

N311 Care Plan #2

Lakeview College of Nursing

Ashley Matusiak

**Demographics (5 points)**

<b>Date of Admission</b> 10/17/2020	<b>Patient Initials</b> J.F.	<b>Age</b> 79	<b>Gender</b> Female
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Retired	<b>Marital Status</b> Single	<b>Allergies</b> -Bactrim (Nausea) -Codeine (Nausea) -Keflex Cephalexin (Nausea) -Paxil -Morphine
<b>Code Status</b> Full Code	<b>Height</b> 5'7 (170.2 cm)	<b>Weight</b> 83.8 Kg (184 lbs)	

**Medical History (5 Points)**

**Past Medical History:** Arthritis, Coronary Artery Disease, Chest Pain, Depression, Fatigue, GERD, Hypertension, Hypercholesteremia, Irritable Bowel Syndrome, Insomnia, Multinodular Goiter, Neuropathy, Shortness of Breath

**Past Surgical History:** Back Surgery, Biopsy Thyroid, Bladder Surgery, Breast Biopsy, Cataract Extraction, Colonoscopy, Polypectomy, EGD, Heart Catheterization, Hysterectomy, Total Knee Arthroplasty

**Family History:** **Father:** No Known Problems, **Mother:** Breast Cancer, **Sister:** Breast Cancer

**Social History (tobacco/alcohol/drugs):** No use of tobacco, alcohol, or drugs

**Admission Assessment**

**Chief Complaint (2 points):** Chest Pain, NSTEMI (Non-St elevation myocardial infarction)

**History of present Illness (10 points):** **Onset:** On October 17<sup>th</sup>, a 79 y/o white, female, with a history of CAD was admitted to St. Anthony's hospital for increasing chest pain. **Location:** Patient reported pain in her chest, radiating to her back as well. **Duration:** Patient had onset of chest pain Saturday evening, and then the pain lasted all night eventually subsiding the following Sunday morning. **Characteristics:** Patient was unable to describe chest pain, but she reports pain

“feels like a toothache” in her chest. She also reports feeling occasional dizziness. **Aggravating factors:** Moving too much exacerbates patients’ pain. **Relieving Factors:** Patient reports “lifting my left breast up” relieves her pain. **Treatment:** Patient reports taking 2 sublingual nitroglycerin at home, but it had no effect on her pain.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** Decreased Cardiac Output

**Secondary Diagnosis (if applicable):** Acute Pain

**Pathophysiology of the Disease, APA format (20 points):** Non-ST elevation myocardial infarctions (NSTEMI) occur due to extended ischemia of the cardiac tissue or heart (Capriotti, 2020, p. 379). NSTEMI and STEMI MI’s are differentiated with STEMI MI’s being the complete blockage of a coronary artery, while NSTEMI MI’s are only partially blocked coronary arteries. Myocardial cells are damaged when needed oxygen is either not arriving, or is inadequate in amount which can be due to the location of the occluded coronary artery, length of time artery is obstructed, and the hearts availability of alternate collateral circulation (Caprotti, 2020, p. 379). These factors determine the amount of heart muscle damage or necrosis that will occur, and the likelihood of survival after an MI episode. If oxygen rich blood can be reinstated to the area the heart muscle affected, it can prevent necrosis, and the extent of damage to the myocardium can be lessened. However, ischemia lasting longer than 30 minutes typically leads to irreversible cellular damage and necrosis, which leads to decreased contractibility of the heart, and alterations of conduction in the myocardium (Caprotti, 2020, p. 379). Dead heart cells are inactive electrically and their cell membranes burst releasing cell contents into the interstitial spaces causing interstitial edema (Caprotti, 2020, p. 379). The area surrounding the dead tissue is known as the ischemic zone can be salvaged with the timely return of oxygen rich blood, while the zone of infarction becomes necrotic, turns pale and mottled in appearance, and is then swept away by phagocytic cells

(Caprotti, 2020, p.379). This leaves behind a soft and relatively thin myocardium which will eventually form scar tissue in about two weeks to two months' time following the MI incident (Caprotti, 2020, p. 379).

All body systems are affected by an MI because the weakening of the heart disrupts the blood flow to all other systems of the body. MI's can cause blood to back up on its way to the heart leading to fluid accumulation in the lungs and other body tissues, blood pressure in the arteries can drop leading to oxygen not being delivered to organs effectively, and the kidneys are often damaged because they require a lot of blood to function (Mayo Clinic, 2018). With severe blood flow problems organs can even begin to fail and cause the body to go into shock (Mayo Clinic, 2018). The heart itself can develop arrhythmias or rapid heart beating due to damage that disrupts the hearts conduction system, which can lead to cardiac arrest or even death (Mayo Clinic, 2018).

