

# NURSING PROCESS OF THE ADULT PATIENT

## Functional Health Patterns

STUDENT NAME: Nicole Perretta

DATE 11-2-10

\*Include client's admission date, occupation, diet, religion, activity, allergies, current meds, treatments, surgery, and diagnostic test results under the appropriate functional health pattern.

Client Profile (summarize events leading to day you cared for client): **DATABASE**

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA	INTERPRETATION (effective patterns or barriers/potential barriers)
<p><b>HEALTH-PERCEPTION</b> <b>HEALTH-MANAGEMENT</b> (general survey, perceived health and well-being, self-management strategies, utilization of preventative health behaviors and/or services.</p>	<p>Patient described his health as fair. He feels he could be a lot worse off but isn't in tip top shape. Patient stated that most of his chronic illnesses run in his family and it just so happened he got them too. The last time the patient said he went to the doctors (eye, dental, or physical) was 2 years ago. The patient stated that he has never used tobacco, alcohol, or recreational drugs. Patient stated he did not feel comfortable talking about his prostate exams, if and when he had one. Patient states he manages his health by using seatbelts while in any car. Patient has never been exposed to any environmental or occupational materials that would affect his breathing. He has no known allergies but does get hayfever every year.</p>	<p>The patient has impaired mobility due to weakness in his left leg. He needs little assistance to move and transfer. He is up as tolerated. Top rails are up on his bed. Braden scale assessment was 16 which leaves this patient risk for pressure ulcers. ** see attached braden scale paper Transport came to get the patient and he was able to walk the short distance from his bed to their bed on his own.</p>	<p>Pt. has no known drug allergies, but does get hayfever every year. (CHART)  Meds that may increase fall risk includes: oxycodone, Loratadine, Absorbic Acid, Neurontin,Levothyoxine, Metolazone, Norvasc (CHART)  Glucose: 265 BUN: 44 Creatinine: 5.8 Sodium: 129 Chlorine: 98-108 Carbon Dioxide: 34 (CHART)</p>	<p>My patient seemed very satisfied with where he is in his life despite his multiple medical issues  He was very tired when I was taking care of him, just wanted to sleep, but overall was in very good spirits  Risk for falls r/t medications: oxycodone, Loratadine, Absorbic Acid, Neurontin,Levothyoxine, Metolazone, Norvasc  All of which either cause hypotension and/or drowsiness</p>

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<p>NUTRITIONAL –METABOLIC (patterns of food and fluid consumption, weight, skin turgor, nails, hair, etc.)</p>	<p>Patient ate one vanilla milk shake, jello, cream of wheat and vanilla ice cream in 24 hours.</p> <p>Patient stated his usual weight is 315 and it has not changed in the past 6 months.</p> <p>Patient states no problems with chewing, tasting, or swallowing food.</p> <p>Patient also has no problem with getting groceries. Only that he couldn't walk on his foot for very long.</p>	<p>When I came into the room the patient's tray was still on his side table.</p> <p>I noticed his cream of wheat bowl was empty but his jello was still there.</p> <p>His nails and hair were in good condition.</p> <p>Skin turgor was &lt;2.</p> <p>Patient can eat independently</p>	<p>Patient's diet is a full-liquid diet. (CHART)</p> <p>Patient's weight is 315. (CHART)</p>	<p>I believe that my patient is at risk for imbalanced nutrition: less than body requirements r/t inadequate intake of nutrients.</p> <p>His decreased appetite could be due to certain drugs causing nausea such as : Lanthanum Carbonate (Fosrenol), Ascorbic Acid, Zinc Sulfate, Aspirin, Metolazone (Zaroxolyn) and Oxycodone/Acetaminophen</p>

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<p>ELIMINATION (patterns of excretory function and elimination of waste; relevant labs, medications, impacting, etc.</p>	<p>Patient's voiding pattern is stated to be 2-3 per day.</p> <p>He has noticed a change in his pattern, sometimes it will be once a day but then it'll return to the 2-3 times per day.</p> <p>Patient stated no pain, frequency, urgency, incontinence, or difficult starting the urinary stream.</p> <p>His normal bowl pattern is said to be 2 times every other day.</p> <p>Last bowel movement was last night and patient said he didn't turn around and look but he didn't notice anything abnormal.</p> <p>Patient does state problem with diarrhea once or twice a week.</p> <p>But no problems with constipation, or lack of control.</p> <p>Patient eats fiber and veggies to stay regular.</p> <p>No changes in bowel patterns.</p> <p>Patient does state he has problem with nausea, vomiting and diarrhea.</p>	<p>Patient did use the urinal that was bedside.</p> <p>His urine was a yellow, no foul odors present.</p> <p>Patient did not have a bowel movement during my time with him.</p> <p>The patient's bowel sounds were in all 4 quadrants during my assessment.</p>	<p>Docusate Sodium (MAR)</p> <p>BUN: 44</p> <p>Creatinine: 5.8</p> <p>(CHART)</p>	<p>Patient may experience bouts of diarrhea due to side effects of medication such as Lanthanum Carbonate and Levothyroxine.</p> <p>Patient does not have urinary incontinence but d/t excessive sweating my patient is at risk for skin integrity r/t excessive sweating.</p>

