N321 Care Plan #2

Lakeview College of Nursing

Name: Christine Nlandu

Demographics (3 points)

Date of Admission 02/16/2021	Patient Initials DE	Age 54	Gender M
Race/Ethnicity African American	Occupation Unemployed	Marital Status Single	Allergies Acetaminophen-codeine, Daron (propoxyphene)
Code Status Full code (No ACP docs)	Height 5'5"	Weight 424lb 3.2 OZ	

Medical History (5 Points)

Past Medical History: HTN, hyperlipidemia, CAD, sleep apnea, urge incontinence, stress incontinence, hematuria, BPH, morbid obesity, and diastolic heart failure.

Past Surgical History: Bilateral knees replacement.

Family History: heart disease: father, mother, and siblings. Some siblings also have HTN.

Social History: Patient quit smoking since 2013; he used to smoke 1 pack a day for 5 years, alcohol about 5 years ago; used to dink 2 glasses a day for 6 years, never uses drug.

Assistive Devices: Cane, rollator, and shower chair.

Living Situation: Lives home alone.

Education Level: Graduated from high school.

Admission Assessment

Chief Complaint (2 points): Scrotum swelling

History of present Illness (10 points): On February 16th, a 54 African American single male was admitted to the ED for worsening scrotum swelling. About 3 weeks earlier the patient was previously hospitalized for the same problem. He decided to come back to the ED with the same problem and complaining about SOB and extreme pain "I feel like two bones

rubbing together." The pain is aggravated when moving or changing position. A bed rest with head up and pillow under knees relieves the pain. Client is also taking Norco to cool his pain down. Client has been taking Lasix to treat the swelling scrotum at home and now he is admitted with the same ongoing treatment but seems ineffective says the patient.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Congestive heart failure

Secondary Diagnosis (if applicable): N/A

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

Congestive heart failure also known as HF. CHF is a clinical syndrome happens when structural or function of cardiac disorders that compromise heart ability to receive or pump blood (Hinkle & Cheever, 2018). In other words, heart failure is a chronic, progressive condition results from certain diseases including hypertension, CAD, valvular disorders, cardiomyopathy, and renal impairment associated with fluid overload. For example, CAD is the most cause of CHF occurs when blood vessels supply the heart become damaged. Ischemic causes myocardial disfunction because it prevents heart cells from getting oxygen and results in cells damage. There are two types of CHF that negatively affect other body systems. Right sided heart failure happens once the right ventricle can no longer eject blood effectively into pulmonary arteries and causes blood to back up in the main veins connected to the kidney and liver. This process results in kidney impairment and hepatomegaly. Other symptoms of right-side failure such as, visceral, and peripheral edema, JVD, dependent edema, ascites, and weight gain (Hinkle & Cheever, 2018).

A left side failure happens as soon as the left ventricle is no longer able to pump blood efficiently into aorta and systemic circulation. This process causes blood to back up in the lungs and causes pulmonary edema and prevent the body from getting enough oxygenated rich blood. Symptoms of the left sided heart failure including low oxygen saturation, dry, no productive cough, gallop, dyspnea on exertion, crackles in lungs, and orthopnea (Hinkle & Cheever, 2018). ECG measure the electrical activity of the heart and echocardiogram can distinguish between systolic failure, an alteration of ventricle contraction and diastolic heart failure, alteration of ventricle to received blood. A chest x-ray is used for heart and lungs to assist in the diagnosis. Labs can be done like BUN, CBC, creatinine, liver enzyme (AST and ALT), urinary analysis, and elevated BNP is an indicator of CHF. The higher the BNP the more damage in the heart muscle (Capriotti, 2020). Some risk factor that contributed to develop heart failure including HTN, CAD, diabetes, sleep apnea, obesity, tobacco, and alcohol use. CHF can be prevented by maintaining a healthy weight and lifestyle, manage stress, and exercise.

