N311 Care Plan # 1

Lakeview College of Nursing

Jordan Helton

Demographics (5 points)

Date of Admission **10/12/2020**	**Patient Initials** **J.L.S**	**Age** **66**	**Gender** **Male**
Race/Ethnicity **Caucasian**	**Occupation** **Retired**	**Marital Status** **Single**	**Allergies** **Loratadine, strawberry, Bupropion**
Code Status **DNR**	**Height** **5'3" (63 in.)**	**Weight** **268 lb. (122 kg)**	

Medical History (5 Points)

Past Medical History: Arthritis, CAD, carotid stenosis, CHF, diabetes, stroke, Non-ST elevation, dizziness, history of CVA, HLD, Hypertension (HTN), Ischemic Cardiomyopathy

Past Surgical History: Appendectomy, CABG, hernia repair, heart cath, stent

Family History: Mother- heart, cancer, diabetes; Father- cancer, alcohol abuse; Sister- COPD; Brother- arthritis, cancer

Social History (tobacco/alcohol/drugs): Pt reports no use of tobacco or alcohol use; Pt reports no use of drugs or recreational use

Admission Assessment

Chief Complaint (2 points): Chest Pain

History of present Illness (10 points): On October 12th, a 66 y/o, white, single, male arrived at St. Anthony ED for chest pain c/o Shortness of breath. He states his pain as a 3/10. His left arm tingles with episode of chest pain, but tingling stops leading to more pain. Pt used nitroglycerin to help relieve pain before arriving at the ED. Pt has chronic chest pain and SOB. He is not a candidate for any further interventions. Pt was admitted for further observation. He has a good life at home by himself. He has been talked to by his doctor about palliative care. He has no way transportation to make trips to Carle for care options. He seems to not be interested at this time.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Chronic Heart Failure (CHF)

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points): Heart Failure occurs from a weakened ventricular muscle that is unable to sufficiently pump blood to the arterial circulation to meet the very needs of tissues. The less common way is for the inability of the ventricle to expand and fill up with enough blood volume (Capriotti, 2016). When this is accompanied with fluid retention, it could be considered Congestive Heart Failure (CHF). The heart continues to pump blood to supply the body with circulation. This is not done adequately, so pressure changes happen in the heart's chambers. So, a weakness or defect on one side of the heart leads to effects on the other side. Hypertension is a big factor for heart failure. The four major pathological changes that can lead to heart failure include: increased volume intake or overload, impaired ventricular filling, degeneration of ventricular muscle, and decreased ventricular contractile function. For this pt, his congestive heart failure has been a result of many past medical problems. His chronic chest pain is the reason for many hospital visits. He has had coronary artery disease, ischemic cardiomyopathy, history of CVA, and HTN.

Risk factors for CHF on this pt include: age (66), family history, having diabetes, obesity, possibly lifestyle, and kidney conditions from HTN (Capriotti, 2016). He had signs and symptoms of pitting edema in both lower extremities. He had shortness of breath and chest pain on arrival to the hospital. These are the main symptoms the pt had throughout his stay at the hospital.

To diagnose CHF, at least one of the major criteria and two of the minor criteria need to be present from the Framingham Criteria for Diagnosis of Congestive Heart Failure (Capriotti, 2016). To help determine the degree of heart failure, there are many tests that will help. Some tests include: chest x-ray, electrocardiogram, and cardiac catherization. A chest x-ray evaluates the lungs, heart, and vessels. The "Kerley-B lines" suggest HF (Swearingen & D, 2019) Electrocardiogram checks cardiac rhythm, rate, and electrical changes. Cardiac catherization determines coronary artery narrowing or obstruction. It also can determine ischemic heart disease (Swearingen & D, 2019).

Treatment for CHF depends on the severity. Taking precautions is a good way to help prevent further damage. Eating less salt, limit fluid intake, taking prescription medications, such as diuretics, and cardiac assist devices. My patient has taken some of these steps to help have better lifestyle. He has prescription medications for edema and fluid around his heart. He does a no salt diet at home. He has a past medical history of having a stent put in place. Pallative care was an option for him. He refused. The ultimate goal is to preserve his lifestyle due to no further interventions that can be possibly done.

Pathophysiology References (2) (APA):

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

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

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	Admission	Today's	Reason for Abnormal Value

	Range	Value	Value	
RBC	4.4-5.5	4.28	4.26	Low RBC count may result in having chronic heart failure. Chronic diseases tend to lower RBC count.
Hgb	13.1-16.0	13.4	13.2	
Hct	39.8-48.5	41.2	40.4	
Platelets	145-358	238	180	
WBC	4.6-9.1	12.1	7.4	
Neutrophils	2.3-5.7	7.12	4.55	
Lymphocytes	1.1-3.3	25.2	22.6	Lymphocytosis is caused by the body fighting an infection.
Monocytes	0.3-0.8	10.4	8.8	Since lymphocytes increased, so does monocytes due to an infection or the body fighting something off.
Eosinophils	0.03-0.45	4.1	5.7	Eosinophils are a type of WBC that helps defend against diseases. The body must be fighting an infection.
Bands	N/A	N/A	N/A	

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	135	133	Pt is already on a no salt diet. Low count may be associated with not receiving enough salt, history of heart failure, too many fluids, and diuretics. He takes diuretics for his +2 pitting edema.
K+	3.5-5.1	3.9	4.3	
Cl-	98-107	103	101	
CO2	21-32	27	27	
Glucose	74-106	43	238	Pt has a history of being a diabetic. Pt might be consuming too many sugars for meals.

