



P, E

Health Care Provider: L K

Sex: M Weight: 174 lbs 3 oz

Code Status: 01

Isolation: 00

Food Allergies: 00

Diet: 00

Hospital Floor:

Age: 95 Y Height: 6'

Alerts: 00

Drug Allergies: 02

Env. Allergies: 00

BMI: 23.6

Medical-Surgical

Student: Lydia Kranz Assignment: March 18-Ward-Wednesday Submitted: 03/20/2015 00:32

Clinical Assignment Grading

Assignment Objectives

No assignment objectives entered.

Clinical Set-up Details

First Day of Clinical: 03/18/2015

Primary Diagnosis: Urinary tract infections

Provider Name: K, L

Secondary Diagnosis:

Student Details:

Patient Details:

First Initial: L

Identifier 1: E

Last Name: Kranz

Identifier 2: P

Credentials: SN

Gender: M

Age: 95 Years



Pre-Clinical Manager

Patient Info

Identifier: P, E

Gender: M

Age: 95 Y

Nurse Initials: L Kranz, SN

Diagnosis (1)

Primary Diagnosis: Urinary tract infections

Patho-Physiology:

occur when bacteria ascends the urethra into the bladder causing an infection, if untreated can travel through ureter into kidney and assist in kidney dysfunction

Therapeutic Regimen:

pt. fell due to muscle weakness & fatigue as well as becoming lethargic at home (as stated by family), went to regularly scheduled general physician appointment, diagnosed with a UTI, sent to RMH for UTI & placed on Bactrim (3/2/15), complaint of feeling weak, & fatigue, family member stated oral intake of solids & liquids had decreased over previous few days, pt. found to be dehydrated & treated for this (3/3/15), pt. complained of chest pain (3/4/15) & complained of chest pain worsening the next day, family stated pt. is unable to "get around as usual" & pt. stated feeling weak for "a while", sent to BRC WH for physical therapy, occupational therapy, & as per family's request

Current Health Problems and Related Functional Changes:

coronary artery disease (blood vessels supplying heart with blood, oxygen, & air become diseased causing vessels to narrow & decreased blood flow to the heart, if vessels become mostly/completely blocked, a heart attack can occur), hypertension (force of blood flowing through vessel/artery walls is high, eventually causes heart disease & damage to vessels over time), degenerative disk disease (progressive deterioration of vertebral disks that cannot regenerate causing chronic spinal/back pain), hypothyroidism (thyroid gland does not produce enough essential hormones which causes chemical imbalances/reactions within the entire body), reoccurring urinary tract infections (bacteria ascends the urethra into the bladder causing an infection which if left untreated can travel to kidneys & assist in kidney dysfunction), skin cancers (abnormal growth of skin cells which can spread or cause issues throughout the body), polyneuropathy (decreased/damaged nerve function due to de-myelination, toxicity, or overall destruction of nerves causing altered/absence of sensations in body), gastroesophageal reflux disease (stomach acid/contents (toxic content) flow

backward into esophagus, irritating the lining of the esophagus, can eventually cause deterioration/erosion of esophagus/lining), urinary retention (inability to rid of all bladder contents/urine, storage of urine in bladder over long periods of time can lead to infection/UTIs), essential tremor (nervous system disorder causing rhythmic shaking/trembling, can interrupt or create difficulty in ADLs/lifestyle/etc), history of myocardial infarction/heart attack (blood flow to part of heart ceases to flow & causes cardiac tissue to become damaged/unable to function, can cause heart failure, irregular heartbeat, or cardiac arrest), chronic catheter for 6-8 months (to reduce occurrence of UTIs from urinary retention, Foley catheter in place for 6-8 months)

Next time please start a new line with each medical diagnosis you include- easier on my eyes :) and easier for me to refer back to. Date(s) of MI?

Surgical History?????

Medications (19)

Wonderful!!!

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

Synthroid, Unithroid)

stimulant/replacement/modifying
(thyroid)

Route: Oral

Dose: 75 mcg

Frequency:every morning

Date 01/01/1900

Ordered:

Comments and Additional Medication Info:

Therapeutic Effect:

every morning before breakfast

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Action:

Contraindications:

major hormone secreted by the thyroid gland & is metabolically deiodinated to T3 in peripheral tissues, increases metabolic rate by enhancing protein & carbohydrate metabolism, increasing gluconeogenesis, facilitating the mobilization of glycogen stores, increasing protein synthesis

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Side Effects or Adverse Reactions:

Life Threatening Considerations:

constipation, cold intolerance, dry skin/hair, fatigue, impaired intellectual performance, mental status changes, deepening of voice, lethargy, weight gain, tongue enlargement, myxedema coma

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Recommended Dose Ranges:

Nursing Interventions:

hypothyroidism

monitor vital signs regularly, assess personality & mood, monitor weight, encourage nutritional intake, detailed integumentary assessment

Medication:Lisinopril Tablet - (Prinivil, Zestril)

Classification:Cardiovascular agent: renin-angiotensin-aldosterone system inhibitor

Route: Oral

Dose: 2.5 mg/1 tab

Frequency:everyday

Date 01/01/1900

Ordered:

Comments and Additional Medication Info:

Therapeutic Effect:

morning

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Action:

Contraindications:

competes with angiotensin I for binding site on the angiotensin-converting enzyme (ACE), blocks the conversion of angiotensin I to angiotensin II (vasoconstrictor & negative feedback mediator for renin

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activity), lowers angiotensin II plasma levels, blood pressure decreases and plasma renin activity increases, reduces vascular resistance, BP decreased without alterations of heart activity

