

Type: Nursing Care Plans

Subject: Introduction to Professional Nursing: Clinical Course

Subject area: Nursing

Education Level: Undergraduate Program

Length: 20 pages

Referencing style: APA

Preferred English: US English

Spacing Option: Double

Title: Meningitis case

Instructions: i attached the case that you will be doing the care plan on and the template to use. please delete previous information already on the template, the was just a sample from the school. replace the info with the information you see on the case that i attached. for example the blood pressure, height, weight , etc...

Focus: use your imagination on the eriksons portion and anything you do not have information on. it has to make sense for this specific case and patient though . do not add additional medications or anything objective that has already been given . please make sure the nursing diagnoses and the plan makes sense. make sure to be detailed and use

Sara Adler is a 18 year old Caucasian female who is a senior in high school, 5'8" and 120lbs. She is on the cheerleading squad and debate team and is taking all honors classes. She has gotten early acceptance to USC, Yale and Georgetown. Her parents helped Sara pay for a used BMW for her 16th birthday and she works at Starbucks after school and on weekends. She attends a Baptist church and is active in the choir and teaching Sunday school.

Sara has been feeling feverish, nauseated and dizzy for two days. This morning she told her mom that her head was hurting more than it has ever hurt before and she couldn't bend her neck without feeling as if her head would explode. On arrival to the ER Sara was placed on a cardiac monitor in isolation.

Her vitals are as follows HR 116 BP 90/54 RR 32 o2 93% Temp 103.5 pain 8/10; Cardiac monitor shows Sinus tachycardia

Labs were as follows:

WBC 22

Urine Culture- clear, no bacteria, no blood, no leukocytes

Lumbar puncture results- 1.2mMol/L, turbid, WBC 600mm³

CT results- revealed ventriculomegaly and sulcal effacement

Sara was admitted to the ICU with a diagnosis of bacterial meningitis. Her admission orders were as follows:

Gentamycin 2.5mg/kg IV q6hr

Rocephin 1g IV q4hr

Dilaudid 1mg IV q3h PRN pain

Zofran 4mg q2h IV prn nausea

Prophylactic Albuterol 2mg/Atrovent 250mcg breathing treatment q8hr while immobile

Diet- Regular as tolerated
 CBC/BMP/CMP qAM
 CT head without contrast qAM

Sara's past medical history includes
 Fractured wrist at age 14
 Fractured clavicle at age 15
 Sports induced asthma ProAir 90mcg 2puff q2hr PRN SOB
 DepoPrevera 150mg q 13 weeks IM
 Mood dysregulation disorder Lithium 900mg daily PO

Student	_____	Date	_____
Instructor	_____	Course	_____
Patient Initial	S.M.	Unit/ Room#	Med Surg 6 room 621 A
Code Status	_____	DOB	12/1/1950
Allergies	_____		Height/Weight
	Penicillin, Ceftriaxone and Morphine		6'1" 200lbs

Temp (C/F Site)	Pulse (Site)	Respiration	Pulse Ox (O ₂ Sat)	Blood Pressure	Pain Scale 1-10
102.3 Oral	115 RA	25	89%	80/54	0/10

History of Present Illness including Admission Diagnosis & Chief Complaint (<i>normal & abnormal</i>) supported with <i>Evidence Based Citations</i>	Physical Assessment Findings including presenting signs and symptoms supported with <i>Evidence Based Citations</i>
<p>Admission Diagnosis: Sepsis, COPD exacerbation, Pneumonia</p> <p>Chief Complaint: S.M. states that over the course of the last week his CPAP machine at home has not been helping him while he sleeps. He reports increases SOB and increased difficulty breathing while sleeping. S.M. states that while he has been trying to sleep, he has had to use more pillows to prop him up as his CPAP machine isn't working like it used to. S.M states that he has been coughing more and more and feels like he can't get enough breath into his lungs, he feels like he has to gulp</p>	<p>Neuro:</p> <ul style="list-style-type: none"> ● Pupils PERRLA- PERRLA means ____ (Citation) This indicates ____ (citation) ● A&O x3 with mild moments of confusion ● Confusion means ____ (citation) <p>Cardiac:</p> <ul style="list-style-type: none"> ● Heart sounds WNL <ul style="list-style-type: none"> ○ If pneumonia advanced, you would hear ____ (citation) <p>Respiratory:</p> <ul style="list-style-type: none"> ● Crackles on auscultation

air more frequently. S.M states that at home his cough has gotten worse and he now has yellow phlegm that is coming up. S.M. states that he has had a fever for several days and he has been taking Tylenol around the clock to try and bring the fever down. Prior to coming into the ER S.M. states that he was getting more and more dizzy and weak and when he couldn't stand up to use the restroom upon waking up this morning, he finally called 911.

