N431 Care Plan # 2

Lakeview College of Nursing

Savannah Woods

Demographics (3 points)

Date of Admission 10/2/2020	Patient Initials R.T.A. Sr.	Age 70	Gender Male
Race/Ethnicity African American	Occupation Retired	Marital Status Married	Allergies Albuterol, Penicillin
Code Status Full	Height 6'6	Weight 232lbs 9.6oz	

Medical History (5 Points)

Past Medical History: acute on chronic combined systolic and diastolic congestive heart failure, acute respiratory failure with hypoxia & hypercapnia, chronic bronchitis, Chronic Obstructive Pulmonary Disease, Deep vein thrombus of distal vein of both lower extremities, diabetes mellitus, elevated troponin level, hypertension, Myocardial Infarction, Pulmonary edema cardiac cause, history of placement of internal cardiac defibrillator, sleep apnea

Past Surgical History: cardiac surg unlist; cardiac defibrillator placement; cardiac catherization

Family History: Chronic Heart Failure in mother, Hypertension in mother and sister

Social History (tobacco/alcohol/drugs): Quit smoking 11 months ago, use to stop a pack a day for 40 years, previous marijuana use, drinks occasionally/current

Assistive Devices: walker at home just in case; generally, gets around well, CPAP

Living Situation: lives at home with wife

Education Level: High school

Admission Assessment

Chief Complaint (2 points): Shortness of Breath

History of present Illness (10 points): O: Pt said that he has been having trouble breathing for a few months now, on the night of 10/20/2020 it became more difficult to breath than what he had been experiencing the pasts few months.

L: Chest

D: Mild constant, worse upon exertion.

C: Hard for him to get enough air in when breathing.

A: Client said that issues worsened mainly with exertion.

R: When client would rest it would become easier to breath.

T: Called the ambulance on 10/2/2020 when breathing became more difficult.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute exacerbation of Congestive Heart Failure

Secondary Diagnosis (if applicable): NA

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

Heart failure is a condition that develops when the heart does not pump the blood was well as it should be. Oxford Medicine describes heart failure as "a variety of phenotypic changes, many of which have been linked to abnormalities in the intracellular calcium signal. These range from mechanical dysfunction, usually characterized by reduced systolic contractile function, to electrophysiological dysfunction including QT interval prolongation, an increased incidence of ventricular premature beats and arrhythmic sudden cardiac death. In ventricular myocardial cells, intracellular Ca2+ ions fluxes govern the translation of the depolarizing sign into mechanical contraction, a process termed excitation-contraction coupling. Abnormalities of intracellular Ca2+ handling are

thought to underlie both mechanical and electrophysiological dysfunction in failing myocardium" (Oxford Medicine, 2020).

MayoClinic tells the many symptoms, causes, risk factors, complications, prevention, diagnostic procedures, and treatments for Heart Failure.

Symptoms: Fatigue, swelling (edema), ascites, rapid weight gain, lack of appetite or nausea, shortness of breath, rapid or irregular heartbeat, reduced ability to exercise, persistent cough or wheezing with white or pink blood-tinged phlegm, chest pain if causes by heart attack, difficulty concentrating or decreased alertness, and sudden severe SOB and coughing up pink foamy mucus (MayoClinic, 2020).

Causes: Coronary artery disease and heart attack, damage to the heart muscle, heart defects you're born with, high blood pressure, faulty heart valves, myocarditis, abnormal heart rhythms, and chronic diseases (diabetes, HIV, hypothyroidism, hyperthyroidism, buildup of iron or protein), (MayoClinic, 2020).

Causes of acute heart failure: severe infections, blood clots in the lungs, use of certain medications, viruses that attack the heart muscle, or any illness that can affect the entire body (MayoClinic, 2020).

Risk Factors: High blood pressure, diabetes, certain medications, coronary artery disease, heart attack, sleep apnea, congenital heart defects, viruses, alcohol use, obesity, irregular heartbeats, valvular heart disease, and tobacco use (MayoClinic, 2020).

Complications: Heart valve problems, liver damage, kidney damage or failure, and heart rhythm problems (MayoClinic, 2020).