Side Effects or Adverse Reactions:

alopecia, anemia, chest pain, constipation, depression, gout, hepatic failure, jaundice, Steven-Johnson syndrome, renal failure, tinnitus

Recommended Dose Ranges:

hypertension

Life Threatening Considerations:

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Nursing Interventions:

encourage adequate nutrition, encourage positivity & activity, monitor kidney function by assessing/monitoring urine output, monitor & assess vital signs regularly, encourage deep breathing & relaxation

Medication: Isosorbide Mononitrate Extended Release Tablet - (Imdur)

Route: Oral

Frequency: everyday

Comments and Additional Medication Info:

morning, do not crush

Action:

isosorbide dinitrate converted within body to the active intermediate compound nitric oxide (a reactive free radical), produces vasodilation, activates protein kinase-dependent phosphorylations in the smooth muscle cells causing vasodilation & smooth muscles relaxation

Side Effects or Adverse Reactions:

bradycardia, cyanosis, hypotension, sinus tachycardia, syncope, vomiting

Recommended Dose Ranges:

hypertension, CAD

Classification: Cardiovascular agent: antiarrhythmic

Dose: 20 mg/1 tab

Date: 01/01/1900

Ordered:

Therapeutic Effect:

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Contraindications:

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Life Threatening Considerations:

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Nursing Interventions:

inspect skin thoroughly each day, monitor & assess vital signs regularly, encourage fluids regularly, remind pt. to move slowly to avoid orthostatic hypotension & other risk of injuries

Medication: Acetaminophen Oral Suspension 100 mg/mL - (Tylenol)

Route: Oral

Frequency: everyday

Comments and Additional Medication Info:

*Ocuvite (multivitamin/minerals) morning

Action:

(unable to find)

Side Effects or Adverse Reactions:

diarrhea, dizziness, headache, stomach pains, severe allergic reactions, dark urine, nausea, vomiting, yellowing of skin/eyes

Recommended Dose Ranges:

Classification:

Dose: 1 tab

Date: 01/01/1900

Ordered:

Therapeutic Effect:

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Contraindications:

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Life Threatening Considerations:

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Nursing Interventions:

eye health supplement

encourage fluids regularly, asses input & output, asses specifics of integumentary, encourage adequate nutrition

Medication:Vitamin D3 (Cholecalciferol) Tablet

Route: Oral

Frequency:every day

Comments and Additional Medication Info:

morning

Action:

metabolized to calcitriol, promotes renal reabsorption of calcium, increases intestinal absorption of calcium & phosphorus, increases calcium mobilization from bone to plasma

Side Effects or Adverse Reactions:

weakness, fatigue, sleepiness, headache, loss of appetite, dry mouth, metallic taste, nausea, vomiting

Recommended Dose Ranges:

vitamin D deficiency

Classification:

Dose: 2000 international units

Date 01/01/1900

Ordered:

Therapeutic Effect:

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Contraindications:

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Life Threatening Considerations:

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Nursing Interventions:

monitor activity level, encourage adequate intake of solids & liquids, asses comfort & encourage relaxation

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

Route: Oral

Frequency:every day

01/01/1900

Comments and Additional Medication Info:

morning

Action:

irreversibly inhibits COX 1 & 2 enzymes, alters acid/base levels, alters electrolytes & water balance, suppress synthesis of prostaglandins reducing sensations of pain

Side Effects or Adverse Reactions:

minor upper GI symptoms, stomach pains, dehydration, thrombocytopenia

Recommended Dose Ranges:

circulation *Prophylaxis for CVA & MI!*

Classification:Analgesic: non-opioid *NSAID*
Salicylate

Dose: 81 mg/1 tab

Date

Ordered:

Therapeutic Effect:

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Contraindications:

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Life Threatening Considerations:

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Nursing Interventions:

check for bowel sounds regularly & encourage solids & liquids consumption, asses pt. comfort/pain *Monitor for GI bleed*

Medication:Sertraline Tablet - (Zoloft)

Route: Oral

Frequency:every day

Comments and Additional Medication Info:

Classification:Antidepressant:
serotonin/norepinephrine reuptake inhibitor

Dose: 25 mg/1 tab

Date 01/01/1900

Ordered:

Therapeutic Effect:

before bed (HS)

Action:

increase availability of serotonin in somatodendritic area through serotonin reuptake blockade at serotonin transport pump, change in serotonin receptors, potent central serotonin reuptake blockade causing effect on mood

Side Effects or Adverse Reactions:

abdominal pain, amnesia, anemia, apnea, bradycardia, cataracts, coma, depression, diarrhea, hepatic failure, hostility, hypothyroidism, insomnia, myocardial infarction, nausea, QT prolongation, seizures, syncope, tremors, urinary retention, vomiting

Recommended Dose Ranges:

depression

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Contraindications:

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Life Threatening Considerations:

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Nursing Interventions:

encourage deep breathing, monitor vital signs regularly, encourage positive thinking & social engagement, monitor input & output (solids & liquids), encourage liquids regularly, monitor & assess for triggers of anger/hostility

Medication:Atorvastatin Tablet - (Lipitor)

Route: Oral

Frequency:every day

Comments and Additional Medication Info:

before bed (HS)

Action:

selective & competitive inhibitor of hydroxymethylglutaryl-coenzyme A reductase causing reduced mevalonate reducing cholesterol in hepatic cells, upregulation of LDL-receptors and increased hepatic uptake of LDL-cholesterol from the circulation & reducing levels of total cholesterol

