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**1512 and 1612 CLINICAL WORKSHEET**

**Section One: Retrieve information**

**From:** □ **Chart** □ **Shift report** □ **Electronic health record and** □ **Clinical Preparation Materials**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** | Katarina Campana  | **Date(s) of Care:** | June 3, 2022 |
| Client Initials: | M.R | Room #: | 4B | Age: | 102 | Allergies: | none |
| Weight: | 55kg | Isolation Status: | Advanced droplet contact  | Code Status: | R1 |
| Date of Admission: | May 25, 2022 | Date of Surgery: (If Applicable) |  | Expected date of discharge: |  |

|  |
| --- |
| **History of Illness:** *(How did the client become admitted to the hospital?)* ***OR*****History of Surgery:** *(Was the surgery planned or unplanned? Type of anesthesia? Was the patient intubated? Any complications during surgery?)*Patient fell and got a left subcaptial fracture in her left hip. She had a hip hemiarthroplasty |
| **Reason for Admission:** (*Medical Diagnosis and surgical procedure as applicable: Explain how the medical diagnosis may have resulted / altered the normal function of body systems.**As a result of these changes, what clinical manifestations may you see in the patient?*  *Include definition and pathophysiology with reference e.g. textbook)* Patient currently has MRSA. MRSA is an infection caused by a type of staph bacteria that becomes resistant to many antibiotics. Some symptoms of this infection include fever, chills, low BP, severe headache and SOB. Some other signs of MRSA include sores/boils on the skin and fluid/pus filled pumps which I did not see on my patient. While in the hospital the doctor also found that the patient had a peptic ulcer. On my first shift with this patient she had a very low BP, was pale and had cold extremities. The nurse explained to me that she was bleeding internally and lost a lot of blood so he hung 3 bags of blood for her. On my second shift she looked so much better. Her colour was back, she was warm to touch and her BP was back up to normal. [MRSA infection - Symptoms and causes - Mayo Clinic](https://www.mayoclinic.org/diseases-conditions/mrsa/symptoms-causes/syc-20375336) |
| **Co-Existing Illnesses:** *(All medical conditions the client lives with but not the main reason for admission. Include all definitions and references)*The patient also is living with a fib, dementia, hypertension and hypothyroidism. Atrial fibrillation is an irregular and very rapid heart rhythm that cause blood clots in the heart. The patient was taking apixaban to monitor this however once she had the peptic ulcer the doctor cancelled this to get BP back up. A fib can cause a fast and pounding heart beat which was indicated by the patients fast heart rate (120bpm). Dementia is a group of symptoms that affect memory, thinking and social abilities. Some symptoms of dementia that I saw in my patient were confusion, disorientation, difficulty communicating, agitation and difficulty with motor movements. Hypertension is high blood pressure in the walls of your arteries that can cause strain on the heart. Uncontrolled high BP puts you at risk for strokes and heart attacks. When taking my patients BP it was extremely low even though she had HTN but that was because she had an untreated peptic ulcer. Hypothyroidism is an underactive thyroid where the thyroid is not producing enough of certain hormones that are crucial for the body’s functioning. Some symptoms may include fatigue, muscle weakness, goiter and dry skin. My patient did have fatigue and muscle weakness. [Dementia - Symptoms and causes - Mayo Clinic](https://www.mayoclinic.org/diseases-conditions/dementia/symptoms-causes/syc-20352013)[Hypothyroidism - Symptoms and causes - Mayo Clinic](https://www.mayoclinic.org/diseases-conditions/hypothyroidism/symptoms-causes/syc-20350284)[Atrial fibrillation - Symptoms and causes - Mayo Clinic](https://www.mayoclinic.org/diseases-conditions/atrial-fibrillation/symptoms-causes/syc-20350624) |
| **Medications & Labs: (***Medication and Lab worksheets at the end of this document)*  |
| **Client Care Needs** Diet/Feeding AssistanceInadequate oral intake. Pureed foods, high protein/energy. Would only eat applesauce and puree drink.  | Treatments Glucometer checks (times ordered) |
| Hygiene NeedsChanged her in the morning and before leaving my shift | Mobility StatusBed bound  |
| IV (type, rate, site) | Elimination NeedsVoiding no difficulties, incontinent. Had no BM while I was on the floor |

