N321 Care Plan #1

Lakeview College of Nursing

Bryson Cutts

Demographics (3 points)

Date of Admission 1/18/21	**Patient Initials** MW	**Age** 73	**Gender** F
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Married	**Allergies** **(reactions unavailable)** Dipyridamole Lovastatin Sulfa drugs Sulfamethoxazole-trimethoprim
Code Status Full	**Height** 164 cm	**Weight** 88 kg	

Medical History (5 Points)

Past Medical History: Tonsillitis, OM, HLD, T2DM, hypotension, GERD, CHF, COPD, angina, PVD, CAD, PAD, anemia, obesity

Past Surgical History: Appendectomy, tonsillectomy, hysterectomy, cholecystectomy, cataracts, coronary artery stints

Family History:

Mother: CVD, HF

Father: HTN, DM

Social History (tobacco/alcohol/drugs): Former smoker (cessation 7 years ago), denies alcohol or substance use

Assistive Devices: Walker, reading glasses

Living Situation: At home w/ husband

Education Level: 9th Grade, GED

Admission Assessment

Chief Complaint (2 points): Sore throat w/ dizziness

History of present Illness (10 points):

The 73-year-old female patient with a history of GERD, CAD, PVD, PAD, and T2DM began feeling dizzy and reported a sore throat two weeks prior to admission on 01/18/2021. She voiced the pain as “excruciatingly sharp” and rated it a 10/10. The dizziness and pain persisted for the two-week duration. Nothing appeared to alleviate the pain; however, OTC ibuprofen was attempted for the pain. Lying down and resting alleviated the dizziness temporarily. Chewing exacerbated the pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Hypotension

Secondary Diagnosis (if applicable): AKI superimposed by CKD

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

Hypotension, in this patient’s case, was difficult to find a source. She has an extensive history of medical diagnoses, all of which are typically associated with hypertension. Hypotension has a wide range of potential causes. For example, furosemide, a loop diuretic being taken by the patient, can cause her to be hypotensive. Furosemide acts by causing the reabsorption of sodium and water to be inhibited within the nephron’s loop of Henle. It also

enhances the urge and acts to void, which reduces blood volume followed by blood pressure. Adverse reactions include hypotension, which manifests in dizziness, headaches, syncope, blurred vision, and nausea (Jones, 2019). In this patient's case, heart failure typically causes hypertension due to fluid volume overload; however, if someone has a lackluster circulation and a reduction in blood volume from medication, dehydration, or other conditions, heart failure can cause hypotension. Hypotension can also manifest through heart failure treatment through medications like ACE-inhibitors and beta-blockers (Bozkurt, 2012).

A basic metabolic panel, routine vital signs, and specific tests can indicate hypotension. This largest electrolyte influencing water balance, sodium, was within the normal range of 135-145 mEq/L. Sodium is typically decreased with hypotension, as are many other electrolytes. Potassium was elevated at 5.3 mEq/L due to an acute kidney injury superimposed by chronic kidney disease. The patient's vital signs were all within normal ranges, even her blood pressure (Sarah, 2020). Typically, hypotensive patients are tachycardic and tachypneic. Diagnostic tests were completed, and the only ones pertinent to hypotension were a 12-Lead EKG and a Chest CT. The EKG showed nothing out of the ordinary; however, the CT did show coronary artery disease. In addition to these tests, an echocardiogram can be done to assess her ejection fraction. CBC with differential can be done to assess cellular quantity concerning blood volume (Bozkurt, 2012).

Hypotension is usually an associated manifestation of several clinical diagnoses, so it is not always easy to determine the proper source. It is vital to decipher what is causing the drop in blood pressure because then the source can be treated. Hypotension treatment involves hydration. The patient had a central line infusion of Lactated Ringer's at 60 mL/hr to maintain a steady blood pressure. Also, consuming water will help increase blood volume, but it is slower than the

central line. Hypotensive patients should change positions slowly to avoid exacerbating dizziness and preventing a potential fall. Medications such as Vasopressin and glucocorticoids can treat hypotension by reversing it through the renin-angiotensin-aldosterone system (Jones, 2019).

