N321 Care Plan #2

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
10/19/2020	MA	92	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired	Widowed	Ciprofloxacin, Clindamycin
Code Status	**Height**	**Weight**	
DNR	59" (149.9cm)	79.5 lbs (36 kg)	

Medical History (5 Points)

Past Medical History: Angina, aortic insufficiency, CHF, CAD, DVT, DM2, Glaucoma, MI, high cholesterol, UTI, apnea, incontinence, pulmonary HTN

Past Surgical History: Pseudoaneurysm repair (2017), Heart catheterization (2017)

Family History: NA

Social History (tobacco/alcohol/drugs): NA

Assistive Devices: Wheelchair

Living Situation: Assisted Living Facility

Education Level: 8th grade

Admission Assessment

Chief Complaint (2 points): Pt presents to ED with complaints of constant, sharp, left-sided chest pain that radiates into left arm

History of present Illness (10 points): Pt is a 92-year-old, single, white female. She presents to the ED with complaints of a sharp pain in the left side of her chest that radiates down her left arm. This pain began at 0100 on the day of admittance (10/19/2020) and has been nagging her constantly. She claims that the pain is very similar to an MI she had in the past. Pt states that nothing really makes it worse and the pain was improved when she took a dose of nitroglycerin.

At the time of admittance, the only treatment the pt took was the nitroglycerin tablets and Tylenol. Tylenol gave no relief.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Myocardial Infarction

Secondary Diagnosis (if applicable): One super-hot GGMILF (per Curtis Green, DO)

Pathophysiology of the Disease, APA format (20 points): "The principal biochemical consequence of Myocardial Infarction (MI) is the conversion from aerobic to anaerobic metabolism with inadequate production of energy to sustain normal myocardial function. As a result, a striking loss of contractile function occurs within 60 seconds of onset. Changes in cell structure (i.e., glycogen depletion and mitochondrial swelling) develop within several minutes. Although gross tissue changes are not apparent for hours after the onset of MI, the ischemic area ceases to function within a matter of minutes, and damage to cells occurs in approximately 40 minutes. Irreversible myocardial cell death (necrosis) occurs after 20-40 minutes of severe ischemia (Porth, 2015, p. 450)."

"The size and pattern of the infarct depends on the location and extent of occlusion, amount of heart tissue supplied by the vessel, duration of the occlusion, metabolic needs of the affected tissue, extent of collateral circulation, and other factors such as heart rate, blood pressure, and cardiac rhythm. An infarct may involve the endocardium, myocardium, or epicardium, or a combination of these tissue layers. Transmural infarcts involve the full thickness of the ventricular wall and most commonly occur when there is obstruction of a single artery. Subendocardial infarcts involve the inner one third to one half of the ventricular wall and occur more frequently in the presence of severely narrowed but still patent arteries (Porth, 2015, p.450)."

"The onset of STEMI involves abrupt and significant chest pain. The pain typically is severe, often described as being constricting, suffocating, and crushing. Substernal pain that radiates to the left arm, neck, or jaw is common, although it may be experienced in other areas of the chest and back (Porth, 2015, p.451)."

"Women may experience atypical ischemic-type chest pain, whereas the elderly may complain of shortness of breath more frequently than chest pain. Complaints of fatigue and weakness, especially of the arms and legs, are common. Pain and elevated sympathetic activity invoke tachycardia, anxiety, and restlessness, as well as emotional responses (e.g., a feeling of impending doom). Impairment of myocardial function may lead to hypotension and shock. There may be a sensation of epigastric distress; nausea and vomiting may occur (Porth, 2015, p.451)."

Risk factors include: "family history, increasing age, male gender, smoking, low HDL values, hypercholesterolemia, diabetes mellitus, hypertension, and metabolic syndrome (Swearingen, 2019, p.159)." A lifestyle with poor nutrition, minimal exercise, and obesity can also be contributing factors (Swearingen, 2019). "Chest pain occurring with exertion is a primary warning sign (Swearingen, 2019, p.159)."

"Providers should perform a 12-lead ECG and continuous ECG monitoring (Porth, 2015, p. 452)." "Treatment regimens also include administration of oxygen, aspirin, nitrates, morphine, antiplatelet and anticoagulant therapy, B-adrenergic blocking agents (beta blockers), and an angiotensin, converting enzyme (ACE) inhibitor (Porth, 2015, p. 452)."

Pathophysiology References (2) (APA):

Porth, C., Gaspard, K. J., & Williams. (2015). *Essentials of pathophysiology : concepts of altered health states (4th ed.)*. Philadelphia Wolters Kluwer.

