N431 Care Plan # 2

Lakeview College of Nursing

Sarah Brown

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
11/1/2020	JWJ	86	male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	City of Danville worker	married	Alfuzosin Diclofenacmisoprostol Trospium Penicillins
Code Status	**Height**	**Weight**	
FULL	5’6”	160 lbs	

Medical History (5 Points)

Past Medical History:

Acute on Chronic renal failure (11/1/2020)

Benign prostatic hyperplasia (BPH) (11/1/2020)

Iron deficiency anemia (11/1/2020)

Shortness of breath (11/1/2020)

Bradycardia (9/12/2020)

Chronic Kidney disease stage 5 secondary to Hypertension (9/12/2020)

Cardiac Amyloidosis (8/21/2020)

Physical deconditioning (2/8/2018)

Syncope and collapse (2/5/2018)

Cellulitis of Left leg (2/2/2018)

Gout due to renal impairment, left ankle and foot (2/2/2018)

Chronic anemia and Chronic Venous Hypertension with inflammation of bilateral lower extremity (unknown)

Right renal cancer (unknown)

Hyperlipidemia (unknown)

Hypertension (unknown)

Past Surgical History: Nephrectomy, right (2016)

Family History: Mother had Tuberculosis**,** Father- unknown

Social History (tobacco/alcohol/drugs): Former smoker of one pack a day and quit 22 years ago, no illicit drug use, currently drinks an average of one drink per week.

Assistive Devices: Walker

Living Situation: Client lives at home with his wife.

Education Level: Client has obtained high school diploma, no college (no learning barriers)

Admission Assessment

Chief Complaint (2 points): Falls

History of present Illness (10 points):.

The client states that his wife brought him to the emergency department because he felt weak, fell out of the chair, and states he did not hit his head. The weakness started 2-3 days ago. The client complained of general weakness and lethargy, not located in a particular part of his body. The client remained weak for 2-3 days until he fell out of his chair, and his wife brought him into the emergency department to get checked out. The client did not describe any weakness characteristics, just that he was more weak than usual. The client said there were no aggravating factors, relieving factors, or treatments that helped with the weakness. He states he rested, and that did not make him any less weak. The severity of the weakness was "bad," per the client, as he stated he was too weak to go work out in the shop, which he loves to do. The client states, "this has happened 3-4 times before, and they always say it is because of my kidney failure."

Primary Diagnosis

Primary Diagnosis on Admission (2 points):. Acute on Chronic renal failure (11/1/2020)

Secondary Diagnosis (if applicable):. Benign prostatic hyperplasia (BPH) (11/1/2020)**,** Iron deficiency anemia (11/1/2020)

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

Pathophysiology

Acute on Chronic renal failure is a marked decline in renal function in a person who already has known chronic renal failure (Tidy, 2018). When a client already has chronic renal failure, they are at a higher risk for acute kidney injury than clients who do not have chronic renal failure (Tidy, 2018). Renal failure caused by hypertension happens when turbulent blood flow occurs for an extended time (American Heart Association, 2016). The turbulent blood flow through the blood vessels of the body will wear the vessels out over time. In the kidneys, the turbulent blood flow, due to hypertension, will weaken the renal arteries and cause damage. Once the damage occurs to the renal arteries, blood flow is not getting into the kidneys good enough and not getting to the nephrons (American Heart Association, 2016). The nephrons are the kidneys' functional units that filter the blood to rid the body of waste products and excess fluid (American Heart Association, 2016).

Once the nephrons are not filtering the blood, the body is retaining excess waste products and fluids, causing other body systems to be dysfunctional. The body is no longer at homeostasis (American Heart Association, 2016). Kidneys stimulate the production of the hormone erythropoietin, and when the kidneys have damaged, this slows. Once the body is low on the hormone erythropoietin, this can cause iron-deficiency anemia. Common signs and symptoms of anemia are tiredness, irritability, shortness of breath, and dizziness (Laminate Medical staff, 2017). The client had weakness and dizziness and fell at home, which resulted in him coming into the emergency department to get checked out. Kidney failure can cause further heart

problems such as heart attack and stroke because the fluid the damaged kidneys are not removing will build up around the heart and lungs, making them work hard. The heart and lungs have to work harder, and anemia and amyloidosis caused by cardiomegaly in this client cause complications (Leonard, 2018).

