N311 Care Plan #1

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
09/21/2020	MR	53	F
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Household	S	NKA
Code Status	**Height**	**Weight**	
FULL	4'10"	151lbs	

Medical History (5 Points)

Past Medical History: Acute kidney injury, sarcoidosis, COPD (chronic obstructive pulmonary), left lower quadrant abdominal abscess, acute exacerbation of congestive heart failure, acute bronchitis.

Past Surgical History: N/A

Family History: She is a mother of 11 children and 8 grandchildren. A sister died from lung cancer and one brother had cancer of unknown type who still alive. Mother dad a breast cancer as well.

Social History (tobacco/alcohol/drugs): In remission

Admission Assessment

Chief Complaint (2 points):Dizziness

History of present Illness (10 points):Patient present on the acute basis of complains of shortness of breath and dizziness that started one day ago(onset). Head and chest(location). The patient was hospitalized at OSF for acute kidney injury from September 16 to September 20. When she started experiencing dizziness, she came back to the same hospital in the ambulance on September 20. (duration) Shortness of breath and dizziness were constant(characteristic). The patient felt due to dizziness (association). She cannot longer

go the restroom alone and she is on a high fowler position (relieve). She is taking albuterol 2.5 mg/3ml 4x a day for wheezing(treatment).

Primary Diagnosis

Primary Diagnosis on Admission (3 points):Low blood pressure

Secondary Diagnosis (if applicable):N/A

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

The patient was having dizziness, which caused falling when going to the bathroom. The dizziness is caused by hypotension, which is a physiologic state of blood pressure abnormally low. Hypotension occurs for adult when the systolic pressure is less than 90 mmhg and the diastolic pressure is less than 60 mmhg. Hypotension decreases blood flow and oxygen to tissue and organs which result in cellular damage and dysfunction. When oxygen decreases, the body cannot meet the energy needed for metabolism it called circulatory shock. Since the arterial pressure is determined by cardiac output. A decrease of these factors leads to hypotension such as blood volume redistribution, reduction of systemic vascular resistance, vascular obstruction, cardiac out pout, and low blood volume. Hypotension can originate from heart problem like a reduction of cardiac output, cardiac arrhythmias, and structure diseases. Next, hypotension can also result from vascular problems such as hypovolemia, vascular obstruction, and systemic vasodilatation. Finally, hypotension can result from kidney problem. kidney is a major organ that regulate blood pressure and blood volume. When blood pressure drops in the blood steam, the sodium filtration also drops. Then the kidney release renin to contract vessel to increase the pressure (Capriotti, 2020).

Since this patient has a history of heart failure and acute kidney injury, which predispose her to develop hypotension. Because the two organs affected are the most important in the regulation of blood pressure. Other causes of hypotension are pregnancy, dehydration, blood loss, extreme changes in the body temperature, and some medication. Common signs and symptoms of the low blood pressure include dizziness, fainting, lightheadedness, fatigue, shortness of breath, and blurry vision. Some diagnostics of hypotension are ECG for heart problem, assessment of the blood pressure, and tilt table test evaluate body' reaction when changing position. Treatment of low blood pressure such as eating healthy diet, getting up slow after sitting or lying, avoiding alcohol, and avoid heavy lifting.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2020). Pathophysiology: introductory concepts and clinical perspectives. Philadelphia: F.A. Davis Company.

Silva de Albuquerque, N. L., Saturnino de Oliveira, A. S., Mota da Silva, J., de Aquino de Almeida Peres, A., & Leite de Araujo, T. (2017). Relationship between cardiac ejection fraction and blood pressure in coronary heart patients. *Rev Rene*, *18*(5), 584–590. https://doi- org.ezproxy.parkland.edu/10.15253/2175-6783.2017000500004

