



K, L

#1

Health Care Provider: L K

Sex: F Weight: 242 lbs 8 oz

Code Status: 01 ▾

Isolation: 00

Food Allergies: 01 ▾

Diet: 01 ▾

Hospital Floor:

Age: 64 Y Height: 4' 9"

Alerts: 00

Drug Allergies: 07 ▾

Env. Allergies: 02 ▾

BMI: 52.5

Psychiatric

Student: Lydia Kranz Assignment: Peterson-Wednesday-Assignment #1 Submitted: 10/01/2015 22:22

Clinical Assignment Grading

Assignment Objectives

No assignment objectives entered.

Clinical Set-up Details

First Day of Clinical: 09/30/2015

Primary Diagnosis: Bipolar I disorder,
most recent episode
depressed,
moderate

Provider Name: K, L

Secondary Diagnosis: Diabetes mellitus

Student Details:

First Initial: L
Last Name: Kranz
Credentials: SN


Patient Details:

Identifier 1: L
Identifier 2: K
Gender: F
Age: 64 Years

Pre-Clinical Manager

Patient Info | Identifier: K, L Gender: F Age: 64 Y | Nurse Initials: L Kranz, SN

Diagnosis (3)

 **Primary Diagnosis:** Bipolar I disorder, most recent episode depressed,
moderate**Patho-Physiology:**

Brain disorder that causes unusual shifts in mood, energy, activity levels, & the ability to carry out day-to-day tasks dealing with chemical imbalances

Therapeutic Regimen:

Treatment of acute mania, depression, signs & symptoms of bipolar/anxiety, Use of natural relaxation & medication to treat signssymptoms

Current Health Problems and Related Functional Changes:

Unable to acceptably function within society R/T to excessive family issues & psychosocial history signs/symptoms, recent severe mood swings that are inappropriate compared to social norms, aggravations & agitation gradually increasing & one event "made me snap" (via pt.), have been fighting with son-in-law recently over money/care of daughter/other issues ("he wasted money on a ferret & I am deathly afraid of ferrets", "we have been clashing a lot lately"), financial concern of children & self seems to be of importance to pt. ("my eldest stole, but denies, \$10,000 from me" & son-in-law is "dumb as rocks!")

 **Secondary** Diabetes mellitus
Diagnosis:**Patho-Physiology:**

Chronic condition that affects your body's ability to use the energy found in food, fluctuation in blood glucose, systemic

effects produced

Therapeutic Regimen:

Frequent blood glucose monitoring, strict diet, insulin therapy

Current Health Problems and Related Functional Changes:

Renal & liver functioning, sporadic/uncontrolled blood glucose, poor diet, little/no exercise (R/T obesity & joint pain)

🌸 **Tertiary Diagnosis:** Hypertension

Patho-Physiology:

Pressure exerted onto blood vessel walls increased causing systemic effects

Therapeutic Regimen:

Diet, frequent exercise, antihypertensive medications, relaxation & meditation techniques

Current Health Problems and Related Functional Changes:

Poor diet, little/no exercise, impaired renal & liver function (R/T less efficacy of medications), bipolar disorder/depression causing stress/raise in blood pressure/poor eating habits

really good job with your diagnoses!

Medications (14)

Medication:Rosuvastatin Tablet - (Crestor)

Classification:Antilipemics: HMG-CoA Reductase Inhibitor

Route: Oral

Dose: 40 mg

Frequency:qHS

Date 01/01/1900

Ordered:

Comments and Additional Medication Info:

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Therapeutic Effect:

Used to treat high levels of triglycerides/cholesterol

Action:

Reduces total and LDL cholesterol, and lowers plasma triglycerides and apolipoprotein B

Contraindications:

Pregnancy, Breast feeding, Hepatic disease

Side Effects or Adverse Reactions:

Body aches & pains, headache, tender/swollen neck glands, trouble swallowing, amnesia, confusion, constipation, depression, diabetes mellitus, dyspnea, hemolytic anemia, hyperglycemia, muscle cramps, insomnia, angioedema, jaundice (R/T liver failure)

Life Threatening Considerations:

Myopathy, rhabdomyolysis, renal failure, hepatitis

Recommended Dose Ranges:

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Nursing Interventions:

Assess & monitor pain regularly during shift, assess EKG, assess & monitor BUN/creatinine/GFR, watch closely to labs & tests regarding liver function, monitor blood glucose frequently, monitor & asses bowel movements & GI function, assess & monitor for alert/oriented upon each interaction with pt.

Medication:Montelukast Tablet - (Singulair)

Classification:Respiratory tract agent: anti-inflammatory, leukotriene receptor antagonists

Route: Oral

Dose: 10 mg

Frequency:qHS

Date 01/01/1900

Ordered:

Comments and Additional Medication Info:

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Action:

Potent & selective antagonist of leukotriene D4 (LTD4) at the cysteinyl leukotriene receptor, CysLT1, found in the human airway

Side Effects or Adverse Reactions:

Angioedema, anxiety, confusion, conjunctivitis, depression, edema, hallucinations, headache, insomnia, *infection, palpitations, pancreatitis, pyuria, seizures, urinary incontinence, weight loss

Recommended Dose Ranges:

Children under age 14: no more than 4-5 mg/day, no contraindications found dealing with renal impairment dosing, mean elimination half-life of montelukast is only slightly prolonged in patients with mild-moderate hepatic insufficiency

Therapeutic Effect:

Prophylaxis & treatment of asthma

Contraindications:

Black Box Warning, depression, geriatric, hepatic disease, hepatitis, PKU, pregnancy, suicidal ideation, corticosteroid withdraw, alcoholism

Life Threatening Considerations:

Anaphylactoid reaction, thrombocytopenia, syncope, decreased heart rate, loss of consciousness

Nursing Interventions:

Thorough full body physical assessment each shift, monitoring alert/oriented upon each encounter with pt., assess sleeping normalities & teach pt. relaxation techniques (may help w/ anxiety, headache, & depression as well), teach pt. proper perineal care & to report any new findings dealing with urinary output, monitor weight & appetite/diet

Medication:Acetaminophen Oral Solution 32 mg/mL - (Tylenol, Genapap)

Route: Oral

Frequency:qHS

Classification:Antipsychotic: atypical *ACTUALLY Latuda (lurasidone)

Dose: 40 mg (increasing to 60 mg today)

Date 01/01/1900

Ordered:

Comments and Additional Medication Info:

*Increasing dose from 40 mg/day to 60 mg/day, atypical antipsychotics generally have a lower potential for extrapyramidal side effects

Action:

Unknown

Therapeutic Effect:

Treatment of antipsychotic (bipolar disorder) symptoms

Contraindications:

Black Box Warning, abrupt discontinuation, breast cancer, breast feeding, cardiac disease, children, dehydration, dementia, diabetes mellitus, geriatric, hyperglycemia, obesity, renal failure/impairment/disease, seizures, stroke, suicidal ideation, syncope

Life Threatening Considerations:

Diabetic ketoacidosis (DKA), stroke, AV block, possible drug overdose, aspiration

Side Effects or Adverse Reactions:

