N311 Care Plan # 2

Lakeview College of Nursing

Andrea Stiff

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
10/16/20	R.L.	84	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired	Married	No known allergies
Code Status	**Height**	**Weight**	
Full Code	152.4cm	54.6kg	

Medical History (5 Points)

Past Medical History: pacemaker, Diverticulitis, chronic back pain

Past Surgical History: ankle due to a break, pacemaker

Family History: Father: MI

Mother: lung cancer

Social History (tobacco/alcohol/drugs): n/a

No history of tobacco use

Admission Assessment

Chief Complaint (2 points): head/neck/back pain

History of present Illness (10 points): Patient said she fell two weeks prior to admission and hurt her rotator cuff, did not have medical attention for that fall. Patient fell again the day of admission and complained of head, left side neck, and back pain. When patient arrived, she went into V-tach. Patient said her back pain worsens when ambulating. Head and neck pain worsen when sleeping. The patients back pain is a sudden sharp pain and her head and neck is more like a dull pain. No associated pains. The patient uses a heating pad to decrease the pain in her and she takes 6 Tylenol daily for her neck and head pain.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Myocardial infarction, NSTEMI

Secondary Diagnosis (if applicable): Hypokalemia

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

The patient presented with left sided neck pain, which is one of the symptoms of an MI. The patient suffered from a Type 1 NSTEMI with wide complex tachycardia. The process of this was that the patient was hypokalemic which causes an arrythmia. Tachycardia lead to Ischemia to the heart and resulted in a MI. Acute Myocardial Infarction (MI) occurs when the heart tissue endured prolonged ischemia without recovery (Capriotti, 2015, p.373). This then causes the myocardial cells to suffer irreversible damage because of hypoxia and die in a process referred to as infarction or ischemic necrosis (Capriotti, 2015, p.373). There are two types of Myocardial Infarctions. STEMI and NSTEMI are the two classification and they are found on an ECG (Capriotti, 2015, p.373). The NSTEMI is the less extensive of the two (Capriotti, 2015, p.373). NSTEMI is due to the sudden lack of blood supply via partial occlusion of the affected vessel (Richard). A diagnosis of a NSTEMI is typically made when the patient has symptoms of an unstable angina (Richard). The patient had a Type 1 MI. Type 1 is defined as a spontaneous atherosclerotic plaque rupture and thrombotic obstruction of a coronary artery (Capriotti, 2015, p.273). There are three factors that depend on the severity of the MI. The location, length of time that the coronary artery has been occluded, and the hearts availability of collateral circulation (Capriotti, 2015, p. 273). These three factors will decide if the heart can survive. Creatine, Phosphokinase MB (CPK-MB) is a cardiac isoenzyme released from the dead myocardial cells (Capriotti, 2015, p.273). Cardiac Troponin (cTn) is a protein release from dead myocardial cells (Capriotti, 2015 p.273). The patient did have a high troponin level of 3.7, which is extremely

high. The changes in the ischemic myocardial cells tell us what is going on. The failure of the sodium potassium pump occurs because of the lack of energy (Capriotti, 2015, p.273). Potassium increases the in the extracellular space, and sodium remains in the cell (Capriotti, 2015 p.273). The hydrogen ion concentration also increases due to the increase of lactic acid from anaerobic metabolism (Capriotti, 2015, p.273). These changes are seen on ECG as ST segment changes (Capriotti, 2015, p.273).

Pathophysiology References (2) (APA):

Capriotti, Theresa M. and Frizzell, Joan Parker, "Pathophysiology: Introductory Concepts and Clinical Perspectives" (2015). *Faculty Bookshelf*. 75.