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	4.0-4.9*10^6 /uL	4.98		
Hgb	12.0-16.0 g/dL	15.4		
Hct	37.0-48.0 %	44.6		
Platelets	150-400 10^3/uL	222		
WBC	4.00-10.9 10^3/uL	6.90		
Neutrophils	1.50-7.70 10^3/uL	91.9		It is caused by inhibitor like beta blockers, corticoid, infection, and auto immune disease or a cancer (cpriotti, 2020).
Lymphocytes	1.00-4.90 10^3/uL	5.6		Cardiac sarcoma cause lymphocytes to go up(Capriotti, 2020).
Monocytes	0.00-0.80 10^3/uL	2.3		Caused by chronic respiratory disease(Campriotti, 2020)
Eosinophils	0.00-0.50 10^3/uL	00		
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-	136-145 mmol/L	134	136	
K+	3.5-5.1 mmol/L	4.8	5.0	
Cl-	98-107 mmol/L	95	101	
CO2	21.0-32.0 mmol/L	28	26	
Glucose	60-99 mh/dL	104	131	It elevated due to kidney failure (Capriotti, 2020).

BUN	**5-20 mg/dL**	**29**	**35**	**Elevated BUN is due to kidney failure (Capriotti ,2020).**
Creatinine	**0.5-1.5 mg/dL**	**1.44**		**This is increased by AKI (Cpriotti, 2020).**
Albumin			**n/a**	
Calcium	**8.5-10.1 mg/dl**	**8.4**	**8.1**	**It is abnormal due to history of less magnesium of the client's body(Campriotti, 2020).**
Mag	**1.6-2.6 mg/dl**	**2.6**		
Phosphate			**n/a**	
Bilirubin	**negative**			
Alk Phos			**n/a**	

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	**5.0-7.0**	**5.0**		
Specific Gravity			**n/a**	
Glucose		**negative**		
Protein		**negative**		
Ketones			**n/a**	
WBC			**n/a**	
RBC			**n/a**	
Leukoesterase			**n/a**	

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			**n/a**	
Blood Culture			**n/a**	
Sputum Culture			**n/a**	
Stool Culture			**n/a**	

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J. P. (2020). Pathophysiology: introductory concepts and clinical perspectives. Philadelphia: F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

X-ray chest with two view.

Lung: ICD device in place on the left with electrodes extending into the right atrium and right ventricle. Pulmonary vasculature is normal, no auto infiltrates.

Heart: cardiomegaly, aorta appears unremarkable, mediastinum is between normal limit. Mild cardiomegaly. No evidence of CHF. ICD device in place with atrioventricular leads in place. No significant change.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	**Albuterol/ Proventil**	**Atorvastatin / Lipitor**	**Budesonide-formoterol fumarate/sym Bicort 160-4.5 Mcg/act**	**Carvedilol /Coreg**	**Cephalexin/Keflex**
Dose	**2.5 mg**	**Tablet 80 mg**	**2 puff 160**	**Tablet 12.5 mg**	**250 mg**
Frequency	**qd**	**Nightly**	**2x daily**	**2x a day**	**qd**
Route	**Oral inhale using a machine**	**oral**	**Inhale aero Via jet**	**oral**	**oral**
Classification	**Broncho dilatator**	**HMG-CoA reductase inhibitor.**	**Glucocorticoid steroids**	**Alpha and Beta blockers**	**antibiotic**

Mechanism of Action	**It opens air passage to facilitate breathing**	**It slows the production of cholesterol in the body to reduce the amount that build up arteries walls.**	**An anti-inflammatory that reduce inflammation and hyper-reactivity of the air ways.**	**Inhibit exercise that provoke tachycardia (Beta) and Alpha causes muscle relaxation**	**Inhibit of bacterial cell-wall.**
Reason Client Taking	**This medication prevents and treat wheezing, difficult breathing, and chest lightness caused by COPD**	**The client has a problem of hyperlipidemia So, this medicine will decrease the amount of bad (LDL) cholesterol to promote the good one (HDL) in the blood.**	**The client is taking it to help reduce inflammation caused by COPD in the lung.**	**This medication is used to treat heart failure and high blood pressure. It is also use after heart attack to improve pumping.**	**It treats bacterial infection of the respiratory track, like pneumonia.**
Contraindications (2)	**Overactive thyroid, and diabetes & ketoacidosis**	**Hepatic disease and cholestasis**	**Untreated tuberculosis & Herpes simplex infection.**	**Hypotension, heart failure, and bradycardia (if not good pacemaker)**	**Cephalosporin Hypersensitivity reaction can lead to fatal anaphylaxis**
Side Effects/Adverse Reactions (2)	**Nervousness, shakiness, headache, muscle aches**	**Diarrhea, heartburn, gas, joint pain, confusion, memory loss.**	**Nausea & joint pain**	**Allergy, Dizziness, chest pain, pain, swelling**	**Dizziness, Rectal or genital itching**

