

N311 Care Plan # 4

Lakeview College of Nursing

Name

Jordan Helton

**Demographics (5 points)**

Date of Admission 11/1/20	Patient Initials H.B.E	Age 66	Gender Male
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Married	Allergies Clarithromycin, levofloxacin, lortadine, statins, arava, azulfidine, ceclor, ciprofloxacin, doxycycline, florinef, methotrexate, molds and smuts
Code Status Full Code	Height 6'2" (74 in.)	Weight 78.9 kg (173 lb. 15.1 oz.)	

**Medical History (5 Points)**

**Past Medical History:** Anemia, bipolar disorder, CKD, conductive hearing loss, CAD, emphysema/COPD, folic acid deficiency, General anxiety disorder, GERD, MI, HLD, HTN, Hypothyroidism, IBS, migraine w/o aura, mitral valve prolapse, O2 dependent (2L), PVD, pneumonia, Rheumatoid arthritis, sleep apnea, Vitamin D deficiency

**Past Surgical History:** Appendectomy, arthroscopy knee (surgical), carpal tunnel release, cataract extraction, cataract extraction (intraocular lens implant), cholecystectomy, HC coronary angio, LT. heart cath. percutaneous (5), Lithotripsy, coronary artery stent (4), repair rotor cuff, strabismus surgery, XA RHC & LHC Poss.

**Family History:** Mother- colon cancer; Father- HTN, lung cancer, emphysema, CAD

**Social History (tobacco/alcohol/drugs):** Pt reports being a former smoker. He smoked four packs a day before quitting. Pt also quit chewing tobacco. Pt reports smoking marijuana twice a week.

**Admission Assessment**

**Chief Complaint (2 points):** Chest pain

**History of present Illness (10 points):** On November 1<sup>st</sup>, a 66 y/o, married, male was taken to hospital at the request of his home health nurse for c/o chest discomfort and subjective fever. The pain is over the pacemaker site (exertional). When area is pressed on, pt reports pain all over his body. Pt has a history of COPD, GERD, CAD, anemia, rheumatoid arthritis, and orthostatic hypotension. Pt had successful TAVR implant done on 10/28/20 (34 mm Evolut). Pt developed CHB and dual chamber ppm when checked by Dr. Mullin. The area of pacemaker is tender to the touch. There is tenderness to the right groin with ecchymoses and a small hematoma. There is no sign of overt bleeding, but he reports back pain. Pt reports relief with the use of opioids.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** Aortic Stenosis

**Secondary Diagnosis (if applicable):**

**Pathophysiology of the Disease, APA format (20 points):** Aortic stenosis is the calcification of the aortic valve opening. In aortic stenosis, the aortic valve is narrow and left ventricular outflow of blood is obstructed (Capriotti, 2016). During the left ventricular contraction, the ejection of blood in systole is diminished by resistance of the calcified aortic valve. The left ventricle hypertrophies, so the patient can be asymptomatic for years. Myocardial ischemia can occur when the left ventricle muscle exceeds the coronary artery blood supply (Capriotti, 2016). The three classic symptoms of severe aortic stenosis are dyspnea, chest pain, and syncope. The exertional angina or chest pain occurs due to the diminished volume of blood entering the narrow aortic valve, which the blood volume is not optimal (Capriotti, 2016). In elderly adults, aortic stenosis is the most common valve disorder.

The signs and symptoms of aortic stenosis range from mild to severe. Patients are able to go asymptomatic for many years. Signs and symptoms of aortic stenosis include: heart murmur, chest pain, faint or dizzy, fatigue, and SOB (“Aortic Valve Stenosis”, 2020). This pt and symptoms of chest pain on arrival to the hospital. Pt also reports SOB that is triggered some days. Children patients with aortic stenosis can possibly experience not gaining enough weight or eating enough.

The tests used to diagnose aortic stenosis are echocardiography, chest x-ray, and ECG. Contraindication can occur in exercise stress tests in symptomatic patients that have severe aortic stenosis. At rest and during exercise, myocardial perfusion is checked by radionuclide ventriculography. Heart failure can be detected easily by checking the BNP levels from the heart (Capriotti, 2016). Patients older than 50 years of age, it is expected that 50% of them will develop CAD.

