N311 Care Plan # 2

Lakeview College of Nursing

Name: Kayla Wolpert

Demographics (5 points)

Date of Admission 7-20-2020	**Patient Initials** B.K.	**Age** 90+	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Divorced	**Allergies** Aspirin, Phenazopyridine, Prednisone, Sulfamethoxazole/Trimethoprim, Sulfa - Antibiotics
Code Status DNR – in the instance of contracting COVID-19 change to full treatment	**Height** 63.0 inches	**Weight** 145.8lbs	

Medical History (5 Points)

Past Medical History: COVID-19, sprain of unspecified ligament of right ankle, unspecified heart disease, hypertension, peripheral vascular disease, hyperlipidemia, hypothyroidism, difficulty walking, muscle weakness, oral dysphasia, anterograde amnesia, generalized anxiety disorder, and single mild episode of major depressive disorder.

Past Surgical History: Right duplex of lower extremity vein (negative results) and aortic valve surgery.

Family History: No known family history.

Social History (tobacco/alcohol/drugs): Patient (pt) states, “she has not smoked, drank or done drugs”.

Admission Assessment

Chief Complaint (2 points): Right ankle pain.

History of present Illness (10 points): 90+ year old white female pt here with right ankle pain on set about eight months ago. Pt cannot recall if she injured her right ankle or not. For the last couple of months pt notices a dull, achy pain that worsens when she walks. Pt states, “to help

relieve the pain, I go to therapy and take pain medicine". Pt is going to physical therapy to help strengthen her ankle and is taking her pain medications as prescribed by the Doctor.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Hypertension

Secondary Diagnosis (if applicable): No known secondary diagnosis.

Pathophysiology of the Disease, APA format (20 points): Hypertension (HTN) is the elevation of blood pressure (BP) to values that are correlated with cardiovascular damage (Capriotti, 2020). Which means the arterial vessel walls hypertrophy and become thicker, thereby reducing the tension and minimizing the wall stress (Capriotti, 2020). High aortic pressure places an excessive workload on the heart's left ventricle, raising the intramyocardial wall tension in the ventricular muscle (Capriotti, 2020). When this happens over a long period of time it results in left ventricular hypertrophy (LVH), which means the muscle of the heart must work harder to eject the blood into the aorta. LVH over time it will enlarge the left ventricle which then the pt can be susceptible to ischemia, infarction, and heart disease. HTN predisposes all the systemic arteries to injury which means it creates a high shearing force against the arterial walls causing them to weaken and injury the endothelium. Arteries particularly damaged by HTN include retina, kidneys, brain, and lower extremities (Capriotti, 2020). There are three stages of HTN, Stage 1 HTN is where the systolic BP ranges from 130-139 and diastolic BP ranges from 80-89, Stage 2 HTN is where the systolic BP ranges from 140 or greater and the diastolic BP ranges from 90 or greater, and the last stage is hypertensive crisis where the systolic BP ranges greater that 180 and the diastolic BP ranges from 120 or greater.

HTN is also referred to as the "silent killer" due to it not having any symptoms until it causes organ dysfunction and can lead to cardiovascular disease (CVD). This disease must be

quite advanced before it is detected or diagnosed. Rarely a pt will complain of headaches, nosebleeds, blurred vision, or palpitations (Capriotti, 2020). To Diagnosis HTM, you must rule out any other potential causes of elevated BP and determine if there is any tarted organ damage. Tests to determine may include 12-lead electrocardiogram (ECG), urinalysis, complete blood count (CBC), blood glucose, serum potassium, serum creatinine and serum calcium (Capriotti, 2020). With these different tests it should rule out the possibilities of hyperthyroidism, kidney disease, diabetes, pheochromocytoma, and Cushing's disease (Capriotti, 2020). Some risk factors may include age, African American ethnicity, family history, obesity, diabetes mellitus, sedentary behavior, tobacco use, high salt diet, and excess alcohol (Capriotti, 2020). Treatments normally focus on lifestyle modifications such as diet, stress reduction, physical activity, smoking cessation, and pharmacological treatment such as a beta-blocker. Pt must also make frequent follow-up appointments with cardiologist and pulmonologist to help pt's that suffer from HTN. There is no "cure" for HTN, the end goal is to prevent the disease from getting worse and to prevent endocarditis. Endocarditis is a life-threatening disease of the inner lining of the heart chambers and valves (Capriotti, 2020).

