N431 Care Plan #2

Lakeview College of Nursing

Marranda Steffen

Demographics (3 points)

Date of Admission 10/18/20	**Patient Initials** ES	**Age** 68 years old	**Gender** Male
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Single	**Allergies** Simvastatin
Code Status DNR	**Height** 173 cm	**Weight** 78.0 kg	

Medical History (5 Points)

Past Medical History: Hypothyroid, Hyperlipidemia, Chronic Kidney Disease Stage III, Chronic Heart Failure, Pulmonary Vein Disease

Past Surgical History: Heart Catheterization, Cardiac Pacemaker Placement, Cardiac Surgery, Hip Replacement, Implantable Cardioverter Defibrillator

Family History: Mother - Coronary Artery Disease, Diabetes Mellitus, and Heart Attack

Social History (tobacco/alcohol/drugs): Patient denies use of alcohol and drugs. He admitted he was a former smoker.

Assistive Devices: None

Living Situation: Lives at Heritage Woods Assisted Living alone

Education Level: High School Diploma

Admission Assessment

Chief Complaint (2 points): Shortness of Breath (SOB), weakness, and Chest Pain

History of present Illness (10 points): Patient complained of acute SOB, weakness, and chest pain that started on October 17th. He stated that it felt like a stabbing pain in his chest and it got worse on exertion. The symptoms lasted until he presented to the emergency room where they gave him medication to relieve the pain. The treatment of the pain was oxygen via nasal canula and medication along with a comfort measure of placing the patient in semi-fowlers position in bed. The severity of the chest pain was a 7 on the numeric scale.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Coronary Artery Disease

Secondary Diagnosis (if applicable): Hypertension

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

Coronary Artery Disease

When cholesterol and fatty deposits builds up in the coronary arteries, it causes damage to the vessel walls and can decrease the blood flow to your heart (Mayo Clinic, 2020). The coronary arteries supply the heart with blood, oxygen, and nutrients (Cleveland Clinic, 2020). With a decrease in adequate blood, oxygen, and nutrients it can cause the heart not to work correctly and can result in life-threatening outcomes (Cleveland Clinic, 2020). Coronary artery disease starts at a young age with only a few steaks of fat along the vessel wall (Cleveland Clinic, 2020). Throughout life, the fat builds up causing more and more damage to the arteries (Cleveland Clinic, 2020).

There are a few main symptoms that are associated with coronary artery disease. Chest pain is one symptom that people experience (Mayo Clinic, 2020). The chest pain is often described as tightness or pressure in the chest and is felt on the middle or left side of the chest (Mayo Clinic, 2020). The chest pain can be labelled as either stable angina or unstable angina (Cleveland Clinic, 2020). Stable angina is chest pain during exertion and unstable is chest pain more frequently, including when at rest. (Cleveland Clinic, 2020). Another symptom that is experienced is shortness of breath with activities and can be accompanied by extreme fatigue (Mayo Clinic, 2020). When the artery becomes completely blocked then it will cause a heart attack (Mayo Clinic, 2020). There are a few symptoms that may be experienced when the patient has a heart attack (Mayo Clinic, 2020). Those include neck or jaw pain, nausea, fatigue, and shortness of breath (Mayo Clinic, 2020).

There are many diagnostic tests that can be performed to confirm the diagnosis of coronary artery disease. The diagnostic tests consist of electrocardiogram, echocardiogram, exercise stress test, nuclear stress test, cardiac catheterization and angiogram, and a cardiac CT scan (Mayo Clinic, 2020). All of these tests are used to look at the function of the heart and to determine where the blockage is (Mayo Clinic, 2020).

Lifestyle changes are important when treating coronary artery disease (Mayo Clinic, 2020). Those changes include quit smoking, eat healthy foods, exercise regularly, lose excess weight, and reduce stress (Mayo Clinic, 2020). Another way of treatment is the use of medications. Cholesterol-modifying medications are used to help decrease the fat deposits in the arteries (Mayo Clinic, 2020). Aspirin and beta blockers are used to help decrease the risk of a future attack (Mayo Clinic, 2020). Calcium channel clockers, ranolazine, and nitroglycerin are all used to help decrease the chest pain (Mayo Clinic, 2020). ACE inhibitors and ARBs are used to decrease the blood pressure which helps decrease the production of the coronary artery disease (Mayo Clinic, 2020). There are two more aggressive treatments that can be used along with lifestyle changes and medications. Angioplasty and stent placement can be done to compress the fat deposits in the arteries against the walls (Mayo Clinic, 2020). Coronary artery bypass surgery is used to rerouting the blood flow around the blockage by using a vessel from another part of your body (Mayo Clinic, 2020).

