N431 Care Plan #2

Lakeview College of Nursing

Patricia East

Demographics (3 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
9/27/2020	P.S.	69 y/o	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	N/A	Married	Tdap
Code Status	**Height**	**Weight**	
Full	167.6 cm	81.7 kg	

Medical History (5 Points)

Past Medical History: Hashimoto disease, vasovagal syncope, paroxysmal supraventricular tachycardia, hypertension, left bundle branch block, and transient ischemic attack.

Past Surgical History: Hysterectomy, cholecystectomy, appendectomy, and tonsillectomy.

Family History: Mother and brother have a history of cancer and are deceased. Father has a history of asthma and passed away form a massive heart attack.

Social History (tobacco/alcohol/drugs): Patient denies any use of alcohol, tobacco, or drug use.

Assistive Devices: No assistive devices needed.

Living Situation: Patient lives in Georgetown, IL with her husband. They have a dog named Missy.

Education Level: Unable to obtain.

Admission Assessment

Chief Complaint (2 points): Chest pain

History of present Illness (10 points): A 69-year-old Caucasian female presents in the emergency room on 9/27/2020 complaining of chest pain. Patient states that the chest pain started on Saturday 9/26. The patient states that pain was in the center of her chest and would come and go but did not change with rest. The patient states that on Sunday 9/28 that the pain was in her chest and radiated to the back of her should. The chest and shoulder pain started to

become constant. The patient states that the pain was achy and felt like needle pricks. The patient states that her chest also felt tight and felt her heart beating fast. Her chest pain was accompanied with a headache, shortness of breath, and dizziness. The patient said that nothing aggravated the chest pain. It just suddenly appeared when playing with her grandkids and did not reside when she took a rest period. The patient states that nothing relieved the pain. She took ibuprofen to help with the chest pain and the headache. The patient was diagnosed with supraventricular tachycardia (SVT) and a non-ST-elevated myocardial infarction (NSTEMI).

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Paroxysmal Supraventricular Tachycardia

Secondary Diagnosis (if applicable): Non-ST-elevation myocardial infarction (NSTEMI)

Pathophysiology of the Disease, APA format (20 points): Supraventricular tachycardia is classified between two types: atrial tachycardia and atrioventricular nodal reentry tachycardia (Mayo Clinic, 2019). The different between the two classifications is based on which pathway the electrical signal goes. The two atria's of the heart are beating over 100 beats per minute and the electrical signals are unable to coordinate. The signs and symptoms of supraventricular tachycardia include increased heart rate, fluttering in chest, palpitations, shortness of breath, dizziness, diaphoresis, pounding sensation in the neck, and near syncope/syncope (Mayo Clinic, 2019). Although supraventricular tachycardia can usually resolve on its own, individuals can experience complications. A complication from supraventricular tachycardia can be a heart failure, myocardial infarction, and cardiac arrest (Mayo Clinic, 2019). This patient complication of supraventricular tachycardia is a non-ST-elevated myocardial infarction. The patient states she had palpitations, shortness of breath, dizziness, near syncope, and pain that radiate from her chest

to the back of her shoulder. If a patient is experiencing these signs and symptoms, a provider may order an electrocardiogram, Holter monitory, even monitor, echocardiogram, and implantable loop recorder (Mayo Clinic, 2019). Her provider ordered a 12-lead electrocardiogram, a transthoracic echocardiogram, an x-ray of chest, troponin level, and a complete blood count with differential, and basic metabolic panel. These diagnostic tools allow the provider to detect electrical activity, visualize the heart and its structure and motion, and find the etiology of the supraventricular tachycardia (Mayo Clinic, 2019). The treatment for the supraventricular tachycardia includes medications, carotid sinus massage, vagal maneuvers, cardioversion, and catheter ablation.