Prevention: not smoking, maintaining a healthy weight, controlling certain conditions such as high blood pressure and diabetes, staying physically active, reducing stress, and managing stress, and eating healthy foods (MayoClinic, 2020).

Diagnostic testing: echocardiogram, chest X-Ray, stress test, blood tests, electrocardiogram, coronary angiogram, cardiac computerized tomography, myocardial biopsy, and magnetic resonance imaging (MayoClinic, 2020).

Treatment: Beta blockers, angiotensin-converting enzyme inhibitors, diuretics, angiotensin II receptor blockers, inotropes, aldosterone antagonists, and digoxin (MayoClinic, 2020).

Surgery and Medical devices: Heart valve repair or replacement, heart transplant, cardiac resynchronization therapy or biventricular pacing, coronary bypass surgery, implantable cardioverter-defibrillators, and ventricular assist devices (MayoClinic, 2020).

The client came into the ED with shortness of breath mainly upon exertion, he had previously been diagnosed with heart failure and multiple other health conditions. The client's cause of acute exacerbation of his heart failure can be cause my many influences. The client has diabetes, hypertension, sleep apnea, and a history of an MI which are all either risk factor or causes of heart failure according to MayoClinic. If these are not managed well the client can experience and exacerbation of his heart failure. Upon admission the client had blood work, an EKG, and a chest Xray done for diagnostics. The results showed many possibilities that could have aggravated his CHF. Client is being treated and is feeling much better, plans for discharge are being discussed soon.

Pathophysiology References (2) (APA):

Pathophysiology of heart failure: cellular and molecular changes. (n.d.) https://oxfordmedicine.com/view/10.1093/med/9780199577729.001.0001/med-9780199577729-section-4.

Mayo Foundation for Medical Education and Research. (2020, May 29). *Heart failure*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/heart-failure/symptoms-causes/syc-20373142.

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	**4.40-5.80 10(6)/mcL**	**4.51**	**4.75**	
Hgb	**13.0-16.5 g/dL**	**12.8**	**12.9**	**American Association for Clinical chemistry states that chronic inflammatory diseases such as COPD can cause low Hgb (AACC, 2020).**
Hct	**38-50%**	**39.4**	**41.3**	
Platelets	**140-440 10(3)/mcL**	**116**	**112**	**Some blood thinners or antibiotics can have a lowering affect on platelets, the client is on warfarin (AACC,2020).**
WBC	**4-12 10(3)/mcL**	**6.90**	**6.20**	
Neutrophils	**40-68%**	**66.4**	**68.8**	**Reaction to drugs and dietary deficiencies can have a raising effect on neutrophil count, considering it is slightly elevated (AACC,2020).**
Lymphocytes	**19-49%**	**23**	**20.7**	
Monocytes	**3-13%**	**9**	**9.2**	
Eosinophils	**0-18%**	**0.9**	**0.8**	
Bands	**NA**	**NA**	**NA**	

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-	133-144 mmol/L	140	140	
K+	3.5-5.1 mmol/L	3.7	3.7	
Cl-	98-107 mmol/L	108	107	Dehydration can be a cause of increased levels (AACC,2020).
CO2	21-31 mmol/L	21	24	
Glucose	70-99 mg/dL	272	130	Diabetes will increase a person's glucose levels (AACC,2020).
BUN	7-25 mg/dL	34	42	Congestive heart failure can have an increasing effect to BUN (AACC,2020).
Creatinine	0.50-1.20 mg/dL	1.36	1.18	Congestive heart failure can have an increasing effect to creatinine (AACC,2020).
Albumin	3.5-5.7 g/dL	3.3	NA	Chronic illness, diabetes, and congestive heart failure can have a decreasing effect on albumin levels (AACC,2020).
Calcium	8.8-10.2 mg/dL	9.0	9.7	
Mag	1.6-2.6 mg/ dL	1.9	NA	
Phosphate	NA	NA	NA	
Bilirubin	0.2-0.8 mg/ dL	1.6	NA	Due to client's lack of oxygen upon admission (AACC,2020).
Alk Phos	34-104 U/L	110	NA	Exposure to drugs that are toxic to the liver (AACC, 2020).
AST	13-39 U/L	33	NA	
ALT	7-52 U/L	77	NA	Exposure to drugs that are toxic to the liver (AACC, 2020).
Amylase	NA	NA	NA	
Lipase	NA	NA	NA	