The patient’s manifestation such as shortness of breath, chest tightness, and chest pain correlates with the signs and symptoms of coronary artery disease. The patient was diagnosed with hypertension and hyperlipidemia which both are common causes of coronary artery disease (Mayo Clinic, 2020).

Pathophysiology References (2) (APA):

Cleveland Clinic. (2020). Coronary Artery Disease: Causes, Symptoms, Diagnosis & Treatments. Retrieved October 22, 2020, from https://my.clevelandclinic.org/health/diseases/16898-coronary-artery-disease

Mayo Clinic. (2020, June 05). Coronary artery disease. Retrieved October 22, 2020, from https://www.mayoclinic.org/diseases-conditions/coronary-artery-disease/symptoms-causes/syc-20350613

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	4.28-5.56	3.86	3.95	Patient has hypothyroidism (Capriotti & Frizzell, 2020).
Hgb	13-17	12.7	12.9	Patient has hypothyroidism (Capriotti & Frizzell, 2020).
Hct	38.1-48.9	37.6	38.4	Patient has hypothyroidism (Capriotti & Frizzell, 2020).
Platelets	149-393	240	240	
WBC	4-11.7	6.6	5.6	
Neutrophils	45.3-79	78.4	75.2	
Lymphocytes	11.8-45.9	8.8	8.0	Low levels seen in bacterial infection (Capriotti & Frizzell, 2020).
Monocytes	4.4-12.9	11.2	15.5	High levels seen in bacterial infection (Capriotti & Frizzell, 2020).
Eosinophils	0-6.3	0.9	0.8	
Bands	0-6	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-	135-145	135	143	
K+	3.5-5.1	4.4	3.9	
Cl-	98-107	100	101	
CO2	21-31	30	34	Patient has chronic kidney disease (Medline Plus, 2020).
Glucose	74-109	84	72	Patient has hypothyroidism (Capriotti & Frizzell, 2020).
BUN	7-25	31	29	Patient has chronic kidney disease (Capriotti & Frizzell, 2020).
Creatinine	0.7-1.3	1.17	1.27	
Albumin	3.5-5.2	3.7	N/A	
Calcium	8.6-10.3	8.6	8.4	Patient has chronic kidney disease (Capriotti & Frizzell, 2020).
Mag	1.6-2.4	N/A	N/A	
Phosphate	2.5-4.5	N/A	N/A	
Bilirubin	0.3-1	N/A	N/A	
Alk Phos	34-104	76	N/A	
AST	13-39	23	N/A	
ALT	7-52	27	N/A	
Amylase	23-85	N/A	N/A	
Lipase	0-160	N/A	N/A	
Lactic Acid	0.5-1	N/A	N/A	

Troponin	0-0.4	0.029	N/A	
CK-MB	5-25	4.04	N/A	It can be normally low (AACC, 2020).
Total CK	22-198	50	N/A	

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	1.68	N/A	
PT	11-13.5	20.2	N/A	
PTT	25-35	41.9	N/A	
D-Dimer	< 0.5	N/A	N/A	
BNP	<100	N/A	N/A	
HDL	> 40	N/A	43	
LDL	< 100	N/A	72	
Cholesterol	125-200	N/A	130	
Triglycerides	< 150	N/A	75	
Hgb A1c	< 5.7	N/A	N/A	
TSH	0.4-4.0	N/A	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	Clear	N/A	N/A	
pH	4.5-8.0	N/A	N/A	
Specific Gravity	1.002-1.030	N/A	N/A	

Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	Negative	N/A	N/A	
RBC	Negative	N/A	N/A	
Leukoesterase	Negative	N/A	N/A	

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	N/A	N/A	
PaO2	75-100	68.2	N/A	Patient is experiencing SOB (GLOWM, 2020).
PaCO2	35-45	37.1	N/A	
HCO3	22-26	26	N/A	
SaO2	94-100	N/A	N/A	

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	N/A	N/A	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (APA):

AACC. (2020). CK-MB. Retrieved October 23, 2020, from https://labtestsonline.org/tests/ck-mb