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<p><b>ACTIVITY-EXERCISE</b> (patterns of exercise and daily living, self-care activities include major body systems involved such as cardio, respiratory, musculoskeletal)</p>	<p>Patient's usual activities in a normal week are Monday, Wednesday &amp; Friday he's up at 5 he has dialysis, goes home does some light cleaning/cooking, he works from home and then bed usually at 9 or 10. Tuesday and Thursday he's up at 6 or 7 does some light cleaning/cooking and manages his business. Saturday and Sunday is spent with his family.</p> <p>The only limitation the patient says he has is with mobility. He does consider himself a fall risk because he said sometimes he gets dizzy when he walks. To keep healthy or prevent disease progression he keeps himself educated and practices good health habits.</p> <p>He stated he does experience fatigue during discomfort but did not describe the fatigue.</p>	<p>My patient seems to be very independent in his ADL's</p> <p>He does not need help to transfer but does get DOE.</p> <p>Patient had very strong hand grasps bilaterally but very weak leg lifts bilaterally.</p> <p>And when asked to push his feet down like he is pushing a gas pedal his right foot was weak and his left foot was too painful to push down.</p> <p>V/S    T: 98.3                  P: 79                  R: 16                  B/P: 118/76                  O2: 98% @ 2L                  Pain: 2/10                  HR: 84 regular</p> <p>Cap. Refill &gt;3</p>	<p>Patient can feed own self w/o assistance (CHART)</p> <p>Patient is up as tolerated (CHART)</p>	<p>The patient wants to figure out what's going on with his foot but I feel the patient would benefit from some type of physical therapy to maintain ROM and muscle tone in other extremities.</p> <p>I believe the patient is at risk for injury r/t muscle weakness and fatigue.</p> <p>Impaired mobility r/t lower extremity weakness.</p>

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<p>SLEEP-REST (patterns of sleep, rest, relaxation, fatigue)</p>	<p>Patient has stated he usually goes to bed about 10 pm or 11 pm. He usually wakes up 5 am or 6 am. Also has stated he usually does not wake up through the night.</p> <p>Patient said he can easily fall asleep at night and has never taken anything to help him fall asleep except for Nyquil when he gets sick.</p> <p>Before sleep he usually watches TV or reads a book or newspaper to help promote sleeping.</p> <p>Patient has stated as well that he feels very rested in the morning when he wakes up.</p> <p>Patient says he sleeps on his back or either side.</p>	<p>When I walked into the room my patient was asleep.</p> <p>Upon coming into the room I introduced myself and just informed him I had to take his vitals and then complete an assessment. ( I informed him he could sleep through the assessment and I could ask him any questions at a later time when he was awake)</p> <p>Patient seemed very fatigued which I can only relate to dialysis.</p>	<p>There was nothing stated in the chart about when the patient wakes up or when he goes to bed.</p> <p>His nurse on that day told me in report they try to let him sleep as much as possible so he's not so worn out for dialysis.</p>	<p>Patient doesn't appear to have any trouble with sleep, it just seems dialysis wears him out being 3 times a week for hours each time.</p>

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<p>COGNITIVE-PERCEPTUAL (patterns of thinking and ways of perceiving environment, orientation, mentation, neuro status, glasses, hearing aids, etc.)</p>	<p>He states he thinks his memory is okay. And hasn't noticed any changes.</p> <p>No problems with speaking, reading or writing.</p> <p>He just stated that the last experience of learning something was everyday when he runs his business, and he learns a little each way (visual, hands on, etc.)</p> <p>Patient stated he did not have contacts, hearing aids, or dentures.</p>	<p>The patient was listed as alert and oriented by person, place, and time.</p> <p>His glasses were on the bedside table and whenever he needed to look over something or read something he would use them but would take them off when he was just laying in bed.</p> <p>His long term memory is very well being able to remember that I was his student nurse in the spring of 2010.</p>	<p>Chart has the patient wearing prescription glasses but he only wears them when he needs to read something.</p> <p>Patient is A &amp; O x 3. (CHART)</p>	<p>I believe the patient just doesn't want anything to bother him like glasses and if he would fall asleep he probably doesn't want to break them.</p>