The integumentary system is affected by kidney failure due to the lack of regulation of minerals, vitamins, and fluid, and the balance of calcium and phosphorus becomes off. The phosphorus and calcium naturally want to be equal in the body, and kidney failure causes the body to retain phosphorus, causing the body to pull calcium from the bones to balance the two levels. The buildup of phosphorus in the body causes the client's skin to itch. The body pulling calcium from the bones to maintain the two levels' equity causes the client to become osteoporotic and have more brittle bones (Laminate Medical staff, 2017).

Amyloidosis is a rare condition where kidney failure causes the protein amyloid deposited in the joints and tendons and results in pain, stiffness, and fluid buildup in the client's joints (Laminate Medical staff, 2017). The hormonal imbalances of kidney failure can affect the nervous system and create fatigue, sadness, depression, and anger (Laminate Medical staff, 2017). The client's immune system weakens and is less effective in fighting off pathogens due to the hormonal imbalances, skin issues, and depression (Laminate Medical staff, 2017). The client had his right kidney removed due to cancer in the right kidney.

Signs and Symptoms

Signs and symptoms of acute on chronic renal failure are shortness of breath, confusion, weakness, and dizziness (Tidy, 2018). Typically, the signs and symptoms present are related to an underlying condition that caused the critical aspect of chronic kidney failure, such as

infection, dehydration, and anemia (Tidy, 2018). This client presented with weakness brought on by iron deficiency anemia, which caused the acute episode of chronic renal failure.

Expected Findings

Expected findings in a client with acute, chronic renal failure would be decreased urine output, shortness of breath, weakness, and edema in lower extremities (Tidy, 2018). This client presented with all of these expected findings.

Diagnostic and Lab Test

CBC and chemistry labs will track chronic kidney failure (Laminate Medical staff, 2017). Chest X-ray for shortness of breath. Ultrasound of the kidneys to identify abnormalities (Pagana & Pagana, 2010). This client had all of these labs and diagnostic tests performed.

Treatments

Treatment of the underlying cause of acute on chronic renal failure is generally sufficient (Tidy, 2018). If chronic renal failure progresses, more in-depth treatments like dialysis are required (Tidy, 2018).

Pathophysiology References (2) (APA):

American Heart Association. (2016). *How high blood pressure can lead to kidney damage or failure*. www.heart.org. https://www.heart.org/en/health-topics/high-blood-pressure/health-threats-from-high-blood-pressure/how-high-blood-pressure-can-lead-to-kidney-damage-or-failure

Laminate Medical staff. (2017). *Effects of kidney failure on body systems*. Laminate Medical. https://www.laminatemedical.com/2017/01/11/effects-kidney-failure-body-systems/#

Leonard, J. (2018). *Cardiomegaly: Diagnosis, treatment, and prevention*. Medical and health information. https://www.medicalnewstoday.com/articles/320591

Pagana, K. & Pagana, T. (2010). *Mosby's Manual of Diagnostic and Laboratory Tests.* (4th ed.). Elsevier.

Tidy, C. (2018). *Acute on chronic kidney disease*. patient.info. https://patient.info/doctor/acute-on-chronic-kidney-disease#

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	3.80-5.30	3.70	Not drawn	Red blood cells are decreased due to Iron-deficiency anemia (Iron-deficiency anemia, 2020).
Hgb	12-15.8	11.4	Not drawn	Low hemoglobin can be cause by Iron-deficiency anemia (Iron-deficiency anemia, 2020).
Hct	36-47	34.5	Not drawn	Low hematocrit can be cause by Iron-deficiency anemia (Iron-deficiency anemia, 2020).
Platelets	140-440	228	Not drawn	WNL
WBC	4-12	7.70	Not drawn	WNL
Neutrophils	1.60-7.70	5.10	Not drawn	WNL
Lymphocytes	1.30-3.20	1.30	Not drawn	WNL
Monocytes	0.20-1.00	0.60	Not drawn	WNL
Eosinophils	0-0.40	0.60	Not drawn	Elevation can be caused by an infection, inflammation, and stress (Capriotti, 2016).
Bands	Not drawn	Not drawn	Not drawn	Not drawn

