

**Nyack College
NUR 393 Clinical
Renal/Urinary Assessment**

Student's name: Chanho Kwak

Patient's Initials: RP Date of care: 6/22/22 Age 75 Gender M
 Preferred language spanish Ethnicity hispanic Religion n/a

Chief complaint:

syncope and collapse

Allergies:

Medications: ACE inhibitors Food: _____ Environmental: _____

Medical history:

(permacath, MWF) ESRD on HD, CAD HF, EF (35% EF)
n/o EtOH abuse, depression, right temporal CVA in 2016 w/ residual diplopia

Surgical history (list date and type):

PCI Lcx and DM2 in 2009 with DES

Psychiatric history:

n/a

Pregnancy Status n/a

Immunizations:

Tetanus (year) n/a Pneumococcal (year) n/a Influenza (date-year) 9/28/21
 Covid (dates) 5/14/22

Medications (patient takes at home)

Name	Dose	Route	Frequency	Use
acetaminophen	325 mg	oral	2 tabs / 6 hrs	pain
ascorbic acid	500 mg	oral	1 tab daily	healing / repair of tissue
vitamin B complex		oral	1 tab daily	treat poor diet
calcitriol	0.25 mcg	oral	daily	low calcium
ferrous sulfate	325 mg	oral	1 tab daily	iron deficiency
folic acid	1 mg tab	oral	1 tab daily	anemia
hydralazine	25 mg tab	oral	every 8 hrs.	treat high BP
(If more space is required, write on a separate paper)				
isosorbide mononitrate	30 mg	oral	3 tabs daily	chest pain

Health History

Does the patient have:

Renal/Urinary <input type="checkbox"/> pain or discomfort <input type="checkbox"/> flank pain: right or left, onset (date & time) <u>n/a</u> sputum production- <input type="checkbox"/> productive <input type="checkbox"/> non-productive Describe: quantity (pain scale 0-10) <u>0</u> quality _____ Precipitating factor (s) <u>n/a</u> Alleviating factor(s) <u>n/a</u> <input type="checkbox"/> fever <input type="checkbox"/> chills <input type="checkbox"/> dysuria <input type="checkbox"/> hesitancy <input type="checkbox"/> urgency <input type="checkbox"/> hematuria <input type="checkbox"/> nocturia <input type="checkbox"/> enuresis <input type="checkbox"/> incontinence <input type="checkbox"/> discharge Voiding frequency <u>4 days ago</u> <input type="checkbox"/> polyuria <input type="checkbox"/> oliguria <input checked="" type="checkbox"/> anuria <input type="checkbox"/> Change in the color of urine: color _____ <input type="checkbox"/> hx UTI <input type="checkbox"/> hx catheter use <input type="checkbox"/> hx renal calculi <input type="checkbox"/> hx of genital lesions or STIs <input type="checkbox"/> change in weight: _____ Other _____ Male: <input type="checkbox"/> BPH <input type="checkbox"/> Elevated PSA level _____ <input type="checkbox"/> hx of genitourinary surgery: year and type _____ Female: # of vaginal deliveries ___ # of cesarean deliveries ___ <input type="checkbox"/> contraceptive use: _____ <input type="checkbox"/> hx of genitourinary surgery: year & type _____
Social Factor <input checked="" type="checkbox"/> Smokes: Frequency <u>40 years ago</u> How many years? <u>20</u> Pack years <u>10</u> <input type="checkbox"/> Alcohol use: Frequency <u>40 years ago</u> How many years? <u>20</u> Pack years <u>10</u> <input type="checkbox"/> Drug use: Frequency <u>n/a</u> How many years? <u>n/a</u> Pack years <u>n/a</u> Other <u>n/a</u>

Any difficulty (ies) performing activities of daily living (describe)?