Common signs and symptoms of an MI include sweating (diaphoresis), difficult breathing (dyspnea), extreme anxiety, pallor, chest pain, and weak pulses (Caprotti, 2020, p. 380). Levine's sign can also indicate an MI, which is when a patient holds a fist to their chest to describe their pain (Caprotti, 2020, p. 380). It is also important to understand signs and symptoms are different for MI's depending on if patient is male or female. Since the patient I had was female, it is common for her pain to be referred to her back, which was one of her symptoms in the hospital.

Diagnostic testing for MI's includes an ECG, blood tests for specific cardiac enzymes or proteins, an echocardiogram, and radionuclide myocardial perfusion imaging (Caprotti, 2020, p. 381). An ECG shows ST elevation and ST depression, but is not enough to diagnosis an MI (Caprotti, 2020, p. 381). Blood tests confirm an MI by examining the elevated cardiac enzyme CPK-MB, and the elevated cardiac protein troponin I (Caprotti, 2020, p. 381). Cardiac troponin I is highly specific for cardiac muscle necrosis, and is the protein tested for in the patient I cared for in clinical. Echocardiograms are used to identify what portion of the heart was affected by the MI (Caprotti, 2020, p. 381). Lastly, radionuclide myocardial

perfusion imaging is a dye injected into the blood stream to highlight any areas of the heart which lack perfusion (Caprotti, 2020, p. 381).

The main focus of treatment for an MI is to reestablish blood flow. An antiplatelet medication, such as aspirin, should be given to stop cells from sticking together, then oxygen should be given if O<sub>2</sub> saturation is less than 95% (Caprotti, 2020, p. 382). Nitrates should be given for angina (chest pain), and morphine sulfate can be administered to relieve pain, improve gas exchange, and relieve patient anxiety (Caprotti, 2020, p. 382).

Percutaneous coronary intervention (PCI) can treat an MI by using a cardiac catheter which opens a blocked coronary artery by using a dye and balloon tip catheter to unclog the artery (Caprotti, 2020, p. 382). Thrombolytic agents, anticoagulants, and antiplatelet medications should also be used to dissolve and prevent clots in the arteries (Caprotti, 2020, p. 382). Beta- adrenergic blocker agents should be used as well to lower HR, BP, and myocardial contractability which decreases the oxygen needs of the myocardium (Caprotti, 2020, p. 382). If beta-adrenergic blockers cannot be used a calcium channel antagonist may be administered instead (Caprotti, 2020, p. 383).

### **Pathophysiology References (2) (APA):**

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis.

Heart disease. (2018, March 22). Retrieved October 22, 2020, from <https://www.mayoclinic.org/diseases-conditions/heart-disease/symptoms-causes/syc-20353118>

### **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.**

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason for Abnormal Value</b>
<b>RBC</b>	<b>3.90-5.00x 10<sup>6</sup>/UL</b>	<b>4.15</b>	<b>N/A</b>	
<b>Hgb</b>	<b>11.8-14.7 G/</b>	<b>13.0</b>	<b>N/A</b>	

	<b>DL</b>			
<b>Hct</b>	<b>36.3-45.2%</b>	<b>38.9</b>	<b>N/A</b>	
<b>Platelets</b>	<b>145-358x 10<sup>3</sup>/UL</b>	<b>261</b>	<b>N/A</b>	
<b>WBC</b>	<b>4.6-9.1x 10<sup>3</sup>/UL</b>	<b>7.3</b>	<b>N/A</b>	
<b>Neutrophils</b>	<b>45-75%</b>	<b>60.7</b>	<b>N/A</b>	
<b>Lymphocytes</b>	<b>10-20%</b>	<b>27.0</b>	<b>N/A</b>	<b>Higher than normal lymphocytes may indicate an infection, but high levels occurring after an illness are considered harmless and temporary (Mayo Clinic, 2018).</b>
<b>Monocytes</b>	<b>5%</b>	<b>9.2</b>	<b>N/A</b>	<b>Higher than normal monocytes may indicate an infection (Healthline, 2019).</b>
<b>Eosinophils</b>	<b>0.0-6.0%</b>	<b>2.0</b>	<b>N/A</b>	
<b>Bands</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	

