Capriotti & Frizzell, 2016).
K+	**3.5-5.1**	**2.2**	**3.0**	**Insulin administration can cause hypokalemia (**Capriotti & Frizzell, 2016).
Cl-	**98-107**		**n/a**	
CO2	**21.0 – 32.0**		**n/a**	
Glucose	**60-99**	**400**	**190**	**Increased due to Diabetes (**Capriotti & Frizzell, 2016).
BUN	**7-25**		**n/a**	
Creatinine	**0.6-1.2**	**1.5**	**n/a**	**Kidney's are failing and unable to process the creatinine (**Capriotti & Frizzell, 2016).
Albumin	**3.5-5.5**		**n/a**	
Calcium	**8.5-10.1**		**n/a**	
Mag	**1.5-2.6**		**n/a**	
Phosphate	**2.5-4.5**		**n/a**	
Bilirubin	**0.0**		**n/a**	
Alk Phos	**34-104**		**n/a**	
AST	**13-39**		**n/a**	
ALT	**7-52**		**n/a**	
Amylase	**23-470**		**n/a**	
Lipase	**20-86**		**n/a**	

Lactic Acid	**0.5-1.0**	**3.2**	**3.3**	**Increased due to sepsis (**Capriotti & Frizzell, 2016).
Troponin	**0.000-0.040**	**N/A**	**<0.030**	**N/A**
CK-MB	**0.36**	**N/A**	**N/A**	**N/A**
Total CK	**N/A**	**N/A**	**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	**0.9-1.1**		**n/a**	
PT	**10.1-13.1**		**n/a**	
PTT	**25-36**		**n/a**	
D-Dimer	**<0.5**		**n/a**	
BNP	**<125**		**n/a**	
HDL	**40-59**		**n/a**	
LDL	**100-129**		**n/a**	
Cholesterol	**<200**		**n/a**	
Triglycerides	**<150**		**n/a**	
Hgb A1c	**4-5.6%**	**7.8%**	**n/a**	**Increased due to diabetes (**Capriotti & Frizzell, 2016).
TSH	**0.4-4.0**		**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	**5.0-9.0**	**Dark**	**n/a**	**Appearance due to UTI (**Capriotti

		Yellow cloudy		& Frizzell, 2016).
pH	**5.0-8.5**	**7.8**	**n/a**	
Specific Gravity	**1.001-1.035**		**n/a**	
Glucose	**Neg**		**n/a**	
Protein	**Neg**		**n/a**	
Ketones	**Neg**	**Positive**	**n/a**	**Nitrites indicate severe infection/sepsis (**Capriotti & Frizzell, 2016).
WBC	**Neg 0-5**		**n/a**	
RBC	**Neg 0-5**		**n/a**	
Leukoesterase	**Neg**	**Positive**	**n/a**	**Increased due to infection from UTI (**Capriotti & Frizzell, 2016).

Arterial Blood Gas 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
pH	**N/A**	**N/A**	**N/A**	**N/A**
PaO2	**N/A**	**N/A**	**N/A**	**N/A**
PaCO2	**N/A**	**N/A**	**N/A**	**N/A**
HCO3	**N/A**	**N/A**	**N/A**	**N/A**
SaO2	**90-100**	**96**	**98**	**N/A**

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	**n/a**	**Positive**	**n/a**	**Positive for E. Coli (**Capriotti & Frizzell, 2016).
Blood Culture	**n/a**	**Both blood cultures-positive**	**n/a**	**Indication of systemic infection (sepsis) (**Capriotti & Frizzell, 2016).

Sputum Culture	**n/a**		**n/a**	
Stool Culture	**n/a**		**n/a**	

Lab Correlations Reference (APA): CBC labs are consistent with UTI. Increased WBCs, neutrophils, and bands are all attributed to the UTI infection. These tests show what is going on in relation to the body's response to fight the infection. CBC lab testing, specifically WBC elevations, can show us the degree to which the body is fighting infection. In reference to this patient, they clearly have a UTI infection,

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology Introductory Concepts and Clinical Perspectives*. Philadelphia, PA: F.A. Davis Company.