Side Effects or Adverse Reactions:

abdominal pain, cirrhosis, depression, eosinophilia, hepatic failure, insomnia, jaundice, nausea, renal failure, stroke, tinnitus, toxic necrolysis

Recommended Dose Ranges:

hyperlipidemia

Classification:Cardiovascular agent: dyslipidemic

Dose: 40 mg/1 tab

Date 01/01/1900

Ordered:

Therapeutic Effect:

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Contraindications:

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Life Threatening Considerations:

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Nursing Interventions:

monitor labs, monitor & assess kidney function, encourage relaxation & positive thinking, monitor for bedtime routine & encourage relaxation for ease of sleep pattern, avoid loud noise, encourage adequate nutritional intake

Medication:Tamsulosin Capsule - (Flomax)

Route: Oral

Frequency:every day

Classification:Genitourinary agent: benign prostatic hypertrophy agent

It's also called an alpha-1 adrenergic blocker.

Dose: 0.4 mg/1 tab

Date 01/01/1900

Ordered:

Comments and Additional Medication Info:

before bed (HS)

Action:

smooth muscle relaxation due to selective antagonistic effects at alpha-1 receptors (genitourinary path- prostate & bladder), improving urine flow & rate

Side Effects or Adverse Reactions:

arrhythmia, atrial fibrillation, chest pain, infection, nausea, sinus tachycardia, syncope, vomiting

Recommended Dose Ranges:

BPH

Therapeutic Effect:

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Contraindications:

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Life Threatening Considerations:

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Nursing Interventions:

monitor vital signs regularly, encourage liquids frequently, encourage adequate intake & nutrition, monitor for fatigue & weakness *Monitor frequency and urine characteristics. Monitor & record I & O.*

Medication:Acetaminophen Tablet - (Tylenol, Genapap)

Route: Oral

Frequency:every day

Comments and Additional Medication Info:

before bed (HS)

Action:

increase pain threshold by inhibiting prostaglandin synthesis through COX pathway in CNS & blocking endogenous pyrogens in hypothalamus

Side Effects or Adverse Reactions:

abdominal pain, anaphylactic shock, anorexia, diarrhea, heart failure, anemia, insomnia, nausea, peripheral edema, renal failure, sinus tachycardia, vomiting

Recommended Dose Ranges:

arthritic pain

Classification:Analgesic: non-opioid

Dose: 650 mg/1 tab *That would be an extreme strength dose (regular would be 325 mg per tab)*

Date 01/01/1900

Ordered:

Therapeutic Effect:

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Contraindications:

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Life Threatening Considerations:

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Nursing Interventions:

monitor input & output of solids & liquids, asses vitals if any change in behavior/obvious physiologic activity, check for pitting edema

Medication:Gabapentin Tablet - (Neurontin)

Route: Oral

Frequency:every day

Comments and Additional Medication Info:

before bed (HS)

Action:

gabapentin crosses brain cell lipid membranes via L amino acid transporters, gabapentin increases GABA synthesis

Side Effects or Adverse Reactions:

amnesia, anorexia, cough, dehydration, depression, eosinophilia, hepatitis, hypertension, infection, insomnia,

Classification:Anticonvulsant: other

Dose: 300 mg/1 tab

Date 01/01/1900

Ordered:

Therapeutic Effect:

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Contraindications:

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Life Threatening Considerations:

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memory impairment, nausea, suicidal ideation, tremor, vomiting, weight gain

Recommended Dose Ranges:

neuropathy

Nursing Interventions:

measure input & output (solids & liquids), offer/encourage frequent fluids, nightly relaxation action/techniques before going to bed, monitor weight on a regular basis, encourage cognitive activity

Medication:Pantoprazole Delayed Release Tablet - (Protonix)

Route: Oral

Frequency:everyday

Classification:Gastrointestinal agent: proton pump inhibitor

Dose: 40 mg

Date 01/01/1900

Ordered:

Comments and Additional Medication Info:

before breakfast, do not crush

Therapeutic Effect:

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Action:

substituted benzimidazole proton-pump inhibitor, suppresses gastric acid secretion by inhibiting gastric ATPase enzyme pump, antisecretory effects from covalent bond of H K pump at secretory surface of the gastric parietal cells reducing esophageal secretion/contents for regurgitation

Contraindications:

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Side Effects or Adverse Reactions:

abdominal or stomach pains, blurred vision, dry mouth, flushed/dry skin, breath odor, increased thirst, increased hunger, increased urination, nausea, sweating, weight loss, difficulty breathing, vomiting

Life Threatening Considerations:

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Recommended Dose Ranges:

GERD

Nursing Interventions:

monitor input & output (mainly of fluids) regularly, encourage frequent hydration with fluids, monitor weight, encourage deep breathing & relaxation, monitor pt. temperature

Medication:Polyethylene Glycol Powder - (Miralax)

Route: Oral

Frequency:BID

Classification:Gastrointestinal agent: laxative

Dose: 17 g/1 capfull w/ 8 oz fluid

Date 01/01/1900

Ordered:

Comments and Additional Medication Info:

every morning & afternoon

Therapeutic Effect:

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Action:

osmotic agent binding to water & causing water to be retained within the stool, encourages flushing of stools from GI tract

Contraindications:

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Side Effects or Adverse Reactions:

abdominal pain, anaphylactoid reactions, diarrhea, fecal incontinence, fecal urgency, flatulence, nausea, pruritus, rhinorrhea, urticaria

Life Threatening Considerations:

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Recommended Dose Ranges:

laxative

Nursing Interventions:

monitor input & output (mainly liquids), encourage pt. to let staff be aware of urgency to defecate, asses