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

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>Na-</b>	<b>136-145 MMOL/L</b>	<b>136</b>	<b>N/A</b>	
<b>K+</b>	<b>3.5-5.1 MMOL/L</b>	<b>3.6</b>	<b>N/A</b>	
<b>Cl-</b>	<b>98-5.1 MMOL/L</b>	<b>104</b>	<b>N/A</b>	
<b>CO2</b>	<b>21.0-32.0 MMOL/L</b>	<b>28.0</b>	<b>N/A</b>	
<b>Glucose</b>	<b>74-106 Mg/ DL</b>	<b>112</b>	<b>N/A</b>	
<b>BUN</b>	<b>7-18 Mg/DL</b>	<b>24</b>	<b>N/A</b>	<b>High BUN levels can be caused by low blood flow to the kidneys caused by dehydration or heart failure (Michigan Medicine, 2019)</b>
<b>Creatinine</b>	<b>.55-1.02 Mg/DL</b>	<b>.98</b>	<b>N/A</b>	

<b>Albumin</b>	<b>3.4-5.0 G/DL</b>	<b>3.9</b>	<b>N/A</b>	
<b>Calcium</b>	<b>8.5-10.1 Mg/DL</b>	<b>9.0</b>	<b>N/A</b>	
<b>Mag</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
<b>Phosphate</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
<b>Bilirubin</b>	<b>Negative</b>	<b>Negative</b>	<b>N/A</b>	
<b>Alk Phos</b>	<b>45-117 U/L</b>	<b>72</b>	<b>N/A</b>	

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Color &amp; Clarity</b>	<b>Yellow/ Clear</b>	<b>N/A</b>	<b>Yellow/Clear</b>	
<b>pH</b>	<b>5.0-9.0</b>	<b>N/A</b>	<b>6.0</b>	
<b>Specific Gravity</b>	<b>1.003-1.030</b>	<b>N/A</b>	<b>1.017</b>	
<b>Glucose</b>	<b>Normal</b>	<b>N/A</b>	<b>Normal</b>	
<b>Protein</b>	<b>Negative</b>	<b>N/A</b>	<b>Negative</b>	
<b>Ketones</b>	<b>Negative</b>	<b>N/A</b>	<b>Negative</b>	
<b>WBC</b>	<b>0-5 HPF</b>	<b>N/A</b>	<b>0-5</b>	
<b>RBC</b>	<b>0-5 HPF</b>	<b>N/A</b>	<b>0-5</b>	
<b>Leukoesterase</b>	<b>Negative</b>	<b>N/A</b>	<b>Trace</b>	<b>Trace levels of leukoesterase in urine may indicate an infection (U.S. National Library of Medicine, 2020)</b>

**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	Negative	Positive	>100000 col/MI	Culture result was non-lactose fermenting gram neg rods which are a common cause of UTI infection (U.S. National Library of Medicine, 2007)
Blood Culture	N/A			
Sputum Culture	N/A			
Stool Culture	N/A			

### Lab Correlations Reference (APA):

Blood Urea Nitrogen. (n.d.). Retrieved October 22, 2020, from <https://www.uofmhealth.org/health-library/aa36271>

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis.

Kyabaggu, D., Ejobi, F., & Olila, D. (2007, December). The sensitivities to first-line antibiotic therapy of the common urinary tract bacterial infections detected in urine samples at a hospital in metropolitan Kampala (Uganda). Retrieved October 22, 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3074367/>

Leukocyte esterase urine test: MedlinePlus Medical Encyclopedia. (n.d.). Retrieved October 22, 2020, from <https://medlineplus.gov/ency/article/003584.htm>

Lymphocytosis (high lymphocyte count) Causes. (2019, July 12). Retrieved October 22, 2020, from <https://www.mayoclinic.org/symptoms/lymphocytosis/basics/causes/sym-20050660>

Pietrangelo, A. (2019, November 19). What causes your monocyte level to be higher than normal? Retrieved October 22, 2020, from <https://www.healthline.com/health/monocytes-high#causes-of-high-levels>

**Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):**

**Troponin Quant Test Normal: <0.045 ng/ml Todays Value: 0.047 ng/ml**

High troponin levels are associated with cardiac muscle necrosis, especially following an MI (Caprotti, 2020)