A myocardial infarction is when a portion of the heart is deprived from oxygenated blood and if it goes without oxygen for a significant amount of time the cardiac muscle begins to die (Steinbaum, 2019). A myocardial infarction can be classified as a ST elevation myocardial infarction (STEMI) or a non-ST elevation myocardial infarction (NSTEMI). The difference between these two is a STEMI is complete blockage in the heart and a NSTEMI is a partial blockage (Mayo Clinic, 2020). The signs and symptoms of myocardial infarction include chest pressure, tightness, pain, or aching that can radiate to neck, jaw, or back (Mayo Clinic, 2020). A person experiencing a myocardial infarction may also experience shortness of beath, cold sweat, indigestion, heartburn, fatigue, or sudden dizziness (Mayo Clinic, 2020). The patient states that she experienced chest tightness, pain, and aching that radiate to her shoulder, shortness of breath, and dizziness. Complications from a myocardial infarction include abnormal heart rhythms, heart failure, and cardiac arrest (Mayo Clinic, 2020). The diagnostic tools to diagnose a myocardial infarction includes electrocardiogram, chest x-ray, and blood test like troponin and other cardiac proteins (Mayo Clinic, 2020). The patient had an echocardiogram performed on

9/28/2020 and the results were pending. The patient's Troponin level started at <0.030 and then increased to 0.056, 0.129, and 0.119. This indicates that there has been damage to the cardiac muscle. The medication for a myocardial infarction includes aspirin, thrombolytics, antiplatelet agents, pain relivers, nitroglycerin, betablockers, ACE inhibitors, and statins (Mayo Clinic, 2020). The patient was receiving Aspirin, Metoprolol, and Heparin to help reduce blood clotting, thin the blood, and to slow the heart rate and blood pressure to help the heart work more efficiently (Mayo Clinic, 2020).

Heart failure and cardiac arrest are both complications of supraventricular tachycardia and a non-ST elevation myocardial infarction. Heart failure occurs when the heart muscle becomes weak and can no longer efficiently pump the blood to the body (Mayo Clinic, 2020). The symptoms of heart failure include shortness of breath, weakness, swelling, tachycardia or dysrhythmias, persistent cough/wheezing, and chest pain (Mayo Clinic, 2020). Cardiac arrest is when the heart no longer is pumping (Mayo Clinic, 2020). The signs and symptoms of cardiac arrest include sudden collapse, pulselessness, no breathing, and loss of consciousness (Mayo Clinic, 2020). Signs and symptoms approaching cardiac arrest can include chest discomfort, shortness of breath, palpitation, and weakness (Mayo Clinic, 2020).

Pathophysiology References (2) (APA):

Mayo Clinic. (2020). ***Heart attack.*** **https://www.mayoclinic.org/diseases-conditions/heart-attack/diagnosis-treatment/drc-20373112**

Mayo Clinic. (2020). ***Heart failure.*** **https://www.mayoclinic.org/diseases-conditions/heart-failure/symptoms-causes/syc-20373142**

Mayo Clinic. (2019). ***Supraventricular tachycardia.*** **https://www.mayoclinic.org/diseases-conditions/supraventricular-tachycardia/symptoms-causes/syc-20355243**

Steinbaum, S. (2019,). ***Myocardial infarction (heart attack) causes and warning signs.***

WebMD. https://www.webmd.com/heart-disease/understanding-heart-attack-basics

Laboratory Data (15 points)

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	3.5-5.20	4.73	4.31	
Hgb	Female: 12-16 Male: 14-18	14.2	13.1	
Hct	Female: 37%-47% Male: 42%-52%	42.7%	38.9%	
Platelets	140-400	239	244	
WBC	4-11	5.30	5.00	
Neutrophils	55%-70%	44%	41.5%	Pagana (2019) states that neutrophils can decreased due to "dietary insufficiency" (p.977) *I am unsure what is causing her neutrophils to decrease
Lymphocytes	20%-40%	46.4%	45.9%	Pagana (2019) states that lymphocytes can be increased due to "inflammatory disorder" (p.977)