In this client a BNP was 471, which is very high and indicates a significant damage of heart muscle. An ECG was done to rule out electrical issue and echocardiogram confirmed the diastolic heart failure. Also, most time the right-side damage is due to the left side putting pressure in the right side. chest x-ray shows cardiomegaly and pulmonary infiltration, ultrasound to visualize any GU abnormality, and CT indicates interstitial edema in lugs. Tests, risk factors (CAD, hx of smoking, THN, sleep apnea, and morbid obesity) along with dependent edema, gallop, crackles in lungs, and shortness of breath provided enough information to confirm the CHF. CHF can be corrected by treating underlying cause and risk factors. The client is receiving furosemide to correct fluid

overload, atorvastatin to decrease LDL and increase HDL, carvedilol for THN, and Norco for pain. His head of bed is elevated and nasal cannula 3L to facilitate breathing and tissue perfusion. Clinical data states that about 6 million people in the United States have HF and almost 25% of discharged after treatment for heart failure are readmitted to the hospital within 30 days (Hinkle & Cheever, 2018, P. 819).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Pathophysiology: introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

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	M:4.5-6 million F: 4-5.5 million	4.50	4.42	RBCs is low when there is a decrease production in the bone marrow, kidney impairment, anemia, and hemorrhage. Client has a history of hematuria (Hinkle & Cheever, 2018).
Hgb	M: 14-16g/dl F: 12-15 g/dl	12.7	12.4	Hgb decreases during anemia, fluid retention, renal failure, chronic diseases, and recent hemorrhage. Client has a history of hematuria and currently have fluid overload (Hinkle & Cheever, 2018)

Hct	**M: 35-47% F: 42-52%**	**39.6**	**39.2**	
Platelets	**150,000-400,000 cells mm3**	**358**	**336**	
WBC	**4,500-11,000 cell/mm3**	**7.70**	**7.30**	
Neutrophils	**45-75%**	**72.8**	**61.0**	**Neutrophil are elevated during inflammation, infection, leukopenia, stress, and steroid usage. Client has scrotum inflamed, and he might be under stress (Hinkle & Cheever, 2018)**
Lymphocytes	**20-40%**	**16.0**	**24.4**	**Lymphocytes decrease in immunosuppression, HIV/AIDS, and bonne morrow suppression. Since the client is obese, his immune system down maybe going (Hinkle & Cheever, 2018).**
Monocytes	**4-6%**	**8.4**	**10.5**	**Elevated monocytes occur during chronic infection, inflammation, autoimmune disease, leukemia, and tuberculosis. Client has an inflammation (Hinkle & Cheever, 2018).**
Eosinophils	**¿ 7%**	**1.8**	**2.9**	
Bands	**¿ 0-5%**	**N/A**	**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
Na-	**135-145 mmol/L**	**134**	**137**	
K+	**3.5-5.0 mmol/L**	**4.0**	**4.3**	
Cl-	**98-107 mmol/L**	**96**	**98**	**Hypochloremia can be caused by Addison's disease, GI loss, ketoacidosis, excessive sweating, burns, medication, less chloride intake, metabolic alkalosis, and so on. Client is under furosemide, which decreases chloride level.**