Pathophysiology References (2) (APA):

Bozkurt, B. (2012). Response to Ryan and Parwani: Heart failure patients with low blood pressure: How should we manage neurohormonal blocking drugs? *Circulation: Heart Failure*, *5*(6), 820–821. https://doi.org/10.1161/circheartfailure.112.972240

Jones & Bartlett Learning. (2019). *2020 Nurse's Drug Handbook* (19th ed.). Jones & Bartlett Learning.

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 (10^6/mcL)	3.80-5.41	4.23	3.58	The patient has a history of anemia (Sarah, 2020).
Hgb (g/dL)	11.3-15.2	10.8	9.5	Fewer RBCs can lead to low Hgb levels via the history of anemia (Sarah, 2020).
Hct (%)	33.3-45.3	33.9	28.6	Fewer RBCs can lead to low Hct levels via this history of anemia (Sarah, 2020).
Platelets (K/mcL)	149-393	103	78	The patient has a history of thrombocytopenia due to the history of anemia. Furosemide and gabapentin can also cause platelet deficiency (Sarah, 2020).
WBC (K/mcL)	4.0-11.7	8.0	4.8	N/A
Neutrophils (%)	45.3-79.0	64.2	48.2	N/A
Lymphocytes (%)	11.8-45.9	29.4	42.6	N/A
Monocytes (%)	4.4-12.0	4.9	7.6	N/A
Eosinophils (%)	0-6.3	0.6	1.0	N/A
Bands (%)	0-5.1	0.9	0.6	N/A

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal Value
Na- (mmol/L)	136-145	136	141	N/A
K+ (mmol/L)	3.5-5.1	5.3	5.3	The patient's AKI and CKD caused a weakened ability to secrete potassium (Sarah, 2020).
Cl- (mmol/L)	98-107	105	111	The patient's AKI and CKD caused

				a deficiency in chloride excretion (Sarah, 2020).
CO2 (mmol/L)	21-31	22	25	N/A
Glucose (mg/dL)	74-109	108	97	N/A
BUN (mg/dL)	7-25	45	38	The patient's AKI and CKD caused an inability to excrete BUN efficiently (Sarah, 2020).
Creatinine (mg/dL)	0.70-1.30	2.61	1.4	The patient's AKI and CKD caused an inability to excrete creatinine efficiently (Sarah, 2020).
Albumin (g/dL)	3.5-5.3	4.2	N/A	N/A
Calcium (mg/dL)	8.6-10.3	9.5	9.0	N/A
Magnesium (mg/dL)	1.6-2.5	N/A	N/A	N/A
Phosphate (mg/dL)	2.5-4.5	N/A	N/A	N/A
Bilirubin (mg/dL)	0.3-1.0	N/A	N/A	N/A
Alk Phos (unit/L)	34-104	N/A	N/A	N/A
AST (U/L)	10-30	15	N/A	N/A
ALT (U/L)	10-40	12	N/A	N/A
Amylase (U/L)	30-110	N/A	N/A	N/A
Lipase (U/L)	0-160	N/A	N/A	N/A
Lactic Acid (mEq/ L)	0.5-2.2	N/A	N/A	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	1 (2-3 therapeutic)	N/A	N/A	N/A
PT (seconds)	9.5-11.8 (1.5-2.5 times therapeutic)	N/A	N/A	N/A
PTT (seconds)	30-40 (1.5-2.5 times therapeutic)	N/A	N/A	N/A
D-Dimer (ng/mL)	</= 250	N/A	N/A	N/A
BNP (pg/mL)	<100	N/A	N/A	N/A
HDL (mg/dL)	>60	N/A	N/A	N/A
LDL (mg/dL)	<130	N/A	N/A	N/A
Cholesterol (mg/dL)	<200	N/A	N/A	N/A
Triglycerides (mg/dL)	<150	N/A	N/A	N/A
Hgb A1c (%)	4-5.6	N/A	N/A	N/A
TSH (mU/L)	0.4-4	N/A	N/A	N/A

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Pale yellow-deep amber/ clear	N/A	N/A	N/A
pH	5-8	N/A	N/A	N/A
Specific Gravity	1.005-1.035	N/A	N/A	N/A
Glucose	Normal	N/A	N/A	N/A

Protein	Negative	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	Negative	N/A	N/A	N/A
RBC	0-5	N/A	N/A	N/A
Leukoesterase	0-5	N/A	N/A	N/A