Lactic Acid	**0.5-2.0 mmol/L**	**2.5**	**NA**	**CHF can have an increasing affect on lactic acid (AACC, 2020).**
Troponin	**0.000-0.040 ng/mL**	**0.723**	**NA**	**Damage to the heart (AACC,2020). Thought to be chronically elevated.**
CK-MB	**NA**	**NA**	**NA**	
Total CK	**NA**	**NA**	**NA**	

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**	**2.0**	**2.3**	**Blood thinners such as warfarin (AACC,2020).**
PT	**10.1-13.1 seconds**	**24.1**	**27.1**	**Blood thinners such as warfarin (AACC,2020).**
PTT	**25-36 seconds**	**29**	**NA**	
D-Dimer	**NA**	**NA**	**NA**	
BNP	**NA**	**NA**	**NA**	
HDL	**NA**	**NA**	**NA**	
LDL	**NA**	**NA**	**NA**	
Cholesterol	**NA**	**NA**	**NA**	
Triglycerides	**NA**	**NA**	**NA**	
Hgb A1c	**NA**	**NA**	**NA**	
TSH	**NA**	**NA**	**NA**	

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	**NA**	**NA**	**NA**	**No urinalysis was done on this client.**

pH	**NA**	**NA**	**NA**	
Specific Gravity	**NA**	**NA**	**NA**	
Glucose	**NA**	**NA**	**NA**	
Protein	**NA**	**NA**	**NA**	
Ketones	**NA**	**NA**	**NA**	
WBC	**NA**	**NA**	**NA**	
RBC	**NA**	**NA**	**NA**	
Leukoesterase	**NA**	**NA**	**NA**	

Arterial Blood Gas 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
pH	**7.35-7.45**	**7.42**	**NA**	
PaO2	**80-100 mmHg**	**82**	**NA**	
PaCO2	**35-45 mmHg**	**37**	**NA**	
HCO3	**22-26 mmol/ L**	**23.7**	**NA**	
SaO2	**95-100%**	**91**	**NA**	**Client came in SOB, was not getting enough oxygen (AACC,2020).**

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	**NA**	**NA**	**NA**	**No cultures were done on this client.**
Blood Culture	**NA**	**NA**	**NA**	
Sputum Culture	**NA**	**NA**	**NA**	
Stool Culture	**NA**	**NA**	**NA**	

Lab Correlations Reference (APA):

Tests Index. Lab Tests Online. https://labtestsonline.org/tests-index.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

EKG:

Sinus rhythm with occasional premature ventricular complexes and premature atrial complexes with ventricular escape complexes. Possible left atrial enlargement. Left axes deviation. Non-specific intra-ventricular conduction block. Interior infarct (citied on or before 18 feb 2020). Anterolateral infarct (citied on or before feb 18 2020). Abnormal EKG when compared to 19 Sept 2020, sinus rhythm is now with ventricular escape complexes.

Chest Xray single view portable:

Heart size to be mildly enlarged, unchanged. Pacemaker lead again noted with its tip in pre-ejection of the right ventricle, unchanged. Small left-sided pleural effusion. Hyper expansion of the chest. Interim development off a left perihilar and lower lung opacity most

likely atelectasis and/ or pneumonia. The interim development off a right basal opacity likely atelectasis and/or pneumonia.

Diagnostic Test Correlation (5 points): Both chest Xray and EKG are some of the most common diagnostic testing done when a client has chest or breathing issues. A chest XRAY can look at the heart and lungs while the EKG can check the heart (MayoClinic, 2019).

Diagnostic Test Reference (APA):

Mayo Foundation for Medical Education and Research. (2020, May 29). *Heart failure*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/heart-failure/symptoms-causes/syc-20373142.