				(Hinkle & Cheever, 2018).
CO2	**35-45 mm Hg**	**34**	**33**	**CO2 is loss during hyperventilation, tachycardia, hypokalemia, numbness, muscle cramp, seizure, and anxiety. The patient has SOB & hyperventilation (Hinkle & Cheever, 2018).**
Glucose	**70-100 mg/ dL**	**111**	**102**	**A high sugar level in the blood indicates diabetes, medicine side effect, or stress. A normal fasting glucose is 70-100. Client is under Atorvastatin and carvedilol, which can affect blood glucose reading (Hinkle & Cheever, 2018).**
BUN	**8-25 mg/dL**	**10**	**13**	
Creatinine	**0.6-1.3 mg/ dL**	**0.85**	**0.84**	
Albumin	**3.5-5.2 mg/ dL**	**3.6**	**N/A**	
Calcium	**8.6-10 mg/dL**	**8.7**	**9.0**	
Mag	**1.3-2.3 mEq/L**	**2.0**	**N/A**	
Phosphate	**2.5-4.5 mg/ dL**	**N/A**	**N/A**	
Bilirubin	**0.1-1.4 mg/ dL**	**N/A**	**N/A**	
Alk Phos	**44-147 U/L**	**95**	**N/A**	
AST	**10-30 U/L**	**22**	**N/A**	
ALT	**10-40 U/L**	**12**	**N/A**	
Amylase	**30-110U/L**	**N/A**	**N/A**	
Lipase	**0-160 U/L**	**N/A**	**N/A**	
Lactic Acid	**0.5-2.2 mmol/L**	**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	**2-3**	**N/A**	**N/A**	
PT	**M:9.6-11.8 sec F:9.5-11.3 sec**	**N/A**	**N/A**	
PTT	**30-40 sec**	**N/A**	**N/A**	
D-Dimer	**¿ 250 ng/mL**	**N/A**	**N/A**	
BNP	¿100 *ng/L*	**471**	**N/A**	**It is a cardiac enzyme synthesized in cardiac ventricle; it is primary indicating HF. Client is diagnosed with HF (Hinkle & Cheever, 2018).**
HDL	**> 60**	**N/A**	**N/A**	
LDL	¿130 *mg/dL*	**N/A**	**N/A**	
Cholesterol	¿200 *mg/dL*	**N/A**	**N/A**	
Triglycerides	**¿ 150 mg/dL**	**N/A**	**N/A**	
Hgb A1c	**4-5.6 %**	**N/A**	**N/A**	
TSH	**0.5-5.0 mlU/L**	**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	**Colorless-yellow, clear**	**N/A**	**N/A**	
pH	**4.5-8**	**8.0**	**N/A**	
Specific Gravity	**1.005-1.035**	**1.030**	**N/A**	
Glucose	**none**	**Negative**	**N/A**	

Protein	**none**	**3+**	**N/A**	**Proteinuria is present during dehydration, inflammation, low blood pressure, stress, and aspirin therapy. Client is under aspirin and has inflammation (Hinkle & Cheever, 2018).**
Ketones	**none**	**Negative**	**N/A**	
WBC	**None or rare**	**0.5**	**N/A**	
RBC	**None or rare**	**Negative**	**N/A**	
Leukoesterase	**none**	**Negative**	**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	**≥ 100,000/ml**	**N/A**	**N/A**	
Blood Culture		**N/A**	**N/A**	
Sputum Culture		**N/A**	**N/A**	
Stool Culture		**N/A**	**N/A**	

Lab Correlations Reference (1) (APA):

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

ECG 12 lead: Normal sinus rhythm, possible right ventricular hypertrophy low-voltage QRS. Abnormal ECG compare to 2/03/2021 possible right ventricle hypertrophy is present.

Chest XR: Lungs: bilateral infiltrates-pulmonary congestion. Limited evaluation. Heart: cardiomegaly, aorta appears unremarkable, Mediastinum is normal, normal bones. Cardiomegaly, pulmonary vascular congestion versus infiltrates due to CHF

Ultrasound testicular: Thicken scrotal wall no cyst, no mass or calcification, no torsion, Small bilateral hydrocele. Here is 0.6*0.4 cm cyst at the head of the left epididymis. Poor vascular on the right kidney, no visible left kidney.

CT scan pulmonary interstitial edema, cardiomegaly, no significant pericardial lymph node, and echocardiogram confirmed the diastolic heart failure.

Diagnostic Test Correlation (5 points):

Client presented with SOB, scrotum swelling, and pain. After physical exam, a generalized swelling was noted, this indicated client may have a cardiac condition that is affecting lungs, peripheral, and other organ systems. The provider likely ordered chest x-ray to rule out respiratory condition. Chest XR shows cardiomegaly and lung infiltration. The ECG was ordered to rule out any electrical activity abnormality. CT was used to assist for further investigation and testicular ultrasound to detect any abnormality in testes, which show hydrocele in both testes. Therefore, client was diagnosed with CHF, so I am confident in this.

