Noticing/Recognizing Cues:

Highlight all related/relevant data from the Noticing boxes that support the top priority problem

Assessment findings*:

T – 98.1

P – 72

RR – 20

O2 Sat on RA – 99%

BP – 157/72

Pt Reports – 0/10 Pain

Unsteady Gait

Dyspnea when Ambulating

Fall Risk due to Patient Care Equipment

Dentures

Lab findings/diagnostic tests*:

RBC – 5.07 (3.60-5.00)

Monocytes – 0.9 (0.0-0.8)

Hemoglobin – 6.1 (4.3-5.6)

Troponin – 29.2 (0.0-15.0)

Diagnostic Tests:

Echocardiogram: 55-60

Coronary Artery Calcification, Atherosclerotic (Aorta), Right Atrium/Ventricle mild to moderately dilated, Mitral Valve mildly sclerotic, Tricuspid Valve mild regurgitation, Opacification of Pulmonary Arteries

Risk factors*:

75-year-old female

BMI – 31.2kg

Dyspnea

History of Diabetes

History of Hypertension

History of Hypercholesteremia

Currently smokes 1 pack of cigarettes per week (55-pack-years)

History of heart attacks within the family (Mother, Brothers, and Grandparents)

Interpreting/Analyzing Cues/ Prioritizing Hypotheses/ Generating Solutions:

Nursing priorities*: ***Highlight the top nursing priority problem***

Impaired Gas Exchange

- Excess of deficit in oxygenation and/or carbon dioxide elimination at the alveolar-capillary membrane.

Decreased Cardiac Output

- Inadequate blood pumped by the heart to meet the metabolic demands of the body.
-

Potential complications for the top priority:

Impaired Gas Exchange

- Ineffective Airway Clearance or Breathing Pattern
- Respiratory Failure
- Hypertension
- Decreased Lung Expansion
- Decreased Oxygenation of the Bloodstream

Decreased Cardiac Output

- High Blood Pressure
- Heart Attack
- Arrhythmia
- Congestive Heart Failure
- Coronary Artery Disease
- Impaired Tissue Perfusion
- Impaired Oxygenation
-

Responding/Taking Actions:

Nursing interventions for the top priority:

Assess level of consciousness/cognition and ability to protect own airway every 4 hours and PRN.
Rationale: To identify potential for airway problems

Assess and monitor respirations including respiratory rate, depth, use of accessory muscles every 4 hours and PRN.
Rationale: To identify respiratory distress, work of breathing, and adequacy of alveolar ventilation.

Assess patient's cough/gag reflex, amount and type of secretions and swallowing ability every 4 hours and PRN.
Rationale: To determine ability to protect own airway.

Auscultate breath sounds every 8 hours.
Rationale: To determine if ventilatory effort is sufficient to deliver enough oxygen and rid the body of carbon dioxide.

Monitor vital signs and O2 saturations every 4 hours.

Rationale: To determine a change in patient status

Encourage deep breathing and coughing exercises every 2 hours.
Rationale: to maximize effort

Educate on smoking cessation before discharge.
Rationale: To promote optimal level of health

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Vital Signs: SpO2 – 100%, RR – 20, P – 70, BP – 140/70
- Labs: Troponin – 0.0, HGB – 5.0
- Pain remains 0/10
- Denies Shortness of Breath
- Ambulation without Dyspnea

Continue Plan of Care