HTN is associated morbidity and mortality and the cost of todays society. According to the Centers of Disease Control and Prevention, approximately 78 million people in the United States are affected by HTN (Capriotti, 2020). There are some complications with HTN if you have uncontrolled high BP it could possibly lead to heart attack, stroke, heart failure, aneurysm, weakened and narrow blood vessels in the kidneys, thickened and narrowed or torn blood vessels in the eyes, metabolic syndrome, trouble with memory or understanding, and dementia. My pt's primary diagnosis is HTN. She currently is staying at a Long-Term care facility. She is taking a few different beta-blockers for HTN and they are Carvedilol and Amlodipine Sodium. She also

takes a medication for her hypothyroidism which is Synthroid. Pt is often confused at times and repeats herself frequently is probably due to HTN as a complication. Pt states, “due to her diagnosis and mental state, it was best for her to be in a long-term care facility”. Pt is also going the physical therapy (PT) to help strengthen her muscles. She likes to go on daily walks.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia, PA: F.A. Davis.

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.

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	**Male: 4.7-6.1 Female: 4.2-5.4**	**3.5**	**3.7**	Pt’s RBC could be low due to possible subacute endocarditis, chronic illness or even the possibility of starting stages of renal disease (Pagana, 2021).
Hgb	**Male:14-18 g/dL Female: 12-16 g/dL**	**11.4**	**9.4**	Hgb levels are low due to RBC being low but could be because of nutritional deficiency or even the possibility of kidney disease (Pagana, 2021).
Hct	**Male: 40-52% Female: 36-47%**	**32.8**	**29.7**	Hct levels are low due to the RBC’s being low, but it could also be due to renal disease, dietary deficiency or thyroid issues (Pagana, 2021).
Platelets	**150-400 x 10^9/L**	**306**	**380**	
WBC	**5-10 x 10^9/ L**	**8.2**	**6.3**	
Neutrophils	**55-70**	**66**	**41**	Pt could have neutropenia due to dietary deficiency, viral infection or even an overwhelming bacterial

				infection (Pagana, 2021).
Lymphocytes	**20-40**	**20**	**30**	
Monocytes	**2-8**	**11**	**3**	Pt could have monocytosis could be due to chronic inflammatory disorder or even a viral infection (Pagana, 2021).
Eosinophils	**1-4**	**2.1**	*unable to obtain*	
Bands	**0.5-1**	**0.9**	**2**	Pt could have high BANDs due to infection (Pagana, 2021).

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-	**136-145 mEq/L**	**132**	**134**	Pt has hyponatremia and that could be due to deficient dietary intake (Pagana, 2021).
K+	**3.5-5 mEq/L**	**3.6**	**4.1**	
Cl-	**98-106 mEq/L**	**98**	**100**	
CO2	**23-30 mEq/L**	**26**	*	
Glucose	**74-106 mg/dL**	**175**	**154**	
BUN	**10-20 mg/dL**	**12**	**13**	
Creatinine	**0.5-1.1 mg/dL**	**0.53**	**0.5**	
Albumin	**3.5-5 g/dL**	**3.8**	*	
Calcium	**9-10.5 mg/dL**	**9.3**	**8.9**	Pt has hypocalcemia and this could be due to the possibility of renal failure, hypoparathyroidism, or even vitamin D deficiency (Pagana, 2021).
Mag	**1.3-2.1 mEq/L**	*	*	

Phosphate	**3-4.5 mg/dL**	*	*	
Bilirubin	**0.3-1 mg/dL**	**0.5**	*	
Alk Phos	**30-120 U/L**	**64**	*	

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, Amber/ Yellow**	*	*	
pH	**4.6-8 Average: 6**	*	*	
Specific Gravity	**1.005-1.03**	*	*	
Glucose	**50-300 mg/day**	*	*	
Protein	**0-8 mg/dL**	*	*	
Ketones	**negative**	*	*	
WBC	**0-4 per low-power field Negative for cast**	*	*	
RBC	**Less than or equal to 2 Negative for cast**	*	*	
Leukoesterase	**negative**	*	*	

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:**	*	*	

	less than 10,000 per mm of U **Positive: greater than 100,000 per mm of U**			
Blood Culture	**Negative**	*	*	
Sputum Culture	**Normal Upper RT**	*	*	
Stool Culture	**Normal intestinal flora**	*	*	

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference*. St. Louis, MO: Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Pt has no other diagnostic imaging.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	Lexapro/ Escitalopram Oxalate	Synthroid/ Levothyroxine Sodium	Coreg/ Carvedilol	Colace/ Docusate Sodium	Norvasc/ Amlodipine Besylate
Dose	20mg	75mcg	12.5mg	100mg	10mg
Frequency	1x day	1x day	2x day	2x day	1x day
Route	PO	PO	PO	PO	PO
Classification	Antidepressant	Thyroid Hormone Agent	Nonselective beta blocker	Laxative	Antianginal, antihypertensive