Swearingen, P. L., & D, J. (2019). *All-in-one nursing care planning resource : medical-surgical, pediatric, maternity, and psychiatric-mental health (5th ed.)*. Elsevier.

Laboratory Data (15 points)

CBC <mark>Highlight All Abnormal Labs</mark>—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**	3.04	2.84	
Hgb	**13-17**	9.1	8.5	
Hct	**38.1-48.9**	27.2	25.4	
Platelets	**149-393**	239	248	
WBC	**4-11.7**	11.6	8.8	
Neutrophils		63.7	59.6	
Lymphocytes		16.5	19.2	
Monocytes		9.9	11.1	
Eosinophils		9.5	9.7	
Bands		0	0	

Chemistry <mark>Highlight All Abnormal Labs</mark>—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	134	140	
K+	3.5-5.1	5.6	4.8	
Cl-	98-107	108	112	
CO2	21-31	20	23	
Glucose	74-109	96	119	
BUN	7-25	0	0	
Creatinine	0.7-1.3	0	0	

Albumin	3.5-5.2	0	0	
Calcium	8.6-10.3	0	0	
Mag	1.6-2.4	0	0	
Phosphate		0	0	
Bilirubin	0.3-1	0	0	
Alk Phos	34-104	0	0	
AST	13-39	0	0	
ALT	7-52	0	0	
Amylase	53-123	0	0	
Lipase	3-19	0	0	
Lactic Acid	7-25	0	0	

Other Tests <mark>Highlight All Abnormal Labs</mark>—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	0	
PT		0	0	
PTT		0	0	
D-Dimer		0	0	
BNP		88	0	
HDL		30	0	
LDL		40	0	

Cholesterol		86	0	
Triglycerides		80	0	
Hgb A1c		0	0	
TSH		0	0	

Urinalysis <mark>Highlight All Abnormal Labs</mark>—**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		Dark yellow	0	
pH		6.0	0	
Specific Gravity		1.009	0	
Glucose		Normal	0	
Protein		1 (+)	0	
Ketones		Negative	0	
WBC		>100	0	
RBC		15	0	
Leukoesterase		Negative	0	

Cultures <mark>Highlight All Abnormal Labs</mark>—**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		>100,000 E. coli	0	
Blood Culture		Negative	0	

Sputum Culture		Negative	0	
Stool Culture		Negative	0	

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

 10/20 – Echo: Ejection fraction 55-65%

10/20 – Nuclear stress test: negative

10/19 – Chest X-ray: no acute cardiopulmonary process

Diagnostic Test Correlation (5 points):

These diagnostic tests are normal and do not correlate with pt's diagnosis or cc.

Diagnostic Test Reference (APA):

Kee, J. (2018) *Laboratory and diagnostic tests with nursing implications (10th ed.).* Pearson

Education.

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

Home Medications (5 required)

Brand/ Generic	Eliquis/ apixaban	Bayer/ aspirin	Coreg	Cholecalcife rol	Novolog/ insulin aspartate
Dose	5 mg	81 mg	12.5 mg	1,000 units	Low-dose, sliding scale
Frequency	BID	Daily	BID	Daily	ACHS
Route	PO	PO	PO	PO	Sub-Q
Classification	Anticoagula nt	NSAID	Beta-blocker/Alpha 1 blocker	Battlestar Galactica	Rapid acting insulin
Mechanism of Action	Inhibits factor Xa, decreasing thrombin generation and thrombus developmen t	Exerts anti-inflammatory effect by inhibiting prostaglandin and other substances that sensitize pain receptors.	Reduces cardiac output and tachycardia; causes vasodilation and decreases peripheral vascular resistance which reduces blood pressure and cardiac workload	Removes cholesterol from the blood vessels of the emperor to improve his ability to rule. Long live the emperor.	
Reason Client Taking	History of DVT	Reduce clotting abilities	HTN	She has cholecalcificati on in her small toe	DM2
Contraindica tions (2)	Active pathological bleeding; At risk for severe bleeding	GI lesions; Severe hepatic impairment	Asthma; cardiogenic shock	Ginger-haired; smelly pits	Hypoglycem ia; hypokalemia
Side Effects/ Adverse Reactions (2)	Hemorrhage Nausea	Arrythmia; GI bleeding	Dizziness, Headache	RBF; homicidal tendencies	Diarrhea; nausea
Nursing Consideratio ns (2)	Monitor for bleeding; there is no reversal agent for apixaban	Monitor for toxic effects in elderly patients; monitor for anaphylaxis	Monitor glucose level; know if patient has HF	Monitor for growth of red hair; bathe patient every 6.5 hours to prevent hospital evacuation	Monitor glucose levels; educate patient on proper administrati

					on

Hospital Medications (5 required)