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<p><b>SELF-PERCEPTION SELF-CONCEPT</b> (patterns of viewing and valuing self; body image and psychological state)</p>	<p>The only thing the patient was concerned about in relation to his health was to do the best he could and to try his hardest to promote his health.</p> <p>He described himself as god fearing, community contributing, and family based.</p> <p>He knows his weight has gotten out of control and he doesn't know where I went wrong. He wishes his foot would have gotten better so he could have worked on his weight and tried to walk or do anything to stay active.</p>	<p>I noticed when we were talking about his leg and his wife he got very serious he seemed very sadden.</p> <p>He just seems very tired of dealing with his foot.</p>	<p>Only thing in the chart was that he periodically stated he just wanted to be left along. (CHART)</p>	<p>Him wanting to be left alone could result from him just being so tired from dialysis and from pain. I would give him time to himself but also tell him that if he just needs someone to talk to I'm available to listen.</p>

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<p>ROLES-RELATIONSHIPS (patterns of engagement with others, ability to form and maintain meaningful relationships, assumed roles; family communication, response, visitation, occupation, community involvement)</p>	<p>The patient is married. He did not specify if he had children or not.</p> <p>He said he was very close with his wife.</p> <p>Patient stated his wife and himself run a business.</p> <p>Patient says his wife calls him multiple times while he's in the hospital because of questions about their business.</p>	<p>Whenever we were talking about his business he was very ecstatic. He would go into detail of what he has to do and what his wife does.</p> <p>I thought the reason why he got sad when talking about his foot and his wife was that he didn't want to not be able to support her d/t his foot.</p> <p>He is at dialysis 3 times a week and also told me he had a lot to do as soon as it was over.</p> <p>He was also on his phone with his wife for most of my time with him.</p>	<p>Chart indicates that this patient is married.</p> <p>Chart did not indicate if the wife came in to see him or not.</p>	<p>When I went down to dialysis to talk with this patient, he said I was a very nice girl and that I had been doing a great job taking care of him.</p> <p>His wife also seems to be top priority because he was on the phone talking to her while transport was trying to get him down to dialysis.</p>

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<p>SEXUALITY-REPRODUCTIVE (testes, breasts, abdominal-genitourinary; satisfaction with present level of interaction with sexual partners)</p>	<p>Patient didn't wish to talk about his sexual life very much.</p> <p>He said he is not concerned about pregnancy with his wife.</p> <p>They do not use contraceptives.</p> <p>His wife and himself have never been diagnosed with an STD.</p> <p>Patient states he does not have any questions about how his illness will affect the sexual aspect of his life.</p> <p>He stated his illnesses have in no way affected his being a husband.</p> <p>Patient stated nothing has changed in his ability to function sexually.</p>	<p>Patient seems to not want to talk about this aspect of his life.</p> <p>I informed him that all information gathered was for a process paper and that any questions he did not want to answer he did not have to.</p> <p>Patient was wearing his wedding ring.</p> <p>When answering the questions he chose to answer he was very short with yes or no answers only.</p>	<p>Chart states the patient is married.</p> <p>Nothing in the chart about his prostate, or any sexual problems.</p>	<p>Patient seems very devoted to his wife by wearing his wedding band.</p> <p>Patient is on no drugs that would decrease libido.</p> <p>I believe the patient just does not wish to share his sexual life with just anyone and just likes to keep it between him and his wife.</p>

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<p><b>COPING</b> (stress tolerance, behaviors, patterns of coping with stressful events and level of effectiveness, depression, anxiety)</p>	<p>Patient stated the main cause of stress in his life lately has been his ankle and the infection he had.</p> <p>He said he was talking to his doctor about amputation but has missed two doctor's appointments.</p> <p>He states to handle stress he usually does some reflection on his life and just takes some time to himself.</p> <p>The stress that comes from his ankle he said to help relieve that he does research or any preparation needed to know about his problems.</p> <p>When asked if he wanted help to deal with the stress of being sick, he said he has his church support group to back him up.</p>	<p>On the day I was this patient's student nurse he just seemed to be tired of the problem with his foot and was fed up with it.</p> <p>Other than that he seemed to be in a good happy mood.</p>	<p>There was nothing in the chart about how the patient copes.</p>	<p>I think the patient talking to his wife and keeping busy with his business help him cope and deal with stress.</p>

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<p>VALUES-BELIEF (patterns of belief, values, and perception of meaning of life that guide choices or decision; includes but is not limited to religious beliefs)</p>	<p>Patient did not choose to discuss beliefs with me. He didn't wish to discuss his religion just saying he goes to church. Patient just stated that he is a god-fearing man and he just said he has a different perception on life and a different outlook.</p>	<p>From what I gathered while speaking to my patient he is very satisfied with his life and understands whatever happens is God's will.</p>	<p>Nothing was specified in the chart about the patient's belief's or religion.</p>	<p>Discussions lead me to think he sees it as it's God's will so whatever happens is supposed to happen.</p>