Anemia, angina, anorexia, anxiety, vision problems, diabetes mellitus, dysuria (possibly worse if diagnosed w/ UTI & kidney stones), hyperglycemia, hypertension, insomnia, seizures, stroke, syncope, tardive dyskinesia, weight fluctuation

Recommended Dose Ranges:

Adults: start at 40 mg & then increase PRN, Max dosages: adults & geriatric at 160 mg/day, adolescents & younger have not been established with efficacy/safety **may want to monitor liver function if she takes it often.**

Nursing Interventions:

Ensure pt./nurse monitoring blood glucose frequently, monitor appetite, monitor weight frequently, tell pt. to report any abnormal personal findings upon urination (burn, itch, discharge, etc), monitor & assess pt. for signs/symptoms of tardive dyskinesia, monitor & assess vital signs frequently, monitor EKG findings & cardiac enzymes, watch pt. consume pill to avoid upper GI complications, pt. massage/relaxation techniques to

enhance chances of sleep

Medication:Nystatin Topical

Route: Topical

Frequency:BID (qAD, qHS)

Comments and Additional Medication Info:

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Action:

Membrane integrity of fungal cells is impaired, causing the loss of intracellular potassium and other cellular contents

Side Effects or Adverse Reactions:

Glycosuria, hyperglycemia, infection, skin atrophy/irritation

Recommended Dose Ranges:

Apply sparingly twice daily (morning & night) *No efficacy/safety issues reported amongst age cohorts

Classification:Antifungal agent

Dose: 1 Application

Date 01/01/1900

Ordered:

Therapeutic Effect:

Treatment of candidal skin infections

Contraindications:

Black Box Warning, children, breast feeding, geriatric, peripheral vascular disease, pregnancy

Life Threatening Considerations:

Cushing syndrome, superinfection, allergic reaction

Nursing Interventions:

Assess & monitor infection frequently/each shift, provide pt. w/ appropriate wound/infection control & care, be aware of superinfection, watch pt. for signs & symptoms of Cushing syndrome, assess & monitor urine tests for glucose/protein/ketones, encourage pt. to remain non-weight bearing on area of infection, ensure doesn't occur/monitor spread of infecture

Medication:Oxybutynin Extended Release Tablet - (Ditropan XL)

Route: Oral

Frequency:everyday (AM)

Comments and Additional Medication Info:

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Action:

Tertiary amine ester that exerts antimuscarinic (atropine-like) & antispasmodic (papaverine-like) actions on smooth muscle

Side Effects or Adverse Reactions:

Agitation, anorexia, vision changes/problems, bronchospasm, constipation, confusion, dizziness, dysuria, edema, fluid retention, infection, urinary frequency, memory impairment, palpitations, polydipsia, psychosis, urinary retention

Recommended Dose Ranges:

Maximum dose (adults) is 5 mg QID, Geriatric: 2.5 mg BID or TID

Classification:Autonomic Anticholinergic Antimuscarinic

Dose: 10 mg

Date 01/01/1900

Ordered:

Therapeutic Effect:

Relaxes smooth muscles within the bladder to encourage frequent urination to rid of wastes/urine products

Contraindications:

Black Box Warning, closed-angle glaucoma, gastroparesis, GI obstruction, pyloric stenosis, urinary retention, anticholinergic medications, breast feeding, GERD, renal impairment, smoking (history), urinary tract obstruction

Life Threatening Considerations:

Anaphylactic reaction, QT prolongation

Nursing Interventions:

Monitor & assess EKG, encourage pt. to report vision changes, teach pt. to avoid triggers/realize triggers of asthma to avoid bronchospasm, tell pt. to report signs/symptoms of UTI/kidney stones (burn, itch,

discharge, etc), monitor & assess fluids (intake/output), teach pt. importance of infection prevention/primary prevention, tell pt. to report any palpitations if present, encourage pt. to empty bladder frequently/PRN, remain clear/absent of triggers of allergic reactions

Medication:Lisinopril Tablet - (Prinvil, Zestril)

Route: Oral

Frequency:everyday (AM)

Comments and Additional Medication Info:

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Action:

Competes with angiotensin I for its binding site on the angiotensin-converting enzyme (ACE), the drug blocks the conversion of angiotensin I to angiotensin II, angiotensin II is a potent vasoconstrictor & negative feedback mediator for renin activity

Side Effects or Adverse Reactions:

Anemia, blurred vision, confusion, depression, diabetes mellitus, fever, hallucinations, hemolytic anemia, hyperkalemia, oliguria, pancreatitis, syncope, teratogenesis, vertigo, visual impairment

Recommended Dose Ranges:

Begin at 10 mg/day & increase dosage PRN, Children should begin at 0.07 mg/kg PO once daily (up to 5 mg/day) & be adjusted based on blood pressure response

Classification:Angiotensin-converting enzyme (ACE) inhibitor

Dose: 5 mg

Date 01/01/1900

Ordered:

Therapeutic Effect:

Treatment of hypertension, CHF, post-MI, diabetic nephropathy & retinopathy

Contraindications:

Black Box Warning, angioedema, ACE-inhibitor sensitivity, breast feeding, cardiomyopathy, coronary artery disease, dialysis, heart failure, hyperkalemia, renal artery stenosis, renal disease/failure/impairment, pregnancy & breast feeding *what is the black box warning for?*

Life Threatening Considerations:

Hepatic failure, renal failure, thrombocytopenia

Nursing Interventions:

Monitor & assess blood pressure frequently, monitor labs (hematology) & urinalysis, Monitor blood glucose frequently/closely, monitor EKG, monitor & assess BUN/creatinine/GFR frequently, monitor platelet count whenever possible (CBC), tell pt. to report signs/symptoms of vision changes, monitor for falls *good!*

Medication:Gabapentin Tablet - (Neurontin)

Route: Oral

Frequency:BID (qAM, qHS)

Comments and Additional Medication Info:

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Action:

Unknown

Side Effects or Adverse Reactions:

Amnesia, anorexia, appetite stimulation, blurred vision,

Classification:Anticonvulsant: gamma-aminobutyric acid (GABA) augmenting agent

Dose: 100 mg

Date 01/01/1900

Ordered:

Therapeutic Effect:

Analog of gamma-aminobutyric acid (GABA) that has GABA agonist activity, high lipid solubility, not metabolized by the liver, no protein binding, is devoid of enzyme induction-related drug interactions

Contraindications:

Abrupt discontinuation, depression, dialysis, children, renal failure/impairment, seizures, suicidal ideation, pregnant/breast feeding

Life Threatening Considerations:

Anaphylactic reaction, suicidal ideation

constipation, dehydration, depression, dizziness, dyspnea, fever, hostility, hyperglycemia, hypertension, impaired cognition, infection, insomnia, teratogenesis, vertigo, weight gain

Recommended Dose Ranges:

If dose is reduced/discontinued/substituted with an alternative medication this should be done gradually over a minimum of 1 week, do not interchange immediate-release and extended-release gabapentin formulations/pharmacokinetic differences necessitate differing dosage regimens

Nursing Interventions:

Monitor & assess for suicidal ideation/homicidal ideation frequently, monitor appetite, monitor weight frequently, tell pt. to report vision changes, tell pt. to report symptoms of vertigo/dizziness, avoid triggers for asthma, monitor blood glucose frequently, monitor vital signs frequently, assess for alert/oriented/etc, teach pt. natural relaxation techniques, tell pt. to remain sitting/laying down/holding onto stable object (if standing) if vertigo presents upon standing