***CARE TRANSITIONS***

**Discharge Destination (from current unit):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Care Needs Before Discharge:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Section 2: Subjective and Objective Data Collection** |
| **START OF SHIFT Handoff** |
| Abnormal Physical Findings:

|  |  |
| --- | --- |
| Skin: | No rash, pruritus, abrasions, skin is cold and pale  |
| Cardiac: | No chest pain, palpitations, edema. Low BP.  |
| Respiratory: | No cough, patient has high resp rate |
| Neuro:  | Confused  |
| Musculoskeletal: | Decreased ROM |
| GI/GU: | No nausea, vomiting, hematuria. Had no BM  |

Accuchecks: □ N/A Last GLUM Reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Intake and Output: □ Not closely monitored IV/TPN Infusing: Solution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insertion Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Oral Intake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Drains, NG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Urine Output: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pain Assessment: \_\_\_/10 Last Dose Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Safety: □ Fall Risk □ Restraint  Bed/Chair Alarm □ ConfusedDressings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobility Status: bed bound. Needs 1 person assist to turn in bed Concerns for Shift/Priority: BP is very low, monitor pts vitals closely  |

**VITALS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Temp oC** | **Pulse**  | **Pulse Quality** | **Respirations** | **Respiration Quality** | **BP** | **O2 Sat %** | **O2 Flow** |
| **0725** | **36.7**  | **87** |  | **16** |  | **92/55** | **96** |  |
| **1139** | **36.4** | **120** |  | **20** |  | **89/54** | **95** |  |
| **1335** | **33.8** | **118** |  | **24** |  | **102/54** | **Unable to get reading** |  |
|  |  |  |  |  |  |  |  |  |

**Patient Identifiers:** □ Arm Band On □ Allergy Identification

**Fall Risk:** □ None □ Yes (precautions in place):

□ Call Bell in Reach □ Bed In Lowest Position □ Falling Star/Fall Precautions Sign

Side Rails(up when in bed): □ No □ Yes (number) 2 □ Restraints (type): arm restraints

Morse Fall Scale Score:95

**Ambulates:** □ Independently □ 1 Assist □ 2 Assist □ Dependent/ Mechanical Lift

Assistive devices used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sleep Pattern:** □ Not Applicable □ Disturbed Rest □ Undisturbed Rest

**Interdisciplinary Care:** □ Social Work □ PT □ OT □ Speech □ Dietician □ CCAC or Discharge Planning Team

**Additional Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***PSYCHOSOCIAL ASSESSMENT (For NURS 1612 only)***

What considerations (cultural/personal/values) should we include in your care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any history of trauma? If yes, what type?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does the patient identify themselves? (e.g. gender, ethnicity, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spiritual Needs:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Family/Visitors Present during Shift (who?):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Support Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Additional Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NEUROLOGICAL***

**LOC:**  □ Alert □ Confused □ Drowsy □ Stupor/Dazed □ Comatose □ Lethargic □ Sedated □ Aggressiveness □ Non-Responsive

**Orientation:**  □ Time □ Place □ Person □ Situation **Speech:** □ Clear □ Slurred □ Aphasic

**ROM** – Limitations or Muscular Weakness: □ None □ Yes (location/joint): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Assistive devices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERRLA:** (pupils are equal round reactive to light and accommodation – with penlight) yes

***RESPIRATORY***

**Breathing Pattern:** □ Regular □ Laboured □ Shallow □ Orthopnea □ Irregular (describe) \_\_\_\_\_\_\_\_\_\_\_

**Accessory Muscle Use:** □ Yes □ No

**O2 Use:** □ Room Air □ O2 Flow rate­­­­\_\_\_\_\_\_\_\_\_\_ □ Nasal Prongs □ Face mask

**Breath Sounds:** □ Clear □ Fine crackles □ Course crackles □ Wheezes □ Stridor (Location) ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Air Entry:**  □ Good air entry all lobes □ Diminished (location/lobes) ­ lower lobes

