Sara Smith
Care Plan

Patient Information:

56 year old male admitted from home post fall with hyperammonemia, anemia, thrombocytopenia, and hyperbilirubinemia. He has a medical history of ETOH abuse, right sided CVA, and liver cirrhosis. He has no known allergies. He is a full code. He is being seen by the hospitalist. The patient is alert and oriented x 4. He is verbal and Spanish speaking only. He is able to do activities as tolerated but is limited by right sided weakness from a recent CVA. He is currently receiving Dilaudid 1mg every 4 hours prn for pain. He is on a 2mg sodium diet. He has a #20 saline lock in his left arm. He is not on telemetry. He is not receiving any finger sticks. The patient is continent but has a condom cath in place. He is on room air. He does have discoloration on his left lower leg and a wound on the top of the foot. He had some edema and swelling in his legs and feet. He does not have any venodynes or special mattress in place. He is currently on seizure precautions. He is currently on contact precaution as he tested positive for ESBL in the stool. Significant labs upon admission include WBC 7.6, Hgb 7.1, Hct 20.9, Plt 71, Cl 110, BUN 13, Creat 0.71, Alb 1.7.

Current medications include Ertapenem 1g in sodium 50mL @ 100ml/hr every 24 hours, Medihoney to the left lower leg, Lactobacillus acidophilus 500mg tab twice a day, Lactulose 20 g three times daily, Nadolol 20 mg daily, and pantoprazole EC 40mg twice daily.

The patient had a chest xray upon admission that was clear. He also had an abdominal ultrasound that showed gallstones.

Upon assessment, his vitals were T 98.6, P 63, RR 16, BP 103/52, O2 Sat 100%, pain 8/10. I awoke the patient, as he was sleep and spent most of the shift sleeping. Upon awaking he needed to be reoriented, but once reoriented he was A&Ox4 while he was awake. He stated he had general pain 8/10. He stated he had a loose stool 4 hours prior. He had just received his breakfast tray, and he only drank the milk. He stated he was not very hungry. His lung sounds were clear, with equal respirations. His heart rate was 63, with no extra heart sounds. His pulses were present, his pedal pulse was +2 bilaterally. He had non-pitting edema in his legs and feet. The skin on his left lower leg was very dark, with a large wound on the top of his foot. I cleaned the wound and applied the medihoney, then applied a new bandage and wrapped his foot. His capillary refill was less than three seconds, but his lower extremities were very cool to the touch. The patient's abdomen did have excess fluid. Bowel sounds were present in all 4 quadrants, and the patient denied any pain upon palpation of his abdomen. Notable findings on his most recent labs include: BUN 9, Creat 0.4, Ca+ 7.6, WBC 4.1, Hgb 7.1, Hct 21.2, and Plt 108.

Diagnosis: Risk for injury related to altered clotting mechanisms, fatigue, and left sided weakness.

Goal: The patient will remain free of injury during his stay at Nyack Hospital.

Interventions & Rationales

Intervention	Rationale
Assess for signs and symptoms of bleeding. Observe for petechiae, ecchymosis, or bleeding from any other sites. Assess for GI bleeding by checking all stool, urine, and emesis for frank or occult blood.	Liver cirrhosis leads to alterations in clotting factors putting the patient at an increased risk for bleeding. The esophagus and rectum are the most usual sources of bleeding because of their mucosal fragility and are affected by cirrhosis.
Assess changes in mental status, LOC and orientation. Orient to time, place, and procedures.	Changes in LOC could indicate hepatic encephalopathy, which the patient is at risk for due to the increase in serum ammonia levels.
Instruct patient to ask for assistance to get out of bed.	If the patient is experiencing any fatigue or alteration in LOC, they are at increased risk for a fall. Using assistance when getting out of the bed decreases the risk of falling.
Provide safety measures such as a soft toothbrush and an electric razor to prevent cuts. Educate the patient about avoiding vigorous nose blowing and straining during bowel movements.	Due to the alteration in clotting factor the patient is at in increased risk for bleeding, internal and external. Minimizing straining and vigorous nose blowing decreases pressure that can lead to bleeding and using a soft toothbrush and electric razor can decrease the risk for small cuts.
Keep bed in lowest position and pad the side rails.	Reduces risk of injury when getting out of bed or when confusion and or seizures occur.
Monitor intake and output, daily weight changes, changes in abdominal girth, and edema formation.	Weight gain and increase in abdominal girth can indicate ascites. Untreated ascites can lead to several complications including peritonitis.
Monitor hemoglobin, hematocrit, and clotting factors.	Decreased h&h values can be indicative of a bleeding injury. Decreased oxygen can lead to falls and other injuries.
Educate family and patient on the importance of abstaining from alcohol. Refer patient and family to AA and Al-Anon resources in Spanish	Abstaining from alcohol is crucial to the patients ongoing life with severe liver cirrhosis. Drinking alcohol alone and with the medications he is prescribed not only places him at risk for injury to occur, but will further his injured liver.
Educate the family (in Spanish) about the symptoms of hepatic encephalopathy,	It is crucial for the family to recognize the signs and symptoms of encephalopathy,

possible bleeding tendencies, and susceptibility to infection.	bleeding, and infection in order to get the patient prompt treatment and avoid further complications.

Evaluation: The patient sustained no injuries during the shift. He used the call bell to ask for help to the toilet for a bowel movement. His hemoglobin was low at 7.1, but the doctor stated this has been his trend and a transfusion is not yet needed.