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

**Medications (5 required)**

<b>Brand/ Generic</b>	<b>Atenolol (Tenormin)</b>	<b>Citalopram (Celexa)</b>	<b>Hydrochl oro- thiazide (Hydrodi uril)</b>	<b>Isosorbide mononitrate ER (Imdur)</b>	<b>Panto- prazole EC (Protonix )</b>
<b>Dose</b>	<b>50 mg</b>	<b>20 mg</b>	<b>12.5 mg</b>	<b>60 mg</b>	<b>20 mg</b>
<b>Frequency</b>	<b>2 times daily</b>	<b>daily</b>	<b>Every morning</b>	<b>daily</b>	<b>daily</b>
<b>Route</b>	<b>oral</b>	<b>oral</b>	<b>oral</b>	<b>oral</b>	<b>oral</b>
<b>Classificatio n</b>	<b>Beta blocker</b>	<b>Anti- depressant</b>	<b>diuretic</b>	<b>Nitrate</b>	<b>Proton pump inhibitor</b>
<b>Mechanism of Action</b>	<b>blocks the action of certain natural chemicals in your body, such as epinephrine, on the heart and blood vessels, lowers BP, HR, and strain on heart</b>	<b>Selective serotonin reuptake inhibitor</b>	<b>Causes you to make more urine, helps your body get rid of extra salt and water</b>	<b>Direct relaxant effect on vascular smooth muscles, and the dilation of coronary vessels improves oxygen supply to the myocardium</b>	<b>stomach a cid- suppressi ng effects by preventin g the final step in gastric acid productio n by binding to sulfhydry l groups of</b>

					cysteines found on the (H <sup>+</sup> , K <sup>+</sup> )-ATPase enzyme at the secretory surface of gastric parietal cell
<b>Reason Client Taking</b>	<b>Used to treat angina, following MI's</b>	<b>Treat client's depression</b>	<b>Reduces extra fluid in body, treats edema after heart attacks</b>	<b>To treat angina</b>	<b>To treat Pts GERD</b>
<b>Contraindications (2)</b>	<b>In sinus bradycardia, heart block greater than first degree</b>	<b>Pts with hypersensitivity to drug, increased concentrations of thioridazine, inducing dangerous arrhythmias</b>	<b>Medications that raise BP, Pts on NSAIDs</b>	<b>Drugs to treat erectile dysfunction-ED or pulmonary hypertension (such as sildenafil, tadalafil), riociguat</b>	<b>Certain azole antifungals, ampicillin, medications that require stomach acid to absorb them properly</b>
<b>Side Effects/ Adverse Reactions (2)</b>	<b>Dizziness, nausea</b>	<b>Sweating, dry mouth</b>	<b>Headache, dizziness</b>	<b>Headache, nausea</b>	<b>Headache, diarrhea</b>

**Medications Reference (APA):**

Contraindications for Celexa oral. (n.d.). Retrieved October 22, 2020, from <https://www.webmd.com/drugs/2/drug-8603/celexa-oral/details/list-contraindications>

Hydrodiuril Oral : Uses, Side Effects, Interactions, Pictures, Warnings & Dosing. (n.d.). Retrieved October 22, 2020, from <https://www.webmd.com/drugs/2/drug-7144/hydrodiuril-oral/details>

Imdur Oral : Uses, Side Effects, Interactions, Pictures, Warnings & Dosing. (n.d.). Retrieved October 22, 2020, from <https://www.webmd.com/drugs/2/drug-2552/imdur-oral/details>

Pantoprazole. (n.d.). Retrieved October 22, 2020, from <https://go.drugbank.com/drugs/DB00213>

Protonix Oral : Uses, Side Effects, Interactions, Pictures, Warnings & Dosing. (n.d.). Retrieved October 22, 2020, from <https://www.webmd.com/drugs/2/drug-18142/protonix-oral/details>

Tenormin Oral : Uses, Side Effects, Interactions, Pictures, Warnings & Dosing. (n.d.). Retrieved October 22, 2020, from <https://www.webmd.com/drugs/2/drug-9533/tenormin-oral/details>

### Assessment

#### Physical Exam (18 points)

<b>GENERAL:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	<b>Alert and oriented to time, place, and person</b> <b>X4</b> <b>No distress</b> <b>Well groomed, appropriately dressed</b>
<b>INTEGUMENTARY:</b> <b>Skin color:</b> <b>Character:</b> <b>Temperature:</b> <b>Turgor:</b> <b>Rashes:</b> <b>Bruises:</b> <b>Wounds:</b> <b>Braden Score:</b> <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b>	<b>Pink</b> <b>Dry/normal</b> <b>Warm</b> <b>Normal turgor 2+</b> <b>None</b> <b>Rt arm bruise</b> <b>Braden score: 22</b>
<b>HEENT:</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	<b>Head and neck symmetrical, normal cephalic,</b> <b>pts ears free of discharge, no difficulty</b> <b>hearing, eye symmetrical EOM, nose</b> <b>symmetry, no deviation, farsightedness</b>
<b>CARDIOVASCULAR:</b> <b>Heart sounds:</b> <b>S1, S2, S3, S4, murmur etc.</b> <b>Cardiac rhythm (if applicable):</b> <b>Peripheral Pulses:</b>	<b>Slight murmur during S1, S2 sounds normal,</b> <b>No S3 or S4 sounds, peripheral pulses 2+</b> <b>symmetric, capillary refill is less than 3</b> <b>seconds, no neck vein distention, possible</b> <b>edema in feet although pt denies any change in</b>