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	Not drawn	138	WNL
K+	3.5-5.1	Not drawn	4.0	WNL
Cl-	98-107	Not drawn	102	WNL
CO2	21-31	Not drawn	23	WNL
Glucose	70-99	Not drawn	94	WNL
BUN	7-25	Not drawn	88	The client's BUN level can be increased because sudden decline in renal function (Hinkle & Cheever, 2018).
Creatinine	0.50-1.00	Not drawn	4.26	The client's creatinine level can be increased because of sudden decline in renal function (Hinkle & Cheever, 2018).
Albumin	3.5-5.7	Not drawn	3.9	WNL
Calcium	8.8-10.2	Not drawn	8.9	WNL
Mag	1.7 to 2.2 mg/dL	Not drawn	1.7	WNL
Phosphate	2.5-4.5	Not drawn	4.0	WNL
Bilirubin	0.2-0.8	Not drawn	0.7	WNL
Alk Phos	34-104	Not drawn	207	High alkaline phosphatase is due to hyperparathyroidism and turnover of bone in clients with chronic kidney disease (Zhu, 2016).
AST	13-39	Not drawn	15	WNL

ALT	7-52	Not drawn	11	WNL
Amylase	N/A	Not drawn	Not drawn	Not drawn
Lipase	N/A	Not drawn	Not drawn	Not drawn
Lactic Acid	N/A	Not drawn	Not drawn	Not drawn
Troponin	N/A	Not drawn	Not drawn	Not drawn
CK-MB	N/A	Not drawn	Not drawn	Not drawn
Total CK	N/A	Not drawn	Not drawn	Not drawn

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	Not drawn	Not drawn	Not drawn
PT	10.1-13.1	Not drawn	Not drawn	Not drawn
PTT	25-36	Not drawn	Not drawn	Not drawn
D-Dimer	N/A	Not drawn	Not drawn	Not drawn
BNP	Less than 450 pg/mL for patients aged 75-99 years	Not drawn	Not drawn	Not drawn
HDL	Not drawn	Not drawn	Not drawn	Not drawn
LDL	Not drawn	Not drawn	Not drawn	Not drawn
Cholesterol	Not drawn	Not drawn	Not drawn	Not drawn
Triglycerides	Not drawn	Not drawn	Not drawn	Not drawn
Hgb A1c	Not drawn	Not drawn	Not drawn	Not drawn

TSH	Not drawn	Not drawn	Not drawn	Not drawn

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 and Colorless	Clear Yellow/ clear	Not drawn	WNL
pH	5.0-9.0	5.0	Not drawn	WNL
Specific Gravity	1.003-1.030	1.006	Not drawn	WNL
Glucose	Negative	Negative	Not drawn	WNL
Protein	Negative	Negative	Not drawn	WNL
Ketones	Negative	Negative	Not drawn	WNL
WBC	Negative	Negative	Not drawn	WNL
RBC	Negative	Negative	Not drawn	WNL
Leukoesterase	Negative	Negative	Not drawn	WNL

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	Not drawn	Not drawn	Not drawn
PaO2	80-100 mmHg	Not drawn	Not drawn	Not drawn
PaCO2	35-45 mmHg	Not drawn	Not drawn	Not drawn

HCO3	22.0-26.0 mmol/L	Not drawn	Not drawn	Not drawn
SaO2	95-100%	Not drawn	Not drawn	Not drawn

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	Culture and sensitivity	Not drawn	Not drawn	Not drawn
Blood Culture	No growth	No growth	Not drawn	WNL
Sputum Culture	Not drawn	Not drawn	Not drawn	Not drawn
Stool Culture	Not drawn	Not drawn	Not drawn	Not drawn

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: Introductory Concepts and Clinical Perspectivies.* F.A. Davis Company.

Hinkle, J.L., & Cheever, K. H. (2018). *Burnner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Wolters Kluwer.