Van Leeuwen, A. M.,& Bladh, M.L. (2017). *Davi's Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications* (7ed.) Philadelphia, PA: F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest Xray , 12 Lead EKG

Diagnostic Test Correlation (5 points): Chest X ray -is a chest film or picture which is a projection radio graph used to help diagnose certain types of conditions. These conditions could be affecting the chest or lung area. These pictures provide us with information to help spot different types of abnormalities or deformities. The patient's chest x-ray showed normal results. The electrocardiogram showed sinus tachycardia. This could be because of his infection and fever which can cause a fast heart rate. His body is trying to fight the infection, so heart rate is increased.

Diagnostic Test Correlation, APA Format & References (5 points):

Capriotti, T., & Frizzell, J.P. (Eds.) (2016). *Pathophysiology: Introductory Concepts and Clinical Perspective* (1st ed.). F.A. Davis Company.

Swearington, P. (2018). *All-In-One Nursing Care Planning Resource.* [S.I.]: Mosby. St. Louis, Missouri: Mosby, Inc.

Sorenson, M., Quinn, L., Klein, D. (2019). *Pathophysiology: concepts of human disease*. Hoboken, NJ: Pearson, Education, Inc

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

Home Medications (5 required)

Brand/Generic	**Metformin (Glucophage)**	**Simvastatin (Zocor)**	**Olmesartan (Benicar)**	**Levemir (Insulin Detemir)**	**Latanoprost Eye drops (Xalatan)**
Dose	**500 MG Tablet**	**40 mg tablet**	**20 mg tablet**	**30 units**	**1 drop each eye**
Frequency	**BID**	**Nightly**	**Daily**	**Nightly**	**Nightly**
Route	**PO**	**PO**	**PO**	**SubQ**	**Eye drop**
Classification	**Biguanides (Anti-diabetic)**	**Statins**	**Angiotensin receptor blocker (ARB)**	**Insulin**	**Ophthalmic glaucoma agents**
Mechanism of Action	**Decreases glucose production**	**Lowers level of LDL cholesterol and increases HDL, also**	**Blood vessels dilate & BP is reduced**	**Lower levels of glucose in body**	**Used to treat glaucoma and eye pressure**

		lowers triglycerides			
Reason Client Taking	**For type II diabetes**	**Hyperlipidemia**	**Hypertension**	**Diabetes type II**	**Glaucoma**
Contraindications (2)	**Chronic heart failure, metabolic acidosis without coma**	**Active liver disease, cyclosporine**	**Fetal toxicity, impaired renal activity**	**Hypoglycemia, hypersensitivity to Levemir**	**Hypersensitivity to lantoprost, benzalkonium chloride**
Side Effects/Adverse Reactions (2)	**Physical weakness, diarrhea**	**Headache, abdominal pain**	**Cough, hyperkalemia**	**Dizziness, sweating**	**Eye pain, stinging of eyes**
Nursing Considerations (2)	**Pts should avoid heavy alcohol use, suspend therapy prior to any surgery**	**Take drug in the evening. Do not drink grapefruit juice while using this drug. Have periodic blood tests.**	**Assess bp and pulse routinely for hypotension, monitor K levels, elevated BUN, liver enzymes**	**Monitor patient closely for signs and symptoms of a hypersensitivity reactions,**	**Do not touch tip of eye dropper to eye,**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Monitor urine or blood for glucose and ketones as prescribed. Swallow extended-release tablets whole; do not cut, crush, or chew.**	**Watch for allergy to simvastatin, fungal byproducts; impaired hepatic function; pregnancy; lactation**	**Monitor BP and HR at drug trough (prior to a scheduled dose). Report hypotension or bradycardia.**	**Should only be administered subcutaneously, Do not use in insulin infusion pumps.**	**Make sure to wash hands first. To avoid contamination, do not touch the dropper tip or let it touch your or any other surface.**
Client Teaching needs (2)	**Do not use this drug during pregnancy; if you become pregnant, consult with**	**Advise patient that this drug cannot be taken during**	**Monitor closely any volume-depleted patient**	**Changes in insulin strength, manufacturer, type, or method of**	**Use this medication regularly to get the most benefit from it.**