**Cough:** □ No □ Yes ⭢ ***It is:*** □ Productive □ Non-productive

**Strength:** □ Strong □ Moderate □ Weak □ Ineffective

**Quality:** □ Congested □ Harsh □ Dry □ Moist □ Barking

**Sputum:** □ No □ Yes **Quantity:** □ Small □ Moderate □ Copious

**Quality:**  □ Mucoid □ Purulent (colour) \_\_\_\_\_\_\_\_\_\_\_\_\_ □ Blood tinged □ Frank blood

**Additional Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDEMA SCALE**
**1+** Mild pitting, slight indentation, no noticeable swelling of the leg
**2+** Moderate pitting, indentation subsides rapidly
**3+** Deep pitting, indentation remains for a short time, leg looks swollen
**4+** Very deep pitting, indentation lasts a long time, leg is very swollen

***CARDIOVASCULAR***

**Rhythm:** □ Regular □ Irregular **Force:**  □ Bounding □ Weak

**Heart Sounds:** □ S1 □ S2 **Abnormal Sounds:** □ S3 □ S4 □ Murmurs

**Bilateral Peripheral Pulses Felt:** □ Pedal and Post Tibial

(if either of these not palpable then assess popliteal and femoral)

 □ Radial and Brachial

**Apical Pulse:** □ Auscultated OR □ Palpated

**Bilateral Capillary Refill:** □ <3 seconds Other: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Peripheral Edema:** □ None □ Yes (locations) \_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Non-Pitting □ Pitting: Scale ­\_\_\_\_\_\_\_\_\_\_ □ Brawny (from persistent lymphedema)

□ TED Stockings in Use

**Additional Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SKIN & MUCOUS MEMBRANES***

**Skin Colour:** □ Patient’s Norm □ Flushed □ Pale □ Jaundiced □ Ashen □ Blue□ Mottled

**Extremities:** □ Patient’s Norm □ Flushed □ Pale □ Blue□ Mottled

**Temperature:** □ Warm □ Cool **Skin Turgor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hair Distribution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skin Status:** □ Dry □ Moist □ Intact □ Pressure Areas (location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Braden Scale:** ­13/23 (<16 = interventions)

**Oral Membranes:** □ Moist □ Dry **Teeth:** □ Own □ Partial Plate □ Dentures – Upper Lower

**Special Treatment Creams:** □ No □ Yes (order) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skin Lesions Present: (location and appearance):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bruising and/or Rashes (location and appearance): ­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Wound Status (REEDA):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dressing Change (products used):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***ABDOMINAL (GASTROINTESTINAL/GENITOURINARY)***

**Wound Assessment**

**R**edness

**E**dema

**E**cchymosis

**D**rainage

**A**pproximation

**O**dour

**Abdominal Appearance:** □ Flat □ Round □ Distended

**Nausea:** □ No □ Yes – (medication given and time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vomiting:** □ No □ Yes (amount & colour) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bowel Sounds:** □ Present x 4 quadrants □ Absent □ Audible in ­­­\_\_\_\_\_\_\_ □ Hypoactive □ Hyperactive

**If abdomen has abnormal findings, percuss and lightly palpate (do this with instructor):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nature of Stool:** □ Soft □ Constipated □ Loose □ Diarrhea Date of Last BM June 2 2022

**Colour of Stool:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unusual Foul Odour: □ Yes □ No

**Continence:**  ***Bowel:*** □ Yes □ No ***Bladder:*** □ Yes □ No

**Voiding Pattern:** □ Regular □ ⭡ Frequency □⭡ Urgency **Bladder Scan Required:** □ Yes □ No

**Urine Colour:** □ Colourless □ Yellow □ Straw □ Amber □ Concentrated □ Tea-Coloured

**Urine Characteristics**: □ Clear □ Cloudy □ Sediment □ Clots □ Hematuria

**Device/Equipment in Use:** □ Ostomy (type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Catheter (size and type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NUTRITION***

**Diet Ordered:** puree high protein, energy

**Consistency:** □ Regular □ Minced □ Pureed □ Thickened Fluids

**Feeding Method:** □ Oral – Independent □ Oral – Requires Feeding □ IV □ NG tube □ PEG/PEJ

**Fluid Intake:** □ Oral (amount) \_\_\_\_\_\_\_\_\_\_\_\_ □ IV \_\_\_\_\_\_\_\_\_\_\_\_\_ □ NG/ G-tube \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section Three: Clinical Reasoning and Decision Making (Processing of Assessment Information)**