Iron-deficiency anemia. (n.d.). American Society of Hematology - Hematology.org. Retrieved November 4, 2020, from https://www.hematology.org/education/patients/anemia/iron-deficiency

Zhu J, -G, Cheng B, -C, Lee W, -C, Li L, -C, Lee C, -H, Long G, Chen J, -B, 2016, Serum Alkaline Phosphatase Levels are Not Associated with Increased Death Risk in Prevalent

Hemodialysis Patients: 5-Year Experience in a Single Hemodialysis Center. Kidney Blood Press Res 2016;41:498-506. doi: 10.1159/000443451

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

(11/1/2020) Chest X-Ray that revealed cardiomegaly and scoliosis per the chart.

(11/1/2020) 12-Lead EKG revealed normal sinus rhythm, with sinus arrhythmia. “QT has lengthened since last ECG on 9/12/2020.” Per the chart.

(11/1/2020) Renal Ultrasound of Left kidney revealed that the “left kidney is small in size and has good blood flow. The right kidney is absent, the prostate is enlarged, and suspicious gallstones noted.” Per the chart.

Diagnostic Test Correlation (5 points):

(11/1/2020) Chest X-Ray ordered due to shortness of breath; this diagnostic test is regularly ordered when clients complain of shortness of breath (Pagana & Pagana, 2010).

(11/1/2020) 12-Lead EKG ordered due to shortness of breath. The EKG will rule out cardiac complications that may present with only shortness of breath (Pagana & Pagana, 2010).

(11/1/2020) Renal ultrasound is performed to check the kidneys for abnormalities (Pagana & Pagana, 2010).

Diagnostic Test Reference (APA):

Pagana, K. & Pagana, T. (2010). *Mosby’s Manual of Diagnostic and Laboratory Tests.* (4th ed.). Elsevier.

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

Home Medications (5 required)

Brand/Generic	Plavix/ clopidogrel	Bayer aspirin	Atorvastatin calcium - Lipitor	Ferrous Sulfate	Metoprolol Lopressor
Dose	75 mg	81 mg	40mg	325 (65 Fe) mg	50mg
Frequency	Daily	daily	Nightly	Daily	Daily
Route	PO	PO	PO	PO	PO
Classification	Platelet aggregation inhibitor	Analgesic; antiplatelet	Antihyperlipidemic	Trace element, mineral	antihypertensive
Mechanism of Action	Binds with ADP receptors on platelets, which blocks fibrinogen from forming, so a clot cannot form	Inhibits platelet aggregation	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG- CoA	Normalizes RBC production	Inhibits stimulation of beta1 receptor sites, decreasing cardiac excitability
Reason Client Taking	Prevent clots	Prevent clots	Hyperchol-esterolemia	Provide adequate RBC	hypertension

				production	
Contraindications (2)	Active bleeding; allergic to clopidogrel	Asthma; rhinitis	Active hepatic disease, hypersensitivity to atorvastatin	Hemochromatosis, hemolytic anemias	Acute heart failure, pulse less than 45 bpm
Side Effects/Adverse Reactions (2)	Chest pain; edema	Heartburn; dyspepsia	Cognitive impairment, elevated serum CK levels	Fever, dyspnea	Weakness, chest pain
Nursing Considerations (2)	Discourage the use of NSAID; expect to give aspirin with clopidogrel	Can be used for chest pain; antacids can help prevent gastric upset	Should not be used in patients taking cyclosporine, hold dose if patient develops an acute condition suggestive of myopathy	Give supplement with full glass of water or juice, do not crush or open capsules, should be given 1 to 2 hours after meal	Monitor for signs of poor glucose control, assess ECG because these patients are at a greater risk for AV block
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor CBC	Monitor coagulation labs	CPK levels, liver function tests, LDL	Monitor vital signs, especially pulse.	ECG, blood glucose levels, pulse
Client Teaching needs (2)	Educate the patient that bleeding time could be	Advise patient to take with food to prevent stomach upset; Educate	Not a replacement for a low cholesterol diet, take at the same time every	Monitor changes in stool. (The drug may cause constipation, change stool color, and cause false positives when stool is	Take drug at the same time every day, there may be some hair loss

	longer; advise patient to tell all healthcare providers that the patient is on clopidogrel	patient to swallow the aspirin whole	day	tested for occult blood.) Plan activities and allow for periods of rest to help conserve energy.	

