Room # 121A

S Situation	Arrived from: Arbor Glenn Chief complaints: Abnormal labs HGB 4.9 2 units PRBCs given Diagnosis: Severe anemia Surgery: NA	Code status: DNR POLST Allergies: Aspirin Height: 5'2 Weight: 128.8 lbs Precautions: NA
B Background	History: AFIB, HTN, COPD, T lipid Dementia, Hearing loss, Insomnia Latest Labs: ~~8.8 9 28.8 340~~ 143 4.1 109 24 11 0.48 <88 (+) occult Blood Pending Labs:	Isolation: Restraints: Ø Doctor's order Y/N Radiology (date/result)
A Assessment Coughing	Neuro: Neuro checks Y/N Language: English Activity: Bed rest Respiratory: O2 Sat: Trach___ AC____ SIMV____ T-bar_____ TV____ FiO2_____ CPAP_____ BIPAP___ PEEP____ HHN TX_____ GU: BRP Y/N BSC Y/N Urinal Y/N incontinent Dialysis: Y/N Foley Cath (date)_____	GI Diet: Reg mech soft Fluid Restr: Ø Tube Feed Y/N NPO Y/N NGT Y/N ↳ for EGD this afternoon JT Y/N Ostomy NA LBM NA IVF/drips_____ IV meds: IV lines: L F/A #22 PICC Y/N Date _____ Central Drains:
	Skin Braden score_____ Dressing changes_____	Wound VAC Y/N Accuchecks: BS_____(time)
R Recommendation	Procedures/Tests/New orders (next shift) Discharge Plan:	Consults (Indicate if called) Neuro: ENT: Uro: Pulm: Onco/Hema: Cardio: Surgeon: OB: GI: ✓ Nephro: Ortho: GU: ID: Pain management: Neuro surg: WC:
Misc.	SCD Refused for DVT Prophylaxis	

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Nurse Knowledge Exchange (NKE)

A. Patient Information

Student: Lazjonda Jones
Patient Initial Female Patient
Age: 80 y/o Height: 5'2 Wt.(kg): 128.8 lbs
Sex: Female
Code Status DNR

Date of Care: 6-1-19
Admission Date: 5-28-19
Unit /Room: MED SURG /121A
Allergies ASPIRIN
Post-Op Day (POD): NA

1. **Chief complaint on admission (subjective).** Abnormal labs Hgb 4.9, Fever, 2u PRBCs given
2. **Admitting Diagnosis:** GI Bleed /severe anemia
3. **Current Diagnosis:** GI Bleed / severe anemia
4. **<u>Significant Medical History:</u> (this should be comprehensive & describe the patients past & current condition; include surgeries / medical procedures)**
   AFIB, HTN, COPD, ↑Lipids, Dementia, HOH, insomnia

Alt PrtSc Ctrl

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5. Brief Pathophysiology to explain the disease process– Please includes all the co-morbidities

ATI Anemia is an abnormally low amount of circulating RBCs, Hgb concentration, or both. It is an indicator of an underlying Disease or disorder. Anemia results in diminished Oxygen-carrying capacity and delivery to tissues and organs. The goal of treatment is to restore and maintain adequate tissue oxygenation.

6. Hemodynamic – Discuss all the hemodynamic values and explain the abnormalities and recommended treatment.

7. **Prescribed Diet (include NPO status if applicable):**

   a. **Enteral feeding (if applicable, incl. type- Glucerna, Nutrivent, etc.)**

      Rate: **Average Residuals:**

   b. **Parenteral nutrition (if applicable, TPN or PPN?):**

      Rate: Lipids: Y/N Rate

      Rationale for above:

Respiratory care modalities

a. **ETT (Size, cm@lip)** _____ **TRACH (TYPE)** _____

If intubated or trached, how many days? _____ SAO_2 _____

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Settings: Mode (AC, SIMV, etc.):__ Tidal volume (vT): NA FiO2: NA PEEP: NA

b. Chest Tube : Y/N Location: NA Water seal/Suction NA cm

Patient Care

Vital signs Time: 0830	Vital signs Time:	Vital signs Time:	Pain Scale PQRST	
T: 97.8			P= Provokes What causes it? What improves it? Or increases pain?	
P: 75			Q= Quality What is the feeling? Sharp, dull, burning, stabbing?	
R: 20			R=Radiates Is it in one place, or does it spread to another?	
B/P: 122/68			S=Severity 0 to 10	
Pulse Ox: 97%			T=Time When did it start?	