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| --- |
| **Significant Assessment Data (Abnormal or Unusual Data?):** |
| **Any gaps in data collection?** |
| **Assessment of Learning Needs (including Readiness, Facilitators, Barriers, and Environmental Considerations)** |
| **Client Problems/Issues, Risks/Strengths:** |
| **Patient’s PRIORITY needs (2-3 maximum):** |

**Priority Diagnostic Statements:**

*Response* related to *Etiology* as evidenced by *Defining Characteristics*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Client Response** | **Etiology**  | **Defining Characteristics**  |
| 1. | General weakness | Old age and lack of nutrition | Patient is lethargic and is too weak to eat. While feeding her she falls asleep. |
| 2. | Risk for injury of herself | Use of hand restraints. | Patient tries to pull out her IV, dressings and her hair. The nurse put her hands in restraints to avoid injury.  |
| 3.  | Confusion  | Patient has dementia  | Patient is often very confused. When doing her vitals she looked very scared. She tried to take off the pulse ox machine.  |

**Now take one of these problem statements and create a plan of care**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal Statement** **SMART****(with Date)** | **Interventions (3 at minimum)****(What actions should the nurse do to help to treat this problem. Include teaching interventions)** | **Rationale****(What is the theory behind why you are doing this intervention? Cite your source)** | **Evaluation – Patient Progress with evidence****(Was goal Met, Unmet, Ongoing)** |
| **Short-term Goal (within your shift)****The patient will…****Be able to eat both meals by the end of shift on June 4th 2022** | The nurse will…Stay with the patient and try to feed her for as long as it takes.  | My patient needs full assistance while eating. She often doses off to sleep while I try to feed her. Even if it seems like she is done eating I should stay with her and keep trying.  | This goal was met as I was able to feed her all her breakfast and lunch during my shift. However it did take almost an hour for each meal. It was important that I stayed there with her to get her as much food as possible.  |
| Pay close attention to the patients nonverbal cues | My patient has a very hard time communicating. When eating it is important to look for signs such as a head nod or her closing her mouth when bringing her something.  | This goal was met. For breakfast my patient had jello ordered. She had one bite and then every time after that she shut her mouth refusing it. I realized that she didn’t like the jello based off that nonverbal cue. So, for the rest of her meals I fed her applesauce which she really liked and ate a lot of.  |
| Encourage the patient to eat but not forcing her | I want to try to encourage her to eat as much as possible. She often doses off to sleep while I try to feed her. Even if it seems like she is done eating I should stay with her and keep trying. | This goal was met. When feeding my pt breakfast she continued to fall asleep on me. Instead of leaving her room I continued to try to feed her and encourage her. By encouraging her to eat she was able to finish her meals.  |
| **Long-term Goal****The patient will…****Be able to have regular BM before discharge** | The nurse will…Give the patient laxative | Giving the patient a laxative regularly will help stimulate a BM. | On my second shift she was given a laxative but still had no BM while I was there. This is still ongoing |
| Make sure they are eating their meals  | If the patient is not eating she will have nothing to poop out. By making sure she is eating all meals will help her have a BM.  | On my shift I ensured that she had both breakfast and lunch but this is still ongoing.  |
| Include fiber in their diet  | Fiber is known to cause frequent bowel movements so implementing this can help. | This goal has not been met.  |