Medication:Multivitamins With Minerals and Iron Tablet -
(Centrum)

Route: Oral

Frequency:everyday

Comments and Additional Medication Info:

every morning

Action:

(unable to find)

Side Effects or Adverse Reactions:

diarrhea, dizziness, headache, stomach pain, severe allergic reaction, blurred vision, dark urine, frequent thirst/hunger/urination, nausea, vomiting, yellowing of skin or eyes

Recommended Dose Ranges:

supplement/multivitamin

Classificationnot classified

Dose: 1 tab

Date 01/01/1900

Ordered:

Therapeutic Effect:

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Contraindications:

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Life Threatening Considerations:

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Nursing Interventions:

monitor input & output (fluids), asses integumentary carefully, ask pt. frequently if any thirst/hunger, encourage fluid intake

Medication:Acetaminophen Oral Suspension 100 mg/mL -
(Tylenol)

Route: Oral

Frequency:BID

Comments and Additional Medication Info:

*Omega 3 fish oil morning & before bed (HS)

Action:

antiarrhythmic effect of myocardial cells, protection of natural/regular heart functions

Side Effects or Adverse Reactions:

stomach pain, indigestion, heart burn, gas, loose stools, rash, nosebleed

Recommended Dose Ranges:

supplement

Classification:

Dose: 1000 mg/1 cap

Date 01/01/1900

Ordered:

Therapeutic Effect:

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Contraindications:

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Life Threatening Considerations:

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Nursing Interventions:

monitor & asses for abdominal distension, encourage adequate nutritional intake, encourage fluid intake, monitor input & output (solid & liquids), encourage release of gas, asses pt. for comfort

Medication:Finasteride Tablet (BPH) - (Proscar)

Route: Oral

Frequency:everyday

Comments and Additional Medication Info:

morning

Action:

acts as competitive & specific inhibitor of type II 5-alpha-

ClassificationGenitourinary agent: benign prostatic hypertrophy agent

Dose: 5 mg/1 tab

Date 01/01/1900

Ordered:

Therapeutic Effect:

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Contraindications:

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reductase (intracellular enzyme that converts testosterone to potent androgen 5-alpha-dihydrotestosterone), DHT is primary androgen that stimulates the development of prostate tissue, enzymatic conversion from testosterone to DHT is inhibited, reduction in prostate hypertrophy is achieved & urine flow improved

Side Effects or Adverse Reactions:

angioedema, breast enlargement, depression, ejaculation dysfunction, impotence, pruritus, teratogenesis, testicular pain, urticaria

Recommended Dose Ranges:

BPH

Life Threatening Considerations:

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Nursing Interventions:

encourage positive thinking & social engagement, monitor pain, asses pt. genitourinary carefully

Medication:Furosemide Tablet - (Lasix)

Route: Oral

Frequency:everyday

Classification:Cardiovascular agent: diuretic

Dose: 20 mg/1 tab

Date 01/01/1900

Ordered:

Comments and Additional Medication Info:

morning, be alert for signs & symptoms of decreased fluid intake & dehydration

Therapeutic Effect:

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Action:

inhibits sodium & chloride resorption by competing with chloride for the Na /K /2Cl- co-transporter in the ascending limb of the loop of Henle (kidney), increased aldosterone production resulting in increased sodium resorption & increased potassium & hydrogen excretion

Contraindications:

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Side Effects or Adverse Reactions:

abdominal pain, AGEP, anemia, anorexia, cholestasis, constipation, eosinophilia, fever, gout, headache, hearing loss, hypercholesterolemia, leukopenia, metabolic alkalosis, nausea, oliguria, pancreatitis, Steven-Johnson syndrome, syncope, thrombosis, tinnitus, urticaria, vertigo, vomiting, weakness, paresthesias, elevated hepatic enzymes, oral & gastric irritation

Life Threatening Considerations:

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Recommended Dose Ranges:

CHF/edema/hypertension

Nursing Interventions:

monitor labs, asses respiratory system carefully, monitor vital signs regularly, avoid loud area, encourage adequate nutritional intake, encourage intake of fluids

Medication:Carvedilol Tablet - (Coreg)

Route: Oral

Frequency:BID

Classification:Cardiovascular agent:
antianginals/antihypertensive agents

Dose: 6.25 mg/1 tab

Date 01/01/1900

Ordered:

Comments and Additional Medication Info:

morning & before bed (HS)

Therapeutic Effect:

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Action:

Contraindications:

antagonizes both alpha1- & beta-receptors, alpha1-receptor antagonism is responsible for vasodilation, lowers standing blood pressure more than supine, offset peripheral vasoconstriction

Side Effects or Adverse Reactions:

abdominal pain, alopecia, amnesia, anemia, angina, anxiety, AV block, bradycardia, bronchospasm, cough, depression, diaphoresis, dyspnea, edema, fatigue, fever, gout, heart failure, hyperglycemia, hypertension, hyperuricemia, hypokalemia, hyponatremia, insomnia, jaundice, tremor, weight loss, wheezing

Recommended Dose Ranges:

hypertension, CAD

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Life Threatening Considerations:

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Nursing Interventions:

monitor vital signs regularly, monitor weight, auscultation of lung sounds regularly, encourage adequate nutritional intake (solids & liquids), monitor input & output, encourage positive thinking, encourage deep breathing & relaxation exercises

Deleted By: L Kranz, SN 03/19/2015 11:28

Medication: ~~Lisinopril Tablet (Prinivil, Zestril)~~

Route: --

Frequency: --

Comments and Additional Medication Info:

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Action:

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Side Effects or Adverse Reactions:

~~blurred vision, cloudy urine, confusion, decrease in urine output, tiredness/weakness, irregular heartbeat, loss of appetite, trouble sleeping~~

Recommended Dose Ranges:

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Classification:

Dose: --

Date 01/01/1900

Ordered:

Therapeutic Effect:

--

Contraindications:

--

Life Threatening Considerations:

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Nursing Interventions:

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Laboratory Tests (7)

Laboratory Complete Blood Cell Count (CBC)

Date of 03/09/2015

Test:

Test:

Definition and Description:

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Significance of the Test Being Ordered for this Patient:

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CBC: RBC

Test 3.14 x 10⁶

Result: **Result**

Level:

Low

Result Significance:

nutritional deficiency r/t persistent loss of appetite (eats very little), altered kidney function (possibly from UTI)

CBC: Hgb**Test** 10.1 g/dL**Result:** **Result****Level:**

Low

Result Significance:

nutritional deficiency r/t persistent loss of appetite (eats very little), altered kidney function (possibly from UTI)

CBC: Hct**Test** 30.6%**Result:** **Result****Level:**

Low

Result Significance:

anemia (possibly r/t age & loss of appetite), nutritional deficiency r/t persistent loss of appetite (eats very little)

CBC (RBC Indices): MCV**Test** --**Result:** **Result****Level:****Result Significance:**

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CBC (RBC Indices): MCH**Test** 32.3 PG FL**Result:** **Result****Level:**

High

Result Significance:

anemia (possibly r/t age & loss of appetite),

CBC (RBC Indices): MCHC**Test** --**Result:** **Result****Level:****Result Significance:**

--

CBC (RBC Indices): RDW**Test** --**Result:** **Result****Level:****Result Significance:**

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CBC: WBC**Test** --**Result:** **Result****Level:****Result Significance:**

--

CBC: Blood Smear

Test --
Result: **Result**
Level:

Result Significance:
--

CBC: Platelet Count

Test 56 x 10³
Result: **Result**
Level:

Low

Result Significance:
reduced production due to invasion of bone marrow from previous cancers

CBC: MPV

Test --
Result: **Result**
Level:

Result Significance:
--

Laboratory Sodium, Blood
Test:

Date of 03/09/2015
Test:

Definition and Description:
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Significance of the Test Being Ordered for this Patient:
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Sodium, Blood

Test 135 mmol/L
Result: **Result**
Level:

Low

Result Significance:
antidepressant usage/Zoloft (causing frequent urination), history of chronic artery disease (diluting the sodium in blood, altering the levels), Foley catheter in place (frequent emptying of the bladder), dehydration (loss of fluid & electrolytes), hypothyroid (altered hormone secretion & chemical imbalances within body)

Laboratory Chloride
Test:

Date of 03/09/2015
Test:

Definition and Description:
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Significance of the Test Being Ordered for this Patient:
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Chloride

Test 108 mmol/L
Result: **Result**
Level:

High

Result Significance:
altered kidney function (r/t UTI), altered respiratory function (r/t borderline concerning SPO2 room air levels & CO2

levels)

Laboratory Carbon Dioxide Content (CO2)

Date of 03/09/2015

Test:

Test:

Definition and Description:

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Significance of the Test Being Ordered for this Patient:

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Carbon Dioxide Content (CO2)

Test 18 mmol/L

Result: **Result**

Level:

Low

Result Significance:

altered kidney function (r/t UTI), salicylate toxicity (r/t as daily aspirin use)

Laboratory Urea Nitrogen Blood Test (BUN)

Date of 03/09/2015

Test:

Test:

Definition and Description:

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Significance of the Test Being Ordered for this Patient:

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Urea Nitrogen Blood Test (BUN)

Test 30 mg/dL

Result: **Result**

Level:

High

Result Significance:

altered kidney function (r/t UTI), dehydration (lack of moisture/water to essential organs/kidney function)

Laboratory Creatinine (blood)

Date of 03/09/2015

Test:

Test:

Definition and Description:

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Significance of the Test Being Ordered for this Patient:

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Creatinine (blood)

Test 1.62 mg/dL

Result: **Result**

Level:

High

Result Significance:

alteration of kidney function (r/t dehydration & UTI), having low blood volume (r/t loss of appetite & altered nutritional status)

Laboratory Calcium

Date of 03/09/2015

Test:

Test:

Definition and Description:

--

Significance of the Test Being Ordered for this Patient:

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Calcium**Test** 7.1 mg/dL**Result:** **Result****Level:**

Low

Result Significance:

nutritional deficiency (r/t loss of appetite), altered kidney function (r/t UTI)

Diagnostic Tests (1)**Diagnostic** X-Ray: abdomen & chest**Date of** 03/07/2015**Test:****Test:****Definition and Description of the Test:**

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Significance of the Test Being Ordered for this Patient:

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Significant Findings and Results:

loss of left costophrenic (CP) angle (angle between diaphragm & left lung) with increased interstitial markings left at left base of lung, probably chronic representations of adhesions & fibrosis

Clinical Grading:

Clinical

Grade:

Remarks:

Care Plan Details**Care Plan****Priority** *EXCELLENT CARE PLANS!*

1

Created By: L Kranz, SN 03/20/2015 | 00:04**Modified By:** L Kranz, SN 03/20/2015 | 00:22**Nursing Diagnosis:** Nausea**Status:** Active**Type:**