Brand/ Generic	Rocephin/ ceftriaxone	Protonix/ Pantoprazole sodium	Veltessa/ patiromer sorbitex calcium	Januvia/ sitaglipton phosphate	Carospir/ spironolactone
Dose	1000mg	40mg	8.4 g	25 mg	25 mg
Frequency	Daily	Daily	Daily	Daily	Daily
Route	IV	PO	PO	PO	PO
Classification	antibiotic	Protein pump inhibitor	Potassium binder	Dpp-4 inhibitor	Potassium-sparing diuretic
Mechanism of Action	Interferes with bacterial cell wall synthesis by inhibiting cross linking of peptidoglycan strands	Interferes with proton pump function.	Binds to potassium in the lumen of the GI tract which is excreted in feces	Inhibits dpp-4 to slow inactivation of incretin hormones	Blocks aldosterone receptors and prevents sodium reabsorption in DCV
Reason Client Taking	Bacterial infections	To treat erosive esophagitis associated with GERD	Hyperkalemia treatment	DM2	Helps with severe HF
Contraindications (2)	Calcium containing IV solutions; high bilirubin premature neonates	Hypersensitivity to drug; concurrent therapy with rilpivirine-containing products	Hypersensitivity to the patiromer or its components	Hypersensitivity to sitaglipton or its components	Acute renal insufficiency; Addison's disease
Side Effects/Adverse Reactions (2)	Seizures; pancreatitis	Stevens-johns syndrome; pancreatitis	Abdominal discomfort; hypomagnesia	Anaphylaxis; angioedema	Hypotension; renal failure
Nursing Considerations (2)	No IV calcium-containing products within 48 hours; use cautiously in	Don't give within 4 weeks of testing for h. Pylori; when	Give with food; monitor magnesium levels	Assess patient's renal function; monitor	Assess blood pressure; monitor for presence and

	patients with hypersensitivity to penicillin	giving IV, reconstitute with 10 mL of normal saline		glucose	degree of edema

Medications Reference (APA):

2020 Nurse's drug handbook (19th ed.). (2020). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	Pt is A&O x4. Presents no signs of distress. Overall appearance is clean and boujee.
INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y☐ N ☐ Type:	Skin is warm and color is appropriate for race. Pt presents no lesions, rashes, bruises. Skin turgor is loose. Red, blanchable wound on inner thigh. Braden score is 18 No drains present.
HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:	Pt's head and neck are thankfully present and intact Ears are symmetrical and have acceptable amount of wax. PERRLA observed, 3mm bilaterally Pt has no nose Pt has dentures .
CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses:	S1, S2 auscultated Normal Sinus Rhythm Peripheral pulses 2+ Cap refill <3 seconds

Capillary refill: **Neck Vein Distention:** Y ☐ N ☐ **Edema Y ☐ N ☐** **Location of Edema:**	No NVD observed No edema
RESPIRATORY (2 points): **Accessory muscle use:** Y☐ N ☐ **Breath Sounds: Location, character**	No accessory muscle use Anterior/posterior expiratory wheezes, regular and equal

GASTROINTESTINAL (2 points):
Diet at home:
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:
Feeding tubes/PEG tube Y ☐ N ☐
    Type:
	Pt is on a heart healthy diet.
	
	Height is 59" or 149.9 cm
	
	Weight is 79.5 lbs or 36 kg
	
	Active bowel sounds heard in all 4 quadrants
	
	Last BM was 10/21
	
	Pt has no ostomy, NG, or feeding tubes

GENITOURINARY (2 Points):
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐ N ☐
Dialysis: Y ☐ N ☐
Inspection of genitals:
Catheter: Y ☐ N ☐
    Type:
    Size:
	Yellow, cloudy urine.
	