Diagnostic Test Reference (1) (APA):

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical*

nursing **(14th ed.). Wolters Kluwer.**

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

Home Medications (5 required)

Brand/ Generic	**Aspirin/ Bayer** **(Jones & Bartlett, L, 2020, P. 97-99).**	**Lorazepam/ Ativan** **(Jones & Bartlett, L, 2020, P. 726-728).**	**Atorvastatin/ Lipitor** **(Jones & Bartlett, L, 2020, P. 106-108).**	**Losartan/ Cozaar** **(Jones & Bartlett, L, 2020, P. 730-732).**	**Carvedilol / COREG** **(Jones & Bartlett, L, 2020, P. 186-188).**
Dose	**81 mg**	**1 mg**	**40 mg**	**100 mg**	**3.125 mg**
Frequency	**daily**	**nightly**	**nightly**	**daily**	**daily**
Route	**oral**	**oral**	**oral**	**oral**	**oral**
Classification	**NSAID**	**Benzodiazepine or Anxiolytic**	**HMG-CoA reductase inhibitor & antihyperlipidemic**	**Angiotensin II receptor blocker**	**Beta blocker or antihypertensive**

Mechanism of Action	**Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Anti-inflammatory**	**Has the effect on GABA and other neurotransmitters by binding to specific benzodiazepine receptor in cortisol and limbic areas of CNS, which helps control emotion.**	**Reduces cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in liver by increasing LDL receptors on liver to enhance LDL uptake and breakdown.**	**Blocks binding of angiotensin II to receptor sites in many tissues to reduce BP. Also stimulate adrenal cortex to secrete aldosterone.**	**Reduce cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance, which reduce BP and cardiac workload.**
Reason Client Taking	**To relieve pain from inflammation**	**Treat sleep apnea**	**To reduce hyperlipidemia.**	**To manage hypertension.**	**To control HTN**
Contraindications (2)	**Active bleeding & hypersensitivity**	**Premature infants & acute angle-closure glaucoma**	**Hepatitis disease & pregnancy**	**Hypersensitivity & renal impairment**	**Asthma & cardiogenic chock.**
Side Effects/ Adverse Reactions (2)	**CNS: confusion & depression**	**Suicidal ideation & anaphylaxis**	**Cognitive impairment & depression**	**Hypotension & hyperkalemia**	**Hematuria & dizziness**
Nursing Considerations (2)	**Do not crush timed-release tablet & ask about tinnitus**	**Do not give parenteral form in premature infants & in pt with depression before administer lorazepam, give antidepressant first to reduce suicidal**	**Atorvastatin is not used in patient taking cyclosporine & Monitor diabetes patient because atorvastatin can affect blood glucose control.**	**Monitor BP & monitor serum potassium.**	**Control blood glucose & do not routinely give to pt before major surgery.**

		ideation.			

Hospital Medications (5 required)

Brand/ Generic	**Furosemide/ Lasix** **(Jones & Bartlett, L, 2020, P. 538-541).**	**Heparin/ Porcine** **(Jones & Bartlett, L, 2020, P. 578-582).**	**Hydrocodone-acetaminophen/ Norco** **(Jones & Bartlett, L, 2020, P. 585-588).**	**Pantoprazole/ Protonix** **(Jones & Bartlett, L, 2020, P. 950-953).**	**Spironolactone/ Aldactone** **(Jones & Bartlett, L, 2020, P. 1165-1168).**
Dose	**40 mg**	**5000 units**	**5-325 mg**	**40mg**	**25 mg**
Frequency	**2 times/day**	**Every 4 hours**	**Every 4 hours**	**daily**	**2 time/Daily**
Route	**IV**	**subcutaneous**	**oral**	**oral**	**Oral**
Classification	**Loop diuretic**	**Anticoagulant**	**Opioid analgesic**	**Proton pump inhibitor**	**Diuretic**
Mechanism of Action	**Inhibit sodium and water reabsorption in loop of Henle and increase urine**	**Binds with antithrombin III, enhancing antithrombin III's inactivatio**	**Binds to and activates opioid receptors at sites in the periaqueductal and**	**Interfere with gastric acid secretion by inhibiting the hydrogen-**	**Normally, aldosterone attaches to receptors on the walls of distal convoluted**