			and alpha-1 blocker.		
Mechanism of Action	Inhibits reuptake if the neurotransmitter serotonin by CNS neurons, thereby increasing the amount of serotonin available in nerve synapses (Jones & Bartlett, 2021).	Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis (Jones & Bartlett, 2021).	Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance, which reduces blood pressure and cardiac output (Jones & Bartlett, 2021).	Acts as a surfactant that softens stool by decreasing surface tension between oil and water in feces (Jones & Bartlett, 2021).	Binda to dihydropyridine and nondihydropyridine cell membrane receptor sites on myocardial and vascular smooth-muscle cells and inhabits influx of extracellular calcium ions across slow calcium channels (Jones & Bartlett, 2021).
Reason Client Taking	Depression	Hypothyroidism	Hypertension	Constipation	Hypertension
Contraindications (2)	Concomitant therapy with pimozide; hypersensitivity to escitalopram.	Hypersensitivity to levothyroxine or its components; uncorrected adrenal insufficiency.	Second- or third- degree AV block; Stevens-Johnson syndrome.	Fecal impaction, intestinal obstruction, and undiagnosed abdominal pain.	Hypersensitivity to amlodipine and/or its components.
Side Effects/Adverse Reactions (2)	Abnormal gait, hypertension.	Heart failure, angina, tachycardia, and increase blood pressure and pulse.	Hypertension, peripheral vascular disorder, and heart failure.	Muscle weakness, palpitations, and perianal irritation.	Hypotension, palpitations, and dyspnea.

Medications Reference (APA):

Nurse's drug handbook (Twentieth ed.). (2020). Burlington, MA: Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Pt appears alert and oriented times 4, well groomed, and no acute distress.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** 19 no risk **Drains present: Y☐ N ☒** **Type:**	Pt skin warm, pink, and dry. No rashes, lesions, or bruising. Normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Skin turgor normal 2+. Capillary refill less than 3 seconds fingers and toes bilaterally.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Pt head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head and neck is noted. Bilateral auricles moist and pink without lesions. Pt wears glasses but did not state for nearsightedness or farsightedness. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilateral. EOM's intact bilaterally. Septum is midline. Bilateral sinuses are nontender to palpation. Pt has dentures on top but normal teeth on bottom. Dentition is good on bottom, oral mucosa overall is moist and pink without lesions noted. .
CARDIOVASCULAR: **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:	
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 65 **Activity/Mobility Status:** **Independent (up ad lib)** ☐	Pt's fall score is 65 based off the Morse Fall Scale.

Needs assistance with equipment ☐ **Needs support to stand and walk☐**	
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0930	65	156/65	17	98.5F	95%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0930	0-10	Right ankle	3	Dull and achy	Rest, ice, elevate, and take pain medications as prescribed, use walker and go to physical therapy.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

598mL	Pt was toileted x 2, not measured.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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 hypertension (HTN) as evidenced by high blood pressure 157/65.	Pt needs to be monitored due to high blood pressure could become a severe cardiac problem down the line if not controlled.	**1.** Note presence, quality of central and peripheral pulses. **2.** Observe skin color, moisture, temperature, and capillary refill time.	Bounding carotid, jugular, radial, and femoral pulses may be observed and palpated. When doing so it shows the pulses in the legs and feet of the pt have started to diminish which can reflect effects of vasoconstriction. When doing do we also observed the presence of pallor cool, moist skin; and delayed capillary refill time may be due to peripheral vasoconstriction or reflect cardiac decompensation and decreased output.
2. Impaired mobility related to sprained ankle as evidenced by pt walks with a walker and gait belt with assistance.	Pt has decreased mobility when walking to and from bathroom. Pt is dependent on aids and nursing staff to help walk to and from bathroom.	**1.** Walking with walker **2.**Phyical therapy	Pt uses gait belt and walker to be able to move better with assistance from aids or nursing staff. Pt enjoys going to therapy to help restore some strength in her lower extremities.

Other References (APA):

Concept Map (20 Points)

Subjective Data

Patient (pt) states, “she has not smoked, drank or done drugs”.

Pt states, “to help relieve the pain, I go to therapy and take pain medicine”.

Pt states, “due to her diagnosis and mental state, it was best for her to be in a long-term care facility”.

Nursing Diagnosis/Outcomes

Risk for decreased cardiac output related to hypertension (HTN) as evidenced by high blood pressure 157/65
Pt will participate in activities that help reduce BP and cardiac workload.
Pt will try to maintain BP within acceptable range.
Pt will also demonstrate a stable cardiac rhythm and rate within pt’s normal range.
Pt will participate in activities that also prevent stress.
Impaired mobility related to sprained ankle as evidenced by pt walks with a walker and gait belt with assistance.
Pt will perform physical activity.
Pt will demonstrate the use of adaptive changes that promote ambulation and transferring.

Objective Data

Irregular labs. Pt has weakness when walking, needs gait belt, walker and someone to help assist.
PERRLA: normal

Vitals
BP: 156/65
RR: 17
T: 98.5F
SpO2%: 99%
P: 65

Patient Information

Female
90+ years old
White
Hypertension

Nursing Interventions

Note presence, quality of central and peripheral pulses.
Observe skin color, moisture, temperature, and capillary refill time.
Walking with walker.
Physical Therapy