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

GLOWM. (2020). Laboratory Tests. Retrieved October 23, 2020, from https://www.glowm.com/lab_text/item/3

Medline Plus. (2020, July 30). Carbon Dioxide (CO2) in Blood: MedlinePlus Medical Test. Retrieved October 23, 2020, from https://medlineplus.gov/lab-tests/carbon-dioxide-co2-in-blood/

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Chest X-Ray

Diagnostic Test Correlation (5 points):

Chest X-Ray is used to detect the presents of fats within the vessels of the heart (Mayo Clinic, 2020). The X-Ray can also determine the if there is damage to the coronary arteries (Mayo Clinic, 2020). The results from the san showed moderately enlarged with trace left and right effusion.

Diagnostic Test Reference (APA):

Mayo Clinic. (2020, May 02). Chest X-rays. Retrieved October 23, 2020, from https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494

Current Medications (10 points, 1 point per completed med)

10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	**Lipitor atorvastatin**	**Soma carisoprodol**	**Clonapam clonazepam**	**Condarone amiodarone**	**Fer-Iron ferrous sulfate**
Dose	0.5 tablet	350 mg	0.5 tablet	200 mg	325 mg
Frequency	HS	TID	BID	QPM	QPM
Route	PO	PO	PO	PO	PO
Classification	Lipid-lowering agent	Skeletal muscle relaxant	Anticonvulsant	Antiarrhythmics	Antianemics
Mechanism of Action	Inhibits 3-hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA) reductase, an enzyme which is responsible for catalyzing an early step in the synthesis of cholesterol.	Skeletal muscle relaxation due to CNS depression	Anticonvulsant effects due to presynaptic inhibition. Produces sedative effects in the CNS, by stimulating inhibitory GABA receptors.	Prolongs action potential and refractory period. Inhibits adrenergic stimulation. Slows the sinus rate, increases PR and QT intervals, and decreases peripheral vascu- lar resistance (vasodilation).	An essential mineral found in hemoglobin, myoglobin, and many enzymes. Enters the bloodstream and is transported to the organs of the reticuloendothelial system (liver, spleen, bone marrow) where it becomes part of iron stores.
Reason Client Taking	Hyperlipidemia			Dysrhythmia	Low RBCs
Contraindica-tions (2)	Acute liver disease & Hypersensiti-vity	Hypersensiti-vity & Porphyria suspected porphyria	Hypersensiti-vity & Severe hepatic impairment	Patients with cardiogenic shock & Bradycardia	Anemia not due to iron deficiency & Hemochroma-osis
Side Effects/ Adverse Reactions (2)	Weakness & Peripheral Edema	Tachycardia & Dizziness	Behavioral changes & Palpitations	Disorientation & Congestive Heart Failure	Dark Stools & Syncope
Nursing Considerations (2)	Obtain a diet history, especially with regard to fat consumption. Do not confuse Lipitor with Loniten or	Assess geriatric patients for anticholinergic effects. Assess patient for pain, muscle stiffness, and range of motion	Assess need for continued treatment regularly. Monitor closely for notable changes in	Assess pacing and defibrillation threshold in patients with pacemakers and im- planted defibrillators at	Assess bowel function for constipation or diarrhea. Assess nutritional statuss and dietary history

	Zyrtec.	before and periodically throughout therapy.	behavior that could indicate the emergence or worsening of suicidal thoughts or behavior or depression.	beginning and periodically during therapy. Assess for nephrotoxicity.	to determine possible cause of anemia and need for patient teaching.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor serum cholesterol and triglyceride levels before initiating, after 2-4 weeks, and periodically thereafter. Monitor liver function tests initially and as clinically indicated.	Supervise ambulation and transfer of patients.	Monitor CBC and liver function tests periodically.	Monitor liver and thyroid functions before and every 6 months during therapy. Monitor for increased ANA levels.	Monitor hemoglobin, hematocrit, and reticulocyte values prior to and every 3 weeks during the first 2 months of therapy and periodically thereafter. Monitor serum ferritin and iron levels to assess for effectiveness of therapy.
Client Teaching needs (2)	Advise patient that this medication should be used in conjunction with diet restrictions (fat, cholesterol, carbohydrates, alcohol), exercise, and cessation of smoking. Avid grapefruit and grapefruit juice during therapy, may increase risk of toxicity.	May cause dizziness or drowsiness. Advise patient to avoid driving or other activities requiring alertness until response to drug is known. Instruct patient to change positions slowly to minimize orthostatic hypotension.	Emphasize the importance of follow-up exams to determine effectiveness of the medication. Advise patient to not share medication with others.	Teach patient to monitor pulse daily and report abnormalities. Advise patient to avoid drinking grapefruit juice during therapy.	Explain purpose for iron therapy top patient. Advise the patient that stools may become dark green or black.