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

Home Medications (5 required)

Brand/ Generic	**Budesonide (Pulmicort)**	**Metoprolol Succinate (Toprol-XL)**	**Simvastatin (Zocor)**	**Spironolactone (Aldactone)**	**Warfarin (Coumadin)**
Dose	**2 mL**	**25 mg tablet**	**40 mg**	**25mg**	**5mg (2.5 mg on Fridays)**
Frequency	**2x daily**	**3 tabs once a day**	**Nightly**	**Daily**	**Daily**
Route	**Nebulization (Inhalation)**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Chemical: glucocorticoid Therapeutic:**	**Chemical: beta1-adrenergic antagonist Therapeuti**	**Chemical: synthetically derived fermentation product of**	**Chemical: aldosterone antagonist Therapeutic: aldosterone**	**Chemical: coumarin derivativ**

	antiashtmatic, anti-inflammatory	**c: antianginal, antihypertensive, MI prophylaxis and treatment**	*Aspergillus terrus* **Therapeutic: antihyperlipidemic**	**antagonist, antihypertensive, diagnostic aid for primary hyperaldosteronism, diuretic**	**e Therapeutic: anticoagulant**
Mechanism of Action	**Inhibits inflammatory cells and mediators, possibly by decreasing influx into nasal passages, bronchial walls, or the intestines (Jones and Bartlett, 2019).**	**Inhibits stimulation of beta1-receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand (Jones and Bartlett, 2019).**	**Interferes with the hepatic enzyme hyrdoxymethygluterayl-coenzyme A reductase (Jones and Bartlett, 2019).**	**Prevents sodium and water reabsorption and causing their excretion through the distal convoluted tubules (Jones and Bartlett, 2019).**	**Interferes with liver's ability to synthesize K-dependent clotting factors, depleting clotting factors II, VII, IX, and X (Jones and Bartlett, 2019).**
Reason Client Taking	**COPD**	**History of MI**	**Reduce cholesterol levels**	**Edema**	**History of deep vein thrombosis**
Contraindications (2)	**Hypersensitivity to budesonide, recent septal ulcers**	**Acute heart failure, cardiogenic shock**	**Active hepatic disease, danazol**	**Acute renal insufficiency, Addison's disease**	**Bleeding tendencies, blood dyscrasis**
Side Effects/Adverse Reactions (2)	**Hypertension, fever**	**Anxiety, confusion**	**Chest pain, edema**	**Dizziness, nausea**	**Weakness, angina**
Nursing Consideration	**monitor patients**	**Check for sign of poor**	**Use cautiously in elderly with**	**Evaluate serum**	**Avoid IM**

s (2)	**with diabetes mellitus, glaucoma, cataracts, osteoporosis, peptic ulcers, or hypertension**	**glucose control inn patients with diabetes mellitus, use cautiously in patients with angina or hypertension**	**hepatic or renal impairment, monitor for elevated CPK level**	**potassium level 1 week after therapy begins, assess blood pressure for effectiveness**	**injections during warfarin therapy, monitor for hepatic impairment**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Determine is client has allergy to milk,**	**Assess ECG**	**Obtain liver enzymes before initiation**	**Check blood pressure and degree of edema**	**Check INR prior to initiation and monitor during**
Client Teaching needs (2)	**Caution against stopping drug abruptly, do not use as a rescue inhaler**	**Take with food at the same time each day, check blood glucose often if diabetic**	**Take drug in the evening, follow a low-fat, cholesterol-lowering diet**	**Take with meals or milk, avoid performing hazardous activities**	**If missed a dose take as soon as possible, use electric shaver**

Hospital Medications (5 required)

Brand/ Generic	**Tamsulosin (Flomax)**	**Mometasone (Asmanex)**	**Insulin lispro (Humalog)**	**Glucagon (Solr)**	**Losartan (Cozaar)**
Dose	**0.4 mg**	**100mcg/ Act 2 puffs**	**100 units/ mL 2-12 units**	**1 mg**	**25mg**
Frequency	**Nightly**	**2x daily**	**4x daily, with meals**	**PRN**	**Daily**