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (APA):

Sarah Bush Lincoln Health Reference Guide. (2020). Sarah Bush Lincoln: Cerner.

https://www.sarahbush.org/

Diagnostic Imaging

All Other Diagnostic Tests (5 points): 12-Lead EKG, XR Chest 1 View, CT Chest w/o contrast, CT Neck Soft Tissue w/o contrast, US Head/Neck Soft Tissue

Diagnostic Test Correlation (5 points):

EKG: normal

XR: IJ chest port intact, no pneumothorax or pleural effusion

CT Chest: calcified granuloma (unchanging from previous test), mild emphysema, CAD, no acute infiltrate

CT Neck: mild asymmetric enlargement and heterogeneity of R parotid gland, degenerative cervical spine, carotid atherosclerosis

US Head/Neck: Parotid gland enlargement was the indication for the test; normal limits were found.

Diagnostic Test Reference (APA):

Sarah Bush Lincoln Health Reference Guide. (2020). Sarah Bush Lincoln: Cerner. https://www.sarahbush.org/

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

Home Medications (5 required)

Brand/Generic	Lasix/ furosemide	Lipitor/ atorvastatin	Gralise/ gabapentin	Desyrel/ trazodone	Nitrostat/ nitroglycerin
Dose	20 mg/tab (1 tab)	20 mg/tab (1 tab)	100 mg/cap (1 cap)	100 mg/tab (1 tab)	0.4 mg/tab (1 tab)
Frequency	daily	daily	QAM	HS	PRN for chest pain
Route	PO	PO	PO	PO	SL
Classification	Loop diuretic, Antihypertensive	HMG-CoA Reductase Inhibitor	Antiepileptic	Phenylpiperazine antidepressant	Vasodilator
Mechanism of Action	Inhibits sodium and chloride reabsorption at the proximal and distal tubules as well as the ascending loop of Henle.	This drug lowers plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of hepatic low-density lipoprotein (LDL) receptors on the cell surface to enhance uptake and catabolism	This drug does not interact with GABA receptors; however, it may increase the concentration and rate of synthesis of GABA in the brain. It has been shown to have an effect on voltage-gated ion channels (sodium, calcium) which are presynaptic mechanisms that can enhance GABAergic inhibition.	Blocks serotonin reuptake along the presynaptic neuronal membrane. Exerts a-adrenergic blocking action and produces modest histamine blockade causing sedation. Lowers BP by inhibiting vasopressor response to norepinephrine.	Primarily dilates peripheral veins, which leads to reduced preload, and to a lesser extent, dilates peripheral arteries, which leads to reduced afterload.

		of LDL. It also reduces LDL production and the number of LDL particles. Additionally, this drug lowers apolipoprotein B, triglycerides, very low LDL, intermediate lipoprotein cholesterol, and total cholesterol while increasing high density lipoprotein cholesterol and apolipoprotein A1			
Reason Client Taking	HTN	HLD	Neuralgia	Anxiety	CAD
Contraindications (2)	Anuria, hypokalemia	Pregnancy, active hepatic disease	Depression, MG	Acute MI recovery, hemorrhagic disorders	Acute MI, hypovolemia
Side Effects/Adverse Reactions (2)	Hyperkalemia, thrombocytopenia	Diarrhea, increased ALT	Hyperthyroidism, urinary incontinence	HTN, edema	Cerebral ischemia, nausea
Nursing Considerations (2)	Gather weight prior to therapy to monitor	May be used with colestipol or cholestyramine for	Pass medication 2 hours after antacid, monitor for	Use cautiously with cardiac disease (cause	Should not receive ergotamine (precipitate angina), use

	fluid loss, use cautiously with advanced hepatic cirrhosis (precipitate hepatic coma)	additive effects, should not be co-medicated with cyclosporine (risk for rhabdomyolysis with ARF)	suicidal tendencies	arrhythmias), monitor for suicidal tendencies	cautiously with hypotension due to fall risk

Hospital Medications (5 required)