	your health care provider for appropriate therapy. Avoid using alcohol while taking this drug.	**pregnancy; Give in the evening.**	**following initial drug doses. If serious hypotension occurs, place patient in supine position and notify physician immediately.**	**administration may result in the need for a change in the insulin dose, time course of action may vary in different individuals or at different times**	**Remember to use it at the same time each day.**

Hospital Medications (5 required)

Brand/Generic	**Acetaminophen**	**Cipro/ Ciprofloxacin**	**Lorazepam/ Ativan**	**Dilaudid/ hydromorphone**	**NPH insulin/humulin**
Dose	**650 mg**	**400mg**	**0.5 mL**	**0.5 mg**	**40 units**
Frequency	**Every 6 hours**	**Q8H**	**Q8H**	**Q6H**	**After meals**
Route	**PO**	**IV**	**IV**	**IV**	**SubQ**
Classification	**Antipyretic Non-opioid analgesic**	**Fluroquinolone**	**Benzodiazepines**	**Opioid Narcotic**	**Insulin**
Mechanism of Action	**Inhibits enzyme cyclooxygenase, blocking prostaglandin production**	**Inhibits the enzyme DNA gyrase, which is responsible for the unwinding**	**affects chemicals in the brain that may be unbalanced in people with anxiety**	**Attach to opioid receptors to relieve pain**	**lowers blood glucose within 1 to 2 hours after administration and**

	and interfering with pain impulse generation in the PNS.	**and supercoiling of bacterial DNA before it replicates**			**exerts a peak effect at 6 to 10 hours**
Reason Client Taking	**Pain and joint soreness due to age**	**To treat UTI**	**Anxiety**	**For pain**	**Diabetes**
Contraindications (2)	**Hypersensitivity to acetaminophen, Severe hepatic impairment**	**Concomitant administration with tizanidine, Hypersensitivity to Cipro**	**Alcohol, hypersensitivity to polyethylene glycol**	**Bronchial asthma, respiratory depression**	**Hypersensitivity to NPH insulin, hypoglycemia**
Side Effects/Adverse Reactions (2)	**Agitation, Anxiety**	**Drowsiness, depression**	**CNS depression, anterograde amnesia**	**Constipation, nausea**	**Sweating, dizziness**
Nursing Considerations (2)	**Pt should not drink alcohol while taking this drug. Advise pt it is unsafe to take more than 4000 mg of acetaminophen in a 24 hr period**	**Obtain culture and sensitivity test results, as ordered, before giving ciprofloxacin Encourage patient to drink plenty of fluids during therapy to prevent crystalluria**	**Pt should not use if they are pregnant, can be habit forming which can cause addiction, drug overdose, or death**	**Avoid alcohol, Do not drive or operate heavy machinery**	**Frequency of blood glucose monitoring is determined by type of insulin regimen and health status of the patient, Monitor pts with renal or hepatic impairment , may lead to hypokalemia**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Pt does not have an allergy to drug, 5**	**May increase uric acid level, may**	**Monitor respiratory status, heart rate, blood**	**Pulse ox, respiratory status**	**Check BP, I&O ratio, and blood glucose and**

	rights, Pt not having diarrhea	**decrease potassium, may decrease iodine, platelet counts**	**pressure, and level of sedation.**		**ketones every hour during treatment for ketoacidosis with IV insulin, Test urine for ketones in new, unstable, and type 1 diabetes**
Client Teaching needs (2)	**Pt to report signs of bowels not moving, Pt to report cramping or excessive diarrhea to provider**	**Pt to report any signs and symptoms for bleeding /Pt to avoid prolonged exposure to sunlight, do not perform hazardous activities**	**Hypersensitivity to lorazepam. May see cross-sensitivity with other benzodiazepines. CNS depression, uncontrolled pain, severe hypotension**	**Opioid pain medication/ tell your doctor if you plan to stop/Can be habit forming**	**Learn correct injection technique, Carry some form of fast-acting carbohydrate (e.g., lump sugar, Life-Savers or other candy) at all times to treat hypoglycemia**

Medications Reference (APA):

Burlington: Jones & Bartlett Learning.*2018 Nurse's Drug Handbook*. (2018). 17th ed.