Hospital Medications (5 required)

Brand/Generic	**Neurontin gabapentin**	**Lopresor metoprolol**	**Xarelto rivaroxaban**	**Imdur isosorbide mononitrate**	**Zaroxolyn metolazone**
Dose	300 mg	12.5 mg	15 mg	30 mg	2.5 mg

Frequency	BID	Daily	QPM	QAM	Daily
Route	PO	PO	PO	PO	PO
Classification	Analgesic Adjuncts	Antihypertensive	Anticoagulants	Antianginals	Antihypertensive
Mechanism of Action	Mechanism of action is not known. May affect transport of amino acids across and stabilize neuronal membranes.	Blocks stimulation of beta$_1$ (myocardial)-adrenergic receptors. Does not usually affect beta$_2$ (pulmonary, vascular, uterine)-adrenergic receptor sites.	Acts as selective factor X inhibitor that blocks the active site of factor Xa, inactivating the cascade of coagulation.	Produce vasodilation (venous greater than arterial). Decrease left ventricular end-diastolic pressure and left ventricular end-diastolic volume (preload). Net effect is reduced myocardial oxygen consumption. Increase coronary blood flow by dilating coronary arteries and improving collateral flow to ischemic regions.	Increases excretion of sodium and water by inhibiting sodium reabsorption in the distal tubule. Promotes excretion of chloride, potassium, magnesium, and bicarbonate. It can produce arteriolar dilation.
Reason Client Taking	Chest Pain	Hypertension		Chest pain associated with CHF	Hypertension
Contraindica-tions (2)	Hypersensiti-vity & Use cautiously in patients with renal insufficiency	Cardiogenic shock & Heart Block	Active major bleeding & Severe renal impairment	Hypersensitivity & Concurrent use of sildenafil, vardenafil, or tadalafil.	Hypersensitivity & Anuria
Side Effects/ Adverse Reactions (2)	Sedation & Weakness	Heart Failure & Dry Mouth	Syncope & Bleeding	Dizziness & Tachycardia	Hypokalemia & Hyperuricemia
Nursing Considerations (2)	Monitor closely for notable changes in behavior that could indicate the emergence or worsening of suicidal thoughts or	Monitor BP, ECG, and pulse frequently during dose adjustment and periodically during therapy. Take apical pulse before administering. If <50 bpm or if arrhythmia occurs, withhold	Assess for signs of bleeding and hemorrhage. Monitor patients with epidural catheters frequently for signs and symptoms of neurologic	Assess location, duration, intensity, and precipitating factors of anginal pain. Monitor BP and pulse routinely during period of dosage adjustment.	Monitor BP before and periodically during therapy. Assess patient for allergy to sulfonamides.

	behavior or depression. Assess location, characteristics, and intensity of pain periodically during therapy.	medication and notify health care professional.	impairment.		
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	May have false-positive readings when testing for urinary protein with *Ames N-Multistix SG* dipstick test. May cause leukopenia.	Monitor for increase in BUN, serum lipoprotein, potassium, triglyceride, uric acid levels, ANA titers, blood glucose, and liver function tests.	Monitor for increased serum AST, ALT, total bilirubin and GGT levels.	Monitor for an increase in methemoglobin concentrations with the use of excessive doses.	Monitor electrolyte levels (especially potassium), blood glucose, BUN, and serum creatinine and uric acid levels before and periodically during therapy.
Client Teaching needs (2)	Advise patient not to take gabapentin within 2 hours of an antacid. Instruct patient to notify health care professional of medication regimen before treatment or surgery.	Instruct patient to take medication as directed, at the same time each day, even if not feeling well; do not skip or double up on missed doses. Advise patient to change positions slowly to minimize orthostatic hypotension.	Instruct patient to take medication as directed, take missed doses as soon as remembered that day. Advise patient to report any symptoms of unusual bleeding or bruising.	Caution patients to make position changes slowly to minimize orthostatic hypotension. Advise patient to notify health care professional if dry mouth or blurred vision occurs.	Instruct patient and family in correct technique for monitoring weekly BP. Instruct patient to monitor weight biweekly and notify health care professional of significant changes.