Brand/Generic	Lovenox/ enoxaparin	Singulair/ montelukast	Yupelri/ revefenacin	Plavix/ clopidogrel	Aricept/ donepezil
Dose	30 mg	10 mg/tab (1 tab)	175 mcg=3 mL	75 mg/tab (1 tab)	5 mg/tab (1 tab)
Frequency	Daily	QAM	Daily	Daily	HS
Route	SQ	PO	NEB-Inhalation	PO	PO
Classification	Anticoagulant	Leukotriene-Receptor Antagonist	Anticholinergic	Antiplatelet	AChE Inhibitor
Mechanism of Action	Binds antithrombin III, which leads to inhibition of coagulation factors IIa and Xa.	The cysteinyl leukotrienes (LTC4, LTD4, LTE4) are potent inflammatory eicosanoids released from various cells including mast cells and eosinophils. These important pro-asthmatic	This long-acting muscarinic antagonist (anticholinergic) has similar affinity for muscarinic receptor subtypes M1 through M5. It inhibits the M3 receptor in airway smooth muscle	This drug is a prodrug that must be metabolized by CYP450 enzymes to produce the active metabolite that inhibits platelet aggregation. The active metabolite selectively and irreversibly inhibits the	Donepezil exerts its therapeutic effect by increasing the concentration of acetylcholine through reversible inhibition of its hydrolysis by acetylcholinesterase.

		mediators bind to cysteinyl leukotriene receptors (CysLT) found in the human airway and cause airway actions, including bronchoconstriction, mucous secretion, vascular permeability, and eosinophil recruitment. In allergic rhinitis, CysLTs are released from the nasal mucosa after allergen exposure during both early- and late-phase reactions and are associated with symptoms of allergic rhinitis. This drug binds with high affinity and selectivity to the CysLT1 receptor (in preference to	leading to bronchodilation; effects were dose dependent and lasted over 24 hours. Bronchodilation with this drug is mostly site specific.	binding of adenosine diphosphate (ADP) to its platelet P2Y12 receptor and the subsequent ADP-mediated activation of the glycoprotein GPIIb/IIIa complex, thereby inhibiting platelet aggregation.	

		other pharmacologically important airway receptors such as the prostanoid, cholinergic, or a-adrenergic receptor) and potently inhibits physiologic actions of LTC4, LTD4, and LTE4 at the CysLT1 receptor without any agonist activity.			
Reason Client Taking	PVD	AR	COPD	PVD	Memory loss
Contraindications (2)	HIT, vascular aneurysm	Acute asthma, PKU	Glaucoma, hepatic disease	PUD, ICH	AV block, urinary incontinence
Side Effects/Adverse Reactions (2)	Hemorrhage, A. Fib	Seizure, dyspepsia	HTN, bronchitis	Hemorrhage, diarrhea	Syncope, pruritis
Nursing Considerations (2)	Monitory for bleeding, monitor for elevated potassium	Monitor for eosinophilia, monitor for neuropsychiatric effects	Use cautiously with urinary retention (may worsen), report to provider or medication quits controlling bronchoconstriction symptoms	Avoid with gene CYP2C19 (decreases platelets), give aspirin as well to treat ACS	Use cautiously with COPD (may increase bronchoconstriction), monitor for dizziness, and take safety precautions

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2020 Nurse's Drug Handbook* (19th ed.). Jones & Bartlett Learning.

Sarah Bush Lincoln Health Reference Guide. (2020). Sarah Bush Lincoln: Cerner. https://www.sarahbush.org/

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness: Y** **Orientation: Y** **Distress: N** **Overall appearance: Y**	**Alertness:** Alert and responsive **Orientation:** A&Ox4 **Appearance:** Appropriately dressed
INTEGUMENTARY (2 points): **Skin color: Y** **Character: Y** **Temperature: Y** **Turgor: Y** **Rashes: N** **Bruises: N** **Wounds: N** **Braden Score: 19** **Drains present: Y☐ N ☒** **Type: N/A**	**Skin color:** Usual for ethnicity **Character:** Dry, intact **Temperature:** Warm **Turgor:** Tight
HEENT (1 Point): **Head/Neck: Y** **Ears: Y** **Eyes: Y** **Nose: Y** **Teeth: Y**	**Head:** Symmetrical skull and facial features **Neck:** Palpable thyroid cartilage, no tracheal deviation, no palpable lymph nodes, 3+ carotid pulse bilaterally (was not assessed bilaterally) **Eyes:** PERRLA, white sclera & conjunctiva, normal EOM **Ears:** Moderate cerumen buildup, visibly gray TMs bilaterally **Oral cavity:** Visible tartar on several teeth Pink, moist, firm gingiva Pink, moist buccal mucosa Rise, fall of soft palate, uvular symmetry **Nose:** Bilateral patency, no discharge, no frontal or maxillary sinus pain .
CARDIOVASCULAR (2 points): **Heart sounds: Y** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses: Y** **Capillary refill: Y** **Neck Vein Distention: Y ☐ N ☒**	**Hearth rhythm:** Regular **Heart sounds:** S1, S2 **Pulses:** 3+ radial, 2+ pedal **Cap refill:** <2 **Edema:** 0