Monocytes	**2%-8%**	**6.3%**	**8.8%**	
Eosinophils	**1%-4%**	**2.9%**	**3.4%**	
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-	**135-145**	**139**	**138**	
K+	**3.5-5.0**	**4.0**	**3.8**	
Cl-	**98-106**	**105**	**105**	
CO2	**23-30**	**25**	**25**	
Glucose	**74-106**	**144**	**109**	**Pagana (2019) states that glucose can be increased due to "acute stress response" (p.464)**
BUN	**6-20**	**16**	**20**	
Creatinine	**0.6-1.2**	**0.93**	**0.70**	
Albumin	**3.5-5.5**	**4.3**	**3.9**	
Calcium	**8.4-10.5**	**9.6**	**9.2**	
Mag	**1.3-2.1**	**2.1**		
Phosphate				
Bilirubin	**0.3-1.0**	**0.4**	**0.5**	
Alk Phos	**30-120**	**45**	**42**	
AST	**0-35**	**23**	**21**	

ALT	**4-36**	**33**	**30**	
Amylase				
Lipase				
Lactic Acid				
Troponin	**<0.03**	**<0.030**	**0.119**	**Pagana (2019) states that troponin can be increased due to "myocardial infarction" (p.914)**
CK-MB				
Total CK				

Other Tests 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
INR	**0.8-1.1**	**1.0**	**1.0**	
PT	**10.1-13.1**	**11.5**	**12**	
PTT	**25-36**	**31**	**32**	
D-Dimer				
BNP				
HDL				
LDL				
Cholesterol				
Triglycerides				
Hgb A1c				
TSH	**0.270-4.200**	**0.152**		**Pagana (2019) states that TSH can be decreased due to "secondary hypothyroidism" (p.887).**

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format. NO URINALYSIS COLLECTED

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

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

NO ARTERIAL BLOOD GAS COLLECTED

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH				
PaO2				
PaCO2				
HCO3				
SaO2				

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

NO CULTURE COLLECTED

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

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). ***Mosby's diagnostic and laboratory test reference*****. St. Louis, MO: Elsevier.**

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

12-lead electrocardiogram: The patient was experiencing chest pain with palpitations and chest tightness. This was performed on 9/27/2020. Findings include sinus tachycardia and left bundle branch block. The patient was diagnosed with paroxysmal supraventricular tachycardia and a Non-ST-elevation myocardial infarction. On 9/28, another 12-lead electrocardiogram was performed. The findings include sinus bradycardia, left bundle branch block. The ventricular rate had decreased by 40 bpm.

X-ray of chest: The patient complains of chest pain. This procedure was performed on 9/27. The findings include mild ectasia of thoracic aorta and small calcified right hilar lymph nodes.

Adult Trans Thoracic Echo: PENDING RESULTS. This test was performed on 9/28/2020.

Diagnostic Test Correlation (5 points):

12-lead electrocardiogram: The 12-lead electrocardiogram has six limb leads and six chest leads that will provide a provider with a view of the electrical conduction if the heart (Pagana et al., 2019). This will help diagnosis if there is an error in electrical signals within the heart that is causing her supraventricular tachycardia and Non-ST-elevation myocardial infarction.

Xray of chest: The x-ray of chest was performed to visualize the pulmonary and cardiac systems (Pagana et al., 2019). For this patient, specifically, the providers are looking to view her heart and large vessels to identify if there are any underlying conditions contributing to her chest pain.

Adult Transthoracic Echocardiogram: The transthoracic echocardiogram provides the position, size, and movement of the valves and heart muscle wall (Pagana et al., 2019). The blood flow of the heart is observed during this test (Pagana et al., 2019). This test is performed to identify any heart abnormalities.

Diagnostic Test Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's diagnostic and laboratory test reference*. St. Louis, MO: Elsevier.