BUN	7-18	31	27	BUN level is elevated due to a few factors. Pt being diabetic with a high glucose from latest lab result. He has a history of HTN and CHF.
Creatinine	0.7-1.3	1.41	1.24	
Albumin	3.4-5.0	3.3	N/A	
Calcium	8.5-10.1	9.0	8.7	
Mag	1.6-2.6	N/A	2.1	
Phosphate	N/A	N/A	N/A	
Bilirubin	0.2-1.0	0.4	N/A	
Alk Phos	45-117	51	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				*****No cultures completed for this pt**
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				*****No cultures completed for this pt**
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

HSHS St. Anthony's Memorial Hospital (2020). *Reference Range (lab value).* Effingham, IL.

Jane Vincent Corbett, & Angela Denise Banks. (2019). *Laboratory tests and diagnostic procedures : with nursing diagnoses*. Pearson.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

N/A

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

Medications (5 required)

Brand/Generic	Lipitor/	Coreg/	Plavix/	Nitrostat/	Lasix/

	Atorvastatin	Carvedilol	Clopidogrel	Nitroglycerin	Furosemide
Dose	40 mg	3.125 mg	75 mg	0.4 mg	40 mg
Frequency	1x daily	2x day	1x daily	Q 5 mins PRN	2x day
Route	oral	oral	oral	sublingual	oral
Classification	Antihyperlipidemic	Antihypertensive	Platelet aggregation inhibitor	Antianginal, vasodilator	Diuretic
Mechanism of Action	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver. Also enhances LDL uptake and breakdown.	Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance vascular resistance. Reduces plasma renin activity after 4 weeks of usage.	Will bind to ADP receptors on surface of activated platelets. This will block ADP, which deactivates nearby glycoprotein and prevents fibrinogen from attaching.	Reduces preload and afterload, which decreases myocardial workload and oxygen demand. This also dilates coronary arteries for better blood flow.	This inhibits Na and water reabsorption in the loop of Henle and increases urine formation.
Reason Client Taking	To help decrease cholesterol levels	To treat his ischemic cardiomyopathy or help prevent an MI	To prevent a stroke (from happening again) or an MI	To treat episodes of acute angina attacks	To help reduce edema in lower extremities due to CHF.
Contraindications (2)	Active hepatic disease, hypersensitivity to drug or its components	Hypersensitivity to drug, second- or third-degree AV block	Active pathological bleeding, hypersensitivity to drug	Acute MI, hypersensitivity to nitrates	Anuria, hypersensitivity to drug or its components
Side Effects/Adverse Reactions (2)	Arrythmias, thrombocytopenia	AV block, heart failure	Hypotension, acquired hemophilia	Arrythmias, hypotension	Arrythmias, thromboembolism

Medications Reference (APA):

2020 Nurse's drug handbook. (2020). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Alert and oriented to time, place, and person x3 No distress Well-groomed and appropriately to hospital setting
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 21 **Drains present: Y**☐ **N** ☒ **Type:**N/A	 Pink Warm/Dry Good skin turgor None None None
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck symmetrical and lymph nodes not palpable TM pearly gray and symmetric Eyes are PERRLA Symmetrical with no deviations Teeth in good condition, pink and intact mucosa .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y** ☐ **N** ☒ **Edema Y** ☒ **N** ☐ **Location of Edema:** Right lower leg and Left lower leg; Pitting edema +2	 S1 and S2; no heart murmur present 1^{st} AVB Normal sinus rhythm Strong and equal Less than 3 seconds; clubbing appeared to be present
RESPIRATORY: **Accessory muscle use: Y**☐ **N** ☒ **Breath Sounds: Location, character**	Respirations are regular and even. Crackles and wheezes are not present.
GASTROINTESTINAL: **Diet at home:**	 Pt has no salt to current diet and continues to