Burlington:MA

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness: Alert and orientated** **Orientation:X3** **Distress: None noted** **Overall appearance: cheerful and cooperative**	**Pt is sitting up in bed orientated times 3, Pt showing no distress at this time. Pt states he is doing well. Pt speaks good English with normal tone. Pt MAEW for current age and condition. Strength is bilateral and equal. Pt follows commands with no restrictions. Pt has no signs of neurological deficit.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor: Normal** **Rashes: N/A** **Bruises: N/A** **Wounds: N/A** **Braden Score: 20** **Drains present: Y☐ N X** **Type:**	**Pt has pale Caucasian color. Skin is fair to dry. Normal elasticity warm to touch. No signs of lesions or wounds. No open areas. No drainages. Patient states he is just tired and would like to rest. No rashes normal skin turgor. Hair is gray in color. Braden Scale 20**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head is or normal shape with no apparent deviations. Hair is gray. Ears have no drainage or discomfort, tympanic membrane pearly gray. PEERLA within normal limits. Patient has only reading glasses. Pt eyes show no discharge. No deviation of the septum, turbinate equal bilaterally. No rhinorrhea. No complaints of congestion or nose bleeds. Oral mucosa is pink and moist with no discharge. Patient has false teeth. Patient states he can eat just fine.**
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses: Regular no abnormalities** **Capillary refill: WNL** **Neck Vein Distention: Y ☐ N X** **Edema Y ☐ N X** **Location of Edema:** **Lower legs**	**Placement auscultated for heart sounds. Pt has normal S1 and S2 no abnormalities, no murmurs, no thrills. Pt has normal cardiac rhythm with Regular cap refill, 1 + swelling edema of lower extremities. Pt is on heart monitor. Radial pulses and pedal pulse 2+ . Negative for any vein distention at this time- patient is resting in bed with no distress noted at this time.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N X**	**Pt has Normal lung sounds No crackles, no rhonchi, Pt shows no signs of distress. No**

Breath Sounds: Location, character	**accessory muscle use during breathing. No deviations. Pt denies shortness of breath but does state that he does have shortness of breath at home sometimes. Minor wheezing noted on left side patient does have an albuterol order but has no signs of discomfort at this time.**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet Regular** **Height:** **Weight:** **Auscultation Bowel sounds: all 4 noted** **Last BM: yesterday at 9 pm** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention: N/A** **Incisions: N/A** **Scars: N/A** **Drains: N/A** **Wounds: N/A** **Ostomy: Y ☐ N X** **Nasogastric: Y ☐ N X** **Size:** **Feeding tubes/PEG tube Y ☐ N X** **Type:**	**Pt current regular diet. Pt denies alcohol use except for a few times socially. No abnormal distention. Bowel sounds in all four quadrants. No tenderness. No masses. No ostomy. No nasogastric tubes. No wounds. Pt has no signs of distress no diarrhea, no constipation, slight bloating and irritability. Last bowel movement yesterday at 9 pm.**
GENITOURINARY (2 Points): **Color: yellow** **Character: Clear** **Quantity of urine:400ml** **Pain with urination: Y ☐ N X** **Dialysis: Y ☐ N X** **Inspection of genitals:** **Catheter: Y ☐ N X** **Type:** **Size:**	**Pt uses urinal. Urine has strong odor and urgency. Pt experiencing dysuria due to UTI. Patient has some pain. No irregularities or discharge currently. Output 150 ml No dialysis or catheter. Patient was incontinent in the night.** **Lower Pelvic area no abnormalities no redness on bottom** **Male genitalia within normal limits no discharge or lesions. Patient is on I&O's**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM: within normal limits** **Supportive devices: walker** **Strength: equal** **ADL Assistance: YX N ☐** **Fall Risk: Y X N☐** **Fall Score:** **Activity/Mobility Status:**	**.Pt exhibits normal active ROM bilaterally, Patient states he came in due his urinary pain and frequency. Pt is a fall risk. Pt needs help to stand and support. Pt states he lives alone. No clubbing noted, no effusions, no cyanosis —currently no neck or back pain. Patient does use a walker at home.**