Medication: Fluticasone Propionate 50 mcg/spray Nasal Spray - (Flonase)

Route: Inhaled

Frequency: BID (qAM, qHS)

Classification: Respiratory tract agent: anti-inflammatory, inhaled corticosteroid

Dose: 1 Puff/Hold

Date: 01/01/1900

Ordered:

Comments and Additional Medication Info:

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Therapeutic Effect:

Orally inhaled corticosteroids block the late phase allergic response to allergens

Action:

Anti-inflammatory/antipruritic/vasoconstrictive properties within respiratory system/tract

Contraindications:

Acute bronchospasm, milk protein hypersensitivity, status asthmaticus, cataracts, diabetes mellitus, fungal infection, peripheral vascular disease, skin atrophy, pregnancy/breast feeding, tobacco smoking

Side Effects or Adverse Reactions:

Agitation, anxiety, bleeding, blurred vision, bronchospasm, cataracts, conjunctivitis, dental caries/cavities, depression, dizziness, elevated hepatic enzymes, fever, glycosuria, hyperglycemia, immunosuppression, impaired wound healing, infection, insomnia, osteopenia/osteoporosis, palpitations, skin atrophy, weight gain, wheezing

Life Threatening Considerations:

Hematoma (depending on location), thrombocytopenia, blindness from result of vision changes

Recommended Dose Ranges:

Extremely high potency when paired w/ other drugs (Betamethasone, dipropionate augmented, Clobetasol, Diflorasone diacetate ointment, Halobetasol), adults/adolescents/ children ≥ 12 years 2 sprays per nostril once daily (110 mcg/day) (1 spray/day if younger)

Nursing Interventions:

Help pt. avoid falls (avoid excess blood loss & bruising), avoid triggers of asthma, monitor & assess labs (hematology, BUN/creatinine/GFR, liver function), monitor blood glucose closely, avoid infections by proper cleaning & assessing skin, tell pt. to report signs/symptoms of UTI/kidney stones (itch, burn, etc), monitor & assess weight, monitor wheezing present upon physical assessment, have pt. avoid pressure on area of any skin atrophy, ensure appropriate calcium intake & dietary intake, teach pt. how to relieve stress/anxiety/etc using non-medicated methods

Medication: Diltiazem Extended Release Capsule (24 hr) - (Cardizem CD, Diltia XT, Dilacor XR, Cartia XT, Taztia XT, Tiazac)

Classification: Cardiovascular agent: calcium channel blocking agent

Route: Oral
Frequency:every day (qAM)

Comments and Additional Medication Info:

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Action:

Benzothiazepine calcium-channel blocking agent that is most similar to verapamil in its clinical use, inhibits the influx of extracellular calcium across both the myocardial and vascular smooth muscle cell membranes

Side Effects or Adverse Reactions:

Amnesia, angina, anorexia, asystole, atrial flutter, confusion, constipation, depression, elevated hepatic enzymes, epistaxis, hallucinations, hyperglycemia, insomnia, palpitations, peripheral edema, peripheral vasodilation, polyuria, syncope, tremor, weight gain

Recommended Dose Ranges:

Regular-release tablets are not FDA-approved for use in hypertension, 30 mg PO TID or QID, gradually increasing dosage at 1 or 2 day intervals up to 480 mg/day, if not affective= added antihypertensive for maximum response/effect

Dose: 240 mg
Date 01/01/1900
Ordered:

Therapeutic Effect:

Increases exercise capacity & improves multiple markers of myocardial ischemia, reduces heart rate & blood pressure, may increase cardiac output, improves myocardial perfusion, reduces left ventricular workload, may reduce coronary vasospasm & ischemia

Contraindications:

Acute MI, AV block, cardiogenic shock, hypotension, sick sinus syndrome, ventricular tachycardia, GERD, heart failure, hepatic disease, ventricular dysfunction

Life Threatening Considerations:

AV block, heart failure, thrombocytopenia, ventricular fibrillation, ventricular tachycardia

Nursing Interventions:

Monitor EKG at every availability, help pt. prevent falls & bleeding opportunities (due to low platelet risk), monitor & asses vitals closely/frequently, monitor bowel movements & defecation times, monitor appetite, encourage accurate dietary intake, tell pt. to report palpitations, monitor weight, monitor & assess alert/oriented/etc, encourage pt. to void when urge presents

Medication:BusPIRone Tablet - (Buspar)

Route: Oral
Frequency:BID (qAM, qHS)

Comments and Additional Medication Info:

Does not possess anticonvulsant or muscle-relaxant properties, does not impair psychomotor function, does not cause sedation or physical dependence

Action:

Specifics unknown, generally suppresses serotonergic activity while enhancing noradrenergic & dopaminergic cell firing

Side Effects or Adverse Reactions:

Angioedema, anorexia, appetite stimulation, blurred vision, cardiomyopathy, chest pain, confusion, conjunctivitis, dizziness, dyspnea, edema, epistaxis, fever, GI bleeding, hallucinations, hostility, hypertension, insomnia, psychosis, seizures, syncope, urinary retention, vision changes, weakness, weight fluctuation

Recommended Dose Ranges:

Classification:Anxiolytic: Sedative

Dose: 10 mg
Date 01/01/1900
Ordered:

Therapeutic Effect:

Reduce anxiety, depression, & S/S of bipolar disorder

Contraindications:

Hepatic disease, renal disease/impairment/failure, pregnancy/breast feeding, children/neonates, ethanol intoxication

Life Threatening Considerations:

Heart failure, hematoma (depending on location), MI, serotonin syndrome, suicidal ideation, thrombocytopenia

Nursing Interventions:

Patients who are converted from a benzodiazepine to buspirone may need to overlap buspirone initiation w/ downward titration of the benzodiazepine, Adults: 7.5 mg PO twice daily, increase PRN by 5 mg/day every 2—3 days, usual maintenance dose is 15—30 mg/day administered in 2—3 divided doses, should not exceed 60 mg/day

Medication: Aspirin Enteric Coated Tablet - (Bayer EC, Halfprin, St. Joseph Adult Low Dose Safety Coated)

Route: Oral

Frequency: everyday

Comments and Additional Medication Info:

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Action:

Ability to inhibit cyclooxygenase (COX), Cyclooxygenase is responsible for conversion of arachidonic acid to prostaglandin G2 (PGG-2), first step in prostaglandin synthesis & precursor to prostaglandins of the E and F series, inhibit pain receptors in body

Side Effects or Adverse Reactions:

Agranulocytosis, bronchospasm, confusion, dehydration, dizziness, dysphagia, elevated hepatic enzymes, fever, hallucinations, hyperglycemia, hyperventilation, hypokalemia, metabolic acidosis, peptic ulcer, renal failure, seizures, visual impairment, wheezing

Recommended Dose Ranges:

Begin w/ 3 g/day PO in divided doses, target plasma salicylate concentration is 150—300 mcg/ml, lowest effective dose should be utilized

