N431 Care Plan #2

Lakeview College of Nursing

Hope Dykes

Demographics (3 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
7/6/2020	TL	65	M
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
W/C	Disability d/t spinal stenosis	Married	Perflutren
Code Status	**Height**	**Weight**	
FULL	6'2"	347 lbs	

Medical History (5 Points)

Past Medical History: Type 1 Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Chronic Heart Failure (CHF), Acute Kidney Injury (AKI), Coronary Artery Disease (CAD), Hypertension (HTN), Atrial Fibrillation (A-fib), Liver Failure, Sleep Apnea, Spinal Stenosis, Benign prostatic hyperplasia (BPH)

Past Surgical History: Pacemaker Insertion, Spinal Stimulator, Heart Catheterization, Cardiac Ablation

Family History: Diabetes in Brother, Hx of Heart Attack in Brother, Father, Mother, and Sister

Social History (tobacco/alcohol/drugs): Pt reports no smoking in the past 16 years. Reports no illegal drugs, but he says he drinks about 2-3 cans of beer a day at home.

Assistive Devices: Pacemaker, Insulin Pump, Walker. Pt uses Rollator and Electric Wheelchair at home.

Living Situation: Pt lives with wife.

Education Level: Does not affect learning.

Admission Assessment

Chief Complaint (2 points): Lower abdominal pain and SOB

History of present Illness (10 points):. The patient came into the emergency department complaining of lower abdominal pain, shortness of breath, and ascites. He says the ascites started a couple of weeks ago, but the shortness of breath worried him and made him come in for treatment. He described the pain as "a tightness," pushing up on his lungs. He says he feels full all the time, and he is never hungry anymore. The patient states that sometimes, lying down helps a little, but he says he knows he needs a paracentesis to relieve the pressure. He has had these in the past, and they have eased the pain and tension from ascites.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):. Ascites, Hypervolemia

Secondary Diagnosis (if applicable):. Type 1 Diabetes, Cellulitis, Congestive Heart Failure, Morbid Obesity

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

The patient presented with complaints of lower abdominal pain and shortness of breath, both symptoms of hypervolemia and ascites (Johns Hopkins, 2020). During my assessment of the patient, he described more signs and symptoms consistent with ascites. These symptoms included sudden weight gain, edema in the stomach and legs, and a feeling of fullness (Johns Hopkins, 2020). An abdominal CT scan showed cirrhotic liver changes with splenomegaly and confirmed the diagnosis of moderate ascites. The patient has several risk factors for this disorder, including a cellulitis infection, heart condition, and drinking alcoholic beverages (Johns Hopkins, 2020).

Drinking two to three alcoholic beverages a day is a modifiable risk factor for cirrhosis of the liver (Capriotti & Frizzell, 2016). If the patient is willing to cut back on his drinking, he could reduce the chances of further damage to his liver and repeat hospitalizations for ascites and hypervolemia. Good blood sugar control will improve the client's kidney function and improve fluid circulation. Hypertension is another modifiable risk factor. Diet and medication compliance changes can improve his hypertension. Specifically, the patient will need to cut back on sodium in his diet (Capriotti & Frizzell, 2016).

The client has cirrhotic changes to his liver shown in a CT scan. He also has nonmodifiable risk factors such as chronic heart failure and type 1 diabetes. According to Capriotti & Frizzell (2016), each of these plays a role in worsening his chances of ascites and hypervolemia. Type 1 diabetes negatively impacts the kidneys, which are needed to activate the renin-angiotensin-aldosterone system (RAAS), regulating fluid in the body. Cirrhosis can cause increased venous pressure, leading to a backup of fluid. The patient's heart failure will also cause vasoconstriction and decrease the body's ability to circulate fluid effectively (Capriotti & Frizzell, 2016).

Pathophysiology References (2) (APA):

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

Johns Hopkins Medicine. (2020). *Ascites.* https://www.hopkinsmedicine.org/health/conditions-and-diseases/ascites

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	**4.0-4.9 *10^6/uL***	**2.72 *10^6/uL***		**An infection can reduce the number of healthy red blood cells in the body. This observation is further supported by splenomegaly seen in the CT scan. The spleen is working harder to eliminate dead and damaged RBC's (Capriotti & Frizzell, 2016).**
Hgb	**12.0-16.0 *g/dL***	**8.1**		**An infection can reduce the hemoglobin in the body (Capriotti & Frizzell, 2016).**
Hct	**37.0-48.0%**	**25.2**		**An infection can reduce hematocrit levels in the body (Capriotti & Frizzell, 2016).**
Platelets	**150-400 *10^3/uL***	**173 *10^3/uL***		
WBC	**4.1-10.9 *10^3/uL***	**4.80 *10^3/uL***		
Neutrophils	**40.0-68.0 %**	**66.7**		
Lymphocytes	**19.0-49.0%**	**10.4%**		**Infections, like cellulitis, can cause lymphocyte levels to be low (Capriotti & Frizzell, 2016).**
Monocytes	**3.0-13.0%**	**10.4%**		
Eosinophils	**0.00-8.00%**	**4.4%**		
Bands	**0-5%**			