Richard N. Fogoros, M. (n.d.). NSTEMI: Non-ST-Segment Myocardial Infarction Explained. Retrieved October 22, 2020, from https://www.verywellhealth.com/non-st-segment-elevation-myocardial-infarction-nstemi-1746017

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Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80-5.41	3.65	3.64	**Certain drugs that treat irregular heartbeats can lower the RBC**
Hgb	11.3-15.2	11.1	11.3	**Low due to deficient # RBC**
Hct	33.2-45.3	33.4	32.8	**Low due to low # RBC**
Platelets	149-393	326	362	
WBC	4.0-11.7	17.0	11.5	**WBC responds to infection**
Neutrophils	45.3-79.0	69.6	69.0	
Lymphocytes	11.8-45.9	15.1	13.5	
Monocytes	4.4-12.0	13.9	16.8	**Response to an infection**
Eosinophils	0.0-6.3	1.0	0.4	
Bands	0-10%	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	141	138	
K+	3.5-5.1	2.7	3.0	**Myocardial Infarction**
Cl-	98-107	100	94	**Could be a sign of heart failure**
CO2	21-31	31	35	**Possible electrolyte imbalance**
Glucose	74-109	100	109	
BUN	7-25	21	18	
Creatinine	0.70-1.30	0.71	0.64	**Reduced blood flow to the kidneys**

Albumin	3.5-5.2	3.0	3.1	**Possible heart failure**
Calcium	8.6-10.3	8.6	9.0	
Mag	1.7-2.2	n/a	n/a	
Phosphate	2.5-4.5	n/a	n/a	
Bilirubin	0.3-1.0	0.9	1.2	**Possibly because of low RBC**
Alk Phos	34-104	242	202	

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 10/18**	**Reason for Abnormal**
Color & Clarity	Straw	No data values *	Straw	
pH	5.0-8.0	*	5.5	
Specific Gravity	1.005-1.034	*	1.020	
Glucose	Normal	*	Normal	
Protein	Negative	*	1 + A	**There is a protein present. Possible kidney disease**
Ketones	Negative	*	Negative	
WBC	0-5	*	5	
RBC	0-3	*	3	
Leukoesterase	Negative	*	Negative	

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	Negative	n/a	
Blood Culture	n/a	n/a	n/a	
Sputum Culture	n/a	n/a	n/a	
Stool Culture	n/a	n/a	n/a	

Lab Correlations Reference (APA):

Sarah Bush Lincoln Health Center Recourses

Capriotti, Theresa M. and Frizzell, Joan Parker,. (2015). "Pathophysiology: Introductory Concepts and Clinical Perspectives (2015). *Faculty Bookshelf*. 75.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

CT, Brain and head w/o contrast:

CSF spaces are normal in size and configuration for the patients age. Parenchymal attenuation is normal. Moderate volume loss. Old right occipital infarct. No extra-axial fluid collection, hemorrhage, mass, or evidence of acute infarct. Calvarium is intact. No paranasal sinus mucosal thickening.

Echocardiogram w/o contrast:

Indicated arrhythmia. Left ventricle appears normal in size and exhibits good systolic function normal ejection fraction around 55-60%. Mild left ventricular hypertrophy present. Left atrium is in upper limits of normal. Color-flow exam. Showed mild mitral and tricuspid regurgitation. Mild pulmonary hypertension with a pulmonary systolic pressure 42 millimeters of mercury. Doppler exam. Revealed grade 1 diastolic dysfunction.

XR Abdominal, Right Upper Quadrant:

Liver: Unremarkable

Gallbladder: No stones, No wall thickening, negative Murphy's Sign reported.

Common bile duct: Non-dilated, No visual stones.

Pancreas: Unremarkable as visualized.

Right Kidney: No hydronephrosis

XR Chest 1 View:

Heart size is normal. Lungs are clear. Stable pacer. No visualized pneumothorax or pleural effusion. Osseous structures are intact.