Current Medications (10 points, 1 point per completed med)
10 different medications must be completed

Home Medications (5 required) ONLY HAD 4 MEDS

Brand/Generic	Cyclobenzaprine hydrochloride/ Flexeril	Dextroamphetamine and Amphetamine/ Adderall	Fexofenadine pseudoephedrine/ Allegra 24	Multiple vitamins-minerals/ Ocuvite PO	
Dose	10 mg	10 mg	180 mg	1 tab	
Frequency	Daily, PRN	Daily	Daily	Daily	
Route	Oral	Oral	Oral	PO	
Classification	Skeletal muscle relaxant	Central nervous system stimulant	Antihistamine and decongestant	multivitamin	

Mechanism of Action	Reduces the hyperactivity of muscles	Stimulate that affect the chemicals that contribute to hyperactivity and impulse control in the brain and nerves.	Relives itchy eyes/nose/throat and relieves congestion by blocking histamine receptors	Prevents vitamin deficiency by providing vitamins to the body.	
Reason Client Taking	Muscle spasms	Unknown	Allergies	To help growth and good help	
Contraindications (2)	Acute recovery phase of MI Heart block/conduction disturbances	Heart disease Hardening of the arteries	Hypersensitivity to Allegra Urinary retention	Hypersensitivity to Ocuvite	
Side Effects/Adverse Reactions (2)	Arrhythmias – including tachycardia palpitations	Trouble breathing Chest pain	Trouble sleeping Irregular heartbeat	Constipation Upset stomach	
Nursing Considerations (2)	Help patient explore nonpharmacological methods to help promote relaxation Educate patient to move slowly to prevent orthostatic hypotension	Monitor for therapeutic effectiveness Monitor for abuse of drug	Do not give this medication with fruit juice Monitor for therapeutic effectiveness	This medication should not be giving with thyroid medication such as levothyroxine This medication can interfere with lab test and can cause false test results	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess that patient's range of motion and stiffness Assess the patients heart rate,	Asses for signs and symptoms of insomnia	Do not give this medication is a MAO inhibitor is used in the past 14 days	Assess if the patient has a a history of anemia	

	electrocardiogram, and any chest pains				
Client Teaching needs (2)	Educate patient to be cautious if experiencing dizziness or weakness Educate patient that they may experience a lack of alertness	Educate the patient to avoid driving until response to drug is known Educate patient to avoid caffeine-containing drinks	Educate the patient to not take this medication an antacid. Educate the patient not to drink fruit juices such as grapefruit, orange juice, or apple juice with this medication	Educate the patient to take this medication with food if it causes upset stomach Educate the patient to shallow this medication whole.	.

Hospital Medications (5 required)

Brand/Generic	Aspirin	Levothyroxine/ Synthroid	Metoprolol tartrate/ Lopressor	Polyethylene glycol/ Glycolax Miralax	Heparin Porcine/ Heparin Sodium
Dose	81 mg	137 mcg	50 mg	17 mg	5,000 units
Frequency	Daily	Daily in the AM with breakfast	BID	Daily, PRN	Q12 hours
Route	PO	PO	PO	PO	SUBQ
Classification	NSAID	Thyroid hormone replacement	Antianginal Antihypertensive MI prophylaxis and treatment	Laxative	Anticoagulant
Mechanism of Action	Prevents platelets from	Replaces the endogenous thyroid	Decreases cardiac excitement,	Promotes bowel elimination	prevents prothrombin to thrombin

	forming clots	hormone	output, and oxygen demand by inhibiting the stimulation of the beta 1 receptor site	by increase the water content in the intestinal tract	which prevents fibrinogen to convert to fibrin which prevents clots from forming
Reason Client Taking	MI	Hashimoto disease	Chest pain	Constipation	MI prophylaxis
Contraindications (2)	Hypersensitivity to aspirin Hemophilia	Acute MI Hypersensitivity to levothyroxine	Acute heart failure Hypersensitivity to metoprolol	Bowel obstruction Hypersensitivity to this medication	History of Heparin induced thrombocytopenia Hypersensitivity to heparin
Side Effects/Adverse Reactions (2)	GI upset Abdominal pain	Myocardial infarction Tachycardia	Bradycardia Arrhythmias	Bloating Upset stomach	Hematuria Easy bruising
Nursing Considerations (2)	Do not use aspirin if the bottle smells like vinegar This medication should not be crush, chewed, or broken.	Administer this medication as a single daily dose with breakfast Expect patient to have regular thyroid function test	Assess the electrocardiogram because they are at risk for AV block Expect to taper dosage over 1 to 2 weeks when discontinued	Mix this powder with 4 to 8 oz of juice, water, coffee, or tea Do not give more than one dose per day	Have another nurse verify the dose before administering Keep protamine sulfate at bedside
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess platelet function	Monitor PT of a patient who is receiving anticoagulants- dose may need to be adjusted	Assess the electrocardiogram Check blood sugar	Assess when the patients last bowel movement was Assess the consistency of the bowel movement	Monitor PT Verify the dose before administering
Client Teaching needs (2)	Educate the patient to	Educate patient that	Educate the patient to not	Educate patient that	Educate the patient to