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 *mmol/L***	**128**		**Hypervolemia, or excess water, can lead to hyponatremia due to the lowered concentration of**

				sodium to fluid in the body (Capriotti & Frizzell, 2016).
K+	**3.5-5.1 *mmol/L***	**4.1 *mmol/L***		
Cl-	**98-107 *mmol/L***	**101 *mmol/L***		
CO2	**21.0-32.0 *mmol/L***	**32.0 *mmol/L***		
Glucose	**60-99 *mg/dL***	**172 *mg/dL***		**The patient is diabetic and fighting a cellulitis infection. This would increase his blood glucose level (Capriotti & Frizzell, 2016).**
BUN	**5-20 *mg/dL***	**20 *mg/dL***		
Creatinine	**0.5-1.5 *mg/dL***	**1.3 *mg/dL***		
Albumin	**3.5-5.7**	**3.5**		
Calcium	**8.5-10.1 *mg/dL***	**8.6 *mg/dL***		
Mag	**1.6-2.6 *mg/dL***	**2.2 *mg/dL***		
Phosphate	**2.5-4.5 *mg/dL***			
Bilirubin	**0.0-0.2**	**0.1**		
Alk Phos	**34-104**	**100**		
AST	**13-39**	**10**		**This student was unable to find any current evidence to support low liver enzyme levels in a patient with cirrhosis and alcoholism.**
ALT	**7-52**	**5**		**This student was unable to find any current evidence to support low liver enzyme levels in a patient with cirrhosis and alcoholism.**
Amylase	**23-85 U/L**			

Lipase	**0-160 U/L**			
Lactic Acid	**4.5-19.8 *mg/dL***			
Troponin	**0-0.040 *ng/mL***	**0.040 *ng/mL***		
CK-MB	**5-25 U/L**			
Total CK	**22-198 U/L**			

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**	**1.6**	**N/A**	**Liver problems can cause elevated T/INR levels (Capriotti & Frizzell, 2016).**
PT	**10.1-13.1 sec**	**19.2**	**N/A**	**Liver problems can cause elevated T/INR levels (Capriotti & Frizzell, 2016).**
PTT	**25-36 sec**	**36**	**N/A**	
D-Dimer	**<0.5**			
BNP	**0-100 *pg/mL***	**148 *pg/mL***		**BNP is elevated during hypervolemia because of the ventricles stretching and releasing it (Capriotti & Frizzell, 2016).**
HDL	**>60 *mg/dL***			
LDL	**<100 mg/dL**			
Cholesterol	**<200 mg/dL**			
Triglycerides	**<150 mg/dL**			
Hgb A1c	**<5.7%**			
TSH	**0.4-4.0 mU/L**			

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	Colorless-Yellow, Clear	Yellow, Clear	N/A	
pH	5.0-7.0	5.0	N/A	
Specific Gravity	1.003-1.005	1.005	N/A	
Glucose	Negative	Negative	N/A	
Protein	Negative	Negative	N/A	
Ketones	Negative	Negative	N/A	
WBC	0-25/*uL*	0	N/A	
RBC	0-20/*uL*	0	N/A	
Leukoesterase	Negative	Negative	N/A	

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	7.35-7.45	N/A	N/A	
PaO2	80-100	N/A	N/A	
PaCO2	35-45	N/A	N/A	
HCO3	22-26	N/A	N/A	

SaO2	**95-100**	**N/A**	**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**	**N/A**	**N/A**	
Blood Culture	**N/A**	**N/A**	**N/A**	
Sputum Culture	**N/A**	**N/A**	**N/A**	
Stool Culture	**N/A**	**N/A**	**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 (5 points): CT Abdomen without contrast

Diagnostic Test Correlation (5 points): Cirrhotic changes of the liver with splenomegaly with the moderate ascites and by basilar pleural effusion and minimal pericardial effusion. There is increased ascites and edema of the mesentery with fat stranding. Compressive atelectatic changes in the lung bases. Degenerative changes of the lumbar spine. Prominent external inguinal ring bilaterally may be due to small inguinal hernia. Neurostimulator seen extending into the spinal canal.