Relevant VS Data:	Clinical Significance:
Temp WNL 97.8 BP WNL	Patient came in with Fever Came in with Low BP

Physical Assessment Data

Body system	Assessment	Findings
Integumentary	Skin color, temperature, vascularity, lesions, hydration, mobility, turgor, edema, masses.	WNL, intact, warm, dry
	Nail color, capillary refills, angle, and deformities.	WNL
	Hair texture, distribution, strength, quantity.	WNL
Neurological	Alertness/orientation, Inspect facial expression, speech, mental status, eye contact. CN II- XII Pupils (PERRLA), corneal light reflexes, EOMs. Perform Romberg's test - standing Test deep tendon reflexes. Coordination test & balance test (if able).	A, OX1, HOH, clear speech inappropriate response confused, restless, PERRLA
Cardiovascular	Apical impulse (PMI). Auscultate aortic, pulmonic, Erb's point, tricuspid, mitral area (with diaphragm and bell). Peripheral pulses (carotid, radial, dorsalis pedis). Palpate temperature, edema, and degree of edema.	apical pulse regular strong, clear heart tones, radial /pedal pulses equal & strong, cap refil < 3sec Anemia R/t GI bleed ↑ Lipids Chest asymmetrical
Respiratory	Respiration rate, effort & use of accessory muscles. Chest configuration. Auscultate systematically (min 6-8 sites + Rt. Mid lobe). Room air or use of O2 quantity and form.	Reg Rate & Rhythm 97% on room air breath sounds clear
Gastrointestinal /Urinary	Inspect abdomen (skin, peristalsis, contour, pulsation, symmetry). Auscultate bowel sounds (4 quadrants), Percuss abdomen (4 quadrants), Palpate all 4 quadrants (light and deep), Assess when the last BM and what the formation was.	bowel sound present X4 Last BM (+) occult blood stool
Musculoskeletal (physical mobility)	Inspect gait, muscle mass, configuration, & joints, symmetry, posture, mobility, strength. Perform ROM (active or passive).	Lower extremities weak bilateral active ROM

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Psychosocial Needs	Family, significant other, social support, employment, safety, speech, mental status.	withdraw, crying, yelling "get me out of here"
Educational Needs	Knowledge deficits.	

Additional Relevant Assessment Notes:

Highlight any abnormal values

Labs:	Result:	Normal Range
Electrolytes		
Na^+		136 – 145 mEq/l
K^+		3.5 – 5.0 mEq/l
Cl^-		98 – 107 mEq/l
Ca++		9-10.5 mg/dl
Mg++		1.3-2.1 mg/dl
PO_4		3.0– 4.5 mg/dl
Cardiac Function		
ESR		♂ <20mm/hr ♀<15mm/hr
Troponin I		<0.05 ng/ml
LDH		105 – 333 units/l
CPK		♂ 38 – 174 units/l ♀ 96 – 140 units/l
MB Index		0 – 3
Clotting and Hepatic Function		
PTT	34,9	30 – 40 seconds
PT	10,4	11 – 12.5 seconds
INR	1.0	2.0 – 3.0
ALT		6 – 59 units/l
AST		10 – 34 units/l
ALP		44 – 147 units/l
Bilirubin		0.2 – 1.9 mg/dl
Albumin		3.9 – 5.0 g/dl
Renal Function		
Bun		10-20 mg/dl
Creatinine		0.5-1.2 mg/dl
Pancreatic Function		
Glucose		70-105 mg/dl
HgA1c		4 – 6 %
Amylase		30 – 110 units/l
Lipase		7 – 60 units/l
Other		
CO_2/HCO_3		21 - 32
Dilantin/phenytoin		**10-20 mcg/ml**
Theophylline		**10-20mcg/ml**

Normal ranges vary depending on the clinical site.