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

Medications (5 required)

Brand/Generic	**Amiodarone/ Pacerone**	**Baclofen/ Lioresal**	**Enoxaparin/ Lovenox**	**Hydrochlorothiazide /Aquazide**	**Duloxetine/ Cymbalta**
Dose	200 mg	5 mg	40 mg	40 mg	60 mg2
Frequency	BID	BID	Once Daily	Once Daily	Once Daily
Route	Oral	Oral	Sub Q	Sub Q	Oral
Classification	Antiarrhythmic	Muscle relaxant antispastic	Anticoagulant	Benzothiazine Diuretic antihypertension agent	Serotonin norepinephrine

Mechanism of Action	Exerts noncompetitive adrenergic blockade; blocks sodium, potassium, and calcium channels; prolongs the action potential and refractory period in myocardial tissue; slows conduction through the atrioventricular (AV) and sinus nodes.	Muscle relaxant and antispasticity agent is not fully understood. It inhibits both monosynaptic and polysynaptic reflexes at the spinal level, possibly by decreasing excitatory neurotransmitter release from primary afferent terminals, although actions at supraspinal sites may also occur and contribute to its clinical effect.	Binds antithrombin III, which leads to inhibition of coagulation factors IIa and Xa.	Hydrochlorothiazide inhibits the reabsorption of sodium and chloride ions in the distal renal tubule, resulting in diuresis. Increased potassium, magnesium, and bicarbonate excretion, decreased calcium excretion, and decreased uric acid excretion with resultant hyperuricemia.	The exact mechanism of action in the treatment of anxiety, central pain inhibition, and depression are unknown; however, it is believed to be related to SNRI potentiation in the central nervous system
Reason Client Taking	Arrhythmia	Spasticity	Blood Clots	Increase K+	Anxiety
Contraindications (2)	Severe respiratory failure, circulatory collapse, or severe arterial hypotension; hypotension, heart failure, and cardiomyopathy	Hypersensitivity to the active component or any of the ingredients -The intrathecal formulation should not be used for IV, IM, subcutaneous, or epidural administration -Epilepsy refractory to therapy -Peptic ulceration	Conditions with a high risk of hemorrhage, including major bleeding disorders, hemorrhagic stroke, arteriovenous malformations, major intraspinal or intracerebral vascular abnormalities, vascular aneurysms, focal lesions, active ulcerative conditions	Hypersensitivity to the active component or any of the ingredients or to other sulfonamide derived drugs -Anuria	Disorder with excess antidiuretic hormone called syndrome of inappropriate antidiuretic hormone, low amount of sodium in the blood, increased risk of bleeding. manic behavior, form of mania that has a lower severity of

			known or suspected esophageal varices, malignant neoplasm, or recent brain, spinal, or ophthalmic surgery		symptoms, Manic depression.
Side Effects/Adverse Reactions (2)	Corneal microdeposits, hypotension, and photosensitivity	Cardiac output decreased, hypotension, hypertension, diminished cardiovascular functions, peripheral edema	Bleeding, anemia, thrombocytopenia, elevation of serum aminotransferase, diarrhea, and nausea.	Anaphylactic reactions, necrotizing angiitis respiratory distress photosensitivity, fever, urticaria, rash, purpura, toxic epidermal necrolysis	Nausea, somnolence, headache, and dizziness.

Medications Reference (APA):

Sarah Bush Lincoln Health Center Recourses

Institute for Safe Medication Practices: ISMP Medication Safety Alert. (2020). *2020 Nurse's Drug Handbook.* (Nineteenth ed.). Burlington, MA: Jones & Bartlett learning

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 A/O x4 No distress Pt looks very tired and well groomed
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:n/a**	 Pink Dry Warm Turgor x3 Bruise lower abdomen due to injection No wounds 19 LEFT ARM: IV Peripheral 20 gauge RIGHT ARM: IV Peripheral 18 gauge
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Head and neck symmetrical, normal cephalic Ears are free of discharge, hearing is good Eyes symmetrical, wears prescription glasses Nose symmetrical, no deviations Teeth are well-groomed, no uvula deviation, mucosa is pink and moist .
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: n/a**	 Normal S1 and S2, no murmurs, no gallops, no rubs detected in S3 and S4 – has a Biventricular Pacemaker Pulses 2+ symmetrical Capillary refill less than 3s. No sign of edema
RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	Respirations are regular, even and nonlabored, no wheezes or crackles noted. • Pt was on 2L of humidified O2 • Pt does not have O2 at home
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:**	 Normal diet at home- stays away from sugars Regular diet 152.4 cm 54.6 kg Bowel sounds are active in all 4 quadrants

