

INJURY, HIGH RISK FOR

Mrs. Adams is a 89 year old woman who has been admitted to the medical unit after having been found on the floor of her home. She was admitted through the ER with the medical diagnosis of CVA. She has pronounced right sided weakness. She has a Foley catheter in place. She has an alteration in her LOC in that she is disoriented most of the time and says she is a cowgirl in Dallas. She has worn glasses and a hearing aid for about 10 years but did not have either with her when she was admitted. Last night the nurse reported that Mrs. Adams was found wandering in the hallway. All this is very upsetting to her daughter.

Medical orders for Mrs. Adams include:

1. Lanoxin 0.025 mg po qd
2. Lasix 40 mg po qd
3. Multiple vitamin 1 tab po qd
4. regular diet, pureed
5. routine vital signs
6. CBR
7. Haldol 5 mg. IM q4h prn agitation

Test results:

1. CT - infarct to the left brain
2. SMA

| | | | |
|------------|-----|---------|------|
| Na | 135 | CO2 | 40 |
| K | 4.3 | glucose | 220 |
| Cl | 118 | BUN | 10.0 |
| creatinine | 2.4 | | |
3. CBC

| | | | |
|-----|------|-----|------|
| Hct | 50.0 | Hgb | 16.4 |
| WBC | 16.0 | | |
4. UA C&S neg
5. Digoxin level = 1.2

SLEEP PATTERN DISTURBANCE: DEFICIT

Mr. Alexander is a 52 year old man admitted to the surgical unit with the diagnosis of bladder cancer. He has had a partial cystectomy and is 1 day post op. He has CBI with the character of the urine being clear with occasional blood clots. His IV is D5 1/2 NS at 100 cc /hr. Ever since his admission he has become more and more irritable, shouting at the nurses and his family. He naps during the day but the night nurse reports that he watches TV until 3 or 4 o'clock am. He told the nurse that he cannot concentrate on the book he brought to the hospital.

Physical assessment has revealed scattered crackles in his right lung and a pulse deficit of 5.

Medical orders:

1. regular diet
2. OOB & ambulate in hall with assistance
3. IV D5 1/2 NS at 100cc/hr.
4. Run CBI to keep urine pink
5. Dalmane 30 mg po qd hs prn
6. Unasyn 2 Gram in 50 cc D5W IVPB q6h
7. B&O suppository 1 PR q6h prn

Test results:

1. UA & C&S
WBC 15-20 RBC TNTC
bacteria neg
no growth after 24 hours
2. CXR - neg

NUTRITION, ALTERED: LESS THAN BODY REQUIREMENTS

Cesar Hernandez is a 22 year old male that has been a patient on the medical floor for about 4 months. He was the victim of a drive-by shooting with a bullet entering his brain stem which caused quadraplegia and affecting his ability to breathe. He is ventilator dependent and has a tracheotomy. He speaks only Spanish. He is 5'7" tall and of medium frame. On admission his weight was 160#; currently it is 130#. The nursing staff report his intake to be poor and this is documented on his chart showing his usual intake to be <50% of his tray. He has a condom catheter attached to BSD. He has a pressure sore beginning on his coccyx, Stage I, measuring 3 cm x 5 cm.

Medical orders:

1. Multivitamin 1 tab po qd
2. Ferosol 399 mg po tid
3. regular diet
4. ABG q week
5. reposition q2h ATC
6. CBR

Tests:

1. CBC
 - RBC 3.6
 - Hgb 10
 - Hct 30
 - WBC 9,000
2. CT of the brain - normal

PAIN

Mr. Romano is a 43 year old male who was admitted through the ER after being brought to the hospital via ambulance. He experienced sharp chest pains while at work, after lunch. His co-workers called the paramedics who found some mild cardiac irregularities on EKG. After an initial cardiac work-up showing negative for heart problems, he was further worked-up and found to have gall stones. A laproscopic cholecystectomy was attempted but was unsuccessful and the physician performed an open cholecystomy. He has a high abdominal incision closed with staples with a T-tube in place draining green bile. Mr. Romano states that he has a great deal of pain, a 9 on the 1-10 scale. His weight on admission was 232#. He smokes 2 packs of cigarettes/day and claims to be a social drinker. He has NKA.

Medical orders:

1. OOB to chair today
2. IS q1h WA
3. TCDB q1h WA
4. NPO
5. DSD change qd
6. Demerol 100 mg IM q3-4h prn pain
7. Tylenol #3 1 or 2 tab q4-5h prn pain
8. Nebcin 80 mg in 100 cc D5W IVPB q6h
9. D5 1/2 NS at 125 cc/hr

Test results:

1. EKG - normal sinus rhythm
2. US gallbladder - numerous gallstones
3. Oral Cholecystogram - impression - gallstone in the cystic duct
4. UA - neg
5. CXR - lungs clear, mild cardiac enlargement

INFECTION, HIGH RISK FOR R/T Foley Catheter

Mrs. Thompson is a 68 year old woman admitted for colectomy due to bowel cancer. She is 2 days post-op. She has a 6" mid-line abdominal incision with edges approximated with staples. She is NPO. NGT to LIS with greenish drainage in the canister. IV of D5 1/3 NS is running at KVO with 300 cc LTC. Vital signs have been stable at: T=99.8,P=102, R=20, BP=118/72. She has a Foley catheter attached to BSD draining clear amber urine.

