CARE PLAN CONCEPT MAP

Student Laura Norwalt **Date** 3/16/13 – 3/17/18

Key to Coloring (Related color to nursing diagnosis)

1) Acute Pain
2) Impaired Skin Integrity
3) Risk for Falls

Holistic Factors
Support system- daughter and son
Calm and cooperative
Unemployed

Developmental
Ego Integrity vs. Despair (Ego Integrity)
(Involved with children and grandchildren)

Vitals	BP	P	Resp	Temp	O_2 %
Admit	152/92	88	18	98.7°F	98 %
Pre Clin.	141/79	96	18	98.4°F	98 %
0800	131/66	108	14	97.9°F	96 %
1200	136/69	88	16	98.3°F	95 %
1600	N/A	N/A	N/A	N/A	N/A

Admitting Medical Diagnosis:
1) Acute abdominal pain
2) Acute appendicitis
3) Open Appendectomy

Chief Complaint:
Abdominal pain

Other Medical Dx. /Health Problems:
PVD, HTN, R AKA, GERD, Peripheral Neuropathy, Migraines, Bronchitis
Surgeries: aortogram, bilateral iliac stents, bladder lift, cholecystectomy, femoral popliteal bypass, R AKA, tubal ligation, hysterectomy

Current Meds (Dose/Schedule)
See attached.

Home Meds
See attached.

Medical Orders
Up ad lib.
PT consultation.
Braden Scale Evaluation q24h.
Skin Impairment Prevention Strategies.
IV site observation q4h.
NG tube to left nare, suction produces black, greenish drainage at 400cc. During care on 3/17/13, NG tube was discontinued and clear liquid diet was ordered. Pt. tolerated diet without nausea or vomiting.
Pt. has Foley Catheter. During care on 3/17/13, Foley catheter was ordered for discontinue. Urine specimen ordered for U/A with C & S. Pt. tolerated

IV Site Assessment:
1) L antecubital- 22 gauge, no infiltration or drainage noted; NS infusing at 100 mL/hr with patency
2) Saline lock- R wrist, no infiltration or drainage noted; intact with dry, transparent dressing

Labs / Diagnostic Studies (See attached)
3/15/13

CBC	Auto Differential
RBC 3.59 L	Neutro % 83 H
Hct 34.2 L	Lymph % 8 L
RDW 11.9 L	Lymph Absolute Ct. 0.4 L

Chemistry Panel
Na 130 L K 2.9 L Cl 96 L Ca 8.1 L
BUN 4 L Creatinine 0.52 L Glucose 157 H

Patient Strengths
Support system- daughter and son
Cooperative
Positive Attitude
Steady prayer life

Teaching/Learning
Educate on the importance of turning Q2H from supine to altering left and right sides and moving from bed to chair.
Educate on the importance of calling the nurse for assistance with ambulation by utilizing the call light.

Discharge Planning
Consultation with Pinnacle Home Health for PT,OT, and nursing care. (ordered 3/15/13- 1400)

Review of Systems

- **Respiratory**
  Respiration rate 14 breaths/min,unlabored and symmetrical. Bilateral breath sounds of posterior/anterior and upper/lower lobes clear. Nasal drainage/sputum absent. Nail beds and mucous membranes pink.
- **Cardiovascular**
  S1 and S2 audible. Apical pulse 80 bpm at regular rhythm. Bilateral radial and carotid pulses palpable at regular, +2 strength. Right femoral pulse palpable at +2 strength. Left pedal pulse palpable at +2 strength. No edema noted. Upper and lower extremities warm. Capillary refill less than 3 seconds.
- **Pain**
  Pt. states "9/10" on pain scale. Pt. states pain located in lower right and left abdominal quadrants as "Charlie Horse cramping." Deep inspiration worsens pain, observed as facial grimacing and frowning.
- **Neurological**
  AAO x 3. MAE equally. No complaints of numbness or tingling. Speech is clear.
- **Musculoskeletal**
  Past right AKA. All other extremities intact. Active ROM in all joints.
- **Gastrointestinal**
  NPO. Active bowel sounds audible in all 4 quadrants. Upon light palpation, abdomen is soft, severe pain present in lower right quadrant, moderate pain present in lower left quadrant. Pt. states last bowel movement after surgery.

Genitourinary
Foley Catheter 22 Fr present and patent. Output 500 cc measured from urinary bag. Urine yellow and clear.

