**Nursing Dx 3:**

Hopelessness related to prolonged hospital stay due to several surgical procedures in a row, as evidenced by patient stating: “I’m so hungry but they won’t let me eat anything because of all the drainage. I just want to give up.”

Pt Initials: **CE**

Pt. Age: **42**

Allergies: **NKA**

**References:**

**Nursing diagnosis 1:** Gulanick/Myers (2005). Nursing Care Plans. (chapter 4)

**Nursing diagnosis 2:** Gulanick/Myers(2005). Nursing Care Plans. (chapter 5)

**Nursing Diagnosis 3**: *Hopelessness*. Retrieved August 21, 2013, from <http://nandanursingdiagnosis.org/nursing-diagnosis-hopelessness/>

**Evaluation met not met part. Met with rationale.**

1.

2.

Student Name\_\_**Christina Hebert**

Instructor Name\_\_\_**Chantell Thomas**

**KEY**

**Regulation/Metabolism**

**Protection/Adaptation**

**Cognition/Perception**

**Admit date:** 08/13/13

**Admit Dx:** Hernia Repair

**Past Medical/Surgical History:** Appendectomy, Colon Resection, Colostomy with Reversal (x2), Hernia Repair, Diverticulitis

**Diet**: Appropriate, Full liquid diet

**Teaching/Discharge**: remind the patient of all he has to live for, including the family structure surrounding him, when he begins to feel discouraged about his situation/healing process. Teach him the s/s of an infection, so that he calls the MD immediately.

**Evaluation met not met part. Met with rationale.**

1.

2.

**Nursing Dx 2:**

Risk for infection related to recent hernia repair and three additional abdominal procedures, as evidenced by patient’s WBC count being elevated and requiring vancomycin to get rid of harmful bacteria.

**Evaluation met not met part. Met with rationale.**

1.

2.

**Nursing Dx 1:**

Acute pain related to recent hernia repair and three additional abdominal procedures, as evidenced by patient requiring a PCA pump to control pain, and patient stating that his abdomen still hurt.

**Procedures**

-Exploratory Laparotomy (08/15)

-Incisional Hernioplasty (08/13)

-Small Bowel Resection (08/13)

**IVs, Lines, Drains**

-JP abdomen—lower right

-Peripheral IV—right hand

-NG tube—right nare with continuous suction

**Developmental Stage (Erickson’s):** generativity—he has a wonderful family taking care of him during his illness.

**Family Structure:** patient’s has a caring and attentive mom, wife, and children.

**Patient strengths:** patient is a young man with a solid family structure and a good job.

**Interventions 1**

1. SN will provide comfort measures, such as dimly lit lights in the room, and keeping the noise at a minimum (rationale: in order to provide a comfortable environment rather than a grating one)

2. SN will give positive feedback and encouragement to the patient throughout the day, no matter how small the feats are (rationale: so that the patient is encouraged to continue trying)

3. SN will encourage self-healing techniques, such as prayer, meditation, religious activities (rationale: in order to help the patient cope with situation)

4. SN will help the patient identify enjoyable activities that he can perform during his hospital stay (rationale: diversional activities make the day go by faster and may encourage the patient to continue to get better)

**Interventions 2**

1. SN will educate the patient on his nursing diagnosis (rationale: in order to alleviate fears and hopelessness related to the unknown).

2. Instead of focusing on all the patient still has to overcome in his illness, SN will direct the patient’s focus on challenges he has already overcome (rationale: to instill hope and pride in the patient, and to dispel negative energy)

3. SN will allow the patient to determine what time he wants to take a bath, what time he wants the bed changed, what time he wants to get up and walk (rationale: to offer the patient a bit more control of his present situation)

4. SN will encourage the patient to invite friends and family to visit (rationale: in order to lift his spirits)

**Outcomes**:

1. The patient will identify some enjoyable and diversional activities to perform during his hospital stay.
2. The patient will, as much as possible, actively participate in his self-care activities.