	formation.	**n of the coagulation enzymes thrombin and factors Xa and XIa and prevent prothrombin to thrombin**	**periventricular gray matter, the ventromedial medulla, and the spinal cord to produce pain relief.**	**potassium-adenosine triphosphate**	**tubule cells causing sodium and water reabsorption in the blood. So, it prevents water and sodium reabsorption and causing their excretion.**
Reason Client Taking	**To reduce edema caused by heart failure**	**Prevent blood clot because the pt is immobile.**	**To manage pain.**	**Client may use this medicine to treat cough and history of hematuria.**	**To treat heart failure and edema.**
Contraindications (2)	**Anuria & hypersensitivity to furosemide**	**Breastfeeding & neonates**	**Children under the age of 18 & acute bronchial asthma.**	**Concurrent therapy with Rilpivirine containing product & hypersensitivity to pantoprazole.**	**Acute renal insufficiency & Addison's disease.**
Side Effects/Adverse Reactions (2)	**Arrhythmia & thromboembolism.**	**Headache & chest pain**	**Hypotension & coma**	**Confusion & fatigue**	**Ataxia & confusion**
Nursing Considerations (2)	**Pt who are allergic to sulfonamides may also be allergic to furosemide & weight the pt during treatment.**	**Not given to infants & pregnant women**	**Do not give it to pregnant women & Do not give to pt with impair conscious.**	**Do no give 4 weeks within helicobacter pylori test & give delayed-release oral 30 min before meal.**	**Monitor serum potassium & BP and edema.**

Medications Reference (1) (APA):

Jones & Bartless Learning. (2020). 2020 Nurse's drug handbook (19th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Client appears alert and oriented to person, time, and place. Well groomed, no acute distress. He speaks English well and has hard time to talk due to SOB.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒**	**Braden score: 12** **Client's skin is warm, dark, and dry. In the scrotum the skin peels off due to enlargement and fluid accumulation. Skin turgor is normal because the client is not dehydrated. He does not have rashes, bruises, wounds, and no drains noted.**

Type:	
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head normocephalic and neck is symmetrical, trachea is midline without deviation, normal thyroid, carotid pulse palpable 2+ bilateral. Ear canal clear and TM is pearly grey. Pupils: PERLA, Conjunctive pink, does not wears glasses, nose midline no polyp, and denture is intact.**
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:**	**The client is on telemetry, S3 is noted, normal rhythm, and apical pulse is present. Peripheral pulses palpable 2+ throughout bilateral, capillary refill is less 3 sec, no cyanosis. Pitting edema 3+ lower extremity bilateral. NVD is not visible due to morbid obesity**
RESPIRATORY (2 points): **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	**Normal rhythm, rate slightly increase, and respiration is labored bilateral, crackles noted bilateral on lower lobes due to third space edema.**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height: 5'5"** **Weight: 424 lb. 3.2 OZ** **Auscultation Bowel sounds: normal.** **Last BM: today twice.** **Palpation: Pain, Mass etc.:** **Inspection: Normal appearance.** **Distention: N/A** **Incisions: N/A** **Scars: N/A** **Drains: N/A** **Wounds: N/A** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	**Regular diet home and hospital cardiac diet Abdomen is soft, nontender, no mass, noted during palpation for all four quadrants. Normal bowel sound bilateral, no CVA tenderness noted.**
GENITOURINARY (2 Points): **Color:** **Character:**	**Client reports that urine is yellow, normal quantity and has pain when urinating. Inspection of the scrotum and penis shows**

Quantity of urine: **Pain with urination: Y ☒ N ☐** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**severe generalized swelling, edema in the third space, with a significant enlargement of the skin. Pain causing discomfort to sit down or change position. Client cannot direct urinary flow it goes all over.**
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 ☐** **Needs support to stand and walk☐**	**Fall score: 55** **No neural impairment, 4/5 ROM. He uses rollator and cane at home. Client has a homemaker who comes 5 days a week for 4 hours each day to help out with ADLs. He does not move alone without devices.**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**The patient is awake, oriented PERLA, equal strength, normal LOC, no sensory deficit, and low pace of speech due to labored respiration.**
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 is Christian, has faith, and mature. He says religion means "everything is possible with God." He is Single and does not have kids. Lives home alone. The homemaker came to visit him while in the hospital.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1530	**73**	**115/62**	**18**	**99.4**	**95%**
1400	**78**	**105/65**	**20**	**97.3**	**93%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1530	**8/10 I notified the nurse.**	**scrotum**	**moderate**	**dull**	**constant**
1340	**10/10 I notified the nurse and Norco was given.**	**scrotum**	**severe**	**"pain fells like two bones rubbing together"**	**constant**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22 G **Location of IV: left arm, median vein of the forearm.** **Date on IV: 2/16/21** **Patency of IV: Easy to irrigate.** **Signs of erythema, drainage, etc.: N/A** **IV dressing assessment: clean and dry without bleeding.**	Client di not have an infusion currently.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
720	**500**