Last BM: **Palpation: Pain, Mass etc.:** **Inspection:** **Distention: n/a** **Incisions: n/a** **Scars: n/a** **Drains: n/a** **Wounds: n/a** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:n/a** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: n/a**	A.M. 10-20-20 No pain with palpation No abnormalities found
GENITOURINARY: **Color: n/a** **Character: n/a** **Quantity of urine: n/a** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☒** **Inspection of genitals: n/a** **Catheter: Y ☐ N ☒** **Type: n/a** **Size: n/a**	Pt. did not void
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 100** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk ☐**	Normal ROM Weaker than normal in both upper and lower extremities Walker Weak Pt walks with gait belt and walker Up w/ one
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:**	 Cognitive of space, time, and location Articulative speech Mature and cognitive

LOC:	Alert No gross focal neurological deficits
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):**	 Family Mature Christian Pt has a large family to lean on in tough times. Pt family visits often.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	**74**	**183/87**	**18**	**36.9**	**92**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	**Numeric 0-10**	**Head/neck/back**	**6**	**Sharp back pain**	**Repositioned**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
600 mL oral, 1000mL IV **20 mEq per 100 mL** **200 mL Amiodarone 360 mlg** **20 mEq per 100 mL Potassium Chloride**	**Did not see pt void**

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. Alteration in comfort: Related to back pain as evidenced by: "The pain in my back is a 6/10"	**The pt was in a lot of pain and the position she had been laying in was not comfortable to her. The pt asked for help to fix her pillows.**	**1.Heating pad** **2.Changing positions**	**No family was present. Goal Met: Pt stated the position change and adjustments were very helpful and relieving. Pt was very appreciative.**
2. Selfcare deficits: Related to Myocardial Infarction as evidenced by: Pt being weaker than normal.	**Pt did not need assistance walking prior to admission. After pt had the MI, she became a lot weaker. Pt also had 2 falls in the time frame of 2 weeks. Pt also did not have the strength to groom herself.**	**1. Walker** **2. Help w/ grooming**	**No family was present. Goal met: Pt felt more stable walking with a walker. Pt was much happier to have help cleaning up.**

Other References (APA):

Concept Map (20 Points):

Subjective Data

Pt stated the sharp pain in her back was a 6/10.
Pt stated she needed her pain meds.

Nursing Diagnosis/Outcomes

Alteration in comfort: Related to back pain as evidenced by: "The pain in my back is a 6/10"
Selfcare deficits: Related to Myocardial Infarction as evidenced by: Pt being weaker than normal.

Objective Data

Patient looked very uncomfortable
Patient was struggling to sit up in bed
B/P- 183.87
HR- 74
O2- 92
Temp- 36.9
RR- 18

Patient Information

atient said she fell two weeks prior to admission and hurt her rotator cuff, did not have medical attention for that fall. Patient fell again the day of admission and complained of head, left side neck, and back pain. When patient arrived, she went into V-tach. Patient said her back pain worsens when ambulating. Head and neck pain worsen when sleeping. The patients back pain is a sudden sharp pain and her head and neck is more like a dull pain. No associated pains. The patient uses a heating pad to decrease the pain in her and she takes 6

Nursing Interventions

Repositioned patient in bed, fixed the pillows 5 times until the pt was comfortable. Pt had the heating pad on her lower back. elped the patient get cleaned up, performed oral care and gave her artial bed bath. I didn't want the pt to feel incompetent, so I let help with bathing. Helped the patient ambulate with a gait belt a walker.

Note: pt more than likely to go to nursing/rehab facility