These findings are all consistent with the patient's diagnosis of ascites and hypervolemia (Capriotti & Frizzell, 2016).. The patient came in complaining of shortness of breath. The ascites and extra fluid around the lungs would explain this dyspnea.

Diagnostic Test Reference (APA):

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

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

Home Medications (5 required)

Brand/Generic	Atorvastatin / lipitor	Coreg/ carvedilol	Plavix/ clopidogrel	Flomax/ tamsulosin	Humalog/ insulin lispro
Dose	40mg	12.5mg	75mg	0.4mg	Sliding scale
Frequency	qhs	qd	qd	qd	Continuous
Route	Oral	Oral	Oral	Oral	Insulin Pump
Classification	HMG-CoA reductase inhibitor	Antihypertensive, Heart failure treatment adjunct	Platelet aggregation inhibitor	Benign prostatic hyperplasia treatment	Insulin
Mechanism of Action	Reduces LDL and triglycerides and increases HDL levels	Reduces cardiac output. Causes vasodilation and decreases peripheral	Prevents fibrinogen from attaching to receptors inhibiting the formation of thrombi.	Inhibits smooth muscle contraction in the bladder neck and prostate,	Replaces insulin hormone

		vascular resistance, which reduces blood pressure and cardiac workload.		improving urine flow.	
Reason Client Taking	Lower cholesterol to prevent further cardiovascular problems	Hypertension, pacemaker	CAD, CHF	Treats benign prostatic hyperplasia and makes it easier for pt to urinate.	Type 1 Diabetes Mellitus
Contraindications (2)	Alcoholism, Hepatic issues	Asthma, Severe Bradycardia	Peptic ulcer, Intracranial hemorrhage.	Hypersensitivity to tamsulosin. Hypersensitivity to quinazolines or their components	Hepatic impairment, Renal impairment
Side Effects/Adverse Reactions (2)	Muscle pain, diarrhea	Hypertension, Depression	Edema, Bronchitis	A-fib/ Arrhythmia, Constipation	Redness/ swelling at site, Hypoglycemia
Nursing Considerations (2)	Watch for signs of myopathy and rhabdomyolysis including muscle weakness and low urine output. Administer medication	Monitor blood glucose levels. Use cautiously in patients with peripheral vascular disease as it may	Given with aspirin in patients with acute coronary syndrome. Obtain blood cell count when signs suggest hematologic problem.	Give drug 30 minutes after the same meal each day. If taken on an empty stomach, monitor BP due to increased risk of hypotension.	Ensure insulin is given 20-30 minutes before meal. Watch for signs of hypoglycemia, including sweating

	at the same time every day.	aggravate symptoms.			and confusion.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Check electrolytes, cholesterol levels. Monitor blood glucose levels frequently while pt is using this medication.			Check kidney function (Creatinine and BUN)	Blood Glucose
Client Teaching needs (2)	Avoid grapefruit while using this medication. Lower dietary cholesterol while using this medication.	Must report weight gain of 5 lb or more in 2 days or increased shortness of breath. Seek emergency help if hives or swelling develops.	Report any unusual bruising or bleeding. Use a soft toothbrush and electric razor.	Change position slowly to avoid orthostatic hypotension . Take drug 30 minutes following the same meal each day.	Watch for signs of hypoglycemia, including dizziness and sweating. Bolus 15-20 minutes before meals through pump.

Hospital Medications (5 required)

Brand/Generic	**Proscar/ finasteride**	**Lasix/ furosemide**	**Neurontin/ gabapentin**	**Xarelto/ rivaroxaban**	**Lanoxin/ digoxin**
Dose	5mg	40mg	800mg	15mg	0.125mg
Frequency	qd	q8h	q6h	qpm	qd
Route	Oral	IV	Oral	Oral	Oral