	take medication exactly how it is prescribed Take this medication with food if it causes an upset stomach	this medication is lifelong because it replaces a hormone that is produced by the thyroid Take this medication with a full glass of water	take the medication if HR is less than 60/bpm and contact provider Educate patient that this medication cannot be stopped abruptly	long term use of laxative can cause a dependency Educate the patient to take this medication only once a day	report black stools, bleeding gums, and blood in urine Educate a patient to use a soft bristle tooth brush

Medications Reference (APA):

Drugs.com. (n.d.). ***Aspirin Uses, Dosage, Side Effects & Interactions.*** **https://www.drugs.com/aspirin.html**

Drugs.com. (n.d.). ***Fexofenadine and pseudoephedrine use, side effects & warnings.***

https://www.drugs.com/mtm/fexofenadine-and-pseudoephedrine.html

Drugs.com. (n.d.). ***Polyethylene glycol 3350 uses, side effects & warnings*****.**

https://www.drugs.com/mtm/polyethylene-glycol-3350.html

Jones & Bartlett Learning. (2019). ***2019 Nurses drug handbook*****. Burlington, MA.**

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** alert x3 **Orientation:** orient to place, time, and person **Distress:** appears to be in no distress **Overall appearance:** good, within normal limits	

INTEGUMENTARY (2 points): **Skin color:** pink **Character:** dry and intact **Temperature:** warm, temperature was 98.2 **Turgor:** rapid recoil, less than 3 seconds **Rashes:** no rashes or lesions noted **Bruises:** bruise on left lower quadrant from medication injection **Wounds:** no wounds present **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	
HEENT (1 point): **Head/Neck:** normocephalic, no swollen/tender lymph nodes noted. Carotid pulses present bilaterally. Trachea is midline. **Ears:** external ears appear to be clean with no drainage or erythema. **Eyes:** eyelids clean, no drainage or crust present. Sclera is white. Conjunctiva is pink and moist. PERRLA and EOM's intact. Pt does not wear glasses for corrective vision. **Nose:** septum is midline, sinuses nontender to palpitation. Membranes are pink and moist. No nasal drainage. **Teeth:** no dentures, pt. has good dentition.	
CARDIOVASCULAR (2 points): **Heart sounds:** S1 and S2 noted, no presence of S3 or S4. PMI present. No gallops or murmurs. **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** Sinus Bradycardia **Peripheral Pulses:** all pulses are 2+ and present bilaterally **Capillary refill:** less than 3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character:** Clear lung sounds bilaterally. No crackles,	**Patient denies any dyspnea or shortness of breath at rest or during activity.**

wheezes, or rubs.	
GASTROINTESTINAL (2 points): **Diet at home:** Regular **Current Diet:** Cardiac **Height:** 5'6" **Weight:** 81.7 kg **Auscultation Bowel sounds:** All bowel sounds are normoactive in all four quadrants. **Last BM:**9/28/2020 **Palpation: Pain, Mass etc.:** No pain with light/deep palpation in the RUQ, RLQ, and epigastric quadrants. No CVA tenderness. Abdomen is soft to palpation. **Inspection:** No presences of masses or organomegaly. **Distention:** No distention **Incisions:** No incisions **Scars:** Cholecystectomy scar **Drains:** no drains present **Wounds:** no wounds **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	**Patient denies any nausea, vomiting, or diarrhea. No blood in stool.**
GENITOURINARY (2 Points): **Color:** yellow, clear **Character:** no odor **Quantity of urine:** good urine output **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** Unable to assess. Patient denies sores or drainage present. **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Patient denies any difficulty with urinating. No flank pain present.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** Alert and oriented to person, place, and time **ROM:** good ROM, completed range of motion independently. **Supportive devices:** no supportive devices needed	.

