BEEBE HEALTHCARE
MARGARET H. ROLLINS SCHOOL OF NURSING
NURSING 202 - ADVANCED CONCEPTS OF NURSING
MULTIDISCIPLINARY CARE MAP - TEMPLATE
2023

S	**Situation:** 1. C.V., 64 Y.O. , FIN: 82780230 2. Acute on Chronic Renal Failure 3. **Admission**: 4/22/23 4. **Dates of Care**: 4/23/23 5. **Reason for Admission**: Shortness of breath, weakness, and being tired Current Status: Unable to speak or perform ADLs without weakness and shortness of breath. SOB at rest, currently on 2L/min NC. UO (4/23/23): 600ml since admission (4/22/23)
B	**Background:** **1. Full Code** **Medical History**: Diabetes mellitus, Hypothyroidism, Hypertension, Hyperlipidemia, AKI, Chronic kidney disease, Cardiomyopathy, UTI, Neuropathy, Depression, Stroke, Gout, Skin CA, Sleep apnea, MI, Smoker, Insomnia, EKG abnormality, Osteoarthritis, History of TIA, Renal failure, Anemia **Surgical History**: Insertion Creation AV Fistula (02/24/2023), Colonoscopy (12/14/2022), Esophagogastroduodenoscopy (12/14/2022), KNEE MENISECTOMY, and Tonsillectomy 2. **Chief Complaint:** Worsening of weakness and shortness of breath. 3. **Summary**: Having a history of cardiomyopathy with EF of 25% patient presented to South Coastal emergency room for worsening of weakness and shortness of breath. Reported experiencing exertional SOB and fatigue for the past week which has gotten worse the last 24 hours. Was then given 80mg of Lasix then transferred to Beebe, OU: 600cc urine. Currently denies any chest pain, fever, chills, cough, sputum, and abdominal pain, however, L sided lower extremity edema +1 present. Uremic symptoms are not present; however, fluid overload is now the main concern. 3. Symptomatic supportive care, L arm atrial venous fistula repair/revise, receiving Lasix**,** Veltassa, Doxazosin, Isosorbide Mononitrate, and Amlodipin,.and Oxygen. A. Electrocardiogram (4/22/23 x2): **1540** – Indications: Hypoxia, Findings: Abnormal ECG, R bundle branch block, sinus tachycardia with premature atrial complexes. **2303** – Indications: Chest Pain, Findings: Sinus tachycardia, L atrial enlargement, R bundle branch block, abnormal ECG when compared to ECG from 11/2/22, and T wave inversion more evident in anterior leads.

	Venous Duplex Lower Extremity (4/22/23): Indications: Swelling of limb, Findings: All vessel appear compressible, no evidence of acute or chronic thrombus seen. XR Chest 1 View Frontal (4/22/23): Indications: SOB, Impression: Mild/Moderate congestive changes XR Chest 2 Views (4/20/23): Indication: Cough, Impressions: Cardiac enlargement, mild vascular congestion, and small pleural effusions. NM Perfusion Lung Scan (4/23/23): Indications: SOB, Impressions: No perfusion defects. UA Macroscopic (4/22/23): Clear and Yellow, Spec Gravity: 1.011, UA Bili: Negative, UA pH:6, UA Urobilinogen: <2.0, UA blood: A1+, UA Glucose: Negative, UA Ketone: Negative, UA Protein: A 2+, UA Nitrate: Negative, and UA Leuk Est: Negative. UA Microscopic (4/22/23): UA RBC: A 3-5, UA WBC: 0-4, UA Bacteria: None Seen, and UA Squam Epithelial: None Seen Vascular Preliminary Report (4/23/23): Indications – Other/See history notes, Findings: Left AVF appears patent. B. **Labs**: (4/22/23) BUN: 65H, Cr: 7.24H, Est. GFR: 8L Na: 137, K: 4.7, Cl: 102, Ca: 9, Mg: 1.7 (4/23/23)BUN: 71H, Cr: 7.05H, Est. GFR: 8L, Na: 140, K:4.8, Cl: 103, Ca: 8.8, Mg: 1.8 All labs correlate to patient's kidney dysfunction. C. **Medications**: Lasix 80mg**,** Veltassa 8.4gm, Doxazosin 4mg, Isosorbide Mononitrate 60mg, and Amlodipine 10mg. D. **Orders**: Cardiac Monitoring, Intake and Output, Weight, VS, Orthostatic VS, Renal Function Panel, Cardiac Diet (2000ml fluid restriction), Education Heart Failure, L arm atrial venous fistula repair/revise, Communication order (HF specialist), Bedrest (BRP, up with assistance), O2 Protocol, CBC w/ Auto Diff, Hemodialysis Access, Duplex, Weekly dosing Weight + Profile Review, Referral to case management, referral to heart failure specialist, referral to nutritionist, referral to pharmacy, referral to telehealth, consult – vascular surgery, consult – nephrology.
A	**Assessment:** 1. (4/23/23) Resting in bed, Alert and Oriented x4, Eyes equal and reactive bilaterally, full range of motion but weakness present. Unlaboured and equal wheezing bilaterally on upper lungs on inhalation and exertion but lung sounds clear and diminished at bases of lungs bilaterally. Rate and rhythm regular, S1 and S2 present, no murmurs. Abdomen soft, nontender, nondistended, with bowel sounds present in all quadrants. Reports no difficulty urinating but has a problem having bowel movements. Skin is warm, intact, and recoils immediately. Capillary refill <3 Seconds on all extremities. Edema present on left lower extremity. VS: (0700) T:36.8, HR: 105, RR:18, BP: 137/95, SpO2: 94% 3L/NC (1200) T:36.3, HR: 119, RR:19,

	BP: 134/96, SpO2: 96% 3L/NC (1500)): T:36.4, HR: 95, RR:19, BP: 121/83, SpO2: 94% 3L/NC 2. **MD Assessment (History and Physical RPT - 4/22/23):** Acute on chronic systolic HF w EF of 25%, acute on chronic kidney failure/fluid overload. Alert and oriented x3, nontoxic looking, pupils equal and reactive, clear to escalation bilateral, regular rate and rhythm, normal 21 and S2 sounds, Abdomen nontender, soft, and nondistended with bowel sounds present in all 4 quadrants. No clubbing, cyanosis, or edema on all extremities with full range of motion. **MD Assessment (Consultation RPT - 4/23/23): S**1-S2 audible, no JVD, Equal air entry bilaterally diminished sounds at the bases bilaterally. Abd soft, nontender, non-distended. +1-2 pitting edema on bilateral lower extremities. **DO Assessment (Progress Note – 4/23/23):** Remains SOB with increased anxiety symptoms related to his breathing. On 3L NC. Awake, alert, and oriented, answering questions appropriately. Pupils equal round reactive to light and accommodation, extraocular muscles intact, mucus membranes moist. Heart sounds regular, no murmur or ectopy noted. Lung sounds are diminished. ABD soft and nontender. No clubbing, cyanosis, or edema on all extremities. AV Fistula L wrist with thrill. No obvious rashes. Cranial nerves intact, moving all 4 extremities equally. 3. #1 Excess Fluid Volume | Rationale: Kidney dysfunction, +1-2 Pitting edema on bilateral lower extremities, Intake exceeds output, HTN, Tachycardia, Oliguria, and Restlessness. #2 Decreased Cardiac Output | Rationale: Kidney dysfunction, Fatigue, Cool Skin, +1-2 Pitting edema on bilateral lower extremities, Tachycardia, Oliguria, and Restlessness. 4. Administer O2 as ordered -Failing heart may not be able to respond to increased O2 demands Strict I&O's during time of care – Helps us monitor if fluid overload is present. Maintain Fluid restriction during my time of care – Fluid restriction decreases extracellular fluid volume and reduces demand on heart. Administer Lasix as prescribed – Aids in the excretion of excess body fluids. Elevate edematous extremities during my time of care – Increases venous return to the heart.
R	**Recommendation:** **1. #1 Excess Fluid Volume | Goals:** #1 Pt will be normovolemic as evidenced by a UO >/=30ml/hr and have a HR of 60-100BPM during my time of care. #2 Pt will be normovolemic as evidenced by a balanced I&O and by having maintained a stable weight.

	#2 Decreased Cardiac Output | Goals: #1 Pt will have adequate cardiac output as evidenced by SBP within 20mmHg of baseline, HR: 60-100BPM, and Urine Output of >/=30ml/hr during my time of care. #2 Pt will have adequate cardiac output as evidenced by strong peripheral pulses, warm dry skin, and absence of pulmonary crackles during my time of care. 2. Nephrology, Vascular, Cardiology, Radiology, Case Management, Heart Failure Specialist, Nutritionist, and Pharmacy. 3. Vascular reassessment of AV Fistula (Assess maturity and possible initiation of dialysis or ultrafiltration), dialysis, kidney transplant 4. Accurately assess weight (weigh yourself every day, at the same time of day, and in the same kind of clothes. Keep a daily record of your daily weights). Check kidney function (you may need frequent blood and urine tests. These are done to keep track of your kidney function). 5. Dialysis and/or transplant resources Nephrologist Medication information resources

Evaluation of Care:

1. Administering Lasix worked very well, from not producing urine to producing 600ml of urine after first dose 80mg of Lasix. Administering O2 @ 3L also worked very well with oxygen saturation being 87%-88% without O2 to 92%-95% on 3L NC.

2. Patient's status improved throughout time of care. Was asleep with tv on for last two hours of shift.

3. Pt was stable at the end of my care, pt had more frequent outputs and showed decreased episodes of SOB as evidenced by SpO2 remaining 92%-95% on 3L NC.

4. None of my goals were fully met, however, portions of goals were met; like strong peripheral pulses, warm dry skin, and absence of pulmonary crackles during my time of care and maintaining a stable weight. I would keep the goals the same.

5. My patient problems remained the same due to +1-2 Pitting edema on bilateral lower extremities, Intake exceeding output, HTN, Tachycardia, Fatigue, Cool Skin Oliguria, and Restlessness being present throughout my time of care.

- Identify the multidisciplinary team members involved in the care of your patient. Include the role they had in providing care.