Medications Reference (APA):

F. A. Davis Company. (2015). Nurse's Med Deck. Retrieved October 07, 2020, from https://davisplus.fadavis.com/3976/MedDeck/

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	This patient is alert and oriented times four. He shows no signs of being in distress. His appearance is appropriate for the situation.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	The patients skin color was appropriate for his ethnicity. It is dry, intact, and warm to the touch. He has tenting skin turgor which is appropriate for his age. There are no bruises, rashes, wounds, or drains present. He has a Braden score of 21, which means he is not at risk for skin break down.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patient was normocephalic with his ears and eyes level. His nose is midline. His extraocular muscles are intact, and eyes follow PERRLA. Patient has no dentures; his teeth are intact with not bleeding present.
CARDIOVASCULAR (2 points): **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:**	His heart rate and rhythm is normal with S1 and S2 sounds present. There is no murmur present. His pedal pulses were equal and felt at a +3 bilaterally. Patients capillary refill is less than 3 seconds. He has no neck vein distention. Patient does have slight edema under his eyes in which he claims has been there his whole life. Other than the under-eye edema there is no other edema present.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	He is on 2 L of oxygen through nasal canula, with an oxygen saturation of 95%. He has unlabored breathing and no use of accessory muscles. Patients breath sounds are diminished bilaterally when auscultated on the anterior and posterior sides.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:**	Patient is on a heart healthy diet both at home and currently. He is 173 cm tall and weighs 78 kg. There is active bowel sounds in all four quadrants. His last bowel movement was on 10/18/20. Upon palpation, there was no pain,

Auscultation Bowel sounds: **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	masses, or any other abnormalities present. During inspection, there was no distention, incisions, scars, drains, wounds, or ostomy present. There is no nasogastric or feeding/PEG tubes present during this assessment.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	His urine was yellow and clear. He had a quantity of 400 mL of urine output today. The patient stated that there was no pain during urination at this time. He is not on dialysis. The inspection of his genitals was appropriate for his age and gender. He does not have a catheter in place.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **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 ☐**	His neurovascular status is normal, and he is able to complete active range of motion in all four extremities. A gait belt is used with ambulation due to the medications that he is taking that can cause dizziness and orthostatic hypotension. He does have bed alarm for bed exit and the upper 2 rails in use on his bed to prevent a fall. He is a fall risk with a fall score of 45. He has equal strength bilaterally in both arms and legs. He is a one assist during ambulation. He is able to complete ADLs independently with someone present due to being a fall risk.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:**	He moves all extremities well and his eyes follow PERRLA. He has equal strength bilaterally in both arms and legs. He is alert and oriented times four. His speech is clear and appropriate for his developmental age. His sensory abilities are intact. He response to conversations and commands.

Sensory: **LOC:**	
PSYCHOSOCIAL/CULTURAL (2 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):**	Patient states that he is able to cope with stress "just fine". His developmental level is appropriate for his age. He states that his preferred religion is Baptist and that he use to attend church regularly until he went to the assisted living home. He does not have any family that lives around here, and both his mother and father are deceased.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0746	62	122/66	14	36.4 C	98%
1045	61	108/58	20	36.6 C	95%

Vital Sign Trends:

The patient's vital signs are stable. He does have high blood pressure in the morning due to having hypertension and not receiving his medications yet.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0746	Numeric	N/A	0/10	N/A	N/A
1045	Numeric	N/A	0/10	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:**	Patient has a 20-gauge IV saline lock in his left forearm. The IV was placed on 10/19. It flushes without difficulty and has good blood return. There is no signs of erythema or drainage at the IV site. The dressing is dry

IV dressing assessment:	and intact.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
500 mL	250 mL

Nursing Care

Summary of Care (2 points)

Overview of care: I started off the day by introducing myself to the patient and administering the morning medications. While administering the morning medications, I did a head to toe assessment on him. After the assessment was complete, I offered to call him down some breakfast, but he refused and wanted to wait until later. I sat in there and talk to him for a little bit to get some of the information that I was missing on my care plan. The rest of the day I spent town in the Cath lab watching another patient get a heart catheterization done.

