

N301 Care Plan

Lakeview College of Nursing

Micayla Clapp

**Demographics (5 points)**

<b>Date of Admission</b> 2/26/19	<b>Patient Initials</b> AC	<b>Age</b> 48	<b>Gender</b> male
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Truck driver	<b>Marital Status</b> single	<b>Allergies</b> aspirin
<b>CodeStatus</b> Full code	<b>Height</b> 174 cm	<b>Weight</b> 99.3 kg	

**Medical History (5 Points)**

**Past Medical History:** CKD stage III, hypothyroidism, polycythemia, and sleep apnea.

**Past Surgical History:** cholecystectomy.

**Social History (tobacco/alcohol/drugs, pertinent social factors):** uses tobacco chew, drinks 3-5 beers a week, denies any substance use. Patient lives alone but has a girlfriend that helps take care of him.

**Admission Assessment**

**Chief Complaint (2 points):** high blood pressure

**History of present Illness (10 points):** patient presented to the emergency room with hypertension (189/128) as well as nausea and vomiting, and diarrhea. Patient stated that “the symptoms have been going on since Saturday 2/23”. Patient has a history of hypertension but has not been taking his medications as prescribed to do no insurance. Patient stated that “movement makes him feel worse and laying down makes him feel a little better”. Patient said that “the pain does not radiate anywhere.” Doctor admitted patient for hypertensive crisis and prescribed metoprolol 5mg IV push and lisinopril 20mg PO while in the emergency room.

**Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** hypertensive crisis

**Secondary Diagnosis (if applicable):** N/A

**Pathophysiology of the Disease, APA format (15 points):** hypertension occurs when cardiac output and peripheral vascular resistance are altered. Most commonly endothelial changes of peripheral arterioles cause restriction of blood flow, raising arterial pressure. Risk factors include age, heredity, ethnicity, renal disease, obesity, hyperlipidemia, smoking, and some endocrine disorders. In this case the patient has a few of these risk factors such as renal disease and uses a tobacco product. Signs and symptoms of hypertension are headaches, facial flushing, dizziness, fainting, retinal changes, and nocturia. In this case the patient did say he knew his blood pressure was high because he had a bad headache. Complications of hypertension include increased incidence of transient ischemic attack/ stroke, retinopathy, cardiovascular disease, heart failure, aortic aneurysm, and renal failure. The patient is not experiencing any complications of hypertension currently but is at risk for complications if he does not start taking his medications as prescribed. To diagnosis hypertension there are a few tests the doctor can order such as a chest x-ray that could show cardiomegaly and a ECG to see how well the heart is functioning. My patient had both a chest x-ray and a ECG along with a CBC. The patient's chest x-ray did show some cardiomegaly his ECG showed sinus tachycardia and his CBC results are in the chart to follow. Treatment goal is to get a blood pressure less than 140/90. The patient came into the emergency room with a blood pressure of 189/128 this is considered stage 4 hypertension. A normal blood pressure is 120/80 or lower, prehypertension (stage 1) is 120/90-139/99. Then we have hypertension stage 2: 140/90-159/99, hypertension stage 3: 160/100-179/109, hypertension stage 4: 180/110 or higher. My patient has been prescribed a few different medications to help

with his blood pressure such as labetalol and lisinopril. While the patient has been taking these medications in the hospital his blood pressure has been within normal range.

All-in-One Nursing Care Planning Resource. (2015, February 02). Retrieved March 1, 2019, from <https://www.us.elsevierhealth.com/all-in-one-nursing-care-planning-resource-9780323262866.html>

High Blood Pressure and Vascular Disease. (n.d.). Retrieved March 1, 2019, from <https://vascularcures.org/high-blood-pressure-and-vascular-disease/>

RN Adult medical surgical nursing. (2016). Place of publication not identified: ATI Nursing education.