Actual

Related To

Esophageal disease

Localized tumors

Pharmaceutical agents *Which specific drugs?*

ADDED-consumed foods in morning

Evidenced By

Aversion to food

Report of nausea

ADDED-lack of desire to consume food

ADDED-long-term nausea throughout day

ADDED-blank look on face/glazed over look *I've seen that look on students....***Expected Outcome****Measurement/Time****Comments**

Frame		
Patient will explain methods to be used to relieve nausea and vomiting (N/V).	by end of week (3/26/15)	
Patient will state relief of nausea.	by next morning (3/19/15)	

Interventions	Rationale	Comments
Ensuring that the patient is well hydrated	active encouragement of fluids throughout shift will constantly remind pt. to drink fluids to restore electrolytes & reduce nauseated feeling	
Using relaxation, imagery, and distraction techniques for nausea	Teaching pt. these techniques may allow pt. to self-treat nausea & pt. can use these techniques on own if nausea occurs in the future	
ADDED-Asses & monitor for triggers of nausea.	Record any findings on patterns whenever nausea occurs, if triggers can be found then triggers can be avoided & nausea will occur less	

Priority

2

Medical Diagnosis: Dehydration

Created By: L Kranz, SN 03/19/2015 | 23:52

Nursing Diagnosis: Deficient fluid volume

Modified By: L Kranz, SN 03/20/2015 | 00:23

Status: Active

Type:

Actual

Related To

ADDED-lack of hydration

ADDED-dry mouth

Evidenced By

Decreased blood pressure, pulse pressure, and pulse volume

Decreased urine output

Dry mucous membranes

Weakness

ADDED-lack of desire to eat/drink

Expected Outcome	Measurement/Time Frame	Comments
Patient will explain measures that can be taken to treat or prevent fluid volume loss.	by end of week ending in 3/25/15	
Patient will maintain elastic skin turgor, moist tongue and mucous membranes, and orientation to person, place, and time.	for entire day (until asleep on 3/18/15)	

Interventions	Rationale	Comments
Instructing the patient to avoid rapid position changes	Orthostatic hypotension was an issue during the shift due to pt. quickly standing from seated position. Due to lack of appetite & less desire to drink fluids, this is more likely to occur.	
Monitoring pulse, respiration, and blood pressure	Constant vital sign checks will alert staff of any serious issue that may be occurring. Pt. vital signs are likely to fluctuate depending on fluid intake, food intake, & physical activity	
Providing fresh water and	With frequent reminders to drink fluids of pts. choice, UTI/dehy	

oral fluids preferred by the patient

dration are less likely to occur.

Priority

3

Nursing Diagnosis: Falls, Risk for

Created By: L Kranz, SN 03/20/2015 | 00:19

Modified By: L Kranz, SN 03/20/2015 | 00:24

Status: Active

Type:

Actual

Related To

Anemias
Antihypertensive agents
Arthritis
Hearing difficulties
History of falls
Neuropathy
Orthostatic hypotension
Sleeplessness
Use of assistive devices
Vascular disease
Visual difficulties

Evidenced By

Weakness
ADDED-edema of right leg
ADDED-nauseated throughout day
ADDED-lack of appetite/lack of consumption of food
ADDED-history of falls

Expected Outcome	Measurement/Time Frame	Comments
Patient will explain methods to prevent injury.	by end of week (3/26/15)	
Patient will remain free of falls.	throughout week ending in 3/26/15	

Interventions	Rationale	Comments
Encouraging the patient to eat a balanced diet	With increased nutrition & consumption, dizziness/fatigue/weakness are all decreased/eliminated & will help pt. to remain alert & oriented as well as healthy & strong	
If the patient experiences dizziness as a result of orthostatic hypotension, teaching ways to reduce its incidence	Importance of pt. to know/be aware of changes due to medications & PMH	
ADDED-Assess & monitor level of consciousness, weakness, fatigue, & gait throughout shift in order to recognize specific times where falls are more likely to occur	in order to recognize specific times when falls are more likely to occur	

Care Plan Grading:

Care Plan

Grade:

Remarks:

Charting Details

Admission History

Created By: L Kranz, SN

03/18/2015 | 19:14

Modified By: L Kranz, SN 03/18/2015 |
19:29

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
Medication	Penicillin	pt. unsure of reaction	Unknown	Old Charts	Very Reliable	L Kranz, SN	03/18/2015 19:14
Medication	NSAID	pt. unsure of reaction	Unknown	Old Charts	Very Reliable	L Kranz, SN	03/18/2015 19:14

Drug Screen

Street/Recreational/Excessive Prescription Drug Use

Has never used street/recreational/excessive prescription drugs

Smoking Screen

Smoking History

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

Smoker Status

I have quit using tobacco. *How long ago? Smoked for how many years? How many packs a day?*
Do you live with a smoker? No

Alcohol Screen

Do you drink alcohol? No

Morse Fall Scale

Fall Risk Score and Preventative Measures Implemented

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.
Fall Risk Level:	High Risk
Total Fall Risk Score	
Risk Score:	65
Mental Status	
	Oriented to Own Ability=0
Gait	
	Weak=10
IV or IV Access	
	No=0
Ambulatory Aid	
	Crutches/Cane/Walker=15
Secondary Diagnosis	
	Yes=15
History of Falling	
	Yes=25
<u>Fall Risk Assessment</u>	
Risk Level	
	High risk
Morse Fall Scale	
Fall Risk Assessment score:	65
<u>Role/Relationship</u>	
Social Interactions	
	Somewhat outgoing when encouraged by others
Role Performance	
	Good self-identity and role identity
Caregiver Role	
	Has no caregiver responsibility
Family Processes	
	Does not participate in family decision-making <i>Family & friend support?</i>
Marital or Partner Status	
	Married

Culture/Spirituality

Religious Preference *Need more information in the section.*

Brethren *Spiritual? Goes to church?*

Pressure Sore Risk Assessment: Braden Scale

Total Braden Scale Pressure Sore Risk Factor

Not at Risk: Score of 19 or higher.