Rationale: COPD is what _____ (citation) People with COPD are more susceptible to pneumonia because _____ (citation). Pneumonia can contribute to a sepsis diagnosis how _____ (citation). Sepsis does what to the body _____ (citation)

o Crackles indicate _____ because _____ (citation)

GI:

- Bowel sounds heard in all four quadrants
 - o If there are normal bowel sounds this means _____ (citation)
- No distention
 - o If there was distention it could mean (correlate to CPAP) (citation)
- No pain on palpation
 - o If there was pain in palpation it would mean (correlate to CPAP)

(citation)

GU:

- Pt has no urinary retention
 - o Explain normal urinary function (citation)
 - o If there was retention it would mean _____ (correlate it to sepsis diagnosis) (citation)

Skin:

- Intact
- Diaphoretic
 - o explain diaphoresis in sepsis (citation)
- Pale
 - o Explain pale skin in sepsis (citation)

Pulse:

- o Radial 1+
- o Femoral 1+
- o Pedal 1+
 - o Explain why his pulses are diminished (citation)

Strength

- o Weak BUE, BLE
 - o Explain why he is weak (citation)

Relevant Diagnostic Procedures/Results & Pertinent Lab tests/ Values (with normal ranges), include dates and rationales supported with Evidence Based Citations

Past Medical & Surgical History, Pathophysiology of medical diagnoses (include dates, if not found state so) Supported with Evidence Based Citations

PT Labs	Lab Range	High/Low/WNL	Ratio
WBC 19	4-10	High	Citati expla

- Hypertension- Diagnosed on: _____ pathophysiology of hypertension, citation
- Diabetes mellitus- Diagnosed on: _____ pathophysiology of DM and what this means (citation)

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RBC 5.7	4.6-6.2	WNL	
HGB 15	13-18	WNL	
HCT 46	45-52%	WNL	
Neutrophils, band 8	0-5%	High	Expla neut and v woul citati
Neutrophils, segmented 55	54-65%	WNL	Citati you g lab v
Lymphocytes 45	25-40%	High	Citati expla what lymph are a his ar
Monocytes 3	2-8%	WNL	Citati you g lab v
Eosinophils 3	1-4%	WNL	Citati you g lab v
Basophils 0.5	0-1%	WNL	Citati you g lab v
Platelets 180,000	150,000-450,000	WNL	Citati you g lab v
Lactate 9	<4	High	Ratio citati

- Hyperlipidemia- Diagnosed on: _____ pathophysiology and citation
- Hiatal Hernia, unrepaired- Diagnosed on: _____ pathophysiology and citation
- TIA- Diagnosed on: _____ pathophysiology, citation

Chest X-Ray: Chest X-ray showed infiltrates on bilateral lower lobes, bullae, flattened diaphragm

- Rationale explaining what infiltrates are, what is there diagnostic significance
- Rationale explaining what bullae is and diagnostic significance
- Rationale explaining why a flattened diaphragm is significant

Blood Culture- Gram positive bacteria

- Significance of gram positive bacteria, what this means (citation)

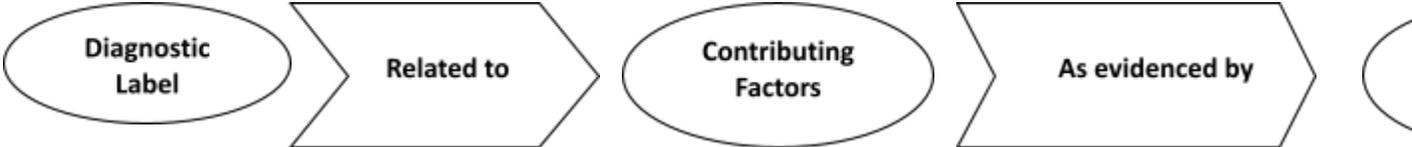
<p>Sputum Culture- Gram positive bacteria</p> <ul style="list-style-type: none"> • What this means and significance (citation) 	
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<p>Erikson's Developmental Stage with Rationale And supported by Evidence Based Citations</p>	<p>Socioeconomic/Cultural/Spiritual Orientation & Psychosocial Considerations/Concerns (3) supported with Evidence Based Citations</p>
<p>Ego Integrity Vs Despair</p> <ul style="list-style-type: none"> • Ego Integrity: Definition, (citation) • Despair- Definition (citation) • SM is in __ (your opinion)__. I believe S.M. is in _____ because he does _____ or says _____. His behavior models _____ which I believe supports the stage _____. • Rationale: People who are in _____ stage do _____. They say _____. Their behavior is _____. 	<p>S.M. is a 69 year old Scottish/Welsh male. He has 5 children, 3 sons and 2 daughters. 2 of his sons and both of his daughters are lawyers and are working toward partnership in his firm. His third son is a cardiothoracic surgeon. He has 6 grandchildren all of whom he has paid for to attend private school stating that 'Education is a portal to a better life'.</p> <p>SM has donated money through the years to several children's scholarship funds ensuring that other children who grew up in the poor neighborhood of Queens where he grew up would have a good shot at higher education.</p> <p>He was raised in the Presbyterian church although he has not practiced any religion since he was 18. When his grandmother died after having cancer, SMs wife states that he refused to go to church because his grandmother was a 'god fearing woman' and died a painful death. His wife states that SM had remarked several times through his life that if such a good woman died in such a harsh way, then there really must not be a god, or at least a loving god.</p> <p>S.M. has been a lawyer since he was 25 practicing in criminal defense. He has his own law firm with 5 other partners below him. Per SM family, he was going to retire this year and his son was going to take over the firm.</p> <p>SM has several investments and has always been active in the stock market, his family reports that the stock market was a game to him, and he would prefer to read Wall Street Journal when they went to Las Vegas stating that was all the gambling that he had to do. He owns his own home on Mulholland and the family reports that he has several investment properties.</p> <p>Psychosocial Concerns:</p> <ul style="list-style-type: none"> • Pts who have prolonged stays in ICU are at higher risk of suicidal ideation, SM is very independent, there is concern that he may have