**Medication Administration Worksheet**

| **Medication:** With **Generic Name, ordered dose, frequency, route****(indicate high alert meds and if dose safe)** | **Safe Dose Range and Route (and is patient order safe?)** | **Pharmacological Class and Use****Why was this ordered for your patient?** | **Mechanism of Action (provide explanation including metabolism/excretion)** | **Side Effects** (Most Common and Severe) | **Nursing Responsibilities: Pre-assessment and Post-assessment**(including precautions, interactions with food/meds | **Patient Education** |
| --- | --- | --- | --- | --- | --- | --- |
| Acetaminophen 650mg PO QID | **-safe dose is 325-650mg q4-6hr so this is a safe dose**  | **-nonopioid analgesic ordered to manage patients pain**  | -activates serotonergic inhibitory pathways in the CNS-metabolizes by liver and excreted in urine  | **-nausea, vomiting, trouble sleeping****-liver problems, unable to pass urine, Steven Johnsons Syndrome** | **-monitor serum levels where acute overdose suspected and with long term use in patients with hepatic disease**  | **-avoid taking other products with acetaminophen in them (cause liver problems)****-do not drink alcohol while taking**  |
| **Apixaban 2.5mg PO Q12h** | **-dose for pts older than 80 give 2.5mg twice daily therefore this is a safe dose** | **-anticoagulant used to manage a fib and prevent stroke**  | **-inhibits platelet activation and fibrin clot formation** **-metabolized by liver and excreted in urine and feces**  | **-bleeding, back pain, numbness, paralysis, dizziness, loss of strength**  | **-if pt is unable to swallow whole tablet can crush and put in apple juice**  | **-may bleed more easily so be careful and try to avoid injury** |
| **Bisacodyl suppository 10mg rectal daily PRN** | **-safe dose is 5-10mg once a day so this is a safe dose**  | **-stimulant laxative, used to treat constipation**  | **-stimulates peristalsis in intestines and alters water and electrolyte secretion** **-metabolized in colon and excreted in urine and bile** | **-abdominal pain, cramps, rectal burning** | **-retain suppository in enema for 15-20 minutes** **-do not administer within 1hr of milk, dairy products or an antacid**  | **-report to doctor is you have rectal bleeding or if you do not have a BM after taking med** |
| **Bisoprolol 2.5mg PO daily**  | **-safe dose: 2.5mg once daily so this is a safe dose**  | **-antihypertensive used to treat HTN and a fib**  | **-blocks beta 1 receptors** **-metabolized hepatically (significant first pass effect) and excreted in urine and feces**  | **-loss of energy, common cold symptoms, headache, dizziness, SOB, bradycardia, cold extremities**  | **-monitor BP and HR prior to and following first dose**  | **-rise slowly when sitting or lying down to prevent dizziness** **-avoid driving and other tasks until you see how the drug affects you**  |
| **Cyanocobalamin 1000mcg PO daily**  | **-safe dose is 1000mcg PO therefore the pts dose is safe** | **-water soluble vitamin** **-used for vitamin B12 deficiency in patients with dietary deficiencies**  | **-coenzyme for fat and carb metabolism and protein synthesis and hematopoiesis** **-metabolism- converted in tissues to active coenzymes and excreted in urine** | **-dizziness, headache, anxiety, joint pain, common cold symptoms, diarrhea, nausea, vomiting****-burning, numbness, swelling, SOB** | **-vitamin B12, Hemoglobin, hematocrit, erythrocyte and reticulocyte count** **-ORAL products: take with a meal** | **-have blood work checked regularly while taking**  |
| **Levothyroxine 75 mcg PO daily**  | **-safe dose less than 200mcg a day therefore this dose is safe** | **-thyroid product used for treating hypothyroidism** | **-exerts metabolic effects on the body** **-metabolized by liver and excreted in urine** | **-hair loss , chest pain, tachycardia, headache, dizziness, syncope, vision changes, SOB, bone pain** | **-monitor labs and vitals and any signs of heart disease****-also monitor for signs of hyperthyroidism including nervousness, weight loss, sweating, palpitations, etc..** | **-takes several weeks to see the full effect of drug** **-this drug can cause osteoporosis with high doses to talk to doctor if you are at risk for weak bones** |

