

N311 Care Plan #

Lakeview College of Nursing

Name

Angelina R. Thomas

Demographics (5 points)

Date of Admission 12/15/2020	Patient Initials HL	Age 90	Gender Female
Race/Ethnicity Caucasian-White	Occupation Retired-Store Clerk	Marital Status Widowed	Allergies Lisinopril, Tramadol, Xarelto -(6/29/2018)- Severity unknown
Code Status DNR-Do not attempt Resuscitation, comfort focused treatment. In the event of contracting COVID-19, resident to remain DNR-comfort focused Treatment	Height 64.5 inches (5'4 ½")	Weight 120lbs.	

Medical History (5 Points)

Past Medical History: Displaced Fracture of greater trochanter of right femur, subsequent encounter for closed fracture with routine healing (12/15/2020), Paroxysmal atrial fibrillation (06/29/2018) Unspecified systolic (congestive) heart failure (12/15/2020), Supraventricular tachycardia (06/29/2018), Hypokalemia (12/15/2020), Chronic Kidney Disease-stage 3 unspecified (12/15/2020), cognitive communication deficit (12/17/2020), Type 2 Diabetes Mellitus without complications (06/29/2018), Encounter for other specified aftercare (12/16/2020), Pain in right hip (12/17/2020), Atherosclerotic heart disease of native coronary artery without angina pectoris (06/29/2018), Essential (primary) hypertension (06/29/2018), unspecified osteoarthritis, unspecified site (12/15/2020), hypothyroidism, unspecified (06/29/2020), Displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing (12/25/2020), Hyperlipidemia, unspecified (12/15/2020), Unspecified Cataract (12/15/2020), Dementia in other diseases classified elsewhere without behavioral disturbance (12/15/2020), Alzheimer's disease, unspecified (12/15/2020), unspecified

open-angle glaucoma , stage unspecified (06/29/2020), Anemia, unspecified (06/29/2020), muscle weakness (generalized) (07/02/2018), presence of cardiac pacemaker (06/29/2018), other abnormalities of gait and mobility (07/27/2018), unspecified dementia with behavioral disturbance (01/19/2021), difficulty in walking, not elsewhere classified (07/02/2018), weakness (07/02/2018), need for assistance with personal care (07/02/2018), displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing (06/29/2018), fall on same level from slipping, tripping and stumbling without subsequent striking against object, initial encounter (06/29/2018)

Past Surgical History: Patient has obvious pacemaker insertion and hip correction. However, her medical records do not show any past surgeries.

Family History: There are no records of patient's family medical history.

Social History (tobacco/alcohol/drugs): Patient mentions being a past occasional wine drinker. However, she denies ever being a smoker in her past and in the present. Patient also denies ever being a drug abuser.

Admission Assessment

Chief Complaint (2 points): Pain in the right hip

History of present Illness (10 points): About 4-5 years ago patient experienced a right hip fracture due to repeated falls. Patient mentioned that upon entering the shower at home, she attempted to grip the shower door only to find out that it was stuck. She tried and tried to open the door and it would not open for her. Finally, after about the 4th or 5th time attempting to open the door, it flung open, causing her to slip yanking the door. Patient has received surgery on her hip and since then, the pain has struck her every day. Patient stated, "I got surgery done at Carle." After surgery, patient entered the Nursing home because she was sent to recover there.

However, she started getting moderately confused, so her family left her to stay in the nursing home. Patient describes the events of her pain very well. Patient stated, “I wrecked it,” and “I was at the bathroom when I hurt my...”, she did not complete her sentence. She also mentioned, “Every time I walk my hip hurts,” and “If I press on the hip, well yes it hurts.” Patient described pain as being in the right hip only, it is constant pain that does not radiate. Patient described pain as being unbearable sharpness and cracking in her hip. It is pain that is relieved by lying down, taking Tylenol, and propping opposite side of hip with a pillow. Patient stated, “I can’t lie down for too long, or my hip will hurt more.” Staff learned by assisting her that, when getting her dressed it is best to go slowly removing clothing items, to further reduce her pain, and it works. Patient has been seen by a physician to discuss her pain in the right hip. Hence, the surgery and pain mediation she received.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Displaced Fracture of Greater Trochanter of right femur, Subsequent encounter for closed fracture with routine healing

Secondary Diagnosis (if applicable): Diabetes Mellitus

Pathophysiology of the Disease, APA format (20 points): Hip fractures are extremely common in the elderly, because of bone weakening (Healthline, 2017). As a person ages, the blood begins reabsorbing necessary minerals (used to maintain mass and strength) from the bones such as calcium and phosphate-instead of just keeping them in the bones, and because the minerals are removed from their storage place in the bones, they become weak or brittle (Healthline, 2017). For example, patient (HL) experienced a fall at home and experienced massive pain, patient went to the doctor to have an X-Ray done on her pained area (right hip), only to find out that she has

osteopenia- “a disorder in which the person loses bone mass, and the bone becomes weaker” (Rich, 2020). Patient’s X-Ray showed that she suffered from an intertrochanter fracture. Intertrochanteric means, “between the trochanters” which are bony protrusions (extensions) of the femur (Healthline, 2017). The femur has two trochanters, “greater and lesser-this is where the thigh attaches to the hip” (Healthline, 2017). During an intertrochanteric fracture, the collagen fibers, the tissue, etc. everything that holds the bone into place, splits or cracks. Whether from natural bone weakening (due to age and bone demineralization), or from repeated falls, this particular fracture (to the hip) occurs because there has been a tension build up or pressure to the bone and the bone is unable