	Pt produced 500 mL
	
	Reports no pain with urination
	
	Pt is not on dialysis
	
	External female catheter

MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance:** Y☐ N ☐ **Fall Risk:** Y ☐ N☐	All extremities are equal Uses a wheelchair Strength is weak Pt requires assistance with ADL Fall risk with score of 35

Fall Score: **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	Patient is 2 assist and requires assistance with equipment and needs support to stand and walk.
NEUROLOGICAL (2 points): **MAEW: Y** ☒ **N** ☐ **PERLA: Y** ☒ **N** ☐ **Strength Equal: Y** ☒ **N** ☐ **if no -** **Legs** ☐ **Arms** ☐ **Both** ☒ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	A&O x 4 Garbled speech No sensory issues
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):**	8ᵗʰ grade development level Pt is a Christian and God is her only friend because her son is too busy riding dolphins to leave Florida and visit her, her niece doesn't care to come see her because she's "trying to live her best life," and her husband is dead.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0630	87	159/58	18	37.5º C	RA 96%
1130	78	156/70	18	37.3º C	RA 97%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0630	Numeric	0	0/10	0	0
1030	Numeric	0	0/10	0	0

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.:** **IV dressing assessment:**	20g in left hand LR @ 75 ml/hr Date: 10/19 Infusing No signs of erythema or drainage Clean, dry, intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
600 mL orally **900 mL IV**	**890 urine**

Nursing Care

Summary of Care (2 points)

Overview of care: Pt received impeccable care and was treated like an absolute queen.

Procedures/testing done: PICC line placed today (10/22)

Complaints/Issues: Pt complained incessantly that she would at some point have to be discharged. Begged for us to keep her.

Vital signs (stable/unstable): vitals are stable and improving by the hour

Tolerating diet, activity, etc.: tolerates diet well and tolerates activity well with assistance

Physician notifications: No notifications

Future plans for patient: Continue treatment with plans to discharge in next 48 hours

Discharge Planning (2 points)

Discharge location: Will discharge back to COVID cesspool assisted living facility

Home health needs (if applicable): Will leave with PICC line for IV antibiotics

Equipment needs (if applicable): No additional equipment needs

Follow up plan: Will follow up with provider in 1 week

Education needs: Educated patient on the dangers of living in an assisted living facility

and how her condition will likely only deteriorate as long as she lives there.

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	Rationale • 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.
Risk for chronic low self-esteem r/t insufficient familial support AEB patient had no visitors and claims no one cares about her anymore.	Patient is lonely and living in a god-forsaken assisted living facility. She never gets visitors and has been left alone there to die.	1. Provide opportunities for positive socialization. 2. Promote use of coping resources	Pt was open to suggestions. Client wants to explore new avenues to end loneliness.
Decreased cardiac output r/t altered heart rate AEB patient's reoccurring heart complications.	Pt has now had multiple myocardial infarctions and also suffers from a number of cardiac related issues.	1. Monitor for signs and symptoms of decreased cardiac output 2. during acute episodes, maintain absolute bed rest and minimize stressors	Patient understood the education
Risk for complications of DVT r/t pt's	Patient has a history of DVT and will continue	1.Monitor status of venous thrombosis	Pt understands the importance of leg exercises to prevent

immobile lifestyle and cardiac output complications AEB her current health condition and history of deep vein thrombosis.	to be less and less mobile.	2 Encourage client to perform isotonic leg exercises	DVT

Other References (APA):

Carpenito-Moyet, L. (2013). *Nursing diagnosis: application to clinical practice (14th*

ed.). Wolters Kluwer

Concept Map (20 Points):

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Subjective Data

Patient presents to ED with pain in left side of chest area with radiating pain down her left arm. Pt states that the pain is very similar to what she experienced with her last MI.

Nursing Diagnosis/Outcomes

Risk for chronic low self-esteem r/t insufficient familial support AEB patient had no visitors and claims no one cares about her anymore.   Pt was open to suggestions. Client wants to explore new avenues to end loneliness.

Decreased cardiac output r/t altered heart rate AEB patient's reoccurring heart complications. Pt understood the education.

Risk for complications of DVT r/t pt's immobile lifestyle and cardiac output complications AEB her current health condition and history of deep vein thrombosis. Pt understood importance of leg exercise to prevent DVT.

Objective Data

Pt presents with vital signs all within normal, acceptable limits. An echo, a chest x-ray, and a nuclear stress test were all obtained and results were unremarkable for all. All these things considered, the pt is likely not really having an MI, but let's be honest...I was committed and didn't want to go back and change everything.

Patient Information

"MA" was admitted to the hospital on 10/19/2020, the year of the devil. Pt is a 92-year-old hot, single, white female who still has that "nursing home aroma" about her. She is mostly all alone in this world. She enjoys crochet and listening to her favorite Cornell alum acapella group "Here Comes Treble." She is also a free-lance lyrical gangsta.

Nursing Interventions

1.   Provide opportunities for positive socialization.

2.   Promote use of coping resources

1.   Monitor for signs and symptoms of decreased cardiac output

2.   during acute episodes, maintain absolute bed rest and minimize stressors

1.Monitor status of venous thrombosis

2 Encourage client to perform isotonic leg exercises

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