Medications Reference (APA):

Jones & Bartless Learning. (2020). 2020 Nurse's drug handbook (19th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL: Conversant **Alertness: alert and oriented** **Orientation: The client is oriented to person, place, and time.** **Distress: No apparent distress.** **Overall appearance: appropriate clotting**	
INTEGUMENTARY: **Skin color: Uniform, intact, and moist.** **Character: Smooth and hydrated** **Temperature: Warm** **Turgor: The skin returns in 2 sec** **Rashes: n/a** **Bruises: n/a** **Wounds: n/a** **Braden Score: 4+** **Drains present: Y☐ N ☒** **Type:**	
HEENT: **Head/Neck: Asymmetrical & swelling** **Ears: Symmetrical, same size, and color as the face.** **Eyes: Eyes contact.** **Nose: Symmetrical and midline** **Teeth: Smooth and shiny.**	**The client has swelling on the left side of the face and neck due to acute pain of unknow origin.** .

CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses: Present** **Capillary refill: Present** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	.
GASTROINTESTINAL: **Diet at home: Cardiac diet (low sodium &cholesterol.** **Current Diet The same as home diet.** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM: One day ago.** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	.
GENITOURINARY: **Color: light yellow** **Character: No smell** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	

MUSCULOSKELETAL: **Neurovascular status:** **ROM: It is good.** **Supportive devices: n/a** **Strength: Good mobility bilateral.** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: Needs help when getting up to prevent another fall due to dizziness.** **Activity/Mobility Status: independent.** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	.
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status: Very cooperative.** **Speech: Fluent speech** **Sensory: None** **LOC: Alert**	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s): conversing with family on the phone.** **Developmental level: Good** **Religion & what it means to pt.:** **Methodist & no explanation provided** **Personal/Family Data (Think about home environment, family structure, and available family support): She is a mother of 11 and 8 grant kids. She is on the phone with the family almost all day.**	.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:30	**96**	**119/84**	**18**	**98.1**	**98%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
7:30	**8**	**Face & neck**	**constant**	**sharp**	**Pain med was ordered.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
600 ml	**100 ml**