- **Skin/Mucosa**
  Skin is usual for ethnicity, warm, and dry. Mucous membranes pink and moist. Turgor elastic. 6 inch midline dressing along abdomen. Dsg. intact and dry with transparent tape and black sponge. V.A.C. present. Blanchable redness of left heel. Bilateral blanchable redness on buttock with pink dsg present.
- **Psychosocial** Calm and cooperative.

History of Present Illness: Pt. presented to ER on 3/13/13 with acute abdominal pain. Cat scan was performed of abdomen and pelvis with oral and IV contrast. Diagnostic imaging confirmed acute appendicitis diagnosis. Procedures performed include exploratory laparotomy, lysis of adhesions, appendectomy, washout closure of abdomen, and wound V.A.C. placement. Pt. is stable, NPO, and in pain.

Nursing Problems	Nursing Care/Interventions Rationale	Expected Outcomes	Evaluation
1) Acute pain related to tissue damage secondary to surgical intervention AEB pt. states "9/10" on pain scale that is described as "Charlie horse cramps" of abdomen.	1) Administer morphine as needed based on patient's stated pain level on pain scale. Nurse will follow – up within one hour of morphine administration. - Rationale: pain medication acts on opioid receptors to decrease pain impulse; appropriate dosage is needed for stated pain level on pain scale 2) Cluster nursing tasks together, such as medication administration, vital signs, and bathing, to promote rest and relaxation for patient throughout shift. - Rationale: By clustering tasks together, this allows the patient to have long periods where she can try to fall asleep. 3) Promote comfort measures, such as prayer and visitation from son, 2 daughters, and grandchild throughout shift. - Rationale: Positive support system allows the patient to focus on her family which may decrease her perception of pain. Positive support system also promotes healthy healing. Rationale Reference: Ackley 600-605	1) One hour after morphine administration, patient will state less than a 7/10 on the pain scale. 2) Pt. will report taking a restful half hour nap before 1200.	Pt. stated "7 out of 10" on pain scale after morphine administration. Pt. stated "took a 20 minute nap" at 1000.
2) Impaired skin integrity related to limited mobility and prolonged bed rest AEB bilateral blanchable redness of both buttocks and left heel blanchable redness.	1) Educate the patient on the importance of turning Q2H from supine to altering left and right sides during shift. The nurse will be available to assist in turning Q2H. - Rationale: By changing the patient's position, this removes continuously pressure on these sites which will prevent development of pressure ulcers. By educating the patient on the reasoning behind activities, this allows her to be part of her own care. 2) Monitor reddened areas for blanching q4h during shift. - Rationale: The development of pressure ulcers is prominent in populations who have limited mobility. When redness becomes non-blanchable, this sign indicates stage I of a pressure ulcer development.	1) Patient's reddened areas on bilateral buttocks and left heel will remain blanchable and free of further skin breakdown during shift. 2) After teaching session, patient will state 2 reasons for the importance of turning q2h and getting up into chair at least once per day. 3) Patient will sit up in chair at least once during 8 hour shift.	Patient's redness areas on buttocks and left heel remain free of further skin breakdown and future complications during shift. Patient stated 2 important reasons for turning and moving from bed into chair, "doesn't want to get a pressure ulcer and wants to relieve heel." At 1100, patient sat up in chair for one hour during shift.

Nursing Problems	Nursing Care/Interventions Rationale	Expected Outcomes	Evaluation
	3) Encourage the patient to sit up in chair at least twice a day under physician's order of up ad lib during shift. - Rationale: When pt. is sitting up in chair with legs up, this removes pressure on the left heel. Rationale Reference: Ackley 770		
3) Risk for falls related to side effects of opioid analgesic (morphine) and limited gait (right AKA) AEB pt. appears drowsy and needs moderate assistance during ambulation from bed to chair.	1) Keep call light in reach of patient, bed rails up x2, and bed in lowest position throughout shift. - Rationale: These safety measures prevent falls that could easily be prevented by rolling out of bed. 2) Place a bedside commode next to patient's bed for voiding during shift. - Rationale: The placement of the bedside commode prevents a fall that could result from the patient trying to ambulate to the restroom. 3) Educate the patient on the importance of calling the nurse for assistance with ambulation by utilizing the call light during shift. - Rationale: By having the nurse or CNA present for ambulation, the patient is less likely to experience a fall. Rationale Reference: Ackley 355	1) After teaching session on safety, patient will state 2 situations in which she should call the nurse or CNA for assistance. 2) Patient will remain free of falls during 8 hour shift.	Patient stated she would call the nurse when she needed to void and when she moved from bed to chair. Patient remained free of falls during 8 hour shift.