Independent (up ad lib) **Needs assistance with equipment Y** **Needs support to stand and walk Y**	
NEUROLOGICAL (2 points): **MAEW: Y X N☐** **PERLA: Y X N☐** **Strength Equal: Y X N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:X3** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**.Pt is sitting up in bed orientated time 3, Pt showing no distress currently. Pt speaks good English with normal tone. PT MAEW for current age and condition. Strength is bilateral and equal. Pt follows commands with no restrictions. Pt has slight neurological deficit- Braden Scale 20. No headache, no gross focal neurological defects. No cranial nerve deficits.**
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):**	**Pt states slightly tired from being in the hospital .** **High school education** **Wife is at bedside and Patient does have a daughter that helps with home care.** **Patient is Christian but does not attend weekly service.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1310	**113**	**158/88**	**28**	**101.8 F**	**95%**
1545	**106**	**140/82**	**24**	**98.2 F**	**96%**

Vital Sign Trends: Patient had stable vitals during my clinical and denied pain at this time. Patient was on oxygen at 3 liters via nasal cannula with no distress at this time. Patient resting in bed with brother at bedside.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1315	**1-10**	**n/a**	**8**	**Pt has pain but can't identify where at**	**Pain medicine**

1550	**1-10**	**n/a**	**4**	**Overall body**	**Pain medicine**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 g and 18 g **Location of IV:** Rt forearm and left forearm **Date on IV:** **Patency of IV:** patent **Signs of erythema, drainage, etc.:** none **IV dressing assessment:** clean, dry, intact	0.9 NS 100 mL/hr and Cipro 400 mg running/ Saline Lock for both

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
120+120+=240 ml	**150 ml**

Nursing Care

Summary of Care (2 points)

Overview of care: Narrative of nursing care provided, patient status throughout the day, any major concerns, etc. (2 points): Pt was seen in the ED. Workup done shows presence of UTI with sepsis from elevated labs (WBC's, lactic acid, creatinine, sodium, and nitrites). Patient being admitted for management of UTI and worsening condition indicating sepsis infection. PT/ OT will see patient to help with strength.

Procedures/testing done: CBC, CMP, Chest X-Ray, Urinalysis, Blood Culture, Urine Culture, EKG, lactic acid

Complaints/Issues: Patient had no complaints at this time.

Vital signs (stable/unstable): Stable, sinus tachycardia

Tolerating diet, activity, etc.: Yes, tolerating diet and activity well

Physician notifications: The healthcare team will monitor the patient's symptoms and response to treatment. Labs, diet and medication will be monitored, as well as how the patient is feeling. Treatment will be adjusted as necessary. Inpatient for 1-2 more nights.