Classification	Benign prostatic hyperplasia (BPH) agent	Diuretic	Anticonvulsant	Anticoagulant/ blood thinner	Antiarrhythmic
Mechanism of Action	Converts testosterone into its metabolite which is responsible for benign prostatic hyperplasia.	Works on the kidneys to decrease excess fluids	Inhibits exaggerated responses to painful stimuli.	Prevents blood clots through coagulation.	Increases the force and velocity of myocardial contraction
Reason Client Taking	Pt has a hx of BPH.	Edema, ascites, and hypervolemia	Used to treat patient's neuropathic pain	Prevention of DVT's, PE, and stroke due to patient's A-fib	Chronic A-Fib.
Contraindications (2)	Age, Female patients.	Kidney problems, Dehydration	Hypersensitivity to gabapentin, Alcohol use.	Active pathological bleeding, Hypersensitivity to medications components.	Ventricular fibrillation Hypersensitive carotid sinus syndrome
Side Effects/Adverse Reactions (2)	Hypotension, diarrhea.	Headache, cramping	Fever, Headache	Anxiety, Jaundice	Blurred vision, vomiting.
Nursing Considerations (2)	Therapy affects PSA levels. Periodic digital rectal examinations may be required while taking	Monitor cardiac rhythms for signs of hypokalemia. Teach client he will urinate more	Administer initial doses at bedtime to minimize adverse reactions. Monitor patient for suicidal	Monitor closely for s/s of hypersensitivity reactions. Should not be given to patients with	Take apical pulse for one full minute before giving each dose. It must be over 60.

	this medication.	frequently while on this medication.	thinking or behavior.	prosthetic heart valves.	Monitor for signs of digitalis toxicity.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Prostate-specific antigen (PSA),	Assess potassium levels, as these can be decreased with this medication	Orientation, bowel sounds	Fibrinogen levels	Apical heart rate, BP
Client Teaching needs (2)	Take medication with a full glass of water. Have periodic follow-ups to determine the effectiveness of the medication.	Do not take this medication before bed. It is normal for this medication to increase urination.	Do not take drug within 2 hours of taking antacids. Take any missed doses as soon as possible while avoiding overdosing.	Do not drink alcohol while on this medication Use soft toothbrushes, electric razors, etc. to lessen bleeding risks	Take digoxin at same time each day. Take pulse before each dose.

Medications Reference (APA):

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	A&O x3. Pt oriented to person, time, and place. No apparent distress. Obese and well-groomed.
INTEGUMENTARY (2 points): **Skin color:** **Character:**	Skin color and temperature are WNL.

Temperature: **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:** **Drains present: Y☐ N X** **Type:**	**BRADEN SCORE= 20** Pt has bruising on left flank and center of back from fall last week. Poor turgor due to edema from fluid overload. No rashes or wounds noted.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head is normocephalic. No pain or drainage in the ears. Eyes: PERRLA. Conjunctiva WNL. No cervical lymphadenopathy noted. Normal dentition.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N X** **Edema Y X N ☐** **Location of Edema:**	S1, S2 present, pacemaker "clicking" noted. Normal Sinus Rhythm. Diminished pedal pulses bilaterally. Cap refill <3 seconds. 2+ pitting edema in legs, ankles, abdomen, groin, arms, wrists, and hands.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N X** **Breath Sounds: Location, character**	Breathing is labored, but no accessory muscle use is noted. Slightly diminished breath sounds bilaterally. No crackles or wheezes.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:**	Home diet: Carb counting Current diet: CHO consistent, moderate calorie 6'2" 347 lbs Last BM Yesterday Bowel sounds heard in all four quadrants.

Incisions: **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N X** **Nasogastric: Y ☐ N X** **Size:** **Feeding tubes/PEG tube Y ☐ N X** **Type:**	Noted abdominal distension. No incisions, scars, drains, or wounds.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N X** **Dialysis: Y ☐ N X** **Inspection of genitals:** **Catheter: Y ☐ N X** **Type:** **Size:**	Clear, light yellow. Pt urinating into "hat" in the bathroom. Total output was 1400mL during my shift.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y X N ☐** **Fall Risk: Y X N☐** **Fall Score: 20** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment X** **Needs support to stand and walk X**	**FALL SCORE=20, high fall risk** Pt uses walker/ cane/ electric wheelchair at home for ambulation. Pt currently using walker with standby assistance. Pt handles equipment well and uses at home, but requires standby assistance due to high fall risk.
NEUROLOGICAL (2 points): **MAEW: Y X N☐** **PERLA: Y X N☐** **Strength Equal: Y X N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Alert and oriented x3 to time, place and person. No gross focal neurological deficits. No speech deficits noted. No change in LOC. Pt reports neuropathy in feet, legs, and arms bilaterally.