yes, patient has difficulty ambulating

Does the patient have any special needs? (i.e. hearing, legally blind...) no

Physical Exam

Vital Signs: Temp <u>98.0</u> Pulse <u>71</u> Resp <u>20</u> BP <u>168/89</u> O ₂ sat <u>99</u> LOC/orientation <u>A&O x4</u> Activity <u>none</u>
Skin color, texture, turgor, integrity, variations <u>no redness, no swelling, skin intact</u> IV- location, fluid & rate <u>double lumen right upper chest, right arm</u>
Chest- Respiratory/ Cardiovascular Skin color <u>warm</u> cyanosis <input type="checkbox"/> present <input checked="" type="checkbox"/> absent

Nose patent mouth pink and moist
 Other _____

Chest- Respiratory/ Cardiovascular
 Breath sounds C/A Heart sounds: S₁ S₂ murmurs: _____
 Other _____

GI/ Abdomen
 Diet _____ BS: normoactive hypoactive absent
 soft abdominal distention CVAT
 Other _____

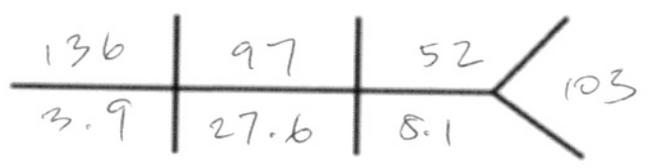
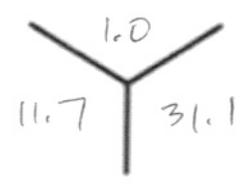
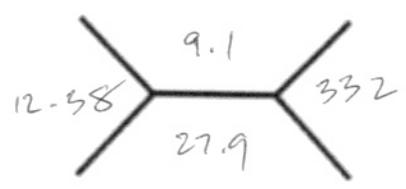
Elimination Voiding pattern: normal incontinence distended catheter
 type: _____
 Last BM 10 days constipation diarrhea hemorrhoid

Genitalia
 rash lesions discharge bulging

Extremities
 pedal pulses 2+ Capillary refill < 5 sec homan's sign positive
 Edema: none non-pitting pitting: 1+ 2+ 3+ 4+ Clubbing

Dependent/ Independent/ Collaborative Orders:
 Activity: Independent
 Diet: limit sodium, potassium, phosphorus
 Consults: n/a
 Therapies/ Treatments: dialysis

Diagnostic Tests



24 hour urine: n/a
 Urinalysis: 6/22/22
 Cultures: n/a

US, CT, KUB, IVP, cystoscopy, biopsy (describe)

n/a CXR results:

ECG 12 lead: n/a

Other Laboratory/Diagnostic Studies: n/a

Medications (prescribed since admission):

Name	Dose	Route	Frequency	Use
acetaminophen	650 mg	oral	PRN	mild pain
ascorbic acid	500 mg	oral	daily	healing / repair of tissue
aspirin	81 mg	oral	daily	mild/moderate pain
atorvastatin	80 mg	oral	daily	high cholesterol
calcitriol	0.25 mcg	oral	daily	low calcium
glucagon	1 mg	injection	every 15 min / PRN	blood glucose
heparin	5000 units	subcutaneous	every 12 hrs.	anticoagulant
insulin detemir	5 units	injection	nightly	long acting insulin
insulin lispro	0-6 units	injection	3x daily w/ meals	fast acting insulin

(If more space is required, write on a separate paper)

Patient Education

Patient barriers to learning? language

Topic	Method (verbal, demonstration, video, pamphlet.....)	Evaluation of learning (Did pt verbalize or demonstrate understanding or does pt require reinforcement)
<u>n/a</u>	<u>n/a</u>	<u>n/a</u>

(If more space is required, write on a separate paper)

Additional Comments:

nitroglycerin 0.4 mg sublingual every 5 min PRN chest pain
 sennosides 8.6 mg oral PRN constipation
 sevelamer carbonate 800 mg oral 3x daily w/ meals treat high BP
 vitamin B complex with C 1 tablet oral daily combination of vitamin B to treat ~~with~~ poor diet.