			& nightly		
Route	**Oral**	**Oral inhalation**	**Sub Q**	**Sub Q**	**Oral**
Classification	**Chemical: sulfammoylphenethylamine derivative Therapeutic: benign prostatic hyperplasia treatment**	**Chemical: glucocorticoid Therapeutic: antiashmatic, anti-inflammatory**	**Chemical: human insulin Therapeutic: antidiabetic**	**Chemical: synthetic hormone Therapeutic: antihypoglycemic**	**Chemical: angiotensin II receptor antagonist Therapeutic: antihypertensive, renoprotector**
Mechanism of Action	**Blocks alpha1-adrenergic receptors in the prostate (Jones and Bartlett, 2020).**	**Inhibits the activity of cells and mediators active in the inflammation response, possibly by decreasing influx of inflammation cells into nasal passages and therapy decreasing nasal inflammation (Jones and Bartlett, 2019).**	**Lowers blood glucose levels by stimulating peripheral glucose uptake by fat and skeletal muscle, or by inhibiting hepatic glucose production (Jones and Bartlett, 2019).**	**Increases production of adenylate cyclase, which catalyzes conversion of adenosine triphosphate to cAMP, a process that in turn activates phosphorylase (Jones and Bartlett, 2019).**	**Blocks binding of angiotensin II to receptor sites in many tissues, including adrenal glands and vascular smooth muscle (Jones and Bartlett, 2019).**
Reason Client Taking	**Help him urinate**	**COPD**	**Diabetes mellitus**	**For low blood sugar**	**Hypertension**
Contraindications (2)	**Hypersensitivity to tamsulosin, quinazolines or**	**Hypersensitivity to mometaso**	**Chronic lung disease,**	**Hypersensitivity to glucagon,**	**Concurrent aliskiren therapy,**

	their components	**ne, or to milk proteins**	**during episodes of hypoglycemia**	**pheochromocytoma**	**hypersensitivity to losartan or its components**
Side Effects/ Adverse Reactions (2)	**Dizziness, atrial fibrillation**	**Headache, chest pain**	**Confusion, headache**	**Hypotension, nausea**	**Fatigue, hypotension**
Nursing Considerations (2)	**Be aware that prostate cancer should be ruled out before therapy begins, know that if client takes on an empty stomach his blood pressure should be monitored because of the increased risk of orthostatic hypotension**	**If patient takes oral corticosteroid, expect to taper it slowly 1 week after changing to momentasone, report oropharyngeal candidiasis**	**Monitor for hypersensitivity, monitor closely for signs and symptoms of hypoglycemia**	**Rouse patient as quickly as possible because prolonged hypoglycemia can cause cerebral damage, give oral carbohydrates when patient is conscious or diagnostic procedure is completed to restore hepatic glycogen stores and prevent secondary hypoglycemia**	**Know that patients of African descent with hypertension and left ventricular hypertrophy may not benefit from losartan to reduce stoke risk, monitor renal function studies**
Key Nursing Assessment(s) /Lab(s) Prior to Administration	**Test for prostate cancer**	**Determine is client has milk protein allergy**	**Check blood glucose**	**Check glucose, determine if client has depleted hepatic glycogen stores caused by adrenal insufficiency**	**Check blood pressure**

				, chronic hypoglycemia, or starvation as it will not be effective	
Client Teaching needs (2)	**Do not chew, crush, or open capsules, change positions slowly**	**Instruct to gargle and rinse after each use of oral inhaler, caution not to use to relieve acute bronchospasm**	**Teach signs and symptoms of hyperglycemia and hypoglycemia, stress importance of taking as prescribed with meals**	**Teach how to recognize signs of hypoglycemia, monitor blood glucose levels**	**Advise to avoid exercising in hot weather and drinking excessive amount of alcohol**

Medications Reference (APA):

2019 Nurse's drug handbook. (2019). Burlington, MA: Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Client is alert and oriented x3, in no acute distress, well groomed**
INTEGUMENTARY (2 points):	**Skin color is appropriate for race, pink, warm**