|  |  |  |  |
| --- | --- | --- | --- |
| Tests | **Normal** | **Ct. Results & Date**  | **Significance of Results** |
| **Urinalysis** |
| Clarity | Clear, transparent |  |  |
| Colour | Straw-yellow |  |  |
| Specific gravity | 1.010-1.025 |  |  |
| pH | 5-8 |  |  |
| Glucose | Negative  |  |  |
| Ketone  | Negative |  |  |
| Blood | Negative  |  |  |
| Protein | Negative |  |  |
| Nitrite | Negative  |  |  |
| Leukocytes | Negative |  |  |
| **Microscopic** |  |  |  |
| WBC | Negative |  |  |
| RBC | Negative |  |  |
| Epithelial cells | Presence normal |  |  |
| **Arterial Blood Gases** |
| pH | 7.35-7.45 |  |  |
| pCO2 | 35-45 mmHg |  |  |
| pO2 | 80-100 mmHg |  |  |
| Bicarbonate | 21-28 mmol/L |  |  |
| Base excess | -3.0 to +3.0 |  |  |
| O2 sat | 95-98 % |  |  |
| **Electrolytes** |
| Sodium | 135-145 mmol/L | 148 (H) | Could be reduced fluid intake or excess fluid loss  |
| Potassium | 3.5 -5.1 mmol/L | 4.8 |  |
| Chloride | 95-107 mmol/L | 116 (H)  | Could be dehydration, kidney disease |
| Magnesium | 0.6-1.00 mmol/L |  |  |
| Calcium | 2.12-2.62 mmol/L |  |  |
| **Complete Blood Count CBC** |
| WBC | 3.6-11 x 109/L | 16.4 (H) | Infection or inflammation in body |
| RBC | 3.7- 5 x 1012/L | 1.33 (L) | anemia |
| HGB (female) | 115-150 g/L | 42 (VERY LOW) | Bleeding ulcer  |
| HGB (male) | 135-165 g/L |  |  |
| HCT (female) | 0.345-0.450 % | 0.136 (L) | Anemia  |
| HCT (male) | 0.385-0.495 % |  |  |
| MCV (female) | 80-99 fL | 102.3 (H) | Can be macrocytic anemia  |
| MCV (male) | 80-94 fL |  |  |
| MCH | 27-33 pg | 31.6  |  |
| MCHC | 320-365 pg | 309 (L) | RBCs done have enough hemoglobin  |
| RDW-CV | 11-15 % | 16.9 (H) | Could be a B12 deficiency  |
| Platelets | 140- 400 x109/L | 243 |  |
| MPV | 9-12 fL | **10.1**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Tests | **Normal** | **Ct. Results & Date**  | **Significance of Results** |
| **WBC Differential** |
| Neutrophils | 2.0-7.5 x109/L | 0.843 (H) | Infection  |
| Lymphocytes | 1.5-4 x109/L | 0.073 (L) | Could be viral infection or malnutrition |
| Monocytes | 0.1-1 x109/L | 0.038 (L) | Infection  |
| Eosinophils | 0 – 0.5 x109/L | 0.005 (L) | Body is making too much of certain steroids (cortisol) |
| Basophils | 0-0.2 x109/L | **0.001 (L)** | **infection** |
| **Chemistry** |
| Glucose Fasting | 3.6-6.0 mmol/L |  |  |
| Glucose 2hr pc | 3.6 – 7.8 mmol/L |  |  |
| HbA1C non diabetic |  0.040-0.06  |  |  |
| HbA1C diagnosis type 2 | >0.065 |  |  |
| HbA1C therapeutic target | < 0.070 |  |  |
| Urea (BUN) | 2.5 – 6.4 mmol/L |  |  |
| Creatinine (female) | 40-110 µmol/L |  |  |
| Creatinine male | 60-130 µmol/L |  |  |
| Albumin | 34-50 g/L |  |  |
| Ammonia | <33 µmol/L |  |  |
| Bilirubin conjugated | 0-10 µmol/L |  |  |
| Bilirubin Total | 0-18 µmol/L |  |  |
| Total Protein | 60-80 g/L |  |  |
| Uric acid female | 155-357 µmol/L |  |  |
| Uric acid (male) | 208-428 µmol/L |  |  |
| Creatine(female) | 40-110 µmol/L |  |  |
| Creatine(male) | 60-130 µmol/L |  |  |
| TSH | 0.36-3.74 mlU/L |  |  |
| **Cardiac and Liver Enzymes** |
| Amylase | <115 units/L |  |  |
| AST (SGOT) | <37 units/L |  |  |
| Alk Phos (ALP)  | <126 units/L |  |  |
| CK (female) | < 242 IU/L |  |  |
| CK (male) | < 260 IU/L |  |  |
| Troponin I | <0.1 µg/L |  |  |
| LDH | <234 units/L |  |  |
| Lipase | <400 units/L |  |  |
| **Lipid Profile** |
| Cholesterol | 3.8-5.2 mmol/L |  |  |
| HDL (female) | 1.0-2.4 mmol/L |  |  |
| HDL (male) | 1.0 – 1.8 mmol/L |  |  |
| LDL | 2-3.4 mmol/L |  |  |
| Triglycerides | 0.6-1.7 mmol/L |  |  |
| **Hematology (Coagulation)** |
| INR | 0.8-1.2  |  |  |
| PTT (APTT) | 22-30 seconds |  |  |