CBC w/ Differential *		
Labs:	**Result:**	**Normal Range**
RBC	4.28	♂ 4.4-5.8 ♀ 3.9-5.2 x10^8mcl
WBC	11.7	5-10 x10^3mcl
Hemoglobin	8.4	♂ 14-18 ♀ 12.0-16.0 g/dl
Hematocrit	28.8	♂ 42-52% ♀ 37-47%
Platelets	317	150-400 x10^3mcl
Polys		35 – 80 %
Bands		0 – 10 %
Lymphocytes		20 – 50 %
Monocytes		2 – 12 %
Eosinophils		0 – 7 %
Basophils		0 – 2 %
Date (of lab):		
Time:		

Lanoxin/digoxin	0.5-2.0ng/L
Lithium	0.8-1.4mEq/L

Arterial Blood Gases *		
Labs:	**Result:**	**Normal Range**
pH		7.35 – 7.45
pO_2		80 – 100
pCO_2		35 – 45
HCO_3		21 – 26
O_2 Sat		> 95%
Date (of lab):		
Time:		

Ventilator / Respirator Settings			
Method		FIO_2	
Mode		LPM	
Rate		PEEP/PS	
Suction		Color	
Amount		O_2 Sat	

Relevant Labs	Clinical significance of labs:	Trends: Improved, worse, stable

Medication Generic & Brand	Class Method of action	Dose/Route Frequency	Nursing Responsibilities? What should be done before, during or after giving the drug?	Most common serious side effects?	Potential major drug interactions?
Colace	Stool softener Surfactant laxative Softens stool by increasing water content	100 mg PO BID	Hold for loose stools contraindicated for bowel obstructions ↑ fiber and fluid intake	diarrhea	
multivitamin	supplement	1 tab daily	NA	NA	NA
norvasc	Ca channel blocker blocks ca channels in blood vessels and heart, leading to vasodilation and decreased heart rate.	10 mg PO daily	Education: NO grapefruit juice, Monitor BP & HR carefully	hypotension	
Protonix	PPI Inhibits an enzyme needed for gastric acid secretion	40 mg IVP BID		GI upset, ↑ risk of osteoporosis with long-term use	

Medication List **Patient Initial's** Female pt **Date** 6/1/19

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Name	class/Action	Dose/Route	nursing responsibilities	S/E	interactions
Metoprolol (Lopressor)	Beta Blakes Blocks beta 1 receptors. Decreases BP, HR	50mg PO @ 12°	Teach patients to change positions slowly. Take BP & Pulse at home daily	bradycardia Hypotension erectile dysfunction fatigue	
Albuterol	Beta 2 adrenergic Agonist Binds to beta 2 receptors in airway smooth muscle, causing bronchodilation		If using along w an inhaled glucorticoid, take beta 2 adrenergic agonist first and wait 5 min before taking gluco corticoid	tachycardia angina tremors	Propanolol
Ferrlecit (Iron)					

NURSING CARE PLAN

Using the assessment data from preparation of the patient care, develop a care plan with at least **2 ACTUAL** and **2 RISK** NANDA-approved nursing diagnoses based on the identified problems, expected outcomes, interventions with rationale, evaluation, and revisions to plan of care.

All care plans should follow the format below for each diagnosis.

Assessment Data

Subjective: Fatigue
Weakness

Objective: Pale
Bleeding (occult stool (+)) GI Bleed
Hgb = 8.8
RBCs ↓

Nursing Diagnosis #1 (Actual)

Fatigue

Expected Outcomes (Goals)(1 short term &1 long term)

Client will verbalize reduction of fatigue within 8 hours
Patient O2 saturation will remain WNL by the end of 3 days

Nursing Intervention	**Rationale**
- Monitor Hgb, Hct, RBC	→ ↓ RBC indexes are associated with decrease O2 carrying capacity of the blood.
- Provide supplemental oxygen therapy as needed	→ O2 saturation should be kept at 90% or greater

Patient teaching (At least two)	**Rationale**
- Educate pt on energy conservation techniques	- Allow time for tasks
- Educate pt on medication & compliance	- For knowledge deficit

Outcome Evaluation

Goal in Process

Revised Care Plan (prn)

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Nursing Notes

6/11/19 @ 0900 Received Patient A, OX1, Patient confused and restless, yelling "I want to get out of here". No s/s of Resp distress noted, NO c/o Pain or discomfort. Plan of Care reviewed with patient, Patient just stated she wants to go home. LE Lorens

6/11/19 @ 0930 Patient NPO for EGD this am. Side rails up x 3, room across from nursing station, bed alarm on for safety, call light in reach. LE Lorens