There are three main ways to treat aortic stenosis depending on the severity of the condition. The three main types of surgery are aortic valve repair, balloon valvuloplasty, and aortic valve replacement (“Aortic Valve Stenosis”, 2020). Aortic valve repair is not really an option. Surgeons would rather replace. If a patient is unable to do surgery, the balloon valvuloplasty is better recommended. This pt had aortic valve replacement surgery. He had a TAVR surgery done due to being a high risk for surgical aortic valve replacement. He is recovering from complications after the surgery days later. The ultimate goal is to extend his life from his aortic stenosis from declining his life.

### **Pathophysiology References (2) (APA):**

Capriotti, T. M. & Frizzell, J. P., (2016). *PATHOPHYSIOLOGY: introductory concepts and clinical perspectives*. F A Davis.

*Aortic Valve Stenosis*. (2020, August 7). *Mayo Clinic*, Retrieved November 5, 2020, from <https://www.mayoclinic.org/diseases-conditions/aortic-stenosis/symptoms-causes/syc-20353139>.

### Laboratory Data (20 points)

**\*If laboratory data is unavailable, values will be assigned by the clinical instructor\***

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.4-5.5	2.49	3.06	Pt has past medical history of anemia. Anemia can cause low RBC count from blood loss. (Corbett & Banks, 2019)
Hgb	13.1-16.0	7.5	8.8	Pt has low RBC count due to past medical history of anemia. Anemia is low healthy blood cell count. (Corbett & Banks, 2019)
Hct	39.8-48.5	24.4	29.0	Pt has anemia. Low RBC count is due to not enough healthy blood cells. (Corbett & Banks, 2019)
Platelets	145-358	254	262	
WBC	4.6-9.1	9.4	8.7	
Neutrophils	2.3-5.7	6.79	5.85	Neutrophil count can be high from autoimmune diseases. Pt has rheumatoid arthritis. The body is releasing more antibodies to help attack inflammation. (Corbett & Banks, 2019)
Lymphocytes	1.1-3.3	1.14	1.35	High neutrophil count is related to his autoimmune disease of rheumatoid arthritis. (Corbett & Banks)
Monocytes	0.3—0.8	1.16	1.23	Monocytes are in the same group as lymphocytes and neutrophils. The reason for high count is due to infection or autoimmune disease. In this case, he has rheumatoid arthritis. (Corbett & Banks, 2019)
Eosinophils	0.03-0.45	0.2	0.16	

<b>Bands</b>	N/A	N/A	N/A	
--------------	-----	-----	-----	--

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

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>Na-</b>	136-145	139	N/A	
<b>K+</b>	3.5-5.1	3.7	N/A	
<b>Cl-</b>	98-107	107	N/A	
<b>CO2</b>	21-32	28	N/A	
<b>Glucose</b>	74-106	84	N/A	
<b>BUN</b>	7-18	16	N/A	
<b>Creatinine</b>	0.7-1.3	1.12	N/A	
<b>Albumin</b>	3.4-5.0	2.6	N/A	Low albumin level could be caused by malnutrition, where protein is not digested/absorbed well. Another possibility is from inflammation from his rheumatoid arthritis. (Corbett & Banks, 2019)
<b>Calcium</b>	8.5-10.1	8.4	N/A	Low calcium levels (hypocalcemia) could be caused by vitamin D deficiency. His past medical history indicates vitamin D deficiency. (Corbett & Banks, 2019)
<b>Mag</b>	1.6-2.6	N/A	N/A	
<b>Phosphate</b>	N/A	N/A	N/A	
<b>Bilirubin</b>	0.2-1.0	0.4	N/A	
<b>Alk Phos</b>	45-117	49	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				***No culture completed for this pt
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

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				***No cultures completed for this pt
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

HSHS St. Anthony’s Memorial Hospital (2020). *Reference Range (lab value)*. Effingham, IL.

Jane Vincent Corbett, & Angela Denise Banks. (2019). *Laboratory tests and diagnostic procedures : with nursing diagnoses*. Pearson.

**Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):**

Xa Tavr

CT Chest w/ contrast pulmonary embolism protocol

Xr chest pa

**Current Medications (10 points, 2 points per completed med)  
\*5 different medications must be completed\***

**Medications (5 required)**

<b>Brand/ Generic</b>	<b>Celexa/Citalopram</b>	<b>Protonix/Pantoprazol</b>	<b>Lopressor/ Metoprolol tartrate</b>	<b>Plavix/ Clopidogrel</b>	<b>Ecotrin/ Aspirin</b>
<b>Dose</b>	40 mg	40 mg	12.5mg	75 mg	81 mg
<b>Freque ncy</b>	2x daily	2x daily	2x daily	1x daily	1x daily
<b>Route</b>	oral	oral	oral	oral	oral
<b>Classifi cation</b>	Antidepressant	Antiulcer	Antianginal, antihypertensive	Platelet aggregation inhibitor	NSAID
<b>Mechan ism of Action</b>	Blocks serotonin reuptake by adrenergic nerves, which is normally release this neurotransmitter from their storage	Interferes with gastric acid secretion by inhibiting hydrogen-potassium-adenosine triphosphatase enzyme system, or proton pump in gastric	Inhibits the stimulation of beta-1 receptor sites (located mainly in heart), resulting in decreased cardiac excitability, cardiac	Binds to ADP receptors on surface of activated platelets. This blocks	Blocks the enzyme for prostaglandin synthesis. This

	sites when activated by nerve impulse.	parietal cells.	output, and myocardial O2 demand.	ADP, which deactivates nearby glycoprotein receptors and prevents fibrinogen from attaching to receptors.	causes inflammatory response. This causes pain signals to stop transmission.
<b>Reason Client Taking</b>	To treat his bipolar disorder	To treat GERD	To help treat HTN	To treat thrombotic events to occur again (MI)	To prevent an MI
<b>Contraindications (2)</b>	Hypersensitivity to drug/components, pimoziide therapy	Hypersensitivity to drug substituted benzimidazoles , or components	Peripheral arterial disorders, acute heart failure	Peptic ulcers, intracranial hemorrhage	Current or recent GI bleed or ulcers, active bleed/coagulation disorders
<b>Side Effects/ Adverse Reactions (2)</b>	Heart failure, MI	Chest pain, HLD	Cardiac arrest, arrhythmias	Fatal intracranial bleeding, hypotension	Prolonged bleeding time, GI bleeding

**Medications Reference (APA):**

*2020 Nurse’s drug handbook.* (2020). Jones & Bartlett Learning.

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL:</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p>Alert and oriented to time, place, and person                  In no distress                  Well-kept and groomed</p>
--	---

<b>INTEGUMENTARY:</b> <b>Skin color:</b> <b>Character:</b> <b>Temperature:</b> <b>Turgor:</b> <b>Rashes:</b> <b>Bruises:</b> <b>Wounds:</b> <b>Braden Score:</b> <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b> N/A	Pink Dry/normal to touch Warm Skin turgor normal None Bruises near IV sites Skin tears on both forearms 20
<b>HEENT:</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	Head and neck are symmetrical with lymph nodes not being palpable; No neck deviation or JVD Pearly gray TM with some cerumen Eyes: PERRLA Deviated septum absents with no polyps Teeth and mucosa intact
<b>CARDIOVASCULAR:</b> <b>Heart sounds:</b> <b>S1, S2, S3, S4, murmur etc.</b> <b>Cardiac rhythm (if applicable):</b> <b>Peripheral Pulses:</b> <b>Capillary refill:</b> <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Location of Edema:</b>	S1 and S2 sounds present; S3, S4, and gallops not present; no murmurs present Ventricular paced; heart block-bundle branch block Pulses are equal in extremities 2 seconds  No presence of edema
<b>RESPIRATORY:</b> <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Breath Sounds: Location, character</b>	Symmetrical chest expansion, no presence of wheezes or crackles Pt has SOB with cough; uses 2L O2 PRN
<b>GASTROINTESTINAL:</b> <b>Diet at home:</b> <b>Current Diet</b> <b>Height:</b> <b>Weight:</b> <b>Auscultation Bowel sounds:</b> <b>Last BM:</b> <b>Palpation: Pain, Mass etc.:</b> <b>Inspection:</b> <b>Distention:</b> <b>Incisions:</b> <b>Scars:</b> <b>Drains:</b> <b>Wounds:</b>	No diet; no restrictions  6'2" (74 in.) 78.9 kg (173 lb. 15.1 oz.) Normal active bowel sounds in all quadrants; in normal range of clicks and gurgles (17) No CVA tenderness  None Groin area: right and left side; Chest: left side None None None

