

# Alliance University SON- Concept Map

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**Submission date-** 3/10/23

## **Nursing Dx**

Risk for impaired skin integrity r/t spine resection  
AEB sacral wound

### **Expected Outcome**

Pt's wound decreases in size and has increased granulation tissue over 7 days

### **Interventions**

1. Keep a sterile dressing technique during wound care
2. Pay special attention to all high-risk areas such as bony prominences, skin folds, sacrum and heels
3. Encourage use of pillows, foam wedges and pressure-reducing devices
4. Educate pt about proper nutrition, hydration, and methods to maintain tissue integrity

### **Evaluation**

Goal met. Pt's wound decreased in size over 7 days.

## **Nursing Dx**

Risk for imbalanced nutrition: less than body requirements AEB weight loss

### **Expected Outcome**

Pt will maintain weight and demonstrate weight gain of 8 oz over the next 7 days

### **Interventions**

1. Recommend pt increase intake of foods
2. Identify foods which may cause irritability and sensitivity and to restrict it from diet
3. Limit foods such as prunes, dates, stewed apricots, strawberries, grapes, bananas, cabbage family, beans; avoid food in high cellulose to decrease ileal effluent
4. Discuss options to decrease flatus if this issue occurs

### **Evaluation**

Goal met, pt maintained and gained 8 oz over 7 days

## **Past Medical History**

Ileostomy fist, spine resection, GT placement and relocation of colostomy, GI evaluation due to impaired feeding

## **Medical Diagnosis & Assessment**

Injury, unspecified, subsequent encounter 07/08/22

HR92, Temp97.0, BP 111/60, RR16, O2 99, A&Ox3, CTA, RRR, normal, S1, S2 No JVD, no cyanosis, no edema, cap refill <2, +BS in all quadrants, pt was catharized and voided yellow, no odor 200 mL, liquid restriction, daily weight, 25 kg

## **Medications**

Aspirin – pain  
Ergocalciferol – malnutrition  
Ferrous sulfate – malnutrition  
Loperamide - antidiarrheal  
Metronidazole – digestive inflammation  
Ondansetron – antiemetic  
Multivitamins – malnutrition  
Oxybutynin – overactive bladder  
Potassium citrate - malnutrition  
Silver nitrate–granulation at ostomy stoma

## **Nursing Dx**

Impaired physical mobility r/t spine resection AEB paralysis

### **Expected Outcome**

Pt will demonstrate techniques/behaviors that enable the resumption of activities by the end of the day

### **Interventions**

1. Work closely with the PT department to ensure an exercise program to strengthen muscles
2. Reposition periodically even when sitting in a chair. Teach the pt to use weight shifting techniques
3. Place the pt in a kinetic therapy bed when appropriate
4. Apply an anti-emboli hose or sequential compression devices to the legs as appropriate
5. Position arms at 90-degree angle at regular intervals

### **Evaluation**

Goal met: pt effectively demonstrates techniques and behaviors at the end of the day

## **Nursing Dx**

Situational low self-esteem r/t traumatic injury AEB verbalization and abrasiveness

### **Expected Outcome**

Pt will verbalize acceptance of self in the situation and demonstrate progress over 7 days.

### **Interventions**

1. Accept the pt, and show concern for the individual as a person. Encourage, identify and build on strengths.
2. Include the pt in case allowing the pt to make decision and participate in self-care activities
3. Arrange visits by similarly affected person if the pt desires or the situation allows.
4. Refer to counseling and psychotherapy as indicated
5. Discuss the meaning of loss or change with the pt.

### **Evaluation**

Pt showed less abrasiveness and showed a change in attitude over 7 days