Edema Y ☐ N ☒ **Location of Edema: N/A**	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Y**	**Respirations:** Regular **Respiratory pattern:** Regular **Respiratory sounds:** Clear **Lung aeration:** Equal
GASTROINTESTINAL (2 points): **Diet at home: Y** **Current Diet: Consistent Carbohydrate (<1700 kcal, 75 g of CHO)** **Height: 164 cm** **Weight: 88 kg** **Auscultation Bowel sounds: Active** **Last BM: 1/20/21** **Palpation: Pain, Mass etc.: Y** **Inspection: Y** **Distention: N** **Incisions: N** **Scars: N** **Drains: N** **Wounds: N** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size: N/A** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: N/A**	**Bowel sounds:** Active **Diet at home:** 2-3 meals/day **Pain:** LLQ tenderness upon palpation, no bruises, distention, or masses 3/10 pain assessment whilst palpating
GENITOURINARY (2 Points): **Color: Y** **Character: Y** **Quantity of urine: 300 mL** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: N** **Catheter: Y ☐ N ☒** **Type: N/A** **Size: N/A**	**Color:** Amber Yellow **Clarity:** Clear **Pain w/ urination:** No
MUSCULOSKELETAL (2 points): **Neurovascular status: Y** **ROM: Y** **Supportive devices: Walker** **Strength: Y** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 35**	**Neurovascular: pink nailbeds, cap refill <2 seconds, warm extremities** **ROM:** Active **Strength:** 5

Activity/Mobility Status: Y (Stand by w/ 1) **Independent (up ad lib) N** **Needs assistance with equipment N** **Needs support to stand and walk N**	
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation: Y** **Mental Status (Cognition): Y** **Speech: Y** **Sensory: Y** **LOC: Y**	**Orientation:** A&0x4 **Cognition:** Normal **Speech: Clear** **Sensory:** Light and deep stimuli response **LOC:** Alert
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s): Y** **Developmental level: Y** **Religion & what it means to pt.: Y** **Personal/Family Data (Think about home environment, family structure, and available family support): Y**	**Coping methods:** crying, TV **Developmental level:** 9th Grade, GED **Religious/Spiritual:** Considered nondenominational Christian, attends church **Personal/Family:** Lives at home w/ husband, stays in contact with children and grandchildren

Vital Signs, 2 sets (5 points)

Time	Pulse (bpm)	B/P (mm Hg)	Resp Rate (per minute)	Temp (Celsius)	Oxygen (%)
0848	55 bpm	122/60 mm Hg	16	36.3 Celsius	96 %
1100	58 bpm	111/69 mm Hg	17	36.3 Celsius	95 %

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0850	Numerical	N/A	0/10	N/A	N/A
1030	Numerical	N/A	0/10	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 gg **Location of IV: Central Line (Chest)** **Date on IV: 1/18/21** **Patency of IV: Patent, no obstruction** **IV dressing assessment: Clean, dry, intact** **No drainage, no erythema** **Normal warmth and color consistent with total body**	LR 60 mL/hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
360 mL chest port bolus	300 mL

Nursing Care

Summary of Care (2 points)

Overview of care: Observed medication passing, assisted patient to the bathroom and w/ breakfast, educated patient on carotid atherosclerosis

Procedures/testing done: VS twice

Complaints/Issues: N/A

Vital signs (stable/unstable): Stable (Primary diagnosis is hypotension, so chest port maintenance bolus)

Tolerating diet, activity, etc.: Stand by w/ 1, consistent carbohydrate diet (<1700 kcal, 75 g CHO)