**Interventions 1**

1. SN will encourage the use of the incentive spirometer. (rationale: the more the patient deep breathes, the less likely he will be to develop harmful pathogens that lead to pneumonia and other secondary infections)

2. SN will vigilantly observe the patient’s labs, especially his WBC count since it is already slightly elevated (rationale: in order that a potential infection rising in his body may be stopped before it develops into full-blown infection)

3. SN will report any temperature the patient has that is over 99.8 degrees F (rationale: fever that spikes and then subsides could indicate a wound infection, and very high fevers accompanied by chills and excessive sweating could indicate septicemia)

4. SN will strictly monitor the patient’s urinary output (rationale: in order to ensure the patient is not retaining fluid, which could indicate a kidney perfusion problem, as well as a cardiac problem.)

**Interventions 2**

1. Once the patient is no longer NPO, SN will teach and encourage the patient to eat a protein-rich diet (rationale: in order to promote quicker healing of wounds)

2. SN will change the patient’s incision dressings if they become soiled (rationale: in order to discourage infection)

3. SN will closely observe the dressing pads and incisions when changing the dressings, and monitor for any purulent drainage that may develop. If this happens, the SN will call the healthcare provider (rationale: in order that an antibiotic may be given to stop the infection.)

4. The SN will encourage the patient not to open the dressings to change them or observe the wound unless the doctor has taught him how to change the dressings, and unless the patient has washed his hands (rationale: so that an infection may not spread in the wounds).

**Outcomes**

1 Patient remains free of infection, as evidenced by vital signs within normal limits, and an absence of redness and swelling from incision sites.

2. Patient remains free of infection, as evidenced by an absence of purulent drainage from incisions.

**Interventions 1**

1. SN will monitor the patient's response to morphine via PCA pump. (Rationale: in order to determine whether the medication is having the desired effect—pain relief)

2. SN will assess for effects of chronic pain such as depression; guilt; hopelessness; sleep, and nutritional disturbances; as well as alterations in interpersonal relationships. (rationale: all of the above are interrelated and affect the patient’s ability to recover from an illness)

3. SN will advocate for the patient, so that he does not receive any additional analgesics on top of the pain medication he is already receiving. (rationale: in order to prevent inadvertent analgesic overdosing)

4. SN will monitor the patient for possible PCA complications such as excessive sedation, respiratory distress, urinary retention, nausea/vomiting, constipation, and IV site pain, redness, or swelling. (rationale: in order to reduce harmful affects of the drugs)

**Interventions 2**

1. In addition to pharmacological treatment, SN will also teach the patient how to use distraction techniques such as watching television, listening to music, and playing card games (rationale: in order for the patient to find adequate relief from pain)

2. In addition to pharmacological treatment, the SN will administer hot/cold compresses if the patient needs/desires them (rationale: in order to relieve pain)

3. SN will provide rest periods to facilitate comfort, sleep, and relaxation (rationale: in order to provide a healing environment)

4. As much as it is possible, SN will teach the patient that pain is time-limited, and the effects of the medications will kick in shortly, and in the meantime, try the alternative methods listed above. (rationale: in order to control the pain)

**Outcomes**

1. Patient will verbalize adequate relief of pain, or ability to cope with incompletely relieved pain.

2. Patient will verbalize increased

ability to cope with incompletely

relieved pain through nonpharmacological

measures.

**Labs**:

Elevated:

WBC (H11.1), Platelets (H528), Mono% (H12), Monocytes Absolute Count (H1.3), Glucose (H107)

Decreased:

RDW (L3.44), Hemoglobin (L10.8), Hematocrit (L33.5), Lymph%(L10), Lymphs Absolut Count (L1.1), Chloride (L95), Calcium (L8.1)

**Medications:**

-Enoxaparin (Lovenox)—30 mg, SC, daily

-Tigecycline (Tygacil)—50 mg, IVPB, Q12H

-Vacomycin—1 gm, IVPB, Q12H

-Zofran—4 mg, IVpush, Q8H, PRN

-(Phernergan)—12.5 mg, IV slow push Q6H, PRN

-Lactated Ringers IV solution—1000ml, IV, 125 ml/hr

-Morphine PCA—5 mg/ml (30 ml)