

Concept Map: UTI

Concept Map 1

Student Name:

Instructor:

DATE Care Provided and UNIT: Med-Surg

Patient Information

(1)

Patient Initials: D.W.

Age & Gender: 81-year-old Male

Height/Weight: 180 cm (70 inches)/
78kg (172 lb)

Code Status: Full Code

Living Will/ DPOA: Son

Chief Complaint

The patient was referred from the provide and accompanied by his son with difficulty urinating, dysuria, and lower back pain.

Admitting Diagnosis & Admission Date

08/01/21: Urinary Tract Infection

Medical Management and Collaborative Plan

MD notes: The levels of oxygen saturation, and vital signs should be monitored after every four hours or on regular basis. BP levels are kept within the normal range. The levels of blood glucose should be monitored every morning and before sleeping/bedtime. Administer antibiotics specifically Lorazepam in case of pain.

Respiratory therapist Note: The saturation levels of oxygen should monitor, including assessing the patient's breathing pattern.

Patient Education (In Pt.) for Transfer/ Discharge Planning

Medications: Glyburide (Diabeta) 2.5mg PO daily with breakfast
Levofloxacin (Levaquin) 250ml IV bolus every
12hours
Lorazepam (Ativan) 2mg PO every 6hours PRN for agitation and
restlessness

Learning Barriers: The individual speaks fluent English, and comprehends when taught in this language.

Assistive Devices: The patient has an indwelling catheter

Cultural considerations, ethnicity, occupation, religion, family support, insurance. (1)

(14) Socioeconomic/Cultural/Spiritual Orientation & Psychosocial

Considerations/Concerns:

D.W. is an 81-year-old elderly male, who is Hispanic, and lost his wife many years back to cancer. Although he lives at his alone, his son spends time with him during the weekends. He drinks a bottle of his choice of tequila and smokes half a pack of "Camels" a day. He is a graduate and worked in a bakery for 15years of his working years. He is currently under HMO United medical insurance. He, however, feels the insurance covers is inadequate because of his frequent medical attention requirements. D.W. states he is a member of a Sunday church group that visits him once in a while in his home, though because of his medical condition, he is unable to keep pace every other Sunday. Though smoking and taking tequila, he is keen to follow his doctor's prescriptions to manage hypertension and high cholesterol. He states that he has not fulfilled his doctor's advice on routine exercise but makes sure he gets 20minutes every week.

Erickson's Developmental Stage Related to pt. & Cite References (1)

Integrity vs. Despair

The last stage in Erickson's psychosocial development involves the person reflecting on their life. When a patient undergoes is stage successfully, they tend to experience a sense of integrity and fulfillment for their accomplishment. They also reflect on failures and losses they have encountered in life, which is likely to lead to despair and regret. (Cherry, 2020).

The observation of D.W. demonstrates that he is experiencing despair. He spends most of his time with the TV and has difficulty socializing for example with religious peers. The individual is yet undergoing grief for losing his wife to cancer.

ANTICIPATED TRANSFER/ DISCHARGE PLANNING:

DISCUSS: The most important goals that need to be achieved before commencing on discharge are managing the excessive pain, and placing or inserting an indwelling catheter to aid in smooth urination at home.

EQUIPMENT: No equipment is needed for discharge. The patient is expected to recover within three days.

MEDS: Glyburide, Levofloxacin and acetaminophen

TREATMENT: The treatment for D.W. has been, administering antibiotics for his UTI while balancing his medication for hypertension and high cholesterol.

REFERRALS NEEDED: No referrals are required

History of Present Illness (HPI), Pathophysiology of Admitting Dx (Cite References) Medical, Surgical, Social History (1).

D.W. an 81-year-old male was admitted to the E.R. after experiencing difficulty urinating. His son accompanied him as his gait was frail from pain. He was received at the E.R and his urine was sampled for assessment. He is suspected of urinary tract infection: bladder cystitis.