Procedures/testing done: Patient had a Chest X-Ray/Electrocardiogram done on 10/18/20. The finding was moderately enlarged heart with trace left and right effusion.

Complaints/Issues: Patient has no complains or issues during clinical time.

Vital signs (stable/unstable): The patient's vital signs are stable. He does have high blood pressure in the morning due to having hypertension and not receiving his medications yet.

Tolerating diet, activity, etc.: Patient tolerates his diet and activity. He does have to take it slow when changing positions due to the medications he is taking causing him to have orthostatic hypotension.

Physician notifications: The physicians notifications for the clinical day was to continue monitoring the patient for SOB and chest pain.

Future plans for patient: The future plans as of now are to monitor him for SOB and chest pain as well as getting him well enough to be discharged.

Discharge Planning (2 points)

Discharge location: Patient will be discharged to Heritage Woods Assisted Living

Home health needs (if applicable): The patient will receive the health needs from the assistive living.

Equipment needs (if applicable): The patient has no equipment needs at this time.

Follow up plan: This will be solidified when discharge orders are in place.

Education needs: This will be solidified when discharge orders are in place.

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. Potential for decrease cardiac tissue perfusion related cholesterol on the arterial vessels as evidenced by chest pain and shortness of breath (SOB).	The patient has high cholesterol levels, chest pain, and SOB.	1.Put the patient on a heart healthy diet. 2.Assess the status of SOB and chest pain throughout hospitalization.	The patient responded well to these interventions. He understood why he needs to be on a heart health diet. The goal was to adhere to the diet. Outcome was met and patient eat all heart healthy meals.
2. Acute pain related to	The patient complained of	1. Assess location, character, and	The patient responded well to these

decreased oxygen supply to the myocardium as evidenced by the patient being SOB and complaining of chest pain.	chest pain when he first arrived of a 7 out of 10 on the numeric pain scale.	severity of the pain. 2.Administer O2 as prescribed.	interventions. He wore his oxygen via nasal canula. He also understood the importance of describing his pain. The goal was to have a decrease in severity of pain with these interventions. Outcome was met and the patent had a pain of 0 out of 10 on the numeric pain scale.
3. Fatigue with decreased exercise tolerance related to generalized weakness as evidenced by the patient saying he feels weak.	The patient complained of weakness when he first came in with SOB and chest pain.	1. Assess the angina, noting alleviating and precipitating factors. 2Administer O2 as prescribed.	The patient responded well to the interventions provided. He acknowledged the importance of wearing the nasal cannula. The goal is to wear the nasal cannula. Outcome met the patient wore the nasal canula at all times during the clinical day.
4. Need for health teaching related to newly prescribed medications.	Patient was prescribed gabapentin and Imdur for chest pain.	1. Pace the instructions and keep sessions short. 2. Encourage patient to ask question.	The patinet responded well to the medication teaching. The goal is to understand why he is taking the medications. Outcome met the patient understood why he was taking the medications.

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

- SOB
- Chest Pain
- Chest Tightness
- Weakness

Nursing Diagnosis/Outcomes

- Potential for decrease cardiac tissue perfusion related cholesterol on the arterial vessels as evidenced by chest pain and shortness of breath (SOB).
  - Outcome was met and patient eat all heart healthy meals.
- Acute pain related to decreased oxygen supply to the myocardium as evidenced by the patient being SOB and complaining of chest pain.
  - Outcome was met and the patent had a pain of 0 out of 10 on the numeric pain scale.
- Fatigue with decreased exercise tolerance related to generalized weakness as evidenced by the patient saying he feels weak.
  - Outcome met the patient wore the nasal canula at all times during the clinical day.
- Need for health teaching related to newly prescribed medications.
  - Outcome met the patient understood why he was taking the medications.

Objective Data

- Hypertension
- Hyperlipidemia

Patient Information

- 84 year old male with a history of hypothyroidism, hyperlipidemia, hypertension, CKD stage III, CHF, and PVD.
- Diagnosed with Coronary Artery Disease.

Nursing Interventions

- Put the patient on a heart healthy diet.
- Assess the status of SOB and chest pain throughout hospital stay.
- Assess location, character, and severity of the pain.
- Administer O2 as prescribed.
- Assess the angina, noting alleviating and precipitating factors.
- Administer O2 as prescribed.
- Pace the instructions and keep sessions short.
- Encourage patient to ask question.