N431 Care Plan # 3

Lakeview College of Nursing

Taylor Hamilton

Demographics (3 points)

Date of Admission 10/30/2020	**Patient Initials** C.C	**Age** 73	**Gender** Female
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Widowed	**Allergies** Bee venom, codeine, gabapentin, morphine
Code Status Full	**Height** 5’3”	**Weight** 138	

Medical History (5 Points)

Past Medical History: acquired hypothyroidism, CHF, actinic keratosis, atrial fibrillation, carcinoma, cardiomyopathy, chronic anticoagulation, CKD, COPD, gastroesophageal reflux disease, HTN, cancer of the lung, hyperlipidemia, left bundle branch block, pulmonary embolism, renal failure, seizure disorder, stage 2 chronic kidney disease, syncope, trigeminal neuralgia

Past Surgical History: Pacemaker placement, left lung lobectomy, upper GI endoscopy

Family History: Cancer in brother, father, and sister. Maternal heart attack

Social History (tobacco/alcohol/drugs): Quit smoking 13 years ago, smoked 45 packs / year. Not a alcohol user, not a drug user

Assistive Devices: Cane and walker

Living Situation: Home with son and his girlfriend

Education Level: Education level is not providing any barriers

Admission Assessment

Chief Complaint (2 points): Increasing weakness

History of present Illness (10 points): This patient is a 73-year-old female who was readmitted on 10/31 after being discharged on 10/18. She was brought to the ED by her son who reported she was generalized and increasing weakness. He reported that she seemed as though she was

physically declining and seemed to be dehydrated since her discharge on 10/18. Pt was mostly unable to answer any questions but said she had been feeling very weak. The patient or her son did not report any factors that were making her weakness any worse or better, but just said her condition was declining. This patient is also being treated for lung cancer that has metastasized to her brain and in her chart, it is reported that she told ED staff she was ready to "go upstairs."

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Severe hypothyroidism

Secondary Diagnosis (if applicable): Medication noncompliance

Pathophysiology of the Disease, APA format (20 points): Hypothyroidism occurs when the body does not produce enough thyroid hormone. The thyroid is a small gland in the neck which its main job is to control the body's metabolism. The thyroid play roles in regulating the body's temperature and heart rate (Mayo Clinic Staff, 2020). Diagnosis: Hypothyroidism is diagnosed by a combination of symptoms and blood tests. Blood tests include T3, T4 and TSH. These blood tests are used to help determine which kind of dosage of medication that is needed. Standard treatment of hypothyroidism includes the daily use of levothyroxine (Mayo Clinic Staff, 2020). This is not a new diagnosis for the patient; however, she was admitted due to severe hypothyroidism secondary to suspected medication non-compliance with her levothyroxine which she has prescribed to her. During this hospitalization for the patient, her T3 and T4 levels were checked and they were both less than 1.0 which is low for both ranges. Her TSH levels had also doubled since her last hospital admission which was less than 2 weeks prior and her TSH level was 35.675. Signs / Symptoms: Some signs and symptoms of hypothyroidism include problems with temperature regulation, fatigue, dry skin, depression, elevated blood cholesterol

and constipation (Holland, 2017). These symptoms can come and go, and a combination of these symptoms can occur at different times. This patient was brought back into the hospital because of increasing weakness and fatigue. This patient also was laying in bed with 3 different blankets on. Expected findings: Expected findings that a healthcare providers could see in a patient with hypothyroidism is weight gain or difficulty losing weight, hair loss, cold intolerance, muscle cramps and aches, and irritability (Norman, 2019). Vital signs abnormalities may include lower heart rate, low blood pressure, and a low temperature. Thyroid function test may include T3, T4, and TSH which are generally low, but in some cases, they are increased. This patient had low T3 and T4 levels, but an increased TSH level. Other abnormal test values may include elevated cholesterol levels, elevated liver enzymes, and CBC that indicates anemia (UCLA Health, n.d.). This patient had elevated cholesterol levels and also lower Hgb and Hct levels in her CBC. Her vital signs were stable throughout her admission.