Pathophysiology:

UTI: Urinary tract infection is a common infection that affects elderly humans. Uncomplicated infections occur when uropathogenic bacteria, particularly the Escherichia coli, causes ascension of the perineum into the bladder overcoming the immunity of the host's innate. Individuals with anatomical or functional abnormalities are prone to developing complex infections in the urinary tract. The making of the diagnosis involves using diagnostic and symptoms precision enhanced by urinalysis. When the infection is severe, urine culture become crucial. Also, it is crucial when recurrent or the diagnosis is not clear, particularly in children and elderly people (Sheerin, 2011). In elderly people, it is usually caused by low estrogen effect, incomplete bladder emptying, neurological diseases, and Alzheimer's disease ("Cauda UTI - ECCMID Dec 2011DEF.ppt", 2021).

Signs & Symptoms:

- The patient reported difficulty urinating, and dysuria
- The patient is exhibiting lower back pains and lower abdomen pains

Diagnostic Test:

- Symptoms as explained by the provider and the patient
- Urinalysis

Proposed Treatment Plan: The initial plan will include administering lorazepam to ease pain, catheterization is also necessary. levofloxacin and glyburide will be administered as a UTI treatment and diabetes mellitus check respectively.

Medical History:

Hypertension: Diagnosis of hypertension happens when the systolic blood pressure (SBP) of the patient is ≥ 140 mm Hg and/or, when the individual's diastolic blood pressure (DBP) is ≥ 90 mm Hg after the examination. The risk factors leading to hypertension include myocardial infarction stroke, psychological aspects, physical activity, family history, smoking, and drug use, diet, CKD, and transient ischemic attacks (Unger et al., 2020).

High Cholesterol and diabetes: Cholesterol is a fatty substance known as a lipid. It's a necessity for normal body functioning and aids in cell membranes, hormones, and vitamin D creation. Cholesterol has two main sources in the blood: cholesterol in the food eaten and cholesterol produced by the liver. Excessive lipid levels in the blood known as hyperlipidemia affect a patient's health ("High cholesterol", 2020).

Surgical History: No history of surgery

Social History:

Currently, D.W. smokes about half a pack of Camels per day, and takes one tequila regularly when home. He currently spends most of his time with the TV and his son on weekends since he lost his wife. The patient has one son, who they spend time together during the weekends, but feels as if he is burdening his son.

ASSESSMENT/REVIEW OF SYSTEMS

Vital Signs (4)

PR: 104
Temp: 99.2
Resp Rate: 18
BP: 112/64
Pain: 9/10
Height: 180 cm
Weight: 178 lbs
BMI: 16

Neurological (5)

Coordination: Oriented and stable

Sight: Good eyesight
Pain: patient admits pain, 9/10 on scale

Cardiovascular (6)

Skin: Warm, intact, dry
No Edema is found

Respiratory (7)

Breath Sounds: No sounds detected.
Breathing: Normal
Chest expansion: Even
Urine: cloudy with no blood drops

Musculoskeletal (8)

Muscles: Fatigued, poorly toned muscles
ROM: Can sit and walk uprightly

GI Hydration/Nutrition (9)

Diet: Imbalanced
Feeding method: Self without assistance
Mucosa membrane: Normal
Abdomen: soft, patient admits lower abdomen pains

GU (10)

Urine: Cloudy
Color: slightly amber, normal
Last void: 08/01/21, 0540
Catheter: indwelling
Incontinent: no

Rest/ Exercise (11)

Ambulate: Not necessary
Mobility Aid: When necessary
Gait: Steady and self-supportive
Sleeping patterns: Sleeps in the evenings
Fall risk: Medium

Integumentary (12)

Skin: Moist, friable.
Skin is normal for his age
IV site is confirmed clean dry and intact.
No redness

Endocrine (13)

Hypertension: has hypertension and under medication
Cholesterol levels: Has high cholesterol and is under medication
Fever: D.W. has fever caused by the infection
Protasis: Not present

Psychosocial (14)

D.W. understands English and can make decisions for himself. He is alert and oriented

Misc.

Mood: D.W. is anti-social And does not interact freely.
He is a member of a religious group; he admits inability to keep pace with interaction.
He is keen to follow prescriptions

PLAN OF CARE



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