Nursing Care

Summary of Care (2 points)

Overview of care: Physical therapy and surgery were cancelled.

Procedures/testing done ECG 12 lead, labs test, testicular ultrasound, chest x-ray, and CT.

Complaints/Issues: SOB, Scrotum swelling and pain.

Vital signs (stable/unstable): stable.

Tolerating diet, activity, etc.: Cardiac diet in the hospital.

Physician notifications: Patient is not qualified for BIPAP, maintain oxygen saturation at 90-92%.

Future plans for patient: Client will go home with respiratory equipment 3-4 L of oxygen with home health.

Discharge Planning (2 points)

Discharge location: Home.

Home health needs (if applicable): The client has a homemaker who assist him for ADLs 4 hrs/day, 5 days a week.

Equipment needs (if applicable): respiratory equipment, cane, rollator, and shower chair.

Follow up plan: Visit the provider on February 24 after discharge.

Education needs: Risk for skin injury, daily weight, monitor I & O, treatment, and changing position.

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing	• Explain why the nursing		• How did the patient/family

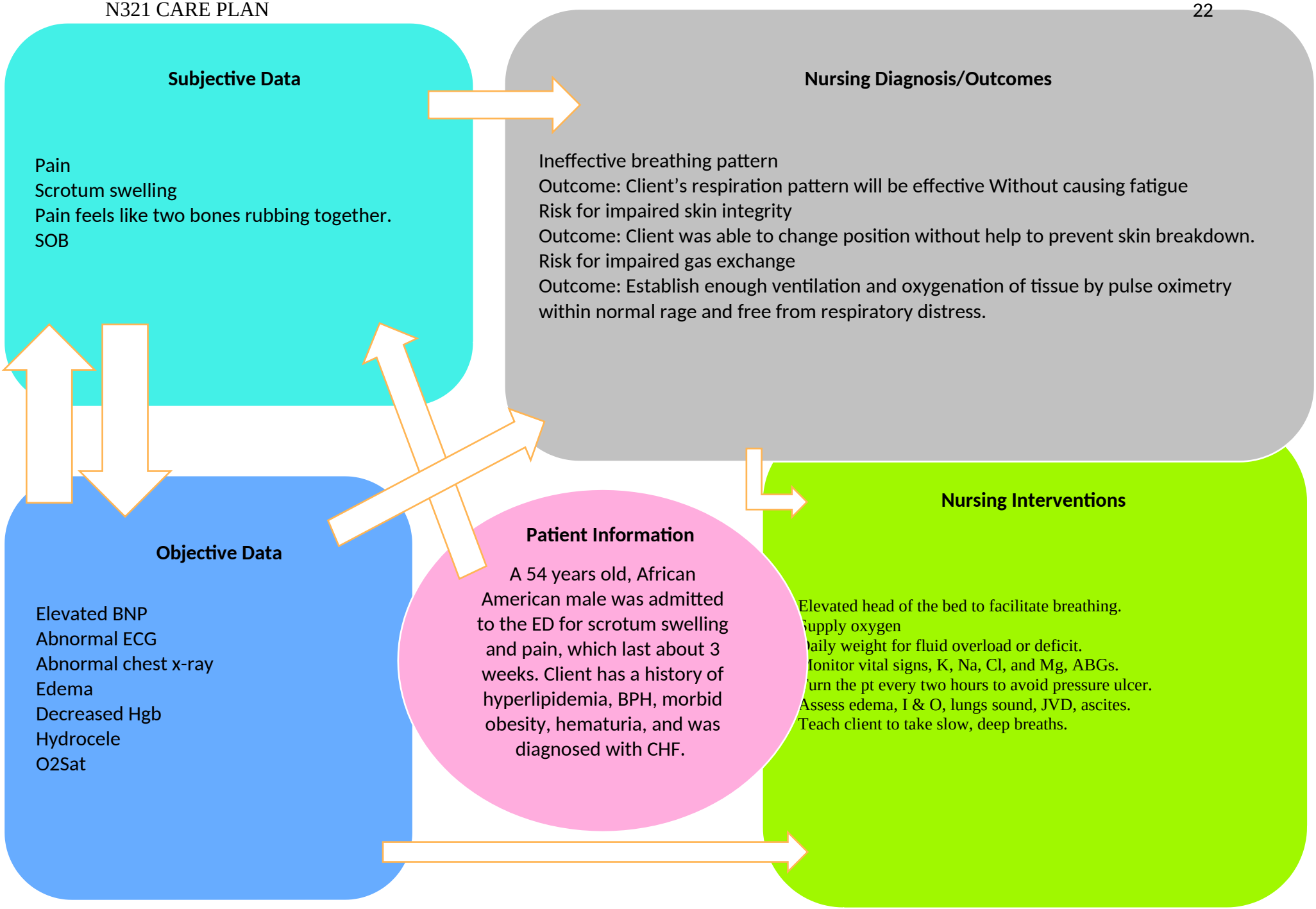
diagnosis with "related to" and "as evidenced by" components	diagnosis was chosen		respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for impaired gas exchange related to fluid shifts into interstitial space as evidenced by Oxygen sat 89%.	**This diagnosis was chosen because client exhibit signs of respiratory distress.**	**1.Auscultate breath sounds. Crackles noted.** **2.Instruct client in effective coughing and deep breathing.**	**Client was excited after deep breathing and coughing because it did improve his oxygen sat from 89% to 95%**
2. Ineffective breathing pattern related to fatigue and decreased lung expansion and pulmonary congestion secondary to CHF as evidence by SOB.	**This diagnosis was chosen because client is breathless when talking. To identify increased work of breathing.**	**1. monitor and record vital signs** **2.Obsrve breathing pattern for SOB, nasal flaring, prolonged expiratory phase, the use of accessory muscle, and pursed- lip breathing.**	**Client participates in the plan of care and ready for changes. Client' s respiration patter will be effective without fatigue.**