Future plans for patient: Pt will need IV antibiotics at long-term care facility

Discharge Planning (2 points)

Discharge location: To long-term care facility

Home health needs (if applicable): PT and OT

Equipment needs (if applicable): cane and walker

Follow up plan: Encourage proper care of condition along with education on seeking treatment if condition worsens

Education needs: UTI and sepsis education will be given to patient and family

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. Acute pain due to urinary elimination	**Related to dysfunction in urinary elimination as evidenced by urinary**	**1. Assess pt's pattern of elimination** **2. Encourage increased fluid intake (3-4 liters a day if**	• **Goal met: pt tolerated the intervention well, nurse was able to document**

	frequency and burning on urination	**tolerated)**	**output** • **Goal partially met: pt tolerated the intervention well, was able to increase fluids to 2.8 L**
2. Sepsis related to UTI	**Related to positive bacteria in lab tests as evidenced by culture and sensitivity showing E. coli and positive blood cultures**	**1. Monitor laboratory results (e.g., electrolytes, glucose, WBC count, bacteria in urine** **2.Encourage client to complete whole duration of antibiotic therapy**	**Goal met: labs monitored and rechecked to determine health status of infection** **Goal partially met: pt put on antibiotics and is scheduled for IV antibiotics at home**
3. Confusion acute	**Related to sepsis infection as evidenced by pt acting confused and agitated with fever of 101.8 F**	**1. Educate pt on importance of frequent bladder emptying to flush out bacteria** **2. Pt given Ativan and pain medicine to treat agitation and pain**	**Goal met: nurse initiated IV fluids and antibiotics** **Goal met: patient is now calm and comfortable, tolerated intervention well**
4. Impaired urinary elimination	**As evidenced by dysuria, urinary frequency, and urinary hesitancy**	**1.Pt will meet normal urinary elimination pattern** **2. Pt will demonstrate behavioral techniques to prevent urinary infection**	**Goals still in process: Patient is currently having issues with urinary elimination,**

			however with help of abx, pain meds, and rest he mentioned he will try his best to comply with provider's orders

Other References (APA):

Swearington, P. (2018). *All-In-One Nursing Care Planning Resource.* [S.I.]: MOSBY. St. Louis, Missouri: Mosby, Inc.

Sorenson, M., Quinn, L., Klein, D. (2019). Pathophysiology: concepts of human disease. Hoboken, NJ: Pearson, Education, Inc

Concept Map (20 Points):

Subjective Data

Pt states, “I have much pain and it burns when I pee. Get me out of this prison!”

Nursing Diagnosis/Outcomes

e pain due to urinary elimination: Related to dysfunction in urinary elimination as evidenced by urinary frequency and burning on urination Goal met: pt tolerated the intervention well, nurse was able to document output Goal partially met: pt tolerated the intervention well, was able to increase fluids to 2.8 L

Sepsis related to UTI: Related to positive bacteria in lab tests as evidenced by culture and sensitivity showing E. coli and positive blood cultures Goal met: labs monitored and rechecked to determine health status of infection. Goal partially met: pt put on antibiotics and is scheduled for IV antibiotics at home

Confusion acute: Related to sepsis infection as evidenced by pt acting confused and agitated with fever of 101.8 F Goal met: nurse initiated IV fluids and antibiotics Goal met: patient is now calm and comfortable, tolerated intervention well

Impaired urinary elimination: Related to urosepsis As evidenced by dysuria, urinary frequency, and urinary hesitancy. Goal in progress: Patient is currently having issues with urinary elimination, however with help of abx, pain meds, and rest he mentioned he will try his best to comply with provider’s orders

Objective Data

Client’s cc is urinary frequency and pain
Chest x-ray showed normal results. The electrocardiogram showed sinus tachycardia. This could be because of his infection and fever which can cause a fast heart rate. His body is trying to fight the infection, so heart rate is increased.

Patient Information

85-year Caucasian male is alert and orientated and lives in a long-term care facility with his wife. Both are living at long term care after the flood and their house become inhabitable. Two days ago, the staff started to notice Mr. Green acting out of sorts, then just yesterday Mr. Green started to become combative with the staff. He refused to eat and stated, “get me out of this prison.” He states he has pain but cannot tell the location. He is agitated when asked questions. The wife states Mr. Green has been complaining of burning when he urinates and has to use the bathroom many times. He is incontinent which is not normal for him. He has been increasing his fluid intake to try to remedy the problem. The wife became concerned after Mr. Green started to become agitated and confused around staff.

Nursing Interventions