<p><b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	<p><b>feet</b></p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds:</b> Location, character</p>	<p><b>Respirations are regular, even and nonlabored, symmetrical, no wheezes or crackles present</b></p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>              <b>Distention:</b>              <b>Incisions:</b>              <b>Scars:</b>              <b>Drains:</b>              <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Type:</b></p>	<p><b>Cardiac diet</b>   <b>5'7</b>  <b>184 lbs</b>  <b>Bowel sounds normoactive in all 4 quadrants</b>  <b>This morning</b>  <b>No CVA tenderness</b>  <b>No abnormalities found upon inspection for distention, incisions, scars, drains, or wounds</b></p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Type:</b>              <b>Size:</b></p>	<p><b>Yellow</b>  <b>Not cloudy, clear</b>  <b>Voided x1</b>   <b>Pt has bladder issues, pain with urination</b></p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	<p><b>Normal ROM</b>  <b>Strength in both upper and lower extremities</b>  <b>No supportive devices</b>  <b>Strength in both arms and legs weak</b>   <b>Fall score 1</b></p>

<p><b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p><b>Can ambulate with no assistance</b></p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p><b>Cognitive of space, time, and location</b>  <b>Articulative speech</b>  <b>Mature and cognitive</b>  <b>Alert</b>  <b>No gross focal neurological impairments</b></p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p><b>Friends</b>  <b>Mature</b>  <b>No religion</b>  <b>Home support from friends, no living family</b></p>

**Vital Signs, 1 set (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:00am	65	145/70	15	97.6	94

**Pain Assessment, 1 set (5 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
10:30	Numeric 0/10	Head/bladder	5/10	Has a headache, painful urination	Make room dark for pt to rest

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
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<b>100% of meal</b>  <b>240 ml water</b>  <b>450 ml water</b>  <b>Total: 690 ml</b>	<b>Voided 1x</b>  <b>600 ml</b>  <b>BM: 1x</b>

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

<b>Nursing Diagnosis</b>	<b>Rational</b>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b>
<ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>		<ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<b>1. Decreased Cardiac Output</b>	<b>Related to MI symptoms, as evidenced by: “I feel like I have a toothache in my chest”</b>	<b>1.Administer Nitrates</b>  <b>2.Administer oxygen</b>	<b>Goal met. Meds are given by nurse.</b>  <b>Pt feeling much better, no chest pain reported</b>
<b>2. Acute Pain</b>	<b>Related to Headache pain symptoms, as evidenced by: “Can you shut the curtains my head hurts”</b>	<b>1. Check pt every two hours to see if she needs more water for headache</b>  <b>2.Allow Pt to rest by keeping room dark and hallway quiet</b>	<b>Goal partially met</b> <b>Pt still had headache, but it was not as bad as in the morning.</b>  <b>Pt was resting and drinking water to help with pain.</b>

**Other References (APA):**

**Concept Map (20 Points):**

**Subjective Data**

Pt states "can you shut the curtains my head hurts"

Pt states "It hurts to Urinate"

Pt states "the pain feels like I have a tooth ache in my chest"

Pt states "My chest is feeling much better now" the day after  
Back pain

**Nursing Diagnosis/Outcomes**

Decreased Cardiac Output related to MI symptoms, as evidenced by "the pain feels like a tooth ache in my chest"

-Goal met: meds are given by nurse

-Goal met: Pt feeling much better no chest pain

2.) Acute pain related to headache and urinating pain as evidenced by "It hurts to urinate", and Can you shut the curtains my head hurts"

-Goal met: Patient stayed adequately hydrated

-Goal met: Patient was resting, enjoyed room being dark and quiet

**Objective Data**

Clients chief complaint is angina. She is then diagnosed with an MI.

Vitals:

BP:145/70

Pulse: 65

RR: 15

Temp: 97.6

O2: 94%

Troponin diagnostic test: 0.047

Urine culture: positive for non-lactose fermenting gram negative rods

**Patient Information**

Troponin Quant test results show troponin is elevated, leading to an MI diagnosis. Urine culture comes back positive pt has UTI

**Nursing Interventions**

Administer Nitrates

Administer oxygen

Make room dark/quiet

Check Pt every two hours to see if they need more water