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

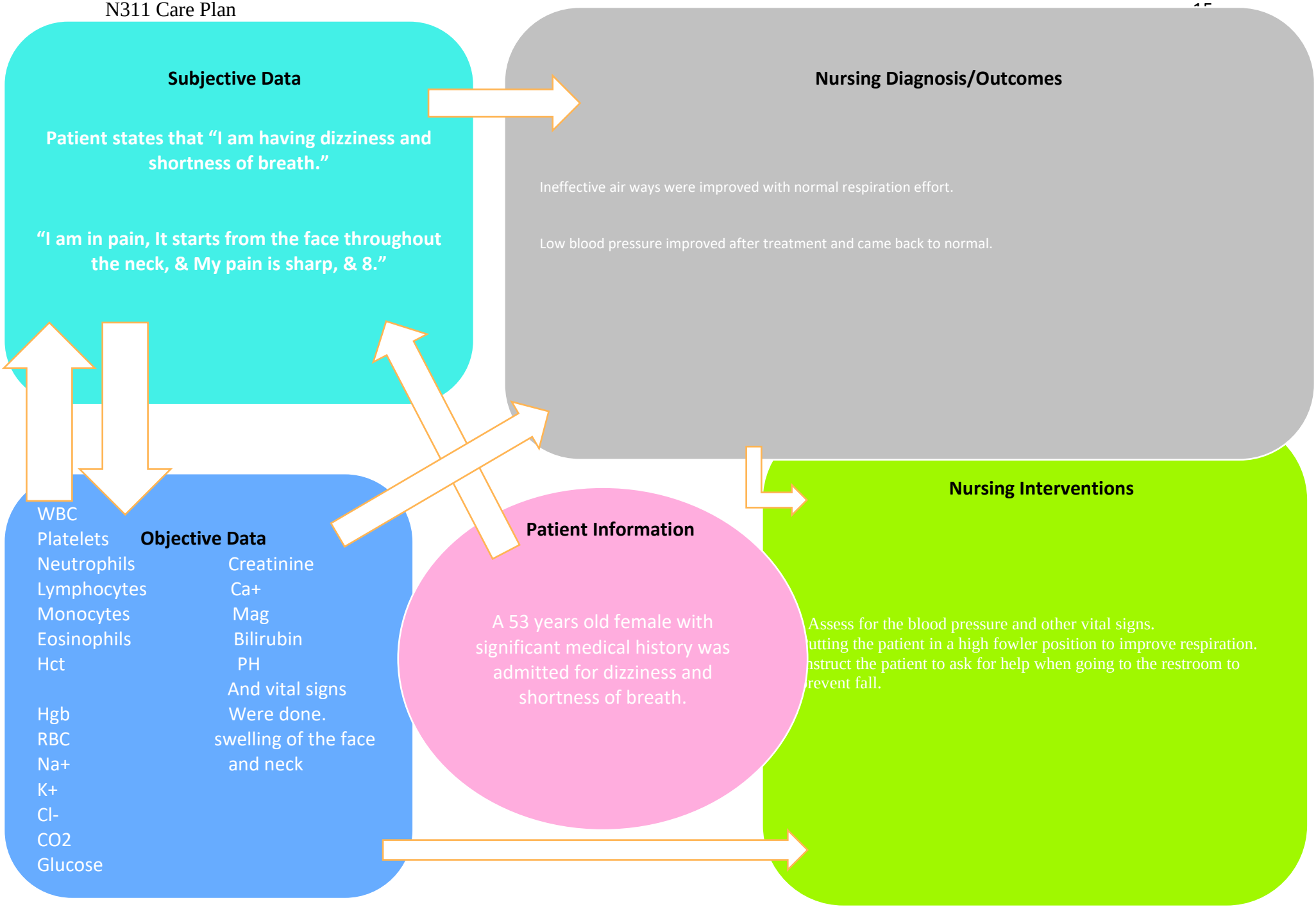
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective air ways causing short of breath	**The pt had difficulty breathing due obstruction of the air ways. Also, the pt history indicate a chronic obstruction of the air ways.**	**1.the pt reports that she feels comfortable when breathing.** **2.She was put on high fowler position to facilitate breathing and avowing any**	**Pt was able to breath normally, talking effectively, and sitting without complains.**

		dyspnea. Also, inhalation was administering.	
2. Low blood pressure causing dizziness	**The client reported dizziness. After assessing the vital signs, the nurse found that the patient had low blood pressure. It was chosen because it is cardiovascular and kidney response.**	**1. fluid was given to prevent dehydration and treat hypotension.** **2.** **Some medicine was administered to increase the blood pressure to a normal level.**	**Her BP came back to normal. The last BP was 119/84**

Other References (APA):

Ackley, B. J., Ladwig, G. B., Makic, M. B. F., Martinez-Kratz, M. R., & Zanotti, M. (2020). ***Nursing diagnosis handbook : an evidence-based guide to planning care*** **(Twelfth edition.). Elsevier.**

Concept Map (20 Points):


Subjective Data
Patient states that "I am having dizziness and shortness of breath."
"I am in pain, It starts from the face throughout the neck, & My pain is sharp, & 8."
Nursing Diagnosis/Outcomes
Ineffective air ways were improved with normal respiration effort.
Low blood pressure improved after treatment and came back to normal.
Objective Data
WBC
Platelets
Neutrophils
Lymphocytes
Monocytes
Eosinophils
Hct
Hgb
RBC
Na+
K+
Cl-
CO2
Glucose
Creatinine
Ca+
Mag
Bilirubin
PH
And vital signs
Were done.
swelling of the face and neck
Patient Information
A 53 years old female with significant medical history was admitted for dizziness and shortness of breath.
Nursing Interventions
Assess for the blood pressure and other vital signs.
utting the patient in a high fowler position to improve respiration.
nstruct the patient to ask for help when going to the restroom to revent fall.