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**Medications**

**Loratadine 10 mg Q day AC**  
- for nasal drainage (hay fever)

**Lanthanum Carbonate 1000mg TID WM**  
- decrease phosphate levels associated with end-stage renal disease

**Ascorbic Acid 500 mg BID**  
- vitamin C deficiency/decreased immune system

**Docusate Sodium 300 mg Q day**  
-Stool softener for constipation

**Gabapentin 300 mg Q day**  
- for chronic pain of osteomyelitis

**Zinc Sulfate 220 mg BID**  
- mineral and electrolyte replacement

**Aspirin 81 mg Q day WM**  
-reduction of inflammation

**Levothyroxine Sodium 0.05 mg Q day AC**  
- hormone replacement

**Metolazone 25 mg Q day**  
-hypertension and diuretic

**Vitamin B Complex 1 CAP Q day**  
-vitamin replacement

**amLODIPine Besylate 10 mg Q day**  
- for hypertension

**Oxycodone/Acetaminophen 1-2 TAB Q4h PRN**  
- for acute pain when present

N20030 Concept Map  
Student Name Nicole Perretta Client Initials S.S. Date 9-24-10  
Age 47 Gender M Room # 491-1 Admit Date 9-23-10  
CODE Status Full Allergies NKDA  
Diet Fluid-liquid diet Activity Up as tolerated Braden Score 23

**Admitting Diagnoses/Chief Complaint**  
**Left Ankle Infection (Osteomyelitis)/ Pain in Ankle**

**Physical Assessment Data**

**Wgt: 315** T: 98.3 P: 79 R: 16 **B/P: 118/76** HR: 84 regular O2:98% @2L  
**Pain:2/10 relieved with medication**) A & O X 3; PERRLA 2mm; MAE-WNL; ROM-Active; skin intact, warm and **very moist with sweat**  
Facial expression/smile symmetry-WNL; Tongue Mucous Membranes-Pink without lesions; Tonsils-Intact; Glasses all the time; No contacts/hearing aids/dentures; Skin turgor <2; Speech-clear; **Nasal drainage-present**; Hair and Nails-Intact; Neck ROM-WNL; Trachea Midline-Intact; No JVD present;

Respiratory rate-normal no DOE SOB on exertion; No cough present; chest/abdomen-symmetrical without tenderness; All lung areas-CTA; Apical rate 86/regular; BS X 4; Some N/V last night; **LBM-was loose stool last night**; has some urinary frequency pt states, "it feels I urinate a lot but when I look there isn't really any in the urinal"; Urine is "a little on the dark side" pt states; Patient states, "I'm tired all the time"

**Extremities- strong except for left leg due to Osteomyelitis**; warm, intact, very moist with sweat; capillary refill <2; **Edema-left foot pitting +1**; **Dorsalis Pedis+1, posterior tibialis+1 left leg; Dorsalis Pedis+2, posterior tibialis+2 right leg**; back skin condition- intact and **very moist due to sweat**; Perianal-without redness, **decreased leg strength in left leg**

**Left fistula positive for thrill and bruit** **BS-265 fasting**

**Lab Values/Diagnostic Test Results**

265 Glu	129 Na	85 Cl	3.7 K
44 BUN	5.8 Creat	34 CO2	
9.8 WBC	12.2 HGB	256 PLT	
	39.8 HCT		

-Increased glucose d/t Type II diabetes  
-Increased BUN d/t impaired renal function and congestive heart failure  
- Increased Creat d/t renal failure  
-Decreased Na d/t excessive sweating and renal disease  
-Decreased Cl d/t excessive sweating  
-Decreased CO2 d/t kidney disease

**Past Medical /Surgical History**

Diabetes (FH)  
Heart Disease (FH)  
Hypertension (FH)  
Hypercholesterolemia (FH)  
End Stage Renal Disease (on hemodialysis)  
Diabetes Type II  
Hypertension  
Hypercholesterolemia  
Congestive Heart Failure  
Left AV Shunt  
Right Knee Replacement  
Below the Knee Amputation (Left foot)

**Treatments**

- Head of bed elevated
- dressing changes
- Rehab
- Physical Therapy
- Falls precaution, side rails x2; bed lowered and locked; call light within reach
- Dialysis (Mon, Wed, Fri)
- Transcutaneous Oxygen Tension (tcpO2)

\*\*Multiple connections are highlighted in one color and text is a second color\*\*