

N311 Care Plan #1

Lakeview College of Nursing

Kenny Johnson

9/15/20

Demographics (5 points)

Date of Admission:	Patient Initials: JC	Age: 95	Gender: Male
Race/Ethnicity:	Occupation:	Marital Status:	Allergies:
Code Status:	Height:	Weight:	

Medical History (5 Points)**Past Medical History:****Past Surgical History:****Family History:****Social History (tobacco/alcohol/drugs):****Admission Assessment****Chief Complaint (2 points):** Swelling and stiffness in both knees.**History of present Illness (10 points):****Onset:** “A few years ago”, but patient can’t say how many exactly. **Location:** Right and left knee. **Duration:** The swelling is on and off. Some days there is no swelling and others there is.**Characteristics:** It is characterized by the both knees doubling in size which causes an uncomfortable stiffness. **Associated Manifestations:** Lying in bed makes the swelling worse.**“They get really stiff when I lay in bed for long periods of time”.** **Relieving Factors:** Movement such as assisted walking and ROM exercises cause relief. **Treatments:** Pt is assisted with movements and ROM. New medication was prescribed to treat the excessive fluid buildup.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Congestive Heart Failure

Secondary Diagnosis (if applicable): None

Pathophysiology of the Disease, APA format (20 points):

Congestive heart failure (CHF) is characterized by progressively impaired cardiac function that causes inadequate perfusion. Oxygenation needs of the body are not met because the heart is not able to provide it. This is due to systolic or diastolic dysfunction which decreases the output of the heart. The decrease in cardiac output causes a series of mechanisms that try and compensate by assisting the heart in pumping blood effectively and improving systemic perfusion. One test for CHF is checking imbalances in serum electrolytes. Imbalances in electrolytes such as potassium and sodium can cause hyponatremia and hypokalemia. Another diagnostic test is a chest x-ray. Cardiomegaly (enlargement of the heart) can usually be seen in x-rays of patients with CHF. (Capriotti and Frizzell, 2016).

It is estimated that 90% of hospitalizations for CHF are caused by fluid volume overload. Diuretics are commonly used to try and decrease the fluid volume that lead to pulmonary and peripheral edema. Diuretics reduce the extracellular fluid by decreasing reabsorption of sodium by the kidneys. This increases the excretion of sodium and water in urine (Caple, et al., 2018). The patient was on an oxygen machine and complained of peripheral edema of the knees which is related to CHF. The patient is assisted in movement and ROM as current treatment.

Caple et al. (2018) describe signs, symptoms, and clinical presentations as dependent on the side of the heart that is impaired. Left sided CHF causes breathing issues such as dyspnea, orthopnea, and reduced oxygen saturation. Right sided CHF causes peripheral edema, jugular vein distention (JVD), and ascites. CHF eventually leads to failure of both sides of the heart.

Pathophysiology References (2) (APA):

Caple, C., Schub, T., & Pravikoff, D. (2018). Heart Failure: Treatment with Diuretics. Glendale, CA, Cinahl Information Systems. *Nursing Reference Center Plus*. Retrieved from <http://ezproxy.lakeviewcol.edu:2090/nup/detail/detail?vid=11&sid=26547d27-11f0-4fe2-9f1875373781017a%40sessionmgr103&bdata=JnNpdGU9bnVwLWxpdmUmc2NvcGU9c2l0ZQ%3d%3d#AN=T703193&db=nup>

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. Philadelphia: F.A Davis Company.

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC				
Hgb				
Hct				
Platelets				
WBC				
Neutrophils				

Lymphocytes				
Monocytes				
Eosinophils				
Bands				

Chemistry **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-				
K+				
Cl-				
CO2				
Glucose				
BUN				
Creatinine				
Albumin				
Calcium				
Mag				
Phosphate				
Bilirubin				
Alk Phos				

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity				
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points).

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)

Brand/Generic					
Dose					
Frequency					
Route					
Classification					
Mechanism of Action					
Reason Client Taking					
Contraindications (2)					
Side Effects/Adverse Reactions (2)					

Medications Reference (APA):

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Alert, oriented, no signs of distress, and overall appearance of being well groomed
INTEGUMENTARY: Skin color:	

<p>Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema: Knees</p>	<p>Edema of the knees.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>Labored Breathing (patient is on oxygen).</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/></p>	

<p>Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Size:</p>	
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Patient speaks rather slow and quietly but is coherent and forms words well.</p>
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>.</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
9:35 a.m.	95	130/57	11	95.2 F (35.1 C)	90% (on oxygen)

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
N/A	N/A	N/A	N/A	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 		<ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes,

			modifications to plan.
<p>1. Excessive Fluid Volume as evidenced by edema of the knees.</p>	<p>Patient complains of swollen and stiff knees and has a primary diagnosis of CHF.</p>	<p>1. Administer diuretics as prescribed and record patient's response.</p> <p>2. Monitor lab results for hyponatremia, hypokalemia, and hypochloremia.</p>	<ul style="list-style-type: none"> • Goal of getting fluid volume down was met through the use of diuretics. Patient is happy to not have stiffness in his knees anymore.
<p>2. Decreased Gas Exchange related to CHF as evidenced by 90% O2 while on oxygen machine.</p>	<p>The patient's O2 saturation was 90% while on oxygen. Labored breathing was observed when respiratory rate and pulse were taken.</p>	<p>1. Monitor K+ levels.</p> <p>2. Assess lung fields for breath sounds.</p>	<ul style="list-style-type: none"> • Patient is able to breath without laboring as much. • O2 saturation is above 92%.

Other References (APA):

Concept Map (20 Points)

Subjective Data

Pt chief complaint was swelling and stiffness of the knees. Stiffness gets worse when in bed for long periods of time.

Nursing Diagnosis/Outcomes

Diagnosis 1: Excess Fluid related to CHF as evidenced by Edema of the knees

Outcome 1: Goal of decreasing the fluid volume was met through the use of diuretics. Patient is happy to not have stiffness in his knees anymore.

Diagnosis 2: Decreased gas exchange as evidenced by 90% O2 Sat while on oxygen machine

Outcome 2: Patient is able to breath without as much laboring. Goal met, as O2 saturation is above 92%.

Objective Data

Pt is diagnosed with Congestive Heart Failure (CHF).

Vitals:
BP: 130/57
Pulse: 95
RR: 11
O2 sat: 90%
Temp: 95.2 F

Patient Information

Nursing Interventions

- Administer diuretics as prescribed and record patient's response
JC is a 95-year-old male
- Monitor lab results for hyponatremia, hypokalemia, and hypochloremia
- Monitor K+ levels
- Assess lung fields for breath sounds