Monitor EKG, help pt. learn how to & avoid falls (to prevent hematoma formation & lack of platelets), monitor troponin & cardiac enzymes when possible, monitor for S/S of serotonin syndrome (fever, seizure, arrhythmia, unconsciousness, etc), monitor & assess liver function (avoid NSAID usage), monitor frequently for suicidal & homicidal ideation

Classification: Analgesic: Platelet Inhibitors

Dose: 81 mg

Date: 01/01/1900

Ordered:

Therapeutic Effect:

Analgesic, antiinflammatory, antipyretic, antithrombotic

Contraindications:

Salicylate hypersensitivity, abrupt discontinuation, acid/base imbalance, acute bronchospasm, anticoagulant therapy, ascites, asthma, coagulopathy, dehydration, heart failure, hypertension, immunosuppression, intramuscular injections, metabolic alkalosis/acidosis, NSAID hypersensitivity, renal failure/disease/impairment, respiratory alkalosis/acidosis, thrombocytopenia

Life Threatening Considerations:

Hematoma, thrombocytopenia

Nursing Interventions:

Help pt. avoid falls (hematoma & thrombocytopenia), avoid triggers of asthma, monitor & assess alert/oriented/etc, monitor liver function, monitor blood glucose closely/frequently, monitor hematology (platelet count, low potassium levels, acidic properties), monitor kidney function (GFR, BUN, creatinine), encourage fluid intake (monitor intake/output), tell pt. to report signs/symptoms of GERD (peptic ulcer prevention-enteric coated due to this)

Medication: Gemfibrozil Tablet - (Lopid)

Route: Oral

Frequency: BID (630, 1200)

Comments and Additional Medication Info:

*Second-line therapy for type IIb hypercholesterolemia (elevated cholesterol, triglycerides, LDL, VLDL), recommended only in patients with low HDL (< 35

Classification: Cardiovascular agent: Fibric acid derivatives

Dose: 600 mg

Date: 01/01/1900

Ordered:

Therapeutic Effect:

Lowers serum triglycerides & also produces favorable changes in lipoproteins

mg/dL) & without evidence of coronary artery disease

Action:

Inhibit peripheral lipolysis and to decrease hepatic extraction of free fatty acids, decreases hepatic triglyceride production, details unknown

Side Effects or Adverse Reactions:

Anemia, atrial fibrillation, blurred vision, cataracts, confusion, constipation, depression, elevated hepatic enzymes, hyperbilirubinemia, infection, leukopenia, myopathy, pancreatitis, retinal edema, syncope, weight loss

Recommended Dose Ranges:

Gemfibrozil not indicated for patients w/ Type I (rare) hyperlipoproteinemia who have elevated chylomicrons/triglycerides but who have normal VLDL concentrations, inspection of plasma refrigerated for 14 hours is helpful in distinguishing Types I (rare), IV, & V (rare) hyperlipoproteinemia

Contraindications:

Biliary cirrhosis, gallbladder disease, hepatic disease, renal failure/impairment/disease, children/neonates, pregnancy/breast feeding

Life Threatening Considerations:

Anaphylactic shock, intracranial bleeding, thrombocytopenia

Nursing Interventions:

Avoid allergic reactions & exposure to allergens, help pt. avoid falls (intracranial bleed & thrombocytopenia), monitor EKG frequently, have pt. report changes in vision/ocular pressure, monitor & assess alert/oriented/etc, monitor CBC (leukocytes & anemia possibilities, also decreased platelets), monitor & assess liver function when possible (when test results available), monitor weight & vital signs frequently, teach pt. natural ways to relieve constipation (sitting w/ feet up on stool, rock back & forth, etc)

Medication:Levothyroxine (T4) Tablet - (Levothroid, Levoxyl, **Classification:**hormonal agent:

Synthroid, Unithroid)

stimulant/replacement/modifying (thyroid)

Route: Oral

Dose: 25 mcg

Frequency:everyday (qAM, qAC)

Date 01/01/1900

Ordered:

Comments and Additional Medication Info:

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Therapeutic Effect:

treatment of primary/secondary (pituitary)/tertiary (hypothalamic) hypothyroidism, influence growth & maturation of tissues, increase energy expenditure, affect the turnover of essentially all substrates

Action:

Major hormone secreted by the thyroid gland & is metabolically deiodinated to T3 in peripheral tissues,

Contraindications:

acute MI, thyrotoxicosis, adrenal insufficiency, angina, cardiac arrhythmias, cardiac disease, coronary artery disease, diabetes mellitus, dysphagia, hypertension, obesity treatment (*Black Box Warning), pregnancy/breast feeding

Side Effects or Adverse Reactions:

Angina, anorexia, anxiety, atrial fibrillation, dyspnea, elevated hepatic enzymes, growth inhibition, hypertension, insomnia, osteoporosis, palpitations, peripheral edema, seizures, sinus tachycardia, weakness, weight loss

Life Threatening Considerations:

Fast/weak pulse, loss of consciousness, sudden loss of coordination, sudden slurring of speech, premature ventricular arrhythmia, increased left ventricular mass index, enhanced left ventricular systolic function

Recommended Dose Ranges:

In all patient populations dosages must be individualized based on clinical response & lab parameters, patients with secondary (pituitary) or tertiary (hypothalamic) hypothyroidism the dose should be titrated until patient

Nursing Interventions:

Assess bilateral peripheral pulses frequently (count & strength), monitor & assess alert/oriented/etc, monitor for loss of motor skills suddenly, help pt. avoid falls, monitor speech at each encounter, monitor & asses

is clinically euthyroid & the serum free T4 level is restored to the upper half of the normal range

EKG whenever available, monitor liver function when possible, monitor weight/height fluctuations, strict physical assessment (check for any edema), monitor appetite, monitor gait & stability, monitor vital signs frequently

Medication:Furosemide Tablet - (Lasix)

Route: Oral

Frequency:everyday/PRN

Comments and Additional Medication Info:

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Action:

loop diuretic that inhibits sodium and chloride resorption by competing w/ chloride for the Na /K /2Cl- co-transporter in the ascending limb of the loop of Henle

Side Effects or Adverse Reactions:

Agranulocytosis, anemia, anorexia, bladder spasm, blurry vision, constipation, diabetes mellitus, fever, glycosuria, hypercholesterolemia, metabolic alkalosis, pancreatitis, syncope, weakness

Recommended Dose Ranges:

Adults: 20—80 mg PO as a single dose; may repeat dose in 6—8 hours. Titrate upward in 20—40 mg increments, usual dosage is 40—120 mg/day, maximum dosage is 600 mg/day

Classification:Cardiovascular agent: loop diuretic

Dose: 40 mg

Date 01/01/1900

Ordered:

Therapeutic Effect:

Release of excess fluid volume to prevent cardiovascular complications

Contraindications:

Anuria, acid/base imbalance, acute MI, diabetes mellitus, electrolyte imbalance, heart failure, hepatic disease, hyperglycemia, hypocalcemia, hypokalemia, hypomagnesemia, infants/children, pregnant/breast feed, renal disease/impairment/failure, syncope, urethral stricture, urinary retention, ventricular arrhythmia

Life Threatening Considerations:

Anaphylactic shock, thrombocytopenia, thrombosis

Nursing Interventions:

Monitor for decreased platelets, help pt. avoid falls, avoid triggers for asthma & allergic reactions, monitor CBC (platelets, RBC, WBC), tell pt. to report excessive incontinence, tell pt. to report vision changes, monitor blood glucose closely & frequently, teach pt. natural ways to lower blood glucose for improved A1C testings, monitor urinalysis (protein, ketones, glucose), monitor triglycerides, monitor for alkalytic signs/symptoms, monitor EKG *for diuretics you may want to at least note I&O*

Laboratory Tests (8)

Laboratory Alkaline Phosphatase (ALP)

Test:

Date of 09/27/2015

Test:

Definition and Description:

Measure the amount of ALP enzyme in blood

Significance of the Test Being Ordered for this Patient:

Check for liver function & metabolism

Alkaline Phosphatase (ALP)

Test 127

Result: **Result**

Level:

High

Result Significance:

Normal Range: 25-100 units/L or 0.43-1.70 microkats/L, liver complications/cancer/cirrhosis, bone disease possible, cardiopathy (MI, heart failure), renal cancers/impairment

Laboratory Albumin/Globulin Ratio (A/G Ratio)

Date of 09/27/2015

Test:

Test:

Definition and Description:

Measures amount of protein within blood, deals with liver function & components

Significance of the Test Being Ordered for this Patient:

Check kidney & liver functioning, protein within diet adequate or needed to increase (R/T diabetes mellitus), determine cause of edema, determine chances of infection development, check for blood diseases

Albumin/Globulin Ratio (A/G Ratio)

Test 0.8

Result: **Result**

Level:

Low

Result Significance:

Normal Range: 3.5-5.0 g/dL or 35-50 g/L, poor diet, kidney & liver impairment/disease, uncontrolled diabetes, heart failure

Laboratory Chloride

Date of 09/28/2015

Test:

Test:

Definition and Description:

Electrolyte that aids in proper balance of body fluids & maintain the body's acid-base balance

Significance of the Test Being Ordered for this Patient:

Test significance/therapeutic effect of ocular medications & vitamins, potential metabolic acidosis/respiratory alkalosis/renal tubular acidosis

Chloride

Test 109

Result: **Result**

Level:

High

Result Significance:

Normal Range: 96 - 106 mEq/L, possible reactions to medications causing metabolic acidosis/respiratory alkalosis/renal tubular acidosis

Laboratory Urea Nitrogen Blood Test (BUN)

Date of 09/28/2015

Test:

Test:

Definition and Description:

Test measuring renal nitrogen (what forms when protein breaks down)

Significance of the Test Being Ordered for this Patient:

Check kidney function (& for indication of UTI or kidney stones), kidney function to make decisions dealing with medications having affects on renal system

Urea Nitrogen Blood Test (BUN)

Test 23

Result: **Result**

Level:

High

Result Significance:

Normal Range: 6 - 20 mg/dL, heart failure complications possible (watch EKG & cardiac enzymes), dehydration

possible, kidney disease & failure possible, *Urinary tract obstruction possible (possibly R/T UTI & kidney stones)

Laboratory Creatinine (blood)

Date of 09/28/2015

Test:

Test:

Definition and Description:

Measure creatinine levels within renal system/blood to check kidney function & metabolism

Significance of the Test Being Ordered for this Patient:

Medications causing renal impairment, Pt. prone to UTI & kidney stones

Creatinine (blood)

Test 1.05

Result: **Result**

Level:

High

Result Significance:

Normal Range: 0.7 to 1.3 mg/dL for men and 0.6 to 1.1 mg/dL for women*** (Pt. a woman), technically within normal limits but at the upper end being cautious of a rise in creatinine, possible blocked urinary tract, kidney damage, dehydration, renal impairment/dysfunction

Laboratory White Blood Cell Count (WBC)

Date of 09/29/2015

Test:

Test:

Definition and Description:

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Significance of the Test Being Ordered for this Patient:

Prone to UTI & kidney stones, diabetes mellitus & risk of infection

WBC: WBC

Test 14.1

Result: **Result**

Level:

High

Result Significance:

Normal Range: 4,500-10,000 white blood cells/mcL, high levels of WBC could indicate the presence of infection, because this patient has diabetes mellitus as well as susceptibility to UTI/Kidney stones (renal components) WBC could be an important indicator to catch these occurrences

WBC: Neutrophils

Test --

Result: **Result**

Level:

Within Normal Limits

Result Significance:

--

WBC: Lymphocytes

Test --

Result: **Result**

Level:

Within Normal Limits

Result Significance:

--

WBC: Monocytes

Test --

Result: **Result**
 Level:

Within Normal Limits

Result Significance:

--

WBC: Eosinophils

Test --

Result: **Result**
 Level:

Within Normal Limits

Result Significance:

--

WBC: Basophils

Test --

Result: **Result**
 Level:

Within Normal Limits

Result Significance:

--

Laboratory Glucose (blood)

Date of 09/29/2015

Test:

Test:

Definition and Description:

Measure amount of glucose within bloodstream

Significance of the Test Being Ordered for this Patient:

Diabetes mellitus, kidney & liver function impaired

Glucose (blood)

Test 145

Result: **Result**
 Level:

High

Result Significance:

Normal Range: 60-99 mg/dL, hyperglycemia, diabetes mellitus uncontrolled

Laboratory Urine Culture and Sensitivity (C&S: Urine)

Date of 10/29/2015

Test:

Test:

Definition and Description:

Test regarding urine products & contents to indicate infection, glucose, ketones, protein, etc... within urine

Significance of the Test Being Ordered for this Patient:

Pt. susceptible to UTI & kidney stones, test for presence of urine components as a result from infection or diabetes mellitus (ketones, protein, glucose, etc)

Urine Culture

Test --

Result: **Result**
 Level:

Within Normal Limits

Result Significance:

No diabetic complications indicated, no UTI indicated- R/T WBC count, kidney stones probable

Urine Sensitivity

Test --
Result: Result
Level:
Within Normal Limits
Result Significance: *great job with your labs.*
--

Clinical Grading:

Clinical
Grade:
Remarks:

Care Plan Details

Care Plan

Priority

1

Medical Diagnosis: Bipolar I disorder, most recent episode manic, moderate

Created By: L Kranz, SN 10/01/2015 | 21:55
Nursing Diagnosis: Suicide, Risk for

Status: Active

Type:
Actual

Related To

Chronic pain
History of previous suicide attempt
Stockpiling of medicines

Evidenced By

Expresses desire to die
Expresses increased anxiety

Expected Outcome	Measurement/Time Frame	Comments
Patient will express decreased anxiety and control of impulses.	by end of shift (1900) <i>maybe you could say will name two ways she can decrease her anxiety.. That would make it more measurable.</i>	
Patient will maintain connectedness in relationships. <i>what about pt will not harm self while in the hospital?</i>	throughout entire shift when contacting friends & family (until 1900)	

Interventions	Rationale	Comments
Developing a positive therapeutic relationship with the patient	in order to create a positive milieu & advance therapeutic interactions with pt. Allow for pt. to realize the good in people & establish goals dealing with personalities of pt. family. <i>You could measure this establishment of goals but how would you evaluate if he realizes the good in people?</i>	
Fostering the patient's use of available family and religious	Encourage pt. to remain on good terms with family members that offer positive support & therapeutic effects. Encou	

supports *help her identify and list 2 support systems.*

rage attendance to religious/spiritual events to advance with faith, hope, & proactive therapeutic actions.