Medical Diagnosis	Pathophysiology	Clinical Manifestations	Diagnostic Studies	Complications
1) PVD (Gould 310)	- Refers to any abnormality in the arteries or veins outside of the heart; due to atherosclerosis occurring in arteries or veins resulting in an artheroma that obstruct blood flow ultimately leading to hypoxia and tissue death	- Increasing fatigue, intermittent claudication (leg pain), sensory impairment (tingling, burning, and numbness), peripheral pulses distal to occlusion may be weak or absent; appearance of skin and feet and legs- pallor or cyanosis, dry and hairless, toenails thick and hard, poorly perfused areas of the legs or feet feel cold	- Doppler studies and arteriography; plethysmography measures size of limbs and blood volume in organs or tissues	- Amputation, gangrenous ulcers, frequent infections
2) HTN (Gould 308)	- Increase in blood pressure in the arteries; greater than or equal to 140/90 mmHg	- Rarely with symptoms; may have headaches, lightheadedness, vertigo, tinnitus, changes in vision	- Measurement of blood pressure through sphygmomanometer	- MI, CVA, aneurysm, heart failure, kidney disease, metabolic syndrome
3) Peripheral Neuropathy (Gould 556)	- Degeneration occurs in both unmyelinated and myelinated nerve fibers	- Impaired sensation, numbness, tingling, weakness, muscle wasting	- CT scan, MRI, blood test (vitamin and blood sugar; function of thyroid, liver, and kidney), electromyography, nerve biopsy	- tissue trauma, infection
4) Right AKA (Gould 667)	- Removal of right lower extremity from foot to mid-thigh; as a result of PVD			

5) GERD (Gastroesophageal reflux disease) (Gould 398)	- Periodic flow of gastric contents into the esophagus due to decrease in lower esophageal sphincter or an increase in intra-abdominal pressure	- heartburn (burning sensation in the chest), chest pain, dysphagia, dry cough, hoarseness, regurgitation, sensation of lump in the throat	- X- ray of upper digestive system, ambulatory acid (pH) probe test, endoscopy	- Inflammation and ulceration of mucosa that can lead to fibrosis and stricture in the esophagus
6) Osteoarthritis (Gould 180)	- Degeneration of articular cartilage in joints; cartilage becomes thin and erosion occur which impairs joint movement and cause pain	- pain, swelling, stiffness, loss of flexibility, grating sensation, bone spurs	- X-ray, MRI	- Immobilization due to pain and stiffness
7) Migraines (Gould 207)	- Abnormal changes in blood flow and metabolism in the brain; proposed reactions: - increase neural activity spreads over areas of the brain initiating pain stimuli in the trigeminal system, which are then conducted to the thalamus and pain centers in the sensory cortex - reduction in serotonin that may cause the release of neuropeptide, which travel to meninges covering the brain - neuropeptides act on the smooth muscle of the blood vessels in the meninges, causing stretching and inflammation	- described as throbbing and severe pain; dizziness, nausea, abdominal discomfort, fatigue	- CT scan, MRI, lumbar puncture (if suspect meningitis)	- If take OTC medications such as ibuprofen can result in abdominal problems (pain, bleeding and ulcers), rebound headaches (if used over long period of time), serotonin syndrome (take migraine medication triptans with antidepressants)

Teaching Learning Plan

Assessment	Objectives/Goals	Content/Information	Teaching Strategies	Evaluation
Patient has blanchable redness on bilateral buttocks and left heel. Pt. has supportive device to left heel. Pt. has dry, intact pink dsg. on bilateral buttocks. She has a past right AKA and has limited mobility. She states “bruised feeling” on left heel. Pt. is ordered to turn Q2H and up ad lib. Son or daughter stays at bedside throughout two 8 hour shifts.	After teaching session, pt. will state 2 reasons for the importance of turning and moving from bed to chair. Pt. will move from bed to chair at least once during 8 hour shift. During shift, pt. will turn Q2H from supine to altering left and right sides with or without nurse assistance. Pt. will continue to have blanchable redness of left heel and bilateral buttocks during 8 hour shift.	Information on risk for pressure ulcer development.	Taught son about how to assist with turning side to side by using foam mobilizer and using bed rails. Taught patient about the risk for pressure ulcer development.	Patient stated 2 important reasons for turning and moving from bed into chair, “doesn’t want to get a pressure ulcer and wants relief from heel.” At 1100, pt. sat up in chair for one hour during shift. Patient’s redness areas on buttocks and left heel remain free of further skin breakdown and future complications during shift.

