**Patient Care Plan: Med/Surg clinical**  Trina Skinner

**Blue no. 1**

**J.B.P. 83 yr old male**

**Rm. 4031-1**

**Code status**: DNR

**Allergies:** None

**Physician:** Hospitalist

**Level of care:** Total care; WHISPA lift transfer

**Diet:** diabetic

**Reason for admission:** Acute kidney injury

**Diagnoses/Medical History:**

**Hypertension (HTN)**

* **high blood pressure**, sometimes called **arterial hypertension**, is a [chronic](http://en.wikipedia.org/wiki/Chronic_%28medicine%29) [medical condition](http://en.wikipedia.org/wiki/Disease) in which the [blood pressure](http://en.wikipedia.org/wiki/Blood_pressure) in the [arteries](http://en.wikipedia.org/wiki/Artery) is elevated.
* **Risks associated with HTN:** [Stroke](http://en.wikipedia.org/wiki/Stroke), [myocardial infarction](http://en.wikipedia.org/wiki/Myocardial_infarction) (heart attacks), [heart failure](http://en.wikipedia.org/wiki/Heart_failure), [aneurysms](http://en.wikipedia.org/wiki/Aneurysm) of the arteries (e.g. [aortic aneurysm](http://en.wikipedia.org/wiki/Aortic_aneurysm)), [peripheral arterial disease](http://en.wikipedia.org/wiki/Peripheral_arterial_disease) and is a cause of [chronic kidney disease](http://en.wikipedia.org/wiki/Chronic_kidney_disease).
* Normal blood pressure at rest is within the range of 100-140mmHg systolic (top reading) and 60-90mmHg diastolic (bottom reading). High blood pressure is said to be present if it is persistently at or above 140/90 mmHg.
* Blood pressure control may involve a stepwise approach beginning with diet, [weight loss](http://www.emedicinehealth.com/script/main/art.asp?articlekey=58703), and lifestyle changes and eventually adding medications as required.

**Diabetes Mellitus 2**

* In type 2 diabetes, cells become resistant to the action of insulin, and pancreas is unable to make enough insulin to overcome this resistance. Instead of moving into your cells where it's needed for energy, sugar builds up in your bloodstream. Exactly why this happens is uncertain,
* It is believed that genetic and environmental factors play a role in the development of type 2. Being overweight is strongly linked to the development of type 2 diabetes, but not everyone with type 2 is overweight.

**Risk factors :**

* **Weight.** The more fatty tissue you have, the more resistant your cells become to insulin.
* **Inactivity** Exercising less than three times a week may increase your risk of type 2 diabetes.
* **Family history**
* **Age.** Your risk increases as you get older.
* **Gestational diabetes**
* **Polycystic ovary syndrome**.
* **High blood pressure**.
* **Abnormal cholesterol levels**
* **High levels of triglycerides.** Triglycerides are a fat carried in the blood. If your triglyceride levels are above 250 mg/dL, your risk of diabetes increases.

**Gout**

* Gout is characterized by sudden, severe attacks of pain, redness and tenderness in joints, often the joint at the base of the big toe.
* Gout — a complex form of arthritis — can affect anyone. Men are more likely to get gout, but women become increasingly susceptible to gout after menopause.
* Gout occurs when urate crystals accumulate in your joint, causing the inflammation and intense pain of a gout attack. Urate crystals can form when you have high levels of uric acid in your blood. Your body produces uric acid when it breaks down purines — substances that are found naturally in your body, as well as in certain foods, such as organ meats, anchovies, herring, asparagus and mushrooms.

**Chronic Normocytic Anemia**

* Normocytic anemias may be thought of as representing any of the following: a decreased production of normal-sized red blood; an increased destruction or loss of red blood cells; an uncompensated increase in plasma volume; or a mixture of conditions producing microcytic and macrocytic anemias.
* It should be noted that in the initial stage, nearly all anemias are normocytic.
* Anemia of chronic disease is the most common normocytic anemia and the second most common form of anemia worldwide (after iron deficiency anemia). The pathogenesis of anemia of chronic disease is multifactorial and is related to hypo-activity of the bone marrow, with relatively inadequate production of erythropoietin or a poor response to erythropoietin, as well as slightly shortened red blood cell survival.

**Medications**

**Insulin-Humalog** (supplemental)

* Short acting insulin
* Lower blood glucose by: stimulating glucose uptake in skeletal muscle and fat, inhibiting of hepatic glucose production
* Dose depends on glucose, response, and many other factors
* **Lab test considerations:** May cause decrease serum inorganic phosphate, magnesium, and potassium levels

**Heparin**

* Heparin injection is an anticoagulant. It is used to decrease the clotting ability of the blood and help prevent harmful clots from forming in blood vessels.
* Heparin will not dissolve blood clots that have already formed, but it may prevent the clots from becoming larger and causing more serious problems.
* Do not take aspirin, ibuprofen, or other anti-inflammatory medicines (eg, NSAIDs) while you are using heparin. Many nonprescription (over-the-counter [OTC]) medicines and some prescription medicines contain these ingredients.
* Check the labels of all medicines you take. There are many other medicines that may change the way heparin works or increase the chance of bleeding if they are used together with heparin. It is best to check with your doctor before taking any other medicine while you are using heparin.

**Colchicine**

* **Indications:** Acute attacks of gouty arthritis. Familial Mediterranean fever
* Interferes with the functions of WCB’s initiating and perpetuating the inflammatory response to monosodium urate crystals
* Colchicine overdose can be fatal. Cumulative dose should not exceed 4 mg.

**Vitamin D2** (doxercalciferol)

* Requires activation in the liver to create the active form of vitamin D2
* Treatment and prevention of deficiency states, particularly bone manifestations
* Improved calcium and phosphorous homeostasis in patients with chronic kidney disease

**Alfacalcidol**

* **Alfacalcidol** (or **1-hydroxycholecalciferol**) is an analogue of [vitamin D](http://en.wikipedia.org/wiki/Vitamin_D) used for supplementation in humans and as a poultry feed additives

**Nursing Diagnoses (NANDA)**

Risk for electrolyte imbalance

Risk for imbalanced fluid volume

Activity intolerance

Risk for ineffective peripheral tissue perfusion

Risk for impaired skin integrity

**Nursing Interventions**

Monitor intake/output- (careful attention to insufficient intake)

Check IV lines for signs of infection/deterioration

Turn patient q2h while in bed to prevent skin breakdown

Mobilize patient daily

Encourage/provide for ADL’s as tolerated

**References**

NANDA. (2012). Nanda nursing diagnosis. Retrieved from http://www.fchs.ac.ae/fchs/uploads/Files/Semester%201%20-%202011-2012/NANDA%20group%20list.pdf