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 reports he is happy at home with his wife. He sees his grandchildren and great-grandchildren often. He attended church until the pandemic started. He reports he still gets out and drives his tripod motorcycle whenever he gets a chance.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0720	72	135/64	18	98.5F t	95% room air
1100	70	129/52	20	98.5F t	95% room air

Vital Sign Trends:

Vital signs began and remained stable. No significant outliers noted.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0720	7/10	back	"Pretty severe-same as always"	"sharp"	Roxicodone, 15mg
1100	4/10	back	"Better than earlier"	"still sharp"	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	20g
Location of IV:	Left AC
Date on IV:	7/6/2020
Patency of IV:	Patent, flushes easily
Signs of erythema, drainage, etc.:	No signs of erythema or drainage

IV dressing assessment:	Secured with steri-strips. Dry and intact.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
1150	1400

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was resting and awaiting paracentesis. Pain meds were administered regularly throughout my shift to control chronic back pain. Patient said he was thankful for my company and conversation.

Procedures/testing done: Abdominal CT, CBC, and CMP completed. Pt scheduled for abdominal paracentesis.

Complaints/Issues: Pt was complaining of difficulty breathing. I helped him raise the head of his bed, which improved his comfort.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Diminished appetite and lowered activity level. Pt reported he was very tired.

Physician notifications: N/A

Future plans for patient: Pt will have a paracentesis to relieve pressure in the abdomen and on the diaphragm. He will return home with his wife and is encouraged to cut back on alcohol consumption.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): Pt has walker, rollator, and electric wheelchair at home. He reports he has bars to hold onto in his bath and his home is "very handicap accessible".

Equipment needs (if applicable): N/A

Follow up plan: Pt will follow up with primary care provider within two weeks of discharge.

Education needs: Pt might benefit from a referral to an alcoholics support group in the area, like AA. Pt needs education on bleeding precautions due to decreased rbc, hgb, and hct levels.

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	**Rationale** ● 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. Impaired gas exchange due to pressure on the lungs from ascites as evidenced by patient's statement, "I feel like I can't breathe from all the pressure".	**Impaired gas exchange puts the patient at the most risk for complications. Oxygen is necessary for all metabolic processes in the body.**	**1. Sit the patient upright to relieve pressure from fluid on the lungs and give the lungs more room to expand.** **2. Teach the patient to use an incentive spirometer to expand the lungs**	**The patient appreciated his bed being sat upright. He said, "That is much more comfortable".** **The patient thought the incentive spirometer was "kind of strange". He said he has used it before in previous hospitalizations and doesn't really like it, but**

		and improve oxygenation.	**he agreed to give it a try.**
2. Activity intolerance due to fluid overload, chronic pain, and peripheral neuropathy as evidenced by patient's statement, "I don't ever feel like moving. I hurt all the time".	**The patient reports worsening difficulty breathing when he gets up. He says it is worse with "all the pressure" in his body from the ascites.**	**Monitor patient's vitals and assess LOC during activity.** **Teach deep/ diaphragmatic breathing to increase oxygenation and manage pain.**	**Goal: to make it down the hallway and back. Patient was breathing heavily after getting up and going over to the bathroom. As a result, I did not suggest a walk in the hallway with the patient's walker. Goal in progress.** **The patient and I did discuss breathing techniques and worked with an incentive spirometer. He did not enjoy the spirometer, but he agreed to try it again. Goal met.**
3. Impaired comfort due to chronic pain as evidenced by patient's statement, "I am always in pain".	**Chronic pain is causing the patient to stay still and gain weight, which will worsen his hypertension. It also causes stress and depression, and will lengthen the time it takes the patient to heal from his cellulitis infection.**	**1. Assess what techniques have worked to improve patient's pain in the past in order to utilize these to improve comfort during hospital stay.** **2. Encourage patient to share the impact chronic pain has had on his life and actively listen.**	**Patient shared that heating pads improve his back pain at home. He declined heat while in the hospital as he reported his room was always too hot.** **Patient shared that he is now on disability due to chronic pain in his back, and he says it has been hard on him and his family. He reports he used to go out on his motorcycle for stress relief and recently bought a tripod motorcycle to "still get out and live".**
4. Risk for falls due to	**Falls lead to injury.**	**1. Ensure that the patient's call light**	**The patient's call light was within reach of him**

peripheral neuropathy in his legs and side effects of medications as evidenced by patient's need for a walker, medications like gabapentin and roxicodone that increase dizziness, and patient's statement, "I can't feel my legs or feet hardly at all"..		**is always within reach.** **2. Encourage the patient to cut back on alcohol consumption while at home, since this increases the risk for falls.**	**at all times during my shift. I asked him to show it to me every time I exited the room.** **I discussed drinking alcohol with the patient. He did not want more information, but thanked me for my concern.**

Other References (APA):

Carpenito, J. L. (2017). *Handbook of nursing diagnosis* (18th ed.). Wolters Kluwer.

Concept Map (20 Points): In Attachment

Subjective Data

Nursing Diagnosis/Outcomes