Strength: strength is 5+ in all limbs, within normal limits **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☒ **Needs assistance with equipment** ☒ **Needs support to stand and walk**☐	
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** to person, place, and time **Mental Status:** alert, within normal limits **Speech:** normal and clear **Sensory:** intact, follows commands, within normal limits **LOC:** alert and oriented	.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** Patient is accepting and cooperative with staff. Patient is ambulating and proactive in care. **Religion & what it means to pt.:** N/A. **Personal/Family Data (Think about home environment, family structure, and available family support):** Patient lives at home with her husband and dog. The patient states that she has a good support system at home and has access to resources outside.	.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1325	**64**	**156/82**	**18**	**98.2**	**99% RA**
1547	**65**	**165/80**	**18**	**97.6**	**100% RA**

Vital Sign Trends: Her blood pressure is elevated. She is receiving Metoprolol and has not received her evening dose which could be why there is an elevation in blood pressure. Besides the blood pressure, her vital signs are within recommended range.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1325	**0/10**	**NA**	**NA**	**NA**	**NA**
1547	**0/10**	**NA**	**NA**	**NA**	**NA**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:20 g **Location of IV:** right hand **Date on IV:** 9/28/2020 **Patency of IV:** patent, flushes without resistance **Signs of erythema, drainage, etc.:** no erythema or drainage present. **IV dressing assessment:** dry and intact	Saline Lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
120 mL - PO **240 mL – PO**	**BM – 1** **Void x2**

Nursing Care

Summary of Care (2 points)

Overview of care: Patient is up ab lib, husband at bedside. Vitals and assessment completed. Getting ready for discharge

Procedures/testing done: No procedures or test completed during shift

Complaints/Issues: Patient denies pain or discomfort.

Vital signs (stable/unstable): Vitals are stable currently. Patient is in sinus bradycardia

Tolerating diet, activity, etc.: Patient is up with independently. She denies difficulty using the restroom. She is not experiencing any chest pains, tightness, or palpitations. She is on a cardiac diet.

Physician notifications: Physician is waiting on echocardiogram that was done earlier this afternoon. The physician is waiting for the results to decide if he wants to discharge tonight.

Future plans for patient: Waiting for discharge orders from physician.

Discharge Planning (2 points)

Discharge location: Patient is discharging home in Georgetown, IL.

Home health needs (if applicable): No home health needs

Equipment needs (if applicable): No equipment needed.

Follow up plan: Patient will need to follow up with her primary provider in two weeks.

Education needs: Patient was educated to stop taking Adderall. This medication contributed to the supraventricular tachycardia. The patient was also educated to not take metoprolol if HR is less than 60 and systolic bp is 100 or less.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	**Rational**	**Intervention (2 per dx)**	**Evaluation**
• Include full nursing diagnosis with "related to" and "as evidenced by"	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions?

components			• Client response, status of goals and outcomes, modifications to plan.
1. Risk for decreased cardiac output related to impaired electrical conduction as evidenced by supraventricular tachycardia (SVT), sinus bradycardia, left bundle branch, and non-ST-elevated myocardial infarction (NSTEMI).	**This patient was diagnosed with SVT and NSTEMI. This puts the patient at risk for poor cardiac output. The heart is unable to properly send signals to contract, therefore, disrupting the flow of blood to the rest of the heart and body.**	**1. Assess the patient's heart rate and blood pressure** **2. Assess for signs and symptoms: palpitations, chest pain, and shortness of breath.**	**The patient was understanding that is important to assess vitals and the signs and symptoms to act quickly if patient experiences decreased cardiac output. The patient will have a blood pressure above 90/60, a HR between 60-100 bpm, and normal sinus rhythm. The patient's pulse is 64, bp is 156/82, but EKG shows sinus brady.**
2. Risk for ineffective tissue perfusion related to decreased cardiac output as evidenced by sinus bradycardia.	**This diagnosis was chosen because the patient's cardiac rhythm is not consistent. She is at risk for ineffective cardiac output from a reduction of available oxygenated blood.**	**1. Assess for pallor, mottling, and clamming skin** **2. Assess the strength of peripheral pulses**	**The patient was accepting of these interventions. The patient's skin was pink, warm, and dry. There was no mottling presence. The peripheral pulses were 2+ bilaterally. The patient learned how to take her radial pulse which will be used daily before administering Metoprolol.**
3. Deficient knowledge related to lack of access to resources as evidenced by	**The patient was taking a medication that she was not aware of the reason why.**	**1. Educate the patient why this medication needs to be discontinued**	**The patient was receptive to the education that was provided. The patient's SVT was related to the**