Hospital Medications (5 required)

Brand/Generic			Colace/ Docusate sodium			
Dose			100 mg			
Frequency			BID			
Route			PO			
Classification			laxative			
Mechanism of Action			Surfactant to soften stools			
Reason Client Taking			constipation			
Contraindications (2)			Nausea; fecal impaction			
Side Effects/Adverse			Palpitations; dizziness			

Reactions (2)						
Nursing Considerations (2)			Expect long term use to cause dependence; asses for laxative abuse syndrome			
Key Nursing Assessment(s)/Lab (s) Prior to Administration			Monitor bowel sounds			
Client Teaching needs (2)			Advise patient to take with full glass of water; encourage patient to increase fiber intake			(Jones & Bartlett, 2019).

Medications Reference (APA):

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Client is well oriented. AOx4. No visible signs of distress are observed. Client appears to be well kept, and cleanliness is appropriate.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:**	Client's skin is warm and dry upon inspection and palpation. Skin turgor assessed near clavicle, noted to be <3 seconds. No rashes or lesions are noted. Some small bruising is observed in old IV

Turgor: **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 20** **Drains present: Y☐ N ☒** **Type:**	insertion site. No wounds are noted. Small incisional scars are observed on client's right flank. Client Braden score: 21. No drains are present. Braden is 20.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Upon palpation of head, no obvious lesions or bumps present. Inspection shows no apparent skin issues. Face is symmetrical with rest and movement. No discoloration noted. Trachea is midline, and thyroid is nonpalpable upon assessment. Oral mucosa is pink and moist, no lesions present. Sclera is white. Unable to assess red light reflex; however, PERRLA is observed. Client does utilize corrective lenses for reading small print. Teeth are well intact, no dentures. Client is hard of hearing, can hear if close to speaker. No sore throat or blurred vision per client.
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:** bilaterally in legs	. Clear S1 and S2 without murmurs, gallops, or rubs auscultated. Peripheral pulses are present and palpable in all four extremities. There is peripheral edema present bilaterally in legs. No chest pain or palpitations per client.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	. Respiratory system is assessed with client sitting on edge of bed. Client chest appears symmetrical and rises and falls equally. Client breathing is noted to be nonlabored and regular. Respiratory rate is observed at 18 breaths per minute. Upon auscultation, clear and equal breath sounds are heard bilaterally in all lobes. No wheezes, crackles, or rhonchi noted. No cough present. No accessory muscle use is observed. No shortness of breath per client.
GASTROINTESTINAL (2 points): **Diet at home:** regular **Current Diet** regular	The client has been placed on a regular diet. The client's abdomen is not distended with normoactive bowel sounds heard in all four

Height: 5'6" **Weight:** 160 lbs **Auscultation Bowel sounds:** heard in all 4 quadrants **Last BM:** 10/31/2020 **Palpation: Pain, Mass etc.:** None **Inspection:** None **Distention:** None **Incisions:** None **Scars:** on right flank from kidney removal. **Drains:** None **Wounds:** None **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size: N/A** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: N/A**	quadrants. The abdomen is soft and nontender. Denies nausea or vomiting per client.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** not performed **Catheter: Y ☐ N ☒** **Type:** None **Size:** None	The client has not voided at all this whole nursing student's shift. (Client low output due to chronic renal failure.)
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices: walker** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 85 Morse high risk **Activity/Mobility Status:** 1 assist with gait belt and walker to toilet and back to bed, walk the hall with physical therapy. **Independent (up ad lib) ☐ no** **Needs assistance with equipment ☐ y** **Needs support to stand and walk☐ y**	. Neurovascular status was intact. Patient was responsive when being talked to. Patient was alert and able to talk and communicate with the nurses and nursing student effectively.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☒**	.

