

**Nursing Dx 1:** Impaired skin integrity related to physical immobilization as evidenced by the stage IV sacral ulcer, visible tunneling of the skin, and skin redness.

**Expected Outcome:** At the end of the day, no wound deterioration will occur for the patient.

**Interventions:**

- Perform wound care per guidelines and orders
- Continue to use appropriate devices for the patient like his air mattress
- Turn and position the patient every 2 hours or as needed.
- Ensure the skin is clean and dry

**Evaluation:** Goal met. At the end of the day, no wound deterioration occurred for the patient.

**Nursing Dx 2:** Impaired physical mobility related to muscle weakness in the lower extremities as evidenced by limited ROM, inability to move without assistance, and needing to be transferred to a stretcher for school.

**Expected Outcome:** Within the 4 hours the patient engages in physical exercise on their own or within the limitations of their illness.

**Interventions:**

- Establish a safe environment by raising the bed rails, lowering the bed, and keeping the patient's items nearby.
- Turn and position the patient every 2 hours or as needed.
- While transferring patients to a bed, chair, or stretcher, assist with the transfer techniques by utilizing suitable assistance of people or equipment.
- During an activity, provide encouraging remarks.

**Evaluation:** Goal met. Within the 4 hours the patient engaged in physical exercise on their own or within the limitations of their illness.

**Past Medical History:**

Resolved: Fracture of distal end of tibia with fibula, Right fibula fracture, Surgical site wound dehiscence, Central line infection, Cleft lip, Compartment syndrome of lower extremity, Hemidiaphragm paralysis, Renal calculus, C.diff diarrhea

Chronic: Osteopenia, ADHD, Abdominal aorta injury, anxiety, blunt trauma to the abdomen, colostomy fistula, diplegia of both lower extremities, L3 vertebral fracture, neurogenic bladder, acral decubitus ulcer stage IV, short bowel syndrome, spinal cord injury at T7-T12

**Past Surgical History:**

- Spinal Resection, Cleft Lip Surgery, Hemicolectomy

**Medical Diagnosis:**

- Spinal cord injury at T7-T12 Diplegia of both lower extremities, sacral decubitus ulcer stage IV

**Diagnostic tests and results:**

- Last lab results 10/26/2022
- 11/04/22 Wound Culture, Sacral decubitus: Enterobacter cloacae, Corynebacterium

**Assessment:**

- No pain reported: 0/10
- A&O 4, Temp 96.8°F, HR 84, BP 118/75, RR 18
- No sensation below the waist, Full ROM in upper extremities, bed to stretcher for school
- NG tube in right nare, 10 french
- Medication PO and NG
- Strict I&O, Eats PO, NG overnight peptamen jr 1.5 + water dilution
- Straight catheterization at 10 am and 4 pm. Output: 160 mL yellow clear at 0940
- Colostomy Bag. Output: 250 mL light brown at 0940
- Sacral decubitus ulcer stage IV, wound care done at 1000
- Allergic to shellfish

**Medications:**

- Aspirin 81 mg PO Daily @ 1000
- Loperamide 2 mg PO TID @ 900, 1500, 2100
- Melatonin 3 mg PO Bedtime
- Methylphenidate 18 mg PO
- Multivitamins Pediatric/Iron 1 each PO Daily
- Nitrofurantoin Macrocrystals 75 mg PO
- Nystatin TP Daily
- Ondansetron Hcl 4 mg PO PRN
- Oxybutynin Chloride 15 mg PO Daily
- Potassium Citrate 15 meq PO BID
- Silver Nitrate 1 each TP Daily PRN
- Sodium Chloride 4 meq NG BID

**Nursing Dx 3:** Risk for infection related to break in skin integrity.

**Expected Outcome:** By the end of the shift, the patient will remain free of infection based on maintaining normal vital signs and the absence of signs and symptoms of infection.

**Interventions:**

- Wash hands/perform hand hygiene before interacting with the patient
- Use appropriate personal protective equipment (PPE) when interacting with the patient
- Provide wound care as prescribed
- Recheck vital signs in 4 hours and compare them to previous vital signs.

**Evaluation:** Goal met. By the end of the shift, the patient remained free of infection based on maintaining normal vital signs and the absence of signs and symptoms of infection.

**Nursing Dx 4:** Risk for falls related to impaired mobility and strength.

**Expected Outcome:** By the end of the day, the patient will not sustain a fall.

**Interventions:**

- Place the patient's items within their reach
- Ensure that the bed is at the lowest possible position
- Educate the patient to use the call button whenever assistance is needed.
- Respond to call light as soon as possible.

**Evaluation:** Goal met. By the end of the day, the patient did not sustain a fall.