Pathophysiology References (2) (APA):

References

Holland, K. (2017, April 3). *Everything You Need to Know About Hypothyroidism*. Healthline; Healthline Media. https://www.healthline.com/health/hypothyroidism/symptoms-treatments-more#symptoms

Mayo Clinic. (2018). *Hypothyroidism - Symptoms and causes*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/hypothyroidism/symptoms-causes/syc-20350284

Norman, J. (2019). *Hypothyroidism: Overview, Causes, and Symptoms*. EndocrineWeb. https://www.endocrineweb.com/conditions/thyroid/hypothyroidism-too-little-thyroid-hormone

UCLA Health. (n.d.). *Hypothyroidism Secondary - Hypothyroidism Secondary Symptoms, Treatment, Diagnosis - UCLA Endocrine Center, Los Angeles, CA*. Www.Uclahealth.Org. Retrieved November 5, 2020, from https://www.uclahealth.org/endocrine-center/hypothyroidism-secondary#:~:text=Vital%20signs%20(temperature%2C%20pulse%2C

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	3.8-5.3	4.06	3.82	
Hgb	12-15.8	12.4	11.6	Could be low due to hypothyroidism (Jewell, 2018).
Hct	36-47%	38	35.6%	Could be slightly low due to dehydration (Mayo Clinic Staff, 2019).
Platelets	140-440	166	158	
WBC	4-12	7.1	5.7	
Neutrophils	47-73%	63.8%	n/a	
Lymphocytes	18-42%	22.3%		
Monocytes	4-12%	12.4%		Could be due to cancer treatment (Roland, 2019).
Eosinophils	0.0-5.0%	0.6%		
Bands				

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-	133-144	134	n/a	
K+	3.5-5.1	3.6		

Cl-	98-107	102		
CO2	21-31	21		
Glucose	70-99	113		
BUN	7-25	38		
Creatinine	0.5-1.0	1.44		The patient could be dehydrated which could cause a raise in the creatinine (Mayo Clinic Staff, 2018)
Albumin	N/A			
Calcium	N/A			
Mag	1.6-2.6	2.1		
Phosphate	N/A			
Bilirubin	N/A			
Alk Phos	N/A			
AST	N/A			
ALT	N/A			
Amylase	N/A			
Lipase	N/A			
Lactic Acid	N/A			
Troponin	N/A			
CK-MB	N/A			
Total CK	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	1.3	1.3	Could be due to Aspirin use (Drugs.com Staff, 2020).
PT	10.1-13.1	15.9	15.3	
PTT	25-36	31	N/A	
D-Dimer	N/A			
BNP	N/A			
HDL	>40	47		
LDL	<130	131		Could be due to a poor diet or her history of smoking (Mayo Clinic Staff, 2017).
Cholesterol	<200	204		Could be due to a poor diet or her history of smoking (Mayo Clinic Staff, 2017).
Triglycerides	<150	128		
Hgb A1c	N/A			
TSH	0.270-4.2	35.675		Non-compliance to thyroid medication

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	Yellow /clear	Amber /clear		
pH	5.0-9.0	5.0		
Specific Gravity	1.003-1.030	1.021		

Glucose	Negative	Negative		
Protein	Negative	2+		Could be due to CKD (American Kidney Fund, 2020).
Ketones	Negative	1+		Could be due to body using fat as energy instead of glucose (Rochester University Medical Center, n.d).
WBC	Negative	Negative		
RBC	Negative	Negative		
Leukoesterase	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	N/A			
PaO2	N/A			
PaCO2	N/A			
HCO3	N/A			
SaO2	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	N/A			
Blood Culture	N/A			
Sputum Culture	N/A			

Stool Culture	N/A			

Lab Correlations Reference (APA):

Mayo Clinic Staff. (2018). *Creatinine test - Mayo Clinic*. Www.Mayoclinic.Org. https://www.mayoclinic.org/tests-procedures/creatinine-test/about/pac-20384646#:~:text=Generally%2C%20a%20high%20serum%20creatinine

American Kidney Fund. (2020, September 12). *Protein in urine*. Www.Kidneyfund.Org. https://www.kidneyfund.org/kidney-disease/kidney-problems/protein-in-urine.html#:~:text=Having%20protein%20in%20your%20urine

Drugs.com Staff. (2020a, February). *Ipratropium and Albuterol (Professional Patient Advice)*. Drugs.Com. https://www.drugs.com/ppa/ipratropium-and-albuterol.html

Drugs.com Staff. (2020b, February 3). *Elevated Inr - What You Need to Know*. Drugs.Com. https://www.drugs.com/cg/elevated-inr.html#:~:text=The%20higher%20your%20PT%20or

Jewell, T. (2018, May 4). *Hemoglobin (Hgb) Test Results*. Healthline. https://www.healthline.com/health/hgb#causesof-low-hgb

Mayo Clinic. (2017). *High cholesterol - Symptoms and causes*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/high-blood-cholesterol/symptoms-causes/syc-20350800