Braden Scale

Sensory Perception

Ability to respond meaningfully to pressure-related discomfort:

NO IMPAIRMENT = 4 Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.

Moisture

Degree to which skin is exposed to moisture:

RARELY MOIST = 4 Skin is usually dry. Linen only requires changing at routine intervals.

Activity

Degree of physical activity:

WALKS FREQUENTLY = 4 Walks outside room at least twice a day and inside room at least once every two hours during walking hours.

Mobility

Ability to change and control body position:

NO LIMITATION = 4 Makes major and frequent changes in position without assistance.

Nutrition

Usual food intake pattern:

PROBABLY INADEQUATE = 2 Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement or receives less than optimum amount of liquid diet or tube feeding.

Friction and Shear

Degree to which skin is at risk for friction or shearing wounds:

POTENTIAL PROBLEM = 2 Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.

Total Braden Scale Pressure Score Risk Factor

Total Braden Scale Score

20

Not at Risk

Pressure Sore Risk Assessment: Braden Scale

The Braden Scale for Predicting Pressure Sore Risk

Total Braden Scale score:

20

System Assessments

Complete Physical Assessment - Head-to-Toe

Created By: L Kranz, SN 03/18/2015 | 21:18

Complete Physical Assessment - Head-to-Toe

General:	pt. appears slightly uncomfortable laying in bed due to slight grimace on face, when asked if slept well pt. stated "not at all", chronic Foley catheter for 6-8 months (via older charts), patiently waiting for occupational therapy to perform ADLs, alert & oriented to time/place/& self
Integumentary:	fair color, warm skin, turgor return at 1 second, hair thin but fairly evenly distributed, no pressure areas, no rashes/lesions/surgical wounds, no lines or drains
Eyes/vision:	no eyeglasses needed
Respiratory:	lung sounds strong & present, shallow & deep breaths occasionally w/ no specific pattern, slight nonproductive cough, no content/sputum return with cough
Cardiovascular:	apical pulse 70 BPM, steady rate & rhythm, heart sounds present but faint
Peripheral vascular:	radial pulse 70 BPM
Abdomen:	no abdominal distention/contour, bowel sounds present & strong in all four quadrants
Musculoskeletal:	slight weakness but able to do most ADLs at slow & steady pace, sitting & standing is fairly easy for pt. with walker as aid (slowly), slow & steady walking with rolling walker, full ROM of all extremities bilaterally (arms & legs), slight tremor bilaterally in hands & fingers, no muscle rigidity, strong muscular function in arms & legs when given resistance to push/pull against
Neurologic:	movement of all extremities bilaterally (arms & legs)- left leg slightly more difficult due to slight non-pitting edema, strong grips, pupils responsive bilaterally
Male: prostate/genitalia:	no bladder distension, chronic Foley catheter in place (6-8 months via old records), transparent gold urine, no discharge present

Respiratory Assessment

Created By: L Kranz, SN 03/18/2015 | 21:31

Respiratory Pattern

Uneven
Deep
Shallow

Respiratory Effort

Dyspnea/shortness of breath

Upper Right Anterior

Auscultation:	Clear
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Upper Left Anterior

Clear

Left Lateral

	Clear
Right Lateral	
	Clear
Upper Left Posterior	
	Clear
Upper Right Posterior	
	Clear
Oxygenation	
Oxygen delivery system:	Room Air
Chest Tube	
	None
Cough	
Cough type:	Nonproductive
Cough strength:	Weak
<u>Respiratory Interventions</u>	
Respiratory Care Notes	
	N/A to pt.

Genitourinary Assessment

Created By: L Kranz, SN 03/18/2015 | 21:41

Urinary System Assessment

Urination mode: Foley catheter to gravity drain

Urine Color/Characteristics

Color: Dark yellow
 Characteristics: Clear
 Odor: No odor
 Urinary Notes: chronic Foley catheter (6-8 months via old records)

Male

Penis assessment: No problems noted
 Scrotum/testes assessment: No problems noted

Genitourinary Interventions

Urinary System Care

Foley Catheterization
 Leg bag changed

Drain or Tube Care

Foley catheter

Patient Response

Tolerated procedure well
 Remains free of genitourinary infection

Urinary elimination as expected

Complete Physical Assessment - Head-to-Toe

Created By: L Kranz, SN 03/18/2015 | 21:49

Complete Physical Assessment - Head-to-Toe

Abdomen: last bowel movement previous day (3/17/15) in AM, small
brown pellet-like feces

Pain Assessment

Created By: L Kranz, SN 03/20/2015 | 00:27

Do You Have Pain Now?

Yes *Where is his pain?*
Location?