Medical orders:

1. remove NGT
2. IS q1h WA
3. TCDB q1h WA
4. remove dressing and leave OTA
5. UA for C&S
6. Demerol 100 mg IM q3-4h prn pain
7. O2 2L per NC
8. Dilantin 200 mg po tid
9. clear liquid diet
10. blood sugar ac & hs
11. OOB with assistance
12. Ancef 1 GM IVPB q6 hr

Tests:

1. last accucheck = 170
2. Dilantin level = 16

ALTERATION IN SKIN INTEGRITY WITH RISK OF INFECTION R/T Surgical Incision

Mrs. Thompson is a 68 year old woman admitted for colectomy due to bowel cancer. She is 2 days post-op. She has a 6" mid-line abdominal incision with edges approximated with staples. She is NPO. NGT to LIS with greenish drainage in the canister. IV of D5 1/3 NS is running at KVO with 300 cc LTC. Vital signs have been stable at: T=99.8,P=102, R=20, BP=118/72. She has a Foley catheter attached to BSD draining clear amber urine.

Medical orders:

1. remove NGT
2. IS q1h WA
3. TCDB q1h WA
4. remove dressing and leave OTA
5. UA for C&S
6. Demerol 100 mg IM q3-4h prn pain
7. O2 2L per NC
8. Dilantin 200 mg po tid
9. clear liquid diet
10. blood sugar ac & hs
11. OOB with assistance
12. Ancef 1 GM IVPB q6 hr

Tests:

1. last accucheck = 170
2. Dilantin level = 16

CONSTIPATION

Mr. Douglas is an 86 year old man admitted from the physician's office to the medical unit with the medical diagnosis of exacerbation of COPD. His oral intake has been very poor over the last several weeks and his wife reports that he has lost about 10 pounds to an admission weight of 154#. He gets so short of breath when he walks that he hardly ever gets off of the couch. On admission, he told the nurse that his last BM, 3 days ago, was very hard, "little chunks" and difficult to pass. He has had some flatus. His abdomen is moderately distended and soft. Bowel sounds are present but diminished. He admits to a 70 year hx of smoking cigarettes and currently smokes 3 packs/day. He has adventitious breath sounds over all lung fields A&P with a cough productive of thick yellow sputum. He has clubbing of his fingers. He has been an Insulin dependent diabetic for 4 years. He has distended neck veins at 45 degrees and his BP consistently runs about 160/100.

Medical orders:

1. 1800 ADA diet
2. I&O
3. O2 via Venti-mask at 35% concentration
4. Theo-Dur 350 mg po qd
5. Lasix 40 mg po bid
6. Insulin NPH 30 units sc qd
7. Accuchecks ac & hs
8. Dulcolax 15 mg po qd prn
9. activity ad lib

Tests:

1. CBC
 - RBC 7.2
 - Hgb 18
 - Hct 52
 - WBC 15,000
2. ABG
 - pH 7.30
 - pCO2 50
 - HCO3 26
 - PO2 70
3. Last accucheck = 146
4. Theophyllin level = 22

GRIEVING

Mrs. Crolius is a 58 year old woman who has been receiving home care from hospice. She has been diagnosed as having terminal liver cancer that has also spread to her lungs. Her physician has discussed her prognosis with her and her husband, George, and they understand that Mrs. Crolius likely has less than 6 months to live. Mrs. Crolius has signed a living will and is in the process of arranging her affairs. She has been Catholic all of her life and she says she has "made peace with God". On this visit, the nurse finds Mrs. Crolius withdrawn and quiet. She appears to have been crying and her husband says he doesn't know what to do for her; that she vacillates between being very unhappy to being very irritable where everyone in the family "gets on her nerves". Last night she had a bad fight with her daughter.

Medical orders:

1. DNR
2. Morphine Sulfate 10-30 mg q4h po prn
3. LOC
4. diet as tolerated
5. Compazine 10 mg tid
6. Halcion 0.25 mg hs prn
7. Encourage fluids
8. activity ad lib

Skin Integrity, Impaired

K.Z, is 58 y/o male with a history of long standing coronary artery disease with episodes of congestive heart failure. Currently the patient smokes cigarettes and has a 50 pack year smoking history. There are crackles bilaterally in the lung bases and trace pitting edema in his feet and ankles. There is a 2 cm red area to L ankle. He does not have the energy for daily activities as days earlier.

VS 158/94, T=98.2, P=88, R=20

Admission labs:

Hct 25.03

Hgb 8.8 g/dl

BUN 33

Creatinine 3.1 mg/dl

Furosemide 20 mg IV bid

Packed RBC on admission, 2 units, raising HGB to 10.3 mg/dl