Current Diet **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y** ☐ **N** ☒ **Nasogastric: Y** ☐ **N** ☒ **Size:** N/A **Feeding tubes/PEG tube Y** ☐ **N** ☒ **Type:** N/A	have no salt for his diet at residency. 5’3” 268 lbs Bowel sounds are normoactive in all 4 quadrants Night of 10/12/2020 Light palpation with no pain occurrence; abdomen is soft, nontender, nondistended None None None None None Peripheral IV in right arm- 10/12/2020
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y** ☐ **N** ☒ **Dialysis: Y** ☐ **N** ☒ **Inspection of genitals:** **Catheter: Y** ☐ **N** ☒ **Type:** N/A **Size:** N/A	 Dark yellow (possibly dehydrated) Clear/Dark 600 mL Normal
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y**☐ **N** ☒ **Fall Risk: Y** ☒ **N**☐ **Fall Score:** 4 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	 Neuro: Alert and oriented x3 Strength in both upper and lower extremitites Pt uses both a cane and walker to ambulate Strong grip strength; leg strength strong Fall risk while ambulating; at least 1-person assist
NEUROLOGICAL: **MAEW: Y** ☒ **N**☐ **PERLA: Y** ☒ **N**☐ **Strength Equal: Y** ☒ **N** ☐ **if no -** **Legs** ☐ **Arms** ☐ **Both** ☐	Still uses a supportive device to get around for safety reasons.

Orientation: **Mental Status:** **Speech:** **Sensory:** **LOC:**	 Alert and oriented x3 Clear and fluent while speaking Alert (no impairment) A&O x3
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):**	 Pt enjoys watching movies at home Appropriate for age Goes to church at least three times a year Pt lives at home alone. He is being picked up from the hospital by his sister once discharged.

Vital Signs, 1 set (5 points)

Time	**Pulse**	**B/P**	**Resp Rate**	**Temp**	**Oxygen**
1100	95 bpm	149/73	16	98.3˚F	97%

Pain Assessment, 1 set (5 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
1100	Numeric 0-10	N/A	0/10	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
Juice: 300 mL ***no other input records** **Total: 300 mL**	**Urine: 350 mL** **Urine: 250 mL** **Total: 600 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. Fluid Overload	Related to having Congestive Heart Failure as evidence by +2 pitting edemas in lower extremities.	1.Assess for edema in dependent areas such as the legs, ankles, feet, and sacrum. 2. Monitor lab results for increased urine specific gravity, decreased Hct, increased urine osmolality, hyponatremia, hypokalemia, and hypochloremia.	Pt's edema will be evaluated, and medications will be adjusted to help with pitting edema. Edema will be controlled by end of discharge. Pt's lab results will be closely monitored for any indication for fluid imbalances. These fluid imbalances will be adjusted accordingly by the end of his stay.
1. **Decreased Multisystem Tissue Perfusion**	Related to having Congestive Heart Failure as evidence by having chest pain and c/o SOB.	**1.** Assess lungs for adventitious breath sounds and shortness of breath. **2.**Assist with ADLs and coordinate treatments and testing, promoting periods of undisturbed rest.	Assessing breath sounds will help early detection of SOB in patient. SOB should be resolved by discharge. Pt will have help with ADLs and use supportive

			devices at home (cane, walker, etc). Pt feels safe when using device. Pt will have a talk with nurse before discharge about help around the house.

Other References (APA):

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

Concept Map (20 Points):

Subjective Data

Nursing Diagnosis/Outcomes

1. Fluid Overload, related to having Congestive Heart Failure and fluid around the heart as evidence by +2 pitting edemas in lower extremities.
    a. Pt's edema will be evaluated, and medications will be adjusted to help with pitting edema. Edema will be controlled by end of discharge.
    b. Pt's lab results will be closely monitored for any indication for fluid imbalances. These fluid imbalances will be adjusted accordingly by the end of his stay.
2. Decreased Multisystem Tissue Perfusion related to having congestive heart failure as evidence by having chest pain and c/o SOB.
    a. Assessing breath sounds will help early detection of SOB in patient. SOB should be resolved by discharge.
    b. Pt will have help with ADLs and use supportive devices at home (cane, walker, etc). Pt feels safe when using device. Pt will have a talk with nurse before discharge about help around the house.

Pt states, "My pain is at the center of my chest. The pain is 3/10 on the scale."
Pt states, "My left arm was tingling, but resolved eventually. The tingling came back and worsened. I took nitro before coming here."

Objective Data

Patient Information

Nursing Interventions

1. 1.Assess for edema in dependent areas such as the legs, ankles, feet, and sacrum
2. Monitor lab results for increased urine specific gravity, decreased Hct, increased urine osmolality, hyponatremia, hypokalemia, and hypochloremia.
3. Assess lungs for adventitious breath sounds and shortness of breath.
4. **2.**Assist with ADLs and coordinate treatments and testing, promoting periods of undisturbed rest.

Clients chief complaint is chest pain and c/o SOB. Pt is diagnosed with Congestive Heart Failure.
Vitals:
BP- 149/73 mmHg
P- 95 bpm
T- 98.3°F
RR- 16
O2- 97%

A 66 year old white, single, male arrived at the ED early morning of 10/12/2020. Pt came in for chest pain and c/o SOB. The patient has a medical history of congestive heart failure and chronic chest pain.