Medications Sheet

Medication, Dose, Route, Frequency	Classification and Action	Rational for Administration (Explain why the patient is receiving the medication)	Major Side Effects	Nursing Implications
1) Famotidine- 200mg=2 mL, IV push, sol, Q12H (Skidmore-Roth 515)	H2 histamine receptor antagonist MOA- competitively inhibits histamine at H2 receptor site, thus decreasing gastric secretion while pepsin remains at stable level	GERD	headache, dizziness, seizures, dysthymias, QT prolongation, constipation, thrombocytopenia, aplastic anemia, pneumonia	Assess for ulcers, pH, blood counts(watch for low platelets), bleeding, hematuria, blood dyscrasis Perform and Provide – cool environment, increase bulk and fluids in diet to prevent constipation, evaluate therapeutic response Teach- don't double dose, report bleeding, bruising, fatigue immediately, can lead to decreased libido- reversible if off, avoid irritating foods, alcohol, aspirin, extreme temperature foods, no smoking, avoid tasks that require alertness (dizziness and drowsiness can occur)
2) Morphine a. 2mg=1 mL, IV push,sol,Q1H, PRN, mild pain (1-3 on 10 pain scale) b. 4 mg=1 mL, IV push,sol,Q1H, PRN, moderate pain (4-6 on10 pain scale) c. 6 mg=3 mL, IV push,sol,Q1H, PRN, severe pain (7-10 on 10 pain scale) (Skidmore-Roth 822)	Opioid Analgesic MOA- depresses pain impulse transmission at the spinal cord level by interacting with opioid receptors	Moderate to severe pain	drowsiness, seizures, bradycardia, shock, cardiac arrest, tachycardia, blurred vision, miosis, N/V/A/C, thrombocytopenia, respiratory depression, respiratory arrest, apnea	Assess pain, I & O (may cause urinary retention), vitals, CNS (loc, drowsiness),allergy, respiratory dysfunction Perform/Provide- store in light-resistant container at room temp, assist with ambulation, safety measures, gradual withdrawal, evaluate therapeutic response Teach- report CNS symptoms, change position slowly due to orthostatic hypotension, physical dependency, no alcohol or CNS depressants, withdrawal symptoms may occur (N,V,A, fever, cramps)

3) Piperacillin-tazobactam- 4.5gm=100 mL, IVPB, sol, Q6H (Skidmore-Roth 957-959)	Anti-infective, broad spectrum MOA- extended- spectrum penicillin (B lactamase inhibitor); interferes with cell-wall replications of susceptible orgs	Uses- moderate to severe infection	seizures, cardiac toxicity, N/V/D, pseudomembranous colitis, oliguria, proteinuria, hematuria, vaginitis, moniliasis, glomerulonephritis, renal failure, BMD, hemolytic anemia, rash, anaphylaxis, exfoliative dermatitis	Assess infection, I & O, hepatic, blood and renal studies, respiratory status, skin eruptions, pseudomembranous colitis (diarrhea, bloody stools, fever, abdominal pain), anaphylaxis Perform and provide- intake of fluids (2 L) during diarrhea, discard after 24 hours if stored at room temp , evaluate therapeutic response Teach- report sore throat, fever, fatigue, CNS effects, diarrhea with blood or pus, wear or carry emergency ID if allergic to penicillin, notify nurse of diarrhea
4) Ondansetron- 4mg=2 mL, IV push, sol, Q6H, PRN, for nausea and vomiting (Skidmore-Roth 893)	Antiemetic MOA- antiemetic- prevents n/v by blocking serotonin peripherally centrally and in the small intestine	prevent N/V postoperatively	headache, dizziness, drowsiness, fatigue, EPS, diarrhea, constipation, bronchospasm, pain, wound problems, shivering, fever, hypoxia, urinary retention	Assess N/V, hypersensitivity, EPS Perform/Provide- store at room temp for 48 hours after dilution, evaluate therapeutic response Teach- report diarrhea/constipation/rash, changes in respiration, or discomfort at insertion site, headache requiring analgesic is common
5) Continuous NS (0.9% NaCl)- IV sol, rate 100 ml/hr, 1000 mL over 10 hours		Used for flushing and dilution		

6) Methocarbamol- 1000 mg= 10 mL, IV slow push, sol, Q8H, for muscle spasms (Skidmore-Roth 773)	Skeletal Muscle Relaxant MOA- depresses multisynaptic pathways in the spinal cord, thereby causing skeletal muscle relaxation	Due to pt. stating "Charlie Horse cramping pain" of abdomen. Nurse advocated for doctor to administer muscle relaxer to relieve.	Dizziness, weakness, drowsiness, seizures, bradycardia, nausea, leukopenia, anaphylaxis, angioneurotic edema	Assess- pain and spasm, CBC, WBC, differential, CNS depressive effects, hepatic studies, allergic reactions, severe weakness, tolerance Perform/Provide- store in tight container at room temp. Assistance with ambulation. Recumbent positions during and 10-15 min after IV administration. Evaluate therapeutic response. Teach- not to discontinue medication quickly. Insomnia, nausea, headache, spasticity, tachycardia, will occur. Need to be tapered off of product over 1-2 weeks. Not to take alcohol, other CNS depressants. Avoid altering activities while taking product. Avoid hazardous activities if drowsiness, dizziness occur. Avoid using OTC med, cough preparations, antihistamines unless directed by prescriber.
Home Meds 1) Verapamil- 240 mg=1 tab, PO, at bedtime (Skidmore-Roth 1211-1213)	Calcium channel block, antihypertensive MOA- inhibits Ca ion influx across cell membrane during cardiac depolarization, produces relaxation of coronary arteries; decreases SA/AV node conduction; dilates peripheral arteries	Hypertension	Headache, drowsiness, edema, CHF, dysrhythmias, nausea, constipation	Assess- cardiac status including BP, respirations, ECG, I &O ratio, renal, hepatic studies Teach- increase fluids, fiber to counteract constipation, how to take pulse, B/P before taking product, avoid hazardous activities until stabilized on product, limit caffeine consumption and alcohol, avoid OTC or grapefruit products, comply with all areas of medical regimen: diet, exercise, stress reduction, product therapy, change positions slowly to prevent syncope; not to discontinue abruptly; report chest pain, palpations, irregular heartbeats, swelling of extremities, skin irritation, rash, tremors, weakness

2) Divalproex sodium – 500 mg=1 tab, PO, at bedtime (Skidmore-Roth 1199)	Anticonvulsant MOA- increases levels of gamma aminobutyric acid (GABA) in the brain, which decrease seizure activity	Migraine management	Sedation, drowsiness, coma, suicidal ideation, nausea, vomiting, constipation, diarrhea, dyspepsia, hepatic failure, pancreatitis, toxic hepatitis, thrombocytopenia, leukopenia, lymphocytosis, rash	Assess- seizure disorder, mental status, migraines, blood studies, blood levels, respiratory dysfunction Teach- physical dependency may result from extended use, avoid driving, other activities that require alertness; not to discontinue med quickly after long-term use- seizures can occur; report visual disturbances, rash, diarrhea, abdominal pain, light- colored stools, jaundice, protracted vomiting to prescriber; use contraception while taking product
3) Aspirin- 81 mg=1 tab, PO, once a day (Skidmore 145)	Nonopioid analgesic, nonsteriodial anti-inflammatory, antipyretic, antiplatelet MOA- blocks pain impulses in CNS, reduces inflammation by inhibition of prostaglandin synthesis; antipyretic action results from vasodilation of peripheral vessels; decreased platelet aggregation	Prophylaxis for development of clots; history of Peripheral Vascular Disease and right AKA 2 years ago	Seizures, coma, nausea, vomiting, GI bleeding, hepatitis, thrombocytopenia, agranulocytosis, leukopenia, neutropenia, hemolytic anemia, rash, anaphylaxis, laryngeal edema	Assess- pain, fever, hepatic, renal, and blood studies, I & O, allergic reaction, ototoxicity, edema Teach- report any symptoms of hepatotoxicity, renal toxicity, visual changes, ototoxicity, allergic reactions, bleeding; avoid if allergic to tartrazine; not to exceed recommended dosages; read labels on other OTC products; report tinnitus, confusion, diarrhea, sweating, hyperventilation; avoid alcohol ingestion due to GI bleeding may occur; discard tabs if vinegar-like small is detected; not to give to children or teens with flulike symptoms or chickenpox (development of Reye's syndrome)
4) Metoprolol- 50 mg=1 tab, PO, once a day (Skidmore-Roth 794)	Antihypertensive MOA- lowers BP by Beta blocking effects; reduces elevated renin plasma levels; blocks beta 2 adrenergic receptors in bronchial, vascular smooth muscle at high doses; negative chronotropic effect	Mild to moderate HTN	Insomnia, dizziness, hypotension, bradycardia, palpations, cardiac arrest, AV block, pulmonary/peripheral edema, chest pain, diarrhea, nausea, vomiting, hiccups, agranulocytosis, eosinophilia, thrombocytopenia, purpura, bronchospasm	Assess- EDG, I & O weight daily, BP, apical/radial pulse before administration, baselines of hepatic, renal studies before therapy begins, skin turgor, dryness of mucous membranes, for hydration status Perform/Provide- store in dry area at room temp Teach- take immediately after meals at bedtime to prevent effect of orthostatic hypotension, not to use OTC products

				containing alpha adrenergic stimulants , report bradycardia, dizziness, confusion, depression, fever, sore throat, SOB, decreased vision to prescriber; take pulse, BP at home; comply with wt. control, dietary adjustments, modified exercise program; carry emergency ID, monitor blood glucose, avoid hazardous activities; report symptoms of CHF (dyspnea, on exertion or lying down, swelling of extremities); wear support hose to minimize effects of orthostatic hypotension
5) Gabapentin- 800 mg=1 tab, PO, TID (Skidmore 577-578)	Anticonvulsant MOA- may increase seizure threshold; structurally similar to GABA; gabapentin binding sites in neocortex, hippocampus	Used as pain management from right AKA 2 years ago	Drowsiness, confusion, depression, seizures, suicidal ideation, diplopia, leukopenia, rhinitis	Assess- seizures, pain, eye problems (need for ophthalmic exam before, during, after treatment), WBC, gabapentin level Perform/provide- store at room temp away from heat and light; seizure precautions; increase fluids, bulk in diet for constipation Teach- carry emergency ID stating pt's name, products taken, condition, prescriber's name and phone number; avoid driving and other activities that require alertness because drowsiness can occur; not to discontinue med quickly after long-term use- to taper over 1 week because withdrawal- precipitated seizures may occur; don't double doses if dose is missed (take if 2 hr or more before next dose); notify prescriber if pregnancy planned or suspected and avoid breastfeeding; not to use within 2 hours of antacids
6) Oxycontin- 50mg=1 tab, PO, as needed (Skidmore-Roth 907)	Opiate analgesic MOA- inhibits ascending pain pathways in CNS, increase pain threshold, alters pain perception	Moderate to severe pain sustained from right AKA	Drowsiness, dizziness, confusion, headache, sedation, euphoria, nausea, vomiting, anorexia, constipation, cramps, rash, respiratory depression	Assess- pain , I & O ratio, CNS changes, allergic reaction, bowel status Provide/Perform- storage in light resistant area at room temp; assistance with ambulation; safety measures such as call light in easy reach Teach- symptoms of CNS changes, allergic

				reactions; physical dependency may result from extended use; withdrawal symptoms may occur after long-term use: nausea vomiting, cramps, fever, faintness, anorexia; avoid CNS depressants, alcohol; avoid driving, operating machinery if drowsiness occur

LabValues Continued

3/16/13

CBC	Automated Differential	Chemistry Panel	
RBC 3.23 L	Lymph % 14 L	Sodium 133 L	Phosphorus 1.8 L
Hemoglobin 10.7 L	Lymph Absolute Count 0.7% L	Chloride 98 L	Albumin 2.1 L
Hematocrit 30.5 L		Creatinine 0.45 L	
RDW 11.8 L		Calcium 1,8 L	

3/17/13

CBC	Automated Differential	Chemistry Panel
RBC 3.37 L	Lymph % 15 L	Sodium 135 L
Hemoglobin 11.3 L	Lymph Absolute Count 0.8 L	Potassium 3.3 L
Hematocrit 32.0 L		Creatinine 0.45 L
RDW 11.8 L		Calcium 7.9 L

Works Cited

Ackley, Betty J.. *Nursing Diagnosis Handbook, 9th Edition*. Mosby, 2011. <vbk:9780323071505#outline(6)>.

Gould, Barbara E., Ruthanna M. Dyer. *Pathophysiology for the Health Professions, 4th Edition*. W.B. Saunders Company, 042010. <vbk:978-1-4377-0965-0#outline(10)>.

Skidmore-Roth. *Mosby's 2013 Nursing Drug Reference, 26th Edition*. Mosby, 2013. <vbk:978-0-323-08642-4#outline(4)>.