Mayo Clinic Staff. (2019). *Hematocrit test - Mayo Clinic*. Mayoclinic.Org. https://www.mayoclinic.org/tests-procedures/hematocrit/about/pac-20384728

Rochester University Medical Center. (n.d.). *Ketone Bodies (Urine) - Health Encyclopedia - University of Rochester Medical Center*. Www.Urmc.Rochester.Edu. Retrieved November 5, 2020, from https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=167&contentid=ketone_bodies_urine#:~:text=People%20without%20diabetes%20can%20also

Roland, J. (2019). *Absolute Monocytes: Typical Range, What High or Low Results Indicate*. Healthline. https://www.healthline.com/health/absolute-monocytes

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest X-ray

Diagnostic Test Correlation (5 points): Chest x-ray was done due to the patient reporting shortness of breath. A chest x-ray shows images of the heart, lungs, blood vessels, airway, and bones in the chest and spine. These images can show if there is any kind of fluid or air in or around the lungs (Mayo Clinic Staff, 2018). The x-ray showed mild congestion in both lungs. There was no consolidation or pneumothorax. This patient has a history of CHF which explains the mild congestion in the lungs.

Diagnostic Test Reference (APA):

Mayo Clinic Staff. (2018). *Chest X-rays - Mayo Clinic*. Mayoclinic.Org. 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	Warfarin / Coumadin	Spironolactone / Aldactone	Rosuvastatin calcium / Crestor	Levothyroxine / Synthroid	Furosemide / Lasix
Dose	5mg	25mg	40mg	75mcg	40mg
Frequency	5mg daily, except 7.5 mg on Wed/Saturday	Daily	Daily at dinner	Daily before breakfast	2x day
Route	Oral	Oral	Oral	Oral	Oral
Classification	Anticoagulant	Antihypertensive	Antihyperlipidemic	Thyroid hormone replacement	Antihypertensive
Mechanism of Action	Interferes the livers ability to synthesize vitamin k -dependent clotting factors	Increases urinary excretion of sodium and water and reduces blood volume and pressure	Inhibits the enzyme HMG-CoA which reduces lipid levels by increasing the number of LDL receptors	Replaces endogenous thyroid hormone	Inhibits sodium and water reabsorption in the loop of henle and increases urine formation
Reason Client Taking	Prevent pulmonary embolism	Previous MI	Hyperlipidemia	Hypothyroidism	Hypertension
Contraindications (2)	Bleeding or bleeding tendencies, severe hepatic or renal disease	Acute renal insufficiency, hyperkalemia	Acute liver disease, unexplained persistent elevations of serum transaminase levels	Acute MI, untreated thyrotoxicosis	Anuria unresponsive to furosemide, hypersensitivity to furosemide or its components
Side Effects/Adverse Reactions (2)	Weakness, chest pain	Cough, back and leg pain	Headache, acute renal failure	Tachycardia, anxiety	Headache, abdominal cramps
Nursing Considerations (2)	Monitor for hepatic impairment, expect to give with parenteral anticoagulant	Hold if systolic is less than 120, stop prior to adrenal vein catheterization	Expect to monitor liver enzymes and compare to baseline, do not give in patients who consume large amounts of alcohol	Use cautiously in elderly patients, monitor for s/s of over or under treating	Hold if systolic is less than 120, monitor weight consistently to monitor fluid loss
Key Nursing Assessment(s)/Lab(s) Prior to Administration	INR, stool for occult,	Potassium levels, blood pressure, edema	ALT, AST, liver enzymes	TBG levels Thyroid function tests	Weight, hearing tests, potassium, electrolyte levels
Client Teaching needs (2)	Take exactly as prescribed and at the same time every day	Take with meals or milk, monitor blood pressure before taking	Take with dinner, follow a low-fat diet	Take before breakfast, take every single day as prescribed,	Take in the morning, take with food or milk

				will have to take for life	

(Jones & Barlett, 2020)

Hospital Medications (5 required)