PERLA: Y ☒ N☐ **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation: AOx4** **Mental Status:** Client is alert and oriented **Speech:** **Sensory:** **LOC:**	Client neurological status is evaluated through interview and inspection. Client is alert and oriented and moves all extremities well (MAEW). Client opens eyes spontaneously and PERRLA is observed. Client responds to questions appropriately and speech is well paced and logical. Behavior is appropriate to situation.
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):**	Client's wife is very supportive and present in his life. The client's developmental level is as expected for his age. The client does belong to the "African American Church of Danville" per client.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1412	66	132/61	18	98.0F	100
1607	68	138/66	18	98.1F	99

Vital Sign Trends:

The vital signs did not trend up or down from the first set to the second set collected. Client is diagnosed with hypertension. Had to obtain them close together because the client had been discharged and was about to leave the hospital.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1412	1-10	N/A	3	Chronic pain from	None

				amyloidosis	
1607	1-10	N/A	3	Chronic pain from amyloidosis	None

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: 20 g **Location of IV:** right hand **Date on IV**: 11/1/2020 **Patency of IV:** unsure* **Signs of erythema, drainage, etc.:** No signs of erythema or drainage **IV dressing assessment:** clean, dry, and intact	This nursing student witnessed the client have an IV in his right hand, saline locked, and before the patency could be checked, the client was discharged. The nurse removed the IV and client did not have it in his hand as this nursing student went into the client's room to check on him.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
240 water, drink IV fluids had been disconnected prior to 1400, therefore not witnessed by this student.	0 mL

Nursing Care

Summary of Care (2 points)

Overview of care: Ensured that that patient had on fall risk socks, a bed alarm, and a fall risk sign on the door to provide safety to the patient.

Procedures/testing done: there were no procedures done during this student nurses shift.

Complaints/Issues: The client has no complaints other than he wants to go home to his wife and favorite chair.

Vital signs (stable/unstable): vital signs are stable

Tolerating diet, activity, etc.: The client is tolerating his diet well. The client is voiding as expected with renal failure, and is able to perform all activities of daily life as expected with assistance for safety.

Physician notifications: The physician was not notified during this student nurses shift

Future plans for patient: Discharge home with wife and follow up with primary care physician.

Discharge Planning (2 points)

Discharge location: Home with wife.

Home health needs (if applicable): Physical therapy will come work with this client to work on turning the physical deconditioning around and getting him more active.

Equipment needs (if applicable): Hand rails in bathroom and walker

Follow up plan: Discharge home with wife and follow up with primary care physician.

Education needs: Education for this client to reach out to his primary care provider when he first starts to feel weak or any decline in health so they can assess and prevent injuries. This is to ensure he does not speed the chronic renal failure process along.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