Physician notifications: N/A

Future plans for patient: Same-day discharge to home w/ husband

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: PCP

Education needs: Consistent carbohydrate diet, drink at least 2 L of water daily, change positions slowly

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 decreased cardiac output related to furosemide, AKI, and COPD as evidenced by a primary diagnosis of hypotension.	Efficient cardiac output is necessary for overall health. Furosemide can cause the body to decrease its fluid volume and subsequently its CO. The secondary medical diagnoses of AKI causes a GFR reduction via poor renal perfusion, which ties to the primary medical diagnosis of hypotension.	**1.** I monitored I&O and VS. **2.** I assessed the skin for cyanotic changes and coolness.	For the time being, the patient had a positive fluid balance. Her VS were stable. The skin remained warm and in normal coloration. Further evaluation was unable to be conducted due to the short time with the patient.
2. Risk for infection related to	Infection is always a risk whenever a	**1.** I educated the patient on the importance of keeping	For the time being, the central line access location remained free of

central line chest port as evidenced by COPD, poor nutrition, and T2DM.	foreign object is entered in the body. Conditions that strain the body such as what is mentioned can exacerbate the risk of infection because the body can only prioritize a set number of tasks to care for.	the central line sight free of microorganisms. **2.** I educated the client on the importance of proper nutrition for preventing infection as well as treating a slew of conditions.	infection as evidenced by no discharge, no erythema, no change in temperature, and no edema. The patient provided knowledgeable feedback on the importance of nutrition in preventing infection. Further evaluation was unable to be conducted due to the short time with the patient.
3. Risk for falls related to dizziness as evidenced by hypotension and fall risk score of 35.	This nursing diagnosis was prioritized last because the patient's blood pressure is currently stable; however, there is a moderate fall risk due to medication interactions	**1.** I assisted and monitored the patient using the bathroom. **2** I educated the patient on the importance of moving slowly with hypotension because dizziness can worsen and cause falls.	The patient successfully used the bathroom without falling. The patient provided knowledgeable feedback on why slowly changing positions is important for preventing falls. Further evaluation was unable to be conducted due to the short time with the patient.

Other References (APA): N/A

Concept Map (20 Points):

Subjective Data

The patient experienced a persistently sharp pain in her throat and dizziness for two weeks before she was admitted. The patient reported the pain prior to admission with a rating of 10/10. Nothing relieved the pain; although, chewing food made it worse.

Objective Data

The patient's vital signs are stable. The hematology lab values are within normal ranges except for erythrocytes, hemoglobin, hematocrit, and thrombocytes; these are low. The chemistry lab values are within normal ranges except for potassium, chloride, blood urea nitrogen, and creatinine; these are low.

Patient Information

The 73-year-old female patient with a history of GERD, CAD, CAD, PAD, and T2DM began feeling dizzy and reported a sore throat two weeks prior to admission on 01/18/2021. She voiced the pain as "excruciatingly sharp" and rated it a 10/10. The dizziness and pain persisted for the two-week duration. Nothing appeared to alleviate the pain; however, OTC ibuprofen was attempted for the pain. Lying down and resting alleviated the dizziness temporarily. Chewing exacerbated the pain.

Nursing Diagnosis/Outcomes

-For the time being, the patient had a positive fluid balance. Her VS were stable.
-The skin remained warm and i
2. Risk for infection related to central line chest port as evidenced by COPD, poor nutrition, and T2DM.
-For the time being, the central line access location remained free of infection asevidenced by no discharge, no erythema, no change in temperature, and no edema.
-The patient provided knowledgeable feedback on the importance of nutrition in preventing infection.
3. Risk for falls related to dizziness as evidenced by hypotension and fall risk score of 35.
-The patient successfully used the bathroom without falling.
-The patient provided knowledgeable feedback on why slowly changing positions is important to prevent falls.

Nursing Interventions

1. I monitored I&O and VS.
2. I assessed the skin for cyanotic changes and coolness.
3. I educated the patient on the importance of keeping the central line sight free of microorganisms.
4.. I educated the client on the importance of proper nutrition for preventing infection as well as treating a slew of conditions.
5. I assisted and monitored the patient using the bathroom.
6. I educated the patient on the importance of moving slowly with hypotension because dizziness can worsen and cause falls.