Priority

2

Medical Diagnosis: Diabetes mellitus
Nursing Diagnosis: Ineffective health maintenance

Created By: L Kranz, SN 10/01/2015 | 22:10

Status: Active

Type:

Actual

Related To

Inability to make appropriate judgments
Ineffective family coping
Ineffective individual coping
Insufficient resources

Evidenced By

Demonstrated lack of knowledge about basic health practices
History of lack of health-seeking behavior
Impairment of personal support system
ADDED-Admittance of making poor food choices

Expected Outcome

Measurement/Time Frame

Comments

ADDED-Pt. will research & present 3 meals (breakfast, lunch, dinner) according to diabetic dietary guidelines by time of discharge.

ADDED-Pt. will continue to express goals & ideas of better health maintenance & dietary guidelines throughout stay.

--

good

Good

Interventions

Rationale

Comments

Assessing the patient's perception of health

In order to understand the ideas & goals of pt. to aid in creating goals before discharge to take out of the acute care setting & into everyday life.

Discussing realistic goals for changes in health maintenance with the patient and support personal

Incorporate family & support systems while improving health maintenance to affect both mental & physical health.

Good

what about teaching how to manage diabetes.?

Priority

3

Nursing Diagnosis: Risk for bleeding

Created By: L Kranz, SN 10/01/2015 | 21:55

Modified By: L Kranz, SN 10/01/2015 | 22:13

Status: Active

Type:

Potential

Related To

Disseminated intravascular coagulopathy
History of falls
Impaired liver function
ADDED-Thrombocytopenia

Evidenced By

ADDED-Medication side effects
ADDED-Low platelet count

Expected Outcome**Measurement/Time
Frame****Comments**

Patient will maintain stable vital signs with minimal blood loss.
pt will not fall this shift

throughout & until end of
shift (1900)

ADDED-Pt. will express understanding/knowledge of
consequences of falling & how to prevent falls from occurring
(walk with cane, hold onto rails, etc...) *can she name the
consequences and identify preventative measure?*

--

Interventions**Rationale****Comments**

Advising the patient to adopt
safety practices for self-care
activities

Using bed rails, ambulation with cane, & allowing others to
help when feeling weak &/or unstable to avoid falls.

Ok

Educating the patient/family
about anticoagulant
medications

Especially with thrombocytopenia as a common medication
side effect for multiple medications of pt., education must be
taught about the effects & consequences of poor safety.

Good

Care Plan Grading:

Care Plan

Grade:

Remarks:

Charting Details**History and Physical**

Created By: L Kranz, SN 10/01/2015 | 12:32

Modified By: L Kranz, SN 10/01/2015 | 12:57

Psychiatric History**Patient Information**

Chief Informant: Pt. (Self)

Chief Complaint: Agitation & rapid increase in bipolar signs/symptoms, homicidal & suicidal ideation
is this what pt said or what you read in the chart?

History of Current Problem: Attempted suicidal overdose in '86, repeated stressors continued, inability to
control, medications not strong enough

Allergies: Poppy seeds, acetaminophen, band-aids, hydrocodone, sumatriptan, zolpidem,
anesthesia, Ambien, Vicodin, bleach

Psychiatric History

Past Psychiatric History:

--

Previous Psychiatric Hospitalizations:

--

Suicide History:

--

Outpatient Treatment:

--

Alcohol Use:

--

Substance Use:

--

Electroconvulsive Therapy (ECT):

--

Family History:

--

Past Medical History

Previous Illnesses:

--

Contagious Diseases:

--

Injuries or Trauma:

--

Surgical History:

--

Dietary History:

--

Other:

--

Social History:

--

Current Medications:

--

Current Medications:

--

Review of Systems

Integument:

--

HEENT:

--

Cardiovascular:

--

Respiratory:

--

Gastrointestinal:

--

Genitourinary:

--

Musculoskeletal:

--

Neurologic:

--

Endocrine:

--

Genitalia:

--

Lymphatic:

--

Mental Status**Mental Status Examination***excellent job with MSE***Appearance:**

Well groomed, bathed, well kept, smiling, sitting comfortably

Thought Form:

Clear & linear thought

Suicidal Impulses:

Denies any suicidal ideation at this time

Orientation:

Alert & oriented to time, place, person, situation

Mood:

Bright affect, cheerful, bright

Judgment and Insight:

Clear & linear thinking, proactive desires

Physical Examination**Physical Exam***good job with PE***General:**

Sitting on bench/couch upright working on safety plan on bedside table

HEENT:

Slight eye pressure (humors), pupillary reflex present bilaterally, denies any other issues of HEENT

Respiratory:

Use of CPAP while sleeping, shortness of breath, slight low pitched wheezing in pt. left lobe (possible from previous smoking episodes & medication side effects)

Genitourinary:

Denies pain, tingling, discharge, difficulty, & other

Behavioral Activity:

Cooperative, cheerful, outgoing,

Speech:

Soft spoken, talkative,

Thought Content:

Clear & linear thought, many thoughts at all times

Homicidal Impulses:

Denies any homicidal ideation at this time

Memory:

Clear memory, able to recall past events clearly

Affect:

Bright

Attention:

Attentive, cooperative, desire to participate

Vital Signs:

Stable & within pt. normal limits

Integument:

Fair color, quick second capillary refill, 2 second skin turgor return, warm temperature, some bruises on left upper arm from bandaid reaction

Cardiovascular:

Peripheral pulses strong & regular bilaterally (posterior tibial, dorsalis pedis, radial), edema not present in any place

Gastrointestinal:

Last bowel movement Monday afternoon, "I would like to release, I might feel a little better afterwards", bowel sounds present in all four quadrants, denies presence of blood

Musculoskeletal:

Uneven gait (uses walker most of the time), ambulation

indications of complications, denies presence of blood, pt. demonstrated knowledge of proper wiping techniques

Developmental:

Pt. & chart confirm "an extra chromosome" (no extra information otherwise)

Genitalia:

Pt. denies any issues with "my lady parts"

Impressions

Impression: --

Plan: --

Provider Signature: --

Date: 01/01/0001 Time: --

by self on unit

Neurologic:

Peripheral neuropathy present (mostly in feet), "tingly sometimes, I make sure to pay close attention to this"

Endocrine:

Possible effects from medications present during bipolar episodes, not at the moment

Lymphatic:

No present swollen lymph nodes

Progress Notes

Date	Progress Notes	Signature
10/01/2015 12:15	Axis I: Bipolar Disorder (changes of normal physiological and biochemical functions associated with the episodes of mood swings ranging from depressive lows to manic highs) . <i>patho is really unknown but there is a genetic component</i>	L. Kranz, SN
10/01/2015 12:16	Axis II: Deferred (None at Moment)	L. Kranz, SN
10/01/2015 12:17	Axis III: diabetes mellitus (abnormal fuel metabolism resulting chiefly in hyperglycemia and dyslipidemia), apnea (intermittent, cyclical cessations or reductions of airflow, with or without obstructions of the upper airway), hypertension (elevated pressure of blood flow onto blood vessel walls causing systemic effects), elevated triglycerides/hypercholesterolemia (excessive numbers of very low-density lipoprotein (VLDL), intermediate-density lipoprotein (IDL), &/or chylomicron particles), asthma (airway inflammation/vasoconstriction, intermittent airflow obstruction, & bronchial hyperresponsiveness), kidney associated issues (impairment/filtration, stones, components - ketones/glucose/protein)	L. Kranz, SN
10/01/2015 12:18	Axis IV: economic status, limited disability, family stressors	L. Kranz, SN
10/01/2015 12:18	Axis V: GAF of 45 (Moderate danger to self & others) <i>is this on admission or now?</i>	L. Kranz, SN

Admission History

Created By: L Kranz, SN

09/30/2015 | 12:25

Completed By: L Kranz, SN

09/30/2015 | 12:37

Allergy Information

Do you have any known allergies to drugs, food, or environmental items? Yes

Allergy Info

Type	Allergen	Reactions	Severity	Informant	Confidence Level	Entered By	Entered Day/Time	Delete
Medication	Acetaminophen Oral Solution 32 mg/mL - (Tylenol, Genapap)	Nausea	Moderate	Old Charts	Very Reliable	L Kranz, SN	09/30/2015 11:41	
Medication	Hydrocodone/Homatropine 5mg-1.5mg/5 mL Oral Syrup - (Hycodan, Hydromet)	Hypoxia	Severe	Old Charts	Very Reliable	L Kranz, SN	09/30/2015 11:42	
Medication	Sumatriptan 20 mg/spray Nasal Spray - (Imitrex Nasal Spray)	Unknown	Unknown	Old Charts	Very Reliable	L Kranz, SN	09/30/2015 11:42	
Medication	Zolpidem Extended Release Tablet - (Ambien CR)	Unsure	Unknown	Old Charts	Very Reliable	L Kranz, SN	09/30/2015 11:43	
Medication	Anesthesia	Nausea	Moderate	Old Charts	Very Reliable	L Kranz, SN	09/30/2015 11:45	
Medication	Zolpidem Extended Release	Auditory & Sensory Hallucinations	Severe	Self	Moderately Reliable	L Kranz, SN	09/30/2015 11:47	

	Tablet - (Ambien CR)							
Medication	Vicodin	Auditory & Sensory Hallucinations	Severe	Self	Moderately Reliable	L Kranz, SN	09/30/2015 11:48	
Food	Milk - (Lactose)	Anaphylaxis	Severe	Old Charts	Very Reliable	L Kranz, SN	09/30/2015 11:52	L Kranz, SN
Food	Peanuts	Anaphylaxis **POPPY SEEDS (not peanuts)	Severe	Old Charts	Very Reliable	L Kranz, SN	09/30/2015 11:54	
Environmental	Adhesive tape	Bruising	Moderate	Old Charts	Very Reliable	L Kranz, SN	09/30/2015 11:54	
Environmental	Perfume	Difficulty Breathing **BLEACH (not perfume)	Severe	Self	Moderately Reliable	L Kranz, SN	09/30/2015 11:56	

Drug Screen

Street/Recreational/Excessive Prescription Drug Use

Has never used street/recreational/excessive prescription drugs

Smoking Screen

Do you live with a smoker? Yes
Outside the home

Smoker Status

I have quit using tobacco.

Smoking History

When did you quit using tobacco? Longer than 5 years ago

Alcohol Screen

Do you drink alcohol?	No
<u>Fall Risk Assessment</u>	
Morse Fall Scale	
Fall Risk Assessment score:	65
Risk Level	
	High risk
Fall Prevention Protocol	
	Fall prevention protocol in effect
<u>Morse Fall Scale</u>	
History of Falling	
	Yes=25
Secondary Diagnosis	
	Yes=15
Ambulatory Aid	
	Crutches/Cane/Walker=15
IV or IV Access	
	No=0
Gait	
	Weak=10
Mental Status	
	Oriented to Own Ability=0
Total Fall Risk Score	
Risk Score:	65
Fall Risk Score and Preventative Measures Implemented	
Fall Risk Level:	High Risk
Fall Risk Measures:	Implement High Risk Fall Prevention Interventions: All items in medium prevention plus provide commode at bedside (if appropriate), urinal/bedpan within easy reach, place patient in room near nurses station (especially first 24-48 hours of admission) consider patient safety alarm, consider bedside mat.
<u>Psychosocial Screen</u>	
Current Safety Issues	
Are you concerned about harming yourself or anyone else?	No
Psychiatric History	

Suicide history:	Out-patient treatment Partial hospitalizations In-patient hospitalizations Self-harm, no suicide
Number of prior attempts:	1 ('86)
Life Stressors In the Past Year:	Financial problems Access to health care Relationships/marriage Family/children Medical problems Abuse/neglect

Safety Evaluation

Suicidal/homicidal impulses:	None
------------------------------	------

Emotional Status

How do you feel right now?	Good Happy
Body language:	Erect posture with good eye contact
Over the past 2 weeks, have you felt down, depressed, or hopeless?	Yes
Over the past 2 weeks, have you had little interest in doing things?	Yes

Cognitive Ability

Orientation

Oriented to time:	Yes
Oriented to person:	Yes
Oriented to place:	Yes

Memory

Can recall place of birth?	Yes
Can recall year Born?	Yes

Thought Formulation

Linear/goal directed

Thought Content

No abnormalities

Judgment

How well is patient meeting social and family obligations?	Needs help
What are your plans for the future?	Appropriate

Articulation

Hesitations
Comprehension

Comprehension

Can follow simple directions:	Yes
Can follow complex directions:	Yes
Aphasia	
Can communicate verbally:	Yes
Patient Assets	
	Knowledge Support system Insight Cooperation Motivation
Problem Areas	
	Attitude Support system
Decision Making Rating	
	Moderate Complexity: Multiple diagnoses, moderate risks of complications/morbidity/mortality
Treatment Plan and Recommendations	
Immediate need for any of the following:	Family meeting Safety plan (Low, Medium, Acute level) Gain collateral information from family/friends/previous records Physical therapy/occupational therapy/TR consult Diagnostic tests Contact case manager/therapist/physician/third party payer

Role/Relationship

Marital or Partner Status

Single/no relationship

Family Processes

Participates as decision-maker in family

Caregiver Role

Family caregiver; works well

Role Performance

Needs strong family/partner to help successfully meet role requirements

Social Interactions

Somewhat outgoing when encouraged by others

Culture/Spirituality

Are there religious, cultural, or ethnic concerns we should consider while you are in the hospital?

No

Do you want clergy to visit you while you are in the hospital?