Brand/Generic	Aspirin / Bayer Chewable Aspirin	Carvedilol / Coreg	Ferrous Sulfate / Iron	Heparin	Ipratropium-albuterol / Duo Neb
Dose	81mg	3.125mg	325mg	5000units	3 mL
Frequency	Daily	2x day	Daily	Q12	Q6
Route	Oral	Oral	Oral	SubQ	Nebulizer
Classification	Anti-inflammatory	antihypertensive	Antianemic	Anticoagulant	bronchodilator
Mechanism of Action	Blocks inflammatory receptors that causes local swelling and pain & vasodilation	Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance	Acts to normalize RBC production by binding with hemoglobin	Enhances inactivation of the coagulation enzymes and prevents conversion of prothrombin to thrombin	Opens airways in patients where the lungs have spasms (drugs.com staff, 2020)
Reason Client Taking	Prevent MI	hypertension	Low iron levels	Prevention of blood clot	COPD
Contraindications (2)	Asthma, bleeding problems	Asthma, severe bradycardia	Hemochromatosis, hemolytic anemia	Uncontrolled active bleeding, history of heparin induced thrombocytopenia	Hypersensitivity to ipratropium, allergies to anticholinergics (drugs.com staff, 2020)
Side Effects/Adverse Reactions (2)	CNS depression, GI bleed	Angina, vertigo	Headache, metallic taste	Chest pain, easy bruising.	Headache, tachycardia (drugs.com staff, 2020)
Nursing Considerations (2)	Do not crush time released capsules, monitor for tinnitus	Do not discontinue before surgery, do not use in patients with hyperthyroidism	Give with orange juice, give one hour before or two hours after a meal for best absorption	Give subq, use cautiously in alcohol abusers	Use cautiously in patients with hypertension, may increase intraocular pressure(drugs.com staff, 2020)
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Iron, PT, monitor for s/s of MI, monitor for s/s of bleeding	Blood glucose levels, thyroid levels	Blood pressure, hemoglobin levels	Monitor for bleeding, monitor PTT	Heart rate, blood pressure, shortness of breath, pulmonary function(drugs.com staff, 2020)
Client Teaching needs (2)	Take with food or after meals, stop taking if noticing s/s of GI bleed	Swallow tablets whole, may cause orthostatic hypotension	Do not chew the tablet, keep out of reach of children, do not take with food, take with citrus juice	Use a soft bristle toothbrush, do not use a straight razor, avoid falls, must be taken subQ	Rinse mouth after to prevent irritation, do not use more often than prescribed(drugs.com staff, 2020)

(Jones & Barlett, 2020)

Medications Reference (APA):

Drugs.com Staff. (2020, February). *Ipratropium and Albuterol (Professional Patient Advice)*. Drugs.Com. https://www.drugs.com/ppa/ipratropium-and-albuterol.html

Jones & Barlett Learning. (2020). *2020 nurse's drug handbook* (19th ed.).

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	A&O x2, no acute distress, appeared stated age and well overall
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Skin pink, warm, and dry Turgor within 3 seconds No rashes, wounds, or bruises present Braden: 16 No drains present
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck symmetrical No drainage or abnormalities with ears, eyes or nose Dentures 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:**	S1 and S2 present, murmur heard. Cardiac rhythm is paced Afib (per patient records). Capillary refill within 3 seconds, No neck vein distention, No Edema noted. Peripheral pulses in all four limbs felt but slightly weak

RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Breath sounds clear bilaterally No accessory muscle use noted
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:**	Patient is on a normal diet and home and currently. Heights: 5'3" Weight: 138 Bowel sounds present in all 4 quadrants Last BM unknown No pain noted with light palpation No abdominal distention, incisions, scars, drains, or wounds
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine was amber and clear Patient voided once during clinical time
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 ☒**	Neurovascular status intact, ROM intact with generalized weakness. Supportive devices at home include cane and walker Strength is weak Fall score – 40

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:**	Strength equal but weak Orientation intact Mental status intact Speech and sensory intact No LOC noted.
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):**	The patient appeared to be coping okay. She spent most of the clinical day sleeping and resting. It seems that she is in a small amount of denial about her deterioration of health. Doctors have recommended multiple times that she consider home health care due to her not being able to fully take care of herself and her son must work. She has denied it multiple times. Her immediate support system includes her son and his girlfriend who she lives with and they help take care of her. Her son was at the bedside.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0730	66	98/63	18	96.7	97
1100	Patient denied vitals – pulled sheets over her head.				

Vital Sign Trends: Patients vital signs appeared to be stable during her morning vitals and also vitals that documented in EPIC. When this nursing student went into her room at 1100 to get her vital signs, she pulled the blankets over her head and denied vital signs being taken.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0730	1-10	No location reported	0	None reported	No interventions needed at this time
1100	Patient was uncooperative during vital sign assessment was trying to sleep. Denied any pain throughout the clinical day				

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:**	IV removed on 11/1

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
100% of breakfast	Void x1

Nursing Care

Summary of Care (2 points)

Overview of care: The patient spent much of the clinical day resting and visiting with her son who was at the bedside with her for a short amount of time. PT/OT spent time with the patient.