3. Risk for impaired skin integrity related to the presence of inadequate tissue perfusion as evidence by edema.	**The diagnosis was chosen because the client's skin breaks down in the scrotum when sitting down.**	**1. Encourage frequent position change, assist in active and passive ROM.** **2 Provide frequent skin care to minimize contact with moisture and excretion.**	**Client was able to move from side to side without help to maintain skin integrity.**

Other References (APA):

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

Vera, M. Matt. (2020). Heart failure nursing care plans. https://nurseslabs.com/heart-failure-nursing-care-plans/5/.

Concept Map (20 Points):


Subjective Data
Pain
Scrotum swelling
Pain feels like two bones rubbing together.
SOB
Nursing Diagnosis/Outcomes
Ineffective breathing pattern
Outcome: Client's respiration pattern will be effective Without causing fatigue
Risk for impaired skin integrity
Outcome: Client was able to change position without help to prevent skin breakdown.
Risk for impaired gas exchange
Outcome: Establish enough ventilation and oxygenation of tissue by pulse oximetry within normal rage and free from respiratory distress.
Objective Data
Elevated BNP
Abnormal ECG
Abnormal chest x-ray
Edema
Decreased Hgb
Hydrocele
O2Sat
Patient Information
A 54 years old, African American male was admitted to the ED for scrotum swelling and pain, which last about 3 weeks. Client has a history of hyperlipidemia, BPH, morbid obesity, hematuria, and was diagnosed with CHF.
Nursing Interventions
Elevated head of the bed to facilitate breathing.
Supply oxygen
Daily weight for fluid overload or deficit.
Monitor vital signs, K, Na, Cl, and Mg, ABGs.
Turn the pt every two hours to avoid pressure ulcer.
Assess edema, I & O, lungs sound, JVD, ascites.
Teach client to take slow, deep breaths.