<p><b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Size:</b> N/A  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b></p>	
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b> N/A  <b>Size:</b> N/A</p>	<p>Yellow          Strae/clear          175 mL            Normal</p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>Normal ROM          Uses a cane          Strength in both upper and lower extremities;          reports some weakness with SOB            3            Independent          N- ambulates well by self          N- ambulates well by self</p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>A&amp;O x3          Mature, appropriate for age          Alert (no distress)          No neuro deficits</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and</b></p>	<p>Being with his wife          Mature, appropriate for age          N/A          Pt has home health nurse at his home three times a week to check in on him and chat. He is glad to</p>

<b>available family support):</b>	go home soon to be with his wife of many years.
-----------------------------------	---

**Vital Signs, 1 set (5 points)**

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
1045	67 bpm	149/79 mmHg	18	98.0°F	95% (room air)

**Pain Assessment, 1 set (5 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
1045	0-10 numeric scale	Head	4/10	discomfort	Keeping room quiet, use low voices, and keep some light out of room

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
	Urine: 175 mL

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis\***

<b>Nursing Diagnosis</b>	<b>Rational</b>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b>
<ul style="list-style-type: none"> <li>• Include full nursing diagnosis with</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why the nursing</li> </ul>		<ul style="list-style-type: none"> <li>• How did the patient/family respond</li> </ul>

<p>“related to” and “as evidenced by” components</p>	<p>diagnosis was chosen</p>		<p>to the nurse’s actions?</p> <ul style="list-style-type: none"> <li>Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p><b>1. Acute pain</b></p>	<p><b>Related to chest pain as evidence by pt reporting pain from pacemaker site and pain all over his body when pacemaker is pressed on.</b></p>	<p><b>1.</b> Assess patient pain for intensity using a pain rating scale, for location and for precipitating factors.</p> <p><b>2.</b> Teach the patient how to distinguish between angina pain and signs and symptoms of myocardial infarction.</p>	<p><b>Pt described his pain as a 4/10 for a headache around 1045. He understands the importance of telling the health team his pain.</b></p> <p><b>Pt told staff he had a history of both. He understands when to let the health team know when he is having which episode.</b></p>
<p><b>2. Ineffective Tissue Perfusion</b></p>	<p><b>Related to SOB with chest pain as evidence by pt stating to me, “I get short of breath sometimes and use my portable oxygen.”</b></p>	<p><b>1.</b> Assess cardiac and circulatory status.</p> <p><b>2.</b> Provide oxygen and monitor oxygen saturation via pulse oximetry, as ordered.</p>	<p><b>PT gets cardiac and respiratory sounds checked at least twice a day while at the hospital.</b></p> <p><b>Pt understands how important his portable oxygen is. He takes it PRN.</b></p>

**Other References (APA):**

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

**Concept Map (20 Points):**

### Subjective Data

### Nursing Diagnosis/Outcomes

- Acute pain related to chest pain as evidence by pt reporting pain from pacemaker site and pain all over his body when pacemaker is pressed on.
  - o Pt described his pain as a 4/10 for a headache around 1045. He understands the importance of telling the health team his pain.
  - o Pt told staff he had a headache when he pressed on his pacemaker. He stated that when he pressed on his pacemaker he had a headache. He stated that when he pressed on his pacemaker he had a headache.
- Ineffective Tissue Perfusion related to SOB with chest pain as evidence by pt stating to me, "I get short of breath sometimes and use my portable oxygen."
  - o PT gets cardiac and respiratory sounds checked at least twice a day while at the hospital.
  - o Pt understands how important his portable oxygen is. He takes it PRN.

### Objective Data

### Patient Information

### Nursing Interventions

1. Assess patient pain for intensity using a pain rating scale, for location and for precipitating factors.
 

Age 67, white, married, male  
Chief of complaint is chest pain. He was requested by home health nurse to leave for the hospital on 11/17/20 for chest pain. Pt reports chest pain since earlier in the day. BPP had recent surgery for a TAVR procedure on 10/28/20. Pt has a diagnosis of Aortic Stenosis.
2. Teach the patient how to distinguish between angina pain and signs and symptoms of myocardial infarction.
 

Pulse - 67 bpm
3. Assess cardiac and circulatory status.
 

Temp - 98.0°F
4. Provide oxygen and monitor oxygen saturation via pulse oximetry, as ordered.
 

O2 sat - 95% room air