Skin color: **Character:** **Temperature:** **Turgor:<3** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 22** **Drains present: Y☐ N ☒** **Type:**	**and dry, no rashes, bruises, old healing wound from right groin vascular puncture on 9/24/2020**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and neck are symmetrical, trachea is midline with deviation, thyroid is not palpable, not noted nodules, carotid pules are palpable and strong, no lymphadenopathy in the head or neck noted, sclera is white, cornea is clear, conjunctiva is pink, no visible drainage, lids are moist and pink without lesion or discharge noted, Auricle is moist and pink without lesions noted, septum is midline, no visible bleeding, sinuses are nontender, dentition is good, uvula is midline, oral mucosa is moist and pink without lesions noted** .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses: 2+ throughout** **Capillary refill:<3** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema: lower legs, 1+**	.**Clear S1 and S2 sounds without murmurs or gallops or rubs, PMI at 5th intercostal space,**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Respirations are regular even and nonlabored, symmetrical, lung sounds clear throughout bilaterally, no wheezes or crackles noted, client experiences minimal SOB upon exertion after treatment in admission**
GASTROINTESTINAL (2 points): **Diet at home: Normal** **Current Diet: Cardiac** **Height: 6'6** **Weight:232lbs 9.6oz** **Auscultation Bowel sounds:** **Last BM: 10/4/2020** **Palpation: Pain, Mass etc.:**	**Bowel sounds are normoactive in all four quadrants, soft, nontender, no organomegaly or masses, no incisions, scars, drains, wounds, or distention present**

Inspection: **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine: 200ml** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Client has no pain with urination, had trouble urinating is now on medication to help with that**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM: Full** **Supportive devices:** **Strength:5/5** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 35 low risk** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Full strength and ROM, has a walker at home in case he needs it but does not usually use it, is now tolerating activity well and moves around well by himself**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Alert and oriented x3, speaks and understands well**
PSYCHOSOCIAL/CULTURAL (2	**Client is friendly with medical staff and likes**

points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**to chat about life, has a supportive wife that he is ready to go home to.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0500	**88**	**116/74**	**18**	**98**	**98**
0715	**88**	**102/74**	**18**	**97.3**	**100**

Vital Sign Trends: Clients pulse, resp rate, temp and oxygen levels are consistent, clients BP systolic tends to fluctuate on the low side, could be from his antihypertensive medications.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0715	**0-10**	**NA**	**0**	**NA**	**NA**
1000	**0-10**	**NA**	**0**	**NA**	**NA**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge **Location of IV: top of left hand** **Date on IV: 10/2/2020** **Patency of IV: IV flushes well and returns**	Single lumen, saline lock

well **Signs of erythema, drainage, etc.: None** **IV dressing assessment: Clean and dry**	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
480 ml **100% of breakfast**	**Last bowel movement 10/4/2020** **200ml urine this morning**

Nursing Care

Summary of Care (2 points)

Overview of care: Blood work was done early this morning; vital sign was taken around 0500 and 0715. Client had an EKG and chest Xray when first admitted. Client ordered breakfast and ate it all. Accucheck was done before breakfast. Client was content and did not sue call light. Future discharge was being discussed, not sure when though.

Procedures/testing done: Blood work this morning and on admission, EKG, and chest Xray done upon admission.

Complaints/Issues: Client came in with complaints of shortness of breath, no complaints today. Client is feeling much better and ready to go home.

Vital signs (stable/unstable): Vital signs are stable, systolic blood pressure can fluctuate low at times.

Tolerating diet, activity, etc.: Client is on a cardiac diet while admitted, tolerates activity well. Has a walker at home just in case, does not typically use.

Physician notifications: Elevated troponin likely secondary to CHF and is likely chronically elevated.

Future plans for patient: Blood work, follow up appointments to schedule, and send back home.

Discharge Planning (2 points)

Discharge location: Home with wife

Home health needs (if applicable): NA

Equipment needs (if applicable): NA

Follow up plan: First discharge follow up on 10/8/2020. Heart failure follow up 1st available on 10/29/20.