	<p>thoughts of self harm because of prolonged ICU stay (citation)</p> <ul style="list-style-type: none"> • Pts who are active at home and who are suddenly debilitated fall into great depression because they are not able to regain their initial level of independence. SM is at risk of developing depression. Rationale (citation) • Pts who retire with ill health are susceptible to a rapid decline in health and have higher probability to be noncompliant with medications. (citations)
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Potential Health Deviations, Predisposing & Related Factors; (At least two) Include three independent nursing interventions for each (“At Risk for…” nursing dx)	Inter-professional Consults, Discharge Referrals, & Current Orders (include diet, test, and treatments) with Rationale supported with Evidence Based Citations
<p>At risk for loneliness r/t limited visitor contact in the ICU.</p> <ul style="list-style-type: none"> • Collaborate with staff to ensure visitors are rotated frequently • Teach patient to use hospital HIPPA secure webcam chats for family contact • Teach family to use hospital compliant web chats to ensure confidentiality when chatting with patient. <p>At risk for impaired skin integrity r/t need for constant use of CPAP mask</p> <ul style="list-style-type: none"> • Assess for skin reddening q2hr • Teach patient to report feelings of burning or pain related to mask wear • Collaborate with nursing staff to ensure barrier creams used under mask. 	<p style="text-align: center;">Consults</p> <ul style="list-style-type: none"> o Dietary: Carbohydrate controlled diet to ensure blood sugar stays within normal ranges during hospitalization. (rationale, citation) o PT: Range of Motion exercises while immobile in bed in ICU (rationale, Citation) o Social Worker: Locate insurance approved Home Health company to ensure patient does not have to go to skilled nursing facility per patient’s requests (rationale, citation) o RT: Ensure patient is aware of how to eat with mask without aspiration (rationale, citation) <p style="text-align: center;">Discharge Referral</p> <ul style="list-style-type: none"> o Home Health Company: rationale and citation o Oxygen supply Company: rationale and citation <p style="text-align: center;">Orders</p> <ul style="list-style-type: none"> o Levaquin 500mg q8h IV: rationale and citation o Constant CPAP: rationale and citation o Carbohydrate controlled diet: rationale and citation o CBC and Lactate qam: rationale and citation o Continuous Cardiac monitoring: rationale and citation o Blood glucose qHS and AC: rationale and citation o ABG qAm: rationale and citation

	<ul style="list-style-type: none"> o VBG qam: rationale and citation o Sliding scale insulin before meals: rationale and citation
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Priority Nursing Diagnosis (at least 2) <i>Written in three part statement</i>	Planning (outcome/goal) Measurable goal during your shift (at least 1 per Nursing diagnosis)	<u>Prioritized</u> Independent and collaborative nursing interventions; include further assessment, intervention and teaching (at least 4 per goal)	Rationale Each must be supported with <i>Evidence Based Citations</i>	Evaluation Goal Met, Partially Met, or Not Met & Explanation
Nursing Diagnosis	Measurable goal	Intervention 1	Rationale, citation	Met
		Intervention 2	Rationale, citation	
		Intervention 3	Rationale, citation	
		Intervention 4	Rationale, citation	
Nursing Diagnosis	Measurable goal	Intervention 1	Rationale, citation	Met
		Intervention 2	Rationale, Citation	
		Intervention 3	Rationale, Citation	
		Intervention 4	Rationale, Citation	

MEDICATION LIST

Medications (with APA citations)	Class/Purpose	Route	Frequency	Dose (& range) If out of range, why?	Mechanism of action Onset of action	Common side effects	Nursing considerations specific to this patient
Brand name, Generic name (citation)	Class/Purpose (citation)	Route	Frequency	Dose	Mechanism/Onset (citation)	Side Effects (citation)	Considerations (citation)