patient stating, "I am not sure why I am taking Adderall. I don't know what provider prescribed Adderall to me"	**This medication was a contributing factor in her diagnosis.**	**2. Educate the patient the importance of understanding why she is taking medication and if they interact with other medications**	**Adderall and thyroid medication. A serve complication of Adderall includes a heart attack. It was stressed to the patient that this medication should not be taken. She understands and is meeting with primary provider in two weeks to discuss other options. Patient was again receptive to the information that was provided during discharge.**
4. Risk for fear/anxiety related to potential life-threatening implications as evidenced by shortness of breath, dyspnea, dizziness, and acute cheat pain.	**The patient is at risk for complications like myocardial infarction. If this occurs, she is at risk to experience fear and anxiety.**	**1. Answer all questions factually and provide information** **2. Acknowledge the patients fears and anger.**	**The patient stated she was afraid of experiencing a myocardial infarction again. Her husband, at bedside, stated that he "felt bad" not knowing she was in that much pain. The nurse educated her the signs and symptoms of a myocardial infarction and to call 911 or come back into the emergency department if she experiences any signs and symptoms. The patient and husband of the patient did a teach back of signs and symptoms of a myocardial infarction and what to do if these were being experienced.**

Other References (APA):

Swearingen, P.L., & Wright, J. D. (2019). ***All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health.*** **St.Louis, MO: Elsevier.**

Concept Map (20 Points):

Subjective Data

The patient states that her pain was an achy, needle prick. Her chest felt tight and her heart was beating fast. She reports shortness of breath, dizziness, and pain that radiates from her chest to the back of her shoulder.

Nursing Diagnosis/Outcomes

Risk for decrease cardiac output the goal is to maintain bp above 90/60, HR between 60-100, and normal sinus rhythm.

Risk for ineffective tissue perfusion the goal is to have warm, pink, and dry skin and peripheral pulses 2+ bilaterally.

Deficient knowledge the goal is for the patient to understand how the medication contributed to the SVT and NSTEMI and that she will refrain from taking it.

Risk for fear/anxiety the goal is patient and husband will identify signs and symptoms and what to do if the patient is experiencing the signs and symptoms to help reduce her level of anxiety and fear.

Objective Data

Troponin level : 0.056, 0.129, 0.119
1st EKG 12 lead: sinus tachycardia and left bundle branch block.
2nd EKG 12 lead: sinus bradycardia, left bundle branch, ventricular rate decreased by 40 bpm.
Chest Xray: mild ectasia of thoracic aorta and small calcified right hilar lymph node

Patient Information

69-year-old female with a history of Hashimoto disease, vasovagal syncope, hypertension, transient ischemic attack, and left bundle branch block. She was diagnosed with supraventricular tachycardia and non-ST-elevation myocardial infarction.

Nursing Interventions

Risk for decreased cardiac output: Assess heart rate and blood pressure and assess for signs/symptoms: chest pain, palpitations, and shortness of breath.

Risk for ineffective tissue perfusion: Assess for pallor, mottling, and clammy skin and assess peripheral pulses.

Deficient knowledge: Educate the patient the important of not taking the medication and how it contributed to her diagnosis.

Risk for fear/anxiety: Answer all questions with information that is factual and acknowledge the patients fears and anger.