Education needs: Recognizing signs of exacerbation of CHF and how to prevent future occurrences.

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

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. Activity intolerance related to imbalanced oxygen supply as evidenced by shortness of breath	**Client voiced that his SOB worsened upon exertion.**	**1.Eleavate the head of the bed** **2.Encourage patient to have adequate bed rest and sleep**	**Client took a nap with the head of the bed raised, he wore his CPAP and woke up with more energy.**
2. Decreased cardiac output related to altered myocardial contractility	**Client is diagnosed with CHF which causes the heart to not pump blood as well.**	**1. Monitor BP** **2.Monitor urine output**	**Clients BP is monitored 2x a shift, systolic tends to be low. Client is on medication to help him urinate; he has an output of 200ml so far**

evidenced by CHF			**this morning.**
3. Risk for impaired gas exchange related to COPD and CHF as evidenced by SOB.	**Client came into the ED with SOB, he has been previously diagnosed with COPD and CHF.**	**1.Encourage frequent position changes.** **2Maintain chair/bed in semi-fowlers position**	**Client is feeling much better and moves often, bed is maintained in an elevated position even when he sleeps.**
4. Excess fluid volume related to CHF as evidenced by edema in lower legs 1+.	**Client has 1+ edema in lower legs.**	**1.Monitor urine output, and fluid intake** **2. administer diuretics as prescribed**	**Clients fluid intake was 480 ml so far this morning, his urine out for this morning is 200ml. Diuretics are being administered as prescribed.**

Other References (APA):

Concept Map (20 Points):

Subjective Data

O: Pt said that he has been having trouble breathing for a few months now, on the night of 10/20/2020 it became more difficult to breath than what he had been experiencing the pasts few months.
L: Chest
D: Mild constant, worse upon exertion.
C: Hard for him to get enough air in when breathing.
A: Client said that issues worsened mainly with exertion.
R: When client would rest it would become easier to breath.
T: Called the ambulance on 10/2/2020 when breathing became more difficult.
Client reports no pain today, is in a good mood and likes to chat with the medical staff. Ate all his breakfast and took a midmorning nap.

Nursing Diagnosis/Outcomes

1. **Activity intolerance related to imbalanced oxygen supply as evidenced by shortness of breath**
2. **Decreased cardiac output related to altered myocardial contractility evidenced by CHF**
3. **Risk for impaired gas exchange related to COPD and CHF as evidenced by SOB.**
4. **Excess fluid volume related to CHF as evidenced by edema in lower legs 1+.**

Client took a nap with the head of the bed raised, he wore his CPAP and woke up with more energy.
Clients BP is monitored 2x a shift, systolic tends to be low. Client is on medication to help him urinate; he has an output of 200ml so far this morning.
Client is feeling much better and moves often, bed is maintained in an elevated position even when he sleeps.
Clients fluid intake was 480 ml so far this morning, his urine out for this morning is 200ml. Diuretics are being administered as prescribed.

Objective Data

Client has been diagnosed with multiple medical conditions including COPD and Chronic heart failure. He presented to the ED with SOB upon exertion determined to be caused by an acute exacerbation of his CHF. Client has 1+ edema in his lower legs. Client is on diuretics to help with his edema, has been urinating well. Since admission client reports less difficulty breathing and is feeling much better. His lung are clear throughout and clear S1 and S2 heart sounds. Plans for discharge are being discussed, he is excited to go home.

Patient Information

Initials: R.T.A. Sr.
Date of admission: 10/2/2020
Age: 70 Gender: Male
Race: African American
Occupation: Retired
Marital Status: Married
Allergies: Albuterol, Penicillin
Code Status: Full
Height: 6'6
Weight: 232lbs 9.6oz

Nursing Interventions

1.Eleavate the head of the bed

2.Encourage patient to have adequate bed rest and sleep

1. Monitor BP

2.Monitor urine output

1.Encourage frequent position changes.

2Maintain chair/bed in semi-fowlers position

1.Monitor urine output, and fluid intake

2. administer diuretics as prescribed