No

Religious Preference

Presbyterian

Health History Update

Health History

- Abuse, sexual, child
- Abuse, sexual, adult
- Abuse, emotional, adult
- Allergy
- Antisocial personality disorder, Cluster B (dramatic, emotional, or erratic)
- Anxiety disorder, generalized
- Asthma
- Avoidant personality disorder, Cluster C (anxious or fearful)
- Bipolar I disorder, most recent episode depressed, moderate
- Cancer
- Carpal tunnel syndrome
- Cataracts
- Cellulitis
- Depression
- Diabetes mellitus
- Edema
- Hypercholesterolemia
- Hyperglycemia
- Hypertension
- Hypothyroidism
- Hypoxia
- Kidney stones (urolithiasis)
- Major depressive disorder, recurrent, mild
- Major depressive disorder, recurrent, moderate
- Obesity
- Obstructive sleep apnea syndrome
- Osteoarthritis
- Pain, chronic
- Shock, anaphylactic
- Urinary tract infections
- Bronchitis
- Pneumonia
- Gastroesophageal reflux disease (GERD)
- Impulse-control disorders not elsewhere classified, intermittent explosive disorder

Other Health History

Elevated Humor/Eye Fluids & Pressure, Convulsions (Childhood), Mitral Valve Prolapse, Affective Disorder, Suicidal Ideation** (Upon Admittance), Previous Suicidal Attempts (via Overdose in '86), "Extra Chromosome" (No further explanation from Pt or Record

Previous Surgeries

Appendectomy
Breast biopsy
Cancer, head and neck
Carpal tunnel syndrome
Cholecystectomy
Hysterectomy
Kidney stones
Knee replacement
Nephrectomy
Parathyroidectomy
Tubal ligation

Anesthesia Problems

Reaction: Severe nausea

Other Surgeries

Left Ear Surgery ('83), Tonsilectomy (Age 2), Gallbladder Removal ('93), 3x D&Cs ('73 w/ miscarriage, '81, '83)

Diabetes History

Compliant with diabetic regimen? Checks blood sugar at home
Controls with diet
Yes

System Assessments

Symptom Analysis

Created By: L Kranz, SN 10/01/2015 | 08:49

Symptom Analysis

Chief Complaint: Agitation & presence of bipolar symptoms
Severity: Increasing severity & pt. wanted to come to unit due to suicidal
& homicidal ideations
Associated Signs and Symptoms: Agitation, thoughts of suicidal/homicidal ideation

Basic Nursing Care

Safety

Created By: L Kranz, SN 10/01/2015 | 10:00

Fall Precautions

Fall-prevention education
Orientation to room
Side rails encouraged
Bed in low position
Bed wheels locked
Call light within reach
Bedside table within reach
Instructed to call nurse for assistance
Nonskid footwear in use
Patient located close to nurses' station
Fall Precautions Notes: *Cane used frequently but not all times of ambulation

Level of Safety Precautions

30-minute safety checks

Nurse-Patient Relationship Strategies for Safety

Potential for harmful behaviors determined
Patient encouraged to discuss future plans
Patient allowed to express feelings
Signs of increased energy observed
Risk factors assessed , (i.e., history of past attempts)
Focus changed to positive past events
Opportunities discussed to gain sense of control

Safety in Milieu

All potential of harm removed from milieu
Harmful behaviors checked for periodically, ongoing
Response to medications evaluated
Activities to increase self-esteem provided

Room Plan Gradation for Safety/De-escalation of Agitated Behaviors

Out in milieu at will

Patient Response to Safety Measures

Agrees with nursing regimen
Reports understanding of teaching
Remains free of injury

Activity

Created By: L Kranz, SN 10/01/2015 | 10:00

Activity

Activity Notes:

Quiet room
Up without restrictions
Up in chair
*Full ambulation on unit

Ambulation/Locomotion

Ambulates independently
Ambulates with cane

Turning/Range of Motion

Turns self
Active range of motion exercises
Passive range of motion exercises

Hygiene/Dressings/Comfort

Created By: L Kranz, SN 10/01/2015 | 10:00

Bath/Shower

Independent shower

Mouth Care

Independent mouth care

Shave

Shave is not applicable

Hair/Nails

Independent hair/nail care

Dressing

Dresses self

Linens/Housekeeping

Trash emptied
Room cleaned and sanitized
Bedside table cleaned and straightened

Nutrition and Hydration**Created By: L Kranz, SN 10/01/2015 | 10:00****Nutrition**

Feeds self
Nutritional supplement given

Hydration

Drinks independently

Diabetic Care

Orange juice given
Crackers given

Elimination**Created By: L Kranz, SN 10/01/2015 | 10:00****Functional Ability**

Independent in toileting
Incontinence of bladder, frequent
Uses diapers/briefs

Elimination Nursing Actions

Elimination Nursing Action Notes: *Able to do all urinary/incontinence care by self

Skin Care**Created By: L Kranz, SN 10/01/2015 | 10:00****Skin Care**

Incontinence care as needed

Pressure Ulcer Reduction

Patient turns self

Vital Signs

Chart Time	Temperature (F)	Respirations (Resp/min)	Pulse (Beats/min)	Blood Pressure (mmHg)	Oxygenation	Notes	Entry By
09/30/2015	97.2	22	89	146/70			L

11:38	Site: Tympanic		Site: Apical	Site: Right arm Position: Sitting			Kranz, SN
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Height/Weight

Chart Time	Weight (Pounds/Kgs)	Height (Feet Inches/cm)	Notes	Entry By
09/30/2015 11:39	242 lbs / 110 kgs Standing scale	4' 9" / 144.8 cm		L Kranz, SN

General Orders

Code Status	Created By: L Kranz, SN 09/30/2015 00:00
Status: Active Intervention: Full code	

Nutrition

Special Diet: Diabetic	Created By: L Kranz, SN 09/30/2015 00:00
Status: Active Order Start Date: 09/30/2015 00:00 Diet Type: Special Diet: Diabetic Consistency: Normal	

Patient Card

Order Date/Time	Description	Category	Status	Last Performed	Discontinue By	Entry By
09/30/2015 00:00	Full code	Code Status	Active	--	----	L Kranz, SN 09/30/2015 00:00
09/30/2015 12:27	High Morse Fall Risk Score	Morse Fall Scale	Active	--	----	L Kranz, SN 09/30/2015 12:27
09/30/2015 00:00	Normal	Special Diet: Diabetic	Active	--	----	L Kranz, SN 09/30/2015 00:00
10/01/2015 21:55	Bipolar I disorder, most recent episode manic, moderate- Suicide, Risk for	Care Plan	Active	--	----	L Kranz, SN 10/01/2015 21:55
10/01/2015 22:00	-Risk for bleeding	Care Plan	Active	--	----	L Kranz, SN 10/01/2015 22:00
10/01/2015 22:10	Diabetes mellitus- Ineffective health	Care Plan	Active	--	----	L Kranz, SN

	maintenance					10/01/2015 22:10
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Charting Grading:

Charting

Grade:

Remarks:

Competencies

No competencies entered.

Remarks:

5

6

Overall Grading:

Care Plan

Pre-Clinical Manager Grade:

Charting

Grade:

Grade:

Overall Grade: 18/20

Remarks:

Subjective/objective good job with MSE, PE! Labs, and objective data, 4/4 Analysis- good job with Axis. You did haven3 nursing diagnoses. 4/4 Outcomes/goals- some of your goals were not written in smart format. 3/4 Interventions- good job with the interventions on your Med list. You had an adequate number of interventions but some of them could have been a bit more specific 7/8