Procedures/testing done: Monitoring blood work for thyroid levels, X-ray was done due to reports of SOB but came back normal.

Complaints/Issues: There were no complaints or issues reported

Vital signs (stable/unstable): Vital signs appeared to be stable. Her first set of vitals were stable and her past vitals in EPIC appeared to be stable. When this nursing student went to go take her vitals at 1100, she refused and pulled the blanket over her head

Tolerating diet, activity, etc.: The patient appeared to be tolerating her diet well and activity well.

Physician notifications: No physician notifications currently

Future plans for patient: Encouraging ambulation

Discharge Planning (2 points)

Discharge location: She will discharge to home where she lives with her son and his girlfriend.

Home health needs (if applicable): It has been recommended to the patient that she seeks home health care due to her not being able to fully take care of herself and her son

having to work and not being able to be there all of the time. They are currently declining any kind of home health care.

Equipment needs (if applicable): Oxygen for nighttime & nebulizer

Follow up plan: Patient will follow up with primary care doctor following discharge

Education needs: Importance of medication compliance

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. Risk for bleeding related to anticoagulant therapy	Patient is on warfarin and heparin, so she is at a high risk for bleeding	**1.** Educate on s/s of GI bleed **2.** Educate on preventative measures like no straight razor shaving, avoid falls, report extreme bruising / bleeding.	Patient will know the signs and symptoms of a GI bleed that she should be aware of (bright red blood stools, coffee ground emesis). Patient will also be aware of things she should avoid ensuring she doesn't bleed (soft toothbrush, electric razor, avoiding falls)
2. At risk health behaviors related to medication non-compliance	Patient is experiencing severe hypothyroidism due to medication noncompliance which is causing her weakness / fatigue. Patient reported she is ready to "go upstairs"	**1.** Educate on the importance of medication compliance and determine reasoning for not taking medication **2.**Spend time talking with the patient about how she is feeling with	Encouraging medication compliance and determining mental health status due to her report of "going upstairs"

		both her hypothyroidism and also her cancer treatment	
3. Risk for activity intolerance related to increasing weakness and fatigue	Patient spent most of the day sleeping and is gradually being unable to take care of herself	1. Promote self-care with rest periods in between tasks 2. Cluster nursing care so she can get rest without being bothered in between care.	Promoting self-care for the patient to promote independence since she is declining home health care and ensuring she has the capability to take care of herself.
4. Weakness/fatigue related to impaired metabolic state as evidence by increasing rest and not wanting to wake / be woken up.	The patient did not want to be woken up when this nursing student came in to do vitals.	**1.** Encourage ambulation when she has the energy **2.** Provide a low stimulation environment	Encouraging ambulation to keep her moving and get out of bed. Providing a relaxing environment like low stimulation, dim lights, and quiet environment to ensure adequate rest.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Presented to the ED with her son who said she was having generalized worsening weakness and fatigue

Nursing Diagnosis/Outcomes

At risk health behaviors related to medication non-compliance – Outcome: Educate on importance of medication compliance and monitor mental health status.
Risk for bleeding related to anticoagulant therapy – Outcome: Pt will be aware of signs and symptoms to report of a possible GI bleed and also know precautionary measures for preventing a bleed.
Risk for activity intolerance related to increasing weakness and fatigue – Outcome: Promote self-independence and reserve energy with rest time
Weakness/fatigue related to impaired metabolic state as evidence by increasing rest and not wanting to wake / be woken up – Outcome: Encourage ambulation but also allow for periods to rest and sleep.

Objective Data

Low T4
Low T3
High TSH
Reports that she is ready to "go upstairs"
Chest xray shows mild congestion due to CHF
Spent most of day sleeping and visiting with son
Sleeping with 3 blankets
History of smoking
Vitals stable
No pain reported

Patient Information

73-year-old woman admitted due to severe hypothyroidism secondary to medication non-compliance with a long medical history. Son brought her in due to worsening weakness and fatigue.

Nursing Interventions

Educate on s/s of GI bleed
Educate on preventative measures like no straight razor shaving, avoid falls, report extreme bruising / bleeding.
Educate on the importance of medication compliance and determine reasoning for not taking medication
Spend time talking with the patient about how she is feeling with both her hypothyroidism and also her cancer treatment Promote self-care with rest periods in between tasks
Cluster nursing care so she can get rest without being bothered in between care.
Encourage ambulation when she has the energy
Provide a low stimulation environment