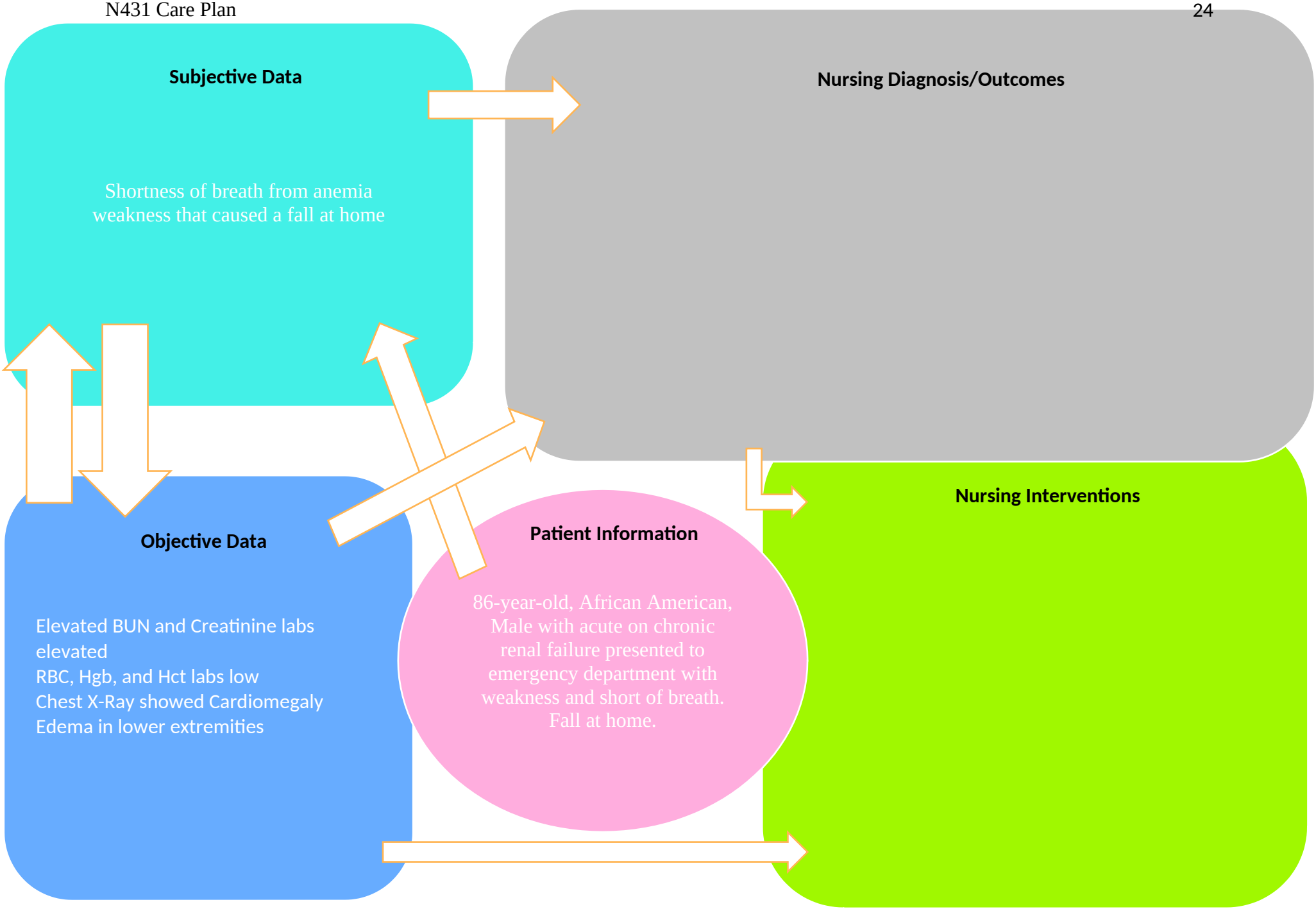
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1.) Ineffective breathing pattern anemia as evidenced by	Adequate ventilation is an essential function.	**1.** Assess history of symptoms and causative factors **2.**	Demonstrated respiratory rate within normal limits and no longer complains of shortness of breath

shortness of breath		Remove or control causative factors	
2.) Excess fluid volume related to compromised regulatory mechanisms secondary to acute on chronic renal failure as evidenced by bilateral lower extremity edema and intake of fluid being greater than output of fluid.	Without intervention edema can lead to tissue damage and cardiac problems.	**1.** Educate the clients on causative factors **2.** Educate the client of venous status and ways to avoid it.	The client performed teach back of the education of methods on how to reduce edema and limiting sodium in diet.
3.) Impaired physical mobility related to decreased muscle strength and physical deconditioning as evidenced by fall at home	Compromised ability to move purposefully can cause accidents that could cause major damage or death to the client	**1.** Establish sort term goals of walking correctly with walker **2.** Chart and discuss improvements in mobility with the client	The client walked the hallway with physical therapy during this student nurse's shift. The clint will have physical therapy come to his home to work with him after discharge to work on the physical deconditioning
4.) Chronic pain related to cardiac amyloidosis as evidenced by 3/10 on pain scale	Chronic pain can wear clients out and cause fatigue	**1.** Encourage exercise to relieve chronic pain 2. Encourage nonpharmacologic pain management methods to avoid addictions to pain medications and tolerance issues	The client voiced understanding

Other References (APA):

Swearingen, P.L., & Wright, J.D. (2019). *All-in-One Nursing Care Planning Resource* (5th ed). Elsevier.

Concept Map (20 Points):


Subjective Data
Shortness of breath from anemia weakness that caused a fall at home
Nursing Diagnosis/Outcomes
Nursing Interventions
Objective Data
Elevated BUN and Creatinine labs elevated
RBC, Hgb, and Hct labs low
Chest X-Ray showed Cardiomegaly
Edema in lower extremities
Patient Information
86-year-old, African American, Male with acute on chronic renal failure presented to emergency department with weakness and short of breath. Fall at home.