Frequency of Pain:

Constant

Intensity of Pain:

1

Behavioral Assessment of Pain Intensity:

Nonverbal Cues of Pain: Grasping
Grimacing

Quality of Pain: Aching More information of nausea, pt. felt "might
Cramping Quality of Pain: get sick"

Aggravating Factors: Movement More information of eating
Other Aggravating Factors:

Relieving Factors: Rest
Change of Position

System Nursing Interventions

Genitourinary Interventions

Created By: L Kranz, SN 03/18/2015 | 21:57

Urinary System Care

Leg bag changed *Was it emptied?*

Drain or Tube Care

Foley catheter

Patient Response

Tolerated procedure well
Remains free of genitourinary infection
Urinary elimination as expected

Musculoskeletal Interventions

Created By: L Kranz, SN 03/18/2015 | 21:59

Musculoskeletal Care

No care required at this time

Integumentary Interventions

Created By: L Kranz, SN 03/18/2015 | 22:00

Skin Care

Nutrition and hydration increased
Skin kept clean and dry of urine, feces, body moisture
Keep tubing/wires off skin
Keep linens dry and wrinkle-free beneath patient

Patient Response

Remains free of new preventable lesions
Skin is clean and dry

Basic Nursing Care**Safety**

Created By: L Kranz, SN 03/18/2015 | 21:48

Patient Response to Safety Measures

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

General Safety

General Safety Notes: N/A

Safety in Milieu

Safety in Milieu Notes: N/A

Nurse-Patient Relationship Strategies for Safety

Patient allowed to express feelings
Signs of increased energy observed

Level of Safety Precautions

Level of Safety Precautions Notes: N/A

Fall Precautions

Fall Precautions Notes: loses balance occasionally, must ambulate with rolling walker
& one assistant next to pt.
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
Patient monitoring increased
Nonskid footwear in use
Bed check/chair alarm
Door open unless contraindicated

Activity

Created By: L Kranz, SN 03/18/2015 | 21:51

Turning/Range of Motion

Turns self
Active range of motion exercises

Ambulation/Locomotion

Ambulates with rolling walker
Ambulates with 1-person assist

Activity

Activity Notes: must ambulate with assistance next to pt.
Quiet room
Up with assistance

Hygiene/Dressings/Comfort**Created By: L Kranz, SN 03/18/2015 | 21:53****Linens/Housekeeping**

Bedside table cleaned and straightened

Dressing

Dresses self
Assisted with dressing
Wearing own clothes

Hair/Nails

Independent hair/nail care

Shave

Shave Notes: N/A

Mouth Care

Independent mouth care

Bath/Shower

Bath/Shower Notes: supplies provided, washed self with supervision of
occupational therapy to evaluate ADLs
Bed bath with set-up

Comfort

Comfort Notes: after out of bed, pt. stated more comfortable than before when
laying in bed

Elimination**Created By: L Kranz, SN 03/18/2015 | 21:56****Functional Ability**

Functional Ability Notes: Needs assistance with toileting
Uses diapers/briefs
chronic Foley catheter (6-8 months per old records)

Elimination Nursing Actions

Assisted to bathroom

Perineal care given
Catheter care given
Urine emptied and measured

Drains/Tubes

1. Urethra

Created By: L Kranz, SN 03/18/2015 | 21:41

Drain/Tube Status: Active

Drain/Tube Type: Foley catheter

Tube Placement: Maintained

Drain/Tube Area: No redness or swelling noted

Drain/Tube Patency: Draining freely
Foley catheter maintained, patent, and draining well

Drainage: Clear
Dark yellow, amber
No odor

Drain/Tube Care: Pericare per hospital protocol
Foley catheter secured to leg
Leg bag changed
Catheter positioned to not pull on urethra
Keeping skin clean and dry

Patient Response: No complaints at this time
Tolerated procedure well

Vital Signs

Chart Time	Temperature (F)	Respirations (Resp/min)	Pulse (Beats/min)	Blood Pres (mmHg)	Oxygenation	Entry By
03/18/2015 20:39	97.5 Site: Forehead	15	70 Site: Apical	110/60 Site: Right arm Position: Sitting	Saturation: 92% Site: Digital probe, finger Room Air	L Kranz, SN

Intake/Output

Intake

Chart Time	Type	Description	Amount	Entry By
03/18/2015 20:44	Oral Intake	PO fluids	1000 mL	L Kranz, SN
03/18/2015 20:44	Meals	Breakfast	25%	L Kranz, SN
03/18/2015 20:44	Meals	Lunch	75%	L Kranz, SN

Output

Chart Time	Type	Description	Amount	Entry By
03/18/2015 20:44	Volume	Urine catheter	600 mL	L Kranz, SN

Height/Weight

Chart Time	Weight (Pounds/Kgs)	Height (Feet Inches/cm)	Entry By
03/18/2015 20:48	174 lbs / 79 kgs Standing scale	6' / 182.9 cm	L Kranz, SN

General Orders

Code Status	Created By: L Kranz, SN 03/18/2015 00:00
Status: Active	
Intervention: Full code	

Patient Card

Order Date/Time	Description	Category	Status	Last Performed	Discontinue By	Entry By
03/18/2015 00:00	Full code	Code Status	Active	--	----	L Kranz, SN 03/18/2015 00:00
03/18/2015 19:25	High Morse Fall Risk Score	Morse Fall Scale	Active	--	----	L Kranz, SN 03/18/2015 19:25
03/19/2015 23:52	Dehydration- Deficient fluid volume	Care Plan	Active	--	----	L Kranz, SN 03/19/2015 23:52
03/20/2015 00:04	-Falls, Risk for	Care Plan	Active	--	----	L Kranz, SN 03/20/2015 00:04
03/20/2015 00:19	-Nausea	Care Plan	Active	--	----	L Kranz, SN 03/20/2015 00:19

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: 29.5

Remarks:

Lydia, Outstanding work-especially the labs & possible rationales for abnormal results; medications & detailed mechanism of actions and nursing interventions; and your very specific and individualized plans of care! Prof. Ward