### Laboratory Data (15 points)

**CBC: Highlight All Abnormal Labs, Explanations must contain in-text citations in APA format.**

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80-5.41	7.25	6.76	The patient has polycythemia (secondary polycythemia, 2019).
Hgb	11.3-15.2	22.2	20.4	The patient's hemoglobin could be elevated due to dehydration from vomiting and diarrhea. (Hematocrit Test, 2019)
Hct	33.2-45.3%	63.0	60.2	Patients hemocrit could be elevated do to dehydration from vomiting and diarrhea. (Hematocrit Test, 2019)
Platelets	149-493 k	251	274	.
WBC	4-11.7 k	14.7	18.2	Patients white blood cells could be elevated do to an infection. (high white blood cell count causes, 2018)
Neutrophils	45.3-79	85.7	77.8	Patients neutrophils can be elevated do to infection. (high white blood cell count causes, 2018)
Lymphocytes	11.8-45.9	8.2	11.0	Patients lymphocytes could be low do to an infection. (
Monocytes	4.4-12.0	5.7	10.9	.
Eosinophils	0.0-6.3	0.2	0.1	.

<b>Bands</b>	N/A	N/A		.
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**Chemistry: Highlight Abnormal**

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>Na+</b>	135-145	137	139	.
<b>K+</b>	3.5-5.1	3.7	3.7	.
<b>Cl-</b>	96-107	96	98	.
<b>CO2</b>	22-29	25	26	.
<b>Glucose</b>	70-99	144	92	Dehydration can elevate your blood sugar. (Going/Alamny, 2017)
<b>BUN</b>	6-20	28	32	Patients BUN is elevated due to his hypertension. (RN adult med surg nursing, 2016)
<b>Creatinine</b>	0.5-0.9	1.58	1.92	Patients creatinine is elevated do to his kidney failure. (RN adult med surg nursing, 2016)
<b>Albumin</b>	3.5-5.2	4.8	N/A	.
<b>Calcium</b>	8.6-10.4	9.3	8.9	.
<b>Mag</b>	1.6-2.4	N/A	N/A	.
<b>Phosphate</b>	2.5-4.5	19	N/A	.
<b>Bilirubin</b>	0.1-1.2	1.1	N/A	.
<b>Alk Phos</b>	35-105	102	N/A	.
<b>AST</b>	0-32	19	N/A	.
<b>ALT</b>	7-55	19	N/A	.

<b>Amylase</b>	N/A	N/A	N/A	.
<b>Lipase</b>	N/A	N/A	N/A	.
<b>Cholesterol</b>	N/A	N/A	N/A	.
<b>Triglycerides</b>	N/A	N/A	N/A	.
<b>Lactic Acid</b>	N/A	N/A	N/A	.

**Other Tests** **Highlight Abnormal**

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>INR</b>	N/A	N/A	N/A	.
<b>PT</b>	N/A	N/A	N/A	.
<b>PTT</b>	N/A	N/A	N/A	.
<b>D-Dimer</b>	N/A	N/A	N/A	.
<b>BNP</b>	N/A	N/A	N/A	.

**Urinalysis** **Highlight Abnormal**

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>Color &amp; Clarity</b>	N/A	N/A	N/A	.
<b>pH</b>	N/A	N/A	N/A	.
<b>Specific Gravity</b>	N/A	N/A	N/A	.
<b>Glucose</b>	N/A	N/A	N/A	.
<b>Protein</b>	N/A	N/A	N/A	.
<b>Ketones</b>	N/A	N/A	N/A	.

<b>WBC</b>	N/A	N/A	N/A	.
<b>RBC</b>	N/A	N/A	N/A	.
<b>Leukoesterase</b>	N/A	N/A	N/A	.

A urinalysis was ordered but had not been collected yet.

### Cultures

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	N/A	N/A	N/A	.
<b>Blood Culture</b>	N/A	N/A	N/A	.
<b>Sputum Culture</b>	N/A	N/A	N/A	.

### Lab Correlations Reference (APA):

Going/Alamy, M., Sobko/Shutterstock, D., Dann, Images, C. L., Images, J. G., Corbis, & Getty Images. (2017, September 18). 10 Surprising Causes of Blood Sugar Swings You Probably Didn't Know. Retrieved March 1, 2019, from <https://www.everydayhealth.com/type-2-diabetes/symptoms/surprising-causes-of-blood-sugar-swings/>

Hematocrit Test. (2019, February 12). Retrieved March 1, 2019, from <https://www.nchmd.org/education/mayo-health-library/details/PRC-20166984>

High white blood cell count Causes. (2018, November 30). Retrieved March 1, 2019, from <https://www.mayoclinic.org/symptoms/high-white-blood-cell-count/basics/causes/sym-20050611>

RN Adult medical surgical nursing. (2016). Place of publication not identified: ATI Nursing education

Secondary Polycythemia. (2019, February 26). Retrieved March 1, 2019, from <https://emedicine.medscape.com/article/205039-overview>

**Other Diagnostic Tests (EKG, Echocardiogram, Xrays, CT scan, etc) (5 points):** Pt had an EKG, and chest x-ray. According to RN adult medical surgical nursing book these are the diagnostic test for hypertension.

### Diagnostic Test Correlation, APA Format & References (5 points):.

RN Adult medical surgical nursing. (2016). Place of publication not identified: ATI Nursing education

**Current Medications (10 points, 1 per completed med))****Home Medications (5 required)**

<b>Brand/ Generic</b>	simvastatin	levothyroxine	ranitidine	metoprolol	lisinopril
<b>Dose</b>	40 mg	175mcg	150 mg	5 mg	20 mg
<b>Route</b>	PO	PO	PO	PO	PO
<b>Classification</b>	antihyperlipidemic	Synthetic thyroxine (T4)	Gastric acid secretion inhibitor	Beta blocker	ACE inhibitor
<b>Action</b>	Interferes with the hepatic enzyme hydroxymethylglutaryl-coenzyme A reductase.	Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis.	Inhibits basal and nocturnal secretion of gastric acid and pepsin by competitively inhibiting the action of histamine at H2 receptors on gastric parietal cells.	Inhibits stimulation of beta 1 receptor sites	Reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II. Angiotensin II is a potent vasoconstrictor that also stimulates adrenal cortex to secrete aldosterone.
<b>Reason Client Taking</b>	To reduce cholesterol levels.	Pt has hypothyroidism	Pt appears to have an issue with PUD	To lower his hr and bp	To lower his blood pressure
<b>Contraindications (2)</b>	Acute hepatic disease, breastfeeding.	acute MI, hypersensitivity to levothyroxine or its components.	Acute porphyria, hypersensitivity to ranitidine or its components.	Cardiogenic shock, pulse less than 45 bpm.	Hereditary or idiopathic angioedema or history of angioedema related to previous treatment with an ACE inhibitor..
<b>Side Effects/Adverse</b>	Cough, and blurred vision.	Headache, insomnia,	Dizziness, drowsiness,	Anxiety, decreased	Ataxia, arrhythmias,

<b>side Reactions (2)</b>		hyperthyroidism, dysphagia, muscle weakness, alopecia, rash, weight gain.	vasculitis, abdominal distress, constipation, diarrhea, nausea, vomiting, acute interstitial nephritis, impotence.	libido	hyperglycemia, blurred vision, abdominal pain, acute renal failure..
<b>Nursing Considerations (2)</b>	Expect patient to be prescribed a standard low cholesterol diet during therapy. Be aware that drug affects mainly total cholesterol and LDL levels.	Admin medication 30 to 60 minutes before breakfast, expect to give drug IV if patient can't take tablets, monitor blood glucose of a diabetic pt.	Must be diluted for IV use if not using a premixed solution, do not add additives to premixed solution,	Use cautiously in pts with angina or hypertension who have CHF because beta blockers such as this can further depress myocardial contractility. Assess ECG of pt who take this.	Be aware that lisinopril should not be given to a patient who is hemodynamically unstable after an acute MI, monitor bp often.
<b>Client Teaching needs (2)</b>	Tell pt who takes drug once daily to do so with evening meal to enhance absorption. Urge pt to avoid consuming alcohol and/or grapefruit juice.	Instruct pt that this drug is most likely a lifetime drug, instruct pt to take drug at least 30 minutes before breakfast, take with a full glass of water,	May take with food, stop taking med if you pass black or bloody stools, have trouble swallowing, or vomit blood.	Instruct pt to take with food at same time each day. Advise pt to notify prescriber if pulse rate falls below 60 bpm.	Lisinopril helps to control but doesn't cure hypertension, take med as ordered.

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	hydrALAZIN E	labetelol	famotidine	sertraline	ondansetron
<b>Dose</b>	10 mg	10 mg	20 mg	50 mg	8 mg
<b>Route</b>	IV push	PO	PO	PO	PO
<b>Classification</b>	antihypertensive	Beta blocker	Antiulcer agent	Antianxiety, antidepressant	antiemetic
<b>Action</b>	Exerts a direct vasodilating effect on vascular smooth muscle. Interferes with calcium movement in vascular smooth muscle by altering cellular calcium metabolism.	Selectively blocks alpha1 and beta 2 receptors in vascular smooth muscle and beta 1 receptors in heart to reduce blood pressure and peripheral vascular resistance.	Reduces HCL formation by preventing histamine from binding with H2 receptors on the surface of parietal cells this helps prevent peptic ulcers from forming and helps heal existing ones.	Inhibits reuptake of the neurotransmitter serotonin by CNS neurons, thereby increasing the amount of serotonin available in nerve synapses.	Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine.
<b>Reason Client Taking</b>	To help control his blood pressure	To lower his blood pressure	Pt appears to have an issue with PUD.	Pt could suffer from anxiety or depression even though neither were mentioned in his hx or current conditions.	. pt was feeling nauseas
<b>Contraindications (2)</b>	CAD, hypersensitivity to hydralazine or its components.	Asthma, cardiogenic shock.	Hypersensitivity to famotidine, or their components.	Concurrent use of disulfiram or pimozide, hypersensitivity to sertraline or its components.	Concomitant use of apomorphine, congenital long QT syndrome.

<b>Side Effects/Adverse Reactions (2)</b>	Chills, angina, lacrimation, vomiting, dyspnea, blisters, lupus like symptoms.	Anxiety, confusion, bradycardia, heart failure, nasal congestion, hepatitis, impotence, dyspnea, rash.	.agitation, arrhythmias, dry mouth, abdominal pain, decreased libido.	. abnormal dreams, atrial arrhythmias, abnormal accommodation, hyperglycemia, abdominal cramps.	. agitation, arrhythmias, altered taste, abdominal pain, bronchospasm, pruritus.
<b>Nursing Considerations (2)</b>	Monitor ANA titer, CBC, and lupus erythematosus cell preparation before therapy and periodically as ordered during long term treatment.	Monitor pt blood pressure. Keep pt in supine position for three hours after IV admin.	Shake famotidine oral suspension vigorously for five to ten seconds before administration. Dilute injection form with normal saline solution or other solution to five or ten mL give over two minutes.	Should not be given to pts with bradycardia, monitor liver enzymes and BUN and serum creatinine levels.	Monitor pt closely for signs and symptoms of hypersensitivity. Monitor pts ECG as ordered.
<b>Client Teaching needs (2)</b>	Instruct pt to take med with food. Advise pt to change positions slowly.	Advise pt to report confusion, difficulty breathing, caution pt not to stop drug abruptly.	Instruct pt to carefully chew chewable tablets thoroughly before swallowing. Instruct pt who also takes antacids to wait 30 to 60 minutes after taking famotidine if	May cause mild pupillary dilation, dilute oral concentrate before taking it. Take dose immediately after mixing it.	Advise pt to use calibrated container or oral syringe to measure oral solution, instruct pt to place ondansetron disintegrating tablet or oral soluble film on his tongue immediately after opening

			possible before taking antacid.		package and to let it dissolve on his tongue before swallowing.
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**Lab Reference (APA Format):**

2018 nurses drug handbook (17th ed.). (2018). Burlington: Jones & Bartlett Learning.

**Assessment**

**Vital Signs, 2 sets (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0755	93	104/70	20	36.4	92%
1049	104	103/72	16	37.1	94%

**Physical Exam (18 points)**

<p><b>NEUROLOGICAL (2 points):</b>  <b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation, Mental Status, Speech, Sensory, LOC:</b></p>	<p>Pt is A&amp;O x4                  Pt is within normal mental status for his age                  Pt speaks English and is clear and understandable</p>
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>Neurovascular status, ROM, Supportive devices/strength</b>   <b>ADL Assistance</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>Pt has glasses but other than that no assisted devices. Morse fall scale =10 due to being weak from vomiting and diarrhea. Patient has normal range of motion in all extremities.</p>

<p><b>CARDIOVASCULAR (2 points):</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable)</b>  <b>Peripheral Pulses: +3</b>  <b>Capillary refill: 3 seconds_____</b>  <b>Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Location of</b>  <b>Edema_____N/A_____</b></p>	<p>Patient has a cardiac rhythm of sinus tachycardia.</p>
<p><b>RESPIRATORY (2 points):</b>  <b>Accessory muscle use: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Breath Sounds: Location, character</b></p>	<p>Breath sounds were heard both posterior and anterior, clear bilaterally.</p>
<p><b>GASTROINTESTINAL (2 points):</b>  <b>Diet at home: regular</b>  <b>Current Diet: heart healthy</b>  <b>Height: 174 cm</b>  <b>Weight: 99.3 kg</b>  <b>Auscultation Bowel sounds: sounds in all 4 quadrants</b>  <b>Last BM: pt stated that he had some diarrhea this morning 2/27.</b>  <b>Palpation: Pain, Mass etc</b>  <b>Inspection: distention, incisions, scars, drains, wounds</b>  <b>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Type:_____</b></p>	<p>Abdomen appears normal and soft. Pt has no abdominal wounds, drains, or incisions.</p>
<p><b>INTEGUMENTARY (2 points):</b>  <b>Skin color</b>  <b>character, turgor, rashes, bruises:</b>  <b>wounds: no wounds</b>  <b>Braden scale : __20_____</b>  <b>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Type_____</b></p>	<p>Typical skin color for ethnicity, no rash, normal skin tugar.</p>
<p><b>HEENT (2 points):</b>  <b>Head: .</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth</b></p>	<p>Pt head appears normal in shape and size. TM is pearly grey and externally appears normal. Eyes are equal and reactive to light. Nose appears normal with no turbinate.</p>

<p><b>GENITOURINARY (2 Points):</b>  <b>Color, character, quantity of urine, pain,</b>  <b>Dialysis</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type</b>_____</p>	<p>Pt urine is a mild yellow with no odor. Pt output was 420 ML.</p>
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b>  <b>Coping methods,</b>  <b>Educational level</b>  <b>Developmental level,</b>  <b>Ethnicity,</b>  <b>Religion &amp; what it means to pt.</b>  <b>Occupation (previous if retired)</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support)</b></p>	<p>Pt states that he does not have a coping method. His education level is two years of college. Pt developmental level is normal for his age (48). Pt states that his ethnicity is Caucasian. His religion is Christian. His occupation is a local truck driver. Pt lives at home alone, but he does have a girlfriend that helps take care of him.</p>

**Pain Assessment, 2 sets (2 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
0718	0/10	N/A	N/A	N/A	N/A
1049	0/10	N/A	N/A	N/A	N/A

**IV Assessment (2 Points)**

Site Location, Patency/Condition & Date	Fluid Type/Rate or Saline Lock
IV is 18 gauge in left hand	Saline lock

**Intake and Output during Your Shift (2 points)**

Intake	Output
570 mL	420 mL

**Summary of care- Narrative of Nursing care provided, patient status throughout the day, any major concerns, etc (2 points):** I did an overall assessment on the patient and asked him some question about why he was in the hospital. The only concern I have for this patient is that he needs to be reeducated about the importance of his medications.

**Discharge Planning- Identify discharge needs, education, home health services/equipment, family involved, etc (2 points):** patient is scheduled to be discharged today (2/27) to his own personal home. Patient needs to be sent home with a supply of his medication and needs to be educated on the importance of taking the medications as prescribed.

**\*The following must be listed in order of priority and must be NANDA approved Diagnosis (18 points Total, 3 points for each complete diagnosis with 2 interventions & Rational, 3 points for correct prioritization)**

<b>Nursing Diagnosis</b>	<b>Rational</b>	<b>Intervention (2 per dx)</b>
1. Impaired gas exchange	Related to altered blood flow occurring with pulmonary capillary constriction.	1. Assess o2 2. Monitor ABG results
2. Risk for infection	Related to presence of uremia (pt has CKD)	1. . assess temp and secretions for indicators of infection 2. provide oral hygiene and skin care at frequent intervals
3. Imbalanced nutrition	Related to nausea, vomiting, anorexia, and dietary restrictions	1. admin multivitamins as prescribed. 2 refer a dietitian if excessive protein losses and or low serum albumin is noted.
4. Activity intolerance	. related to generalized weakness and imbalance between oxygen supply and demand.	1. Assess vs q4h 2. assess for dyspnea
5. Deficient knowledge	Related to unfamiliarity with the need for frequent blood pressure checks, adherence to antihypertensive therapy, and	1. Teach pt importance of taking daily bp 2. Teach medication actions.

	lifestyle changes.	
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**Overall APA Format/Neatness/Grammar (5 point):**

Swearingen, P. L. (2016). All-In-One Nursing Care Planning Resource (4 ed.). St. Louis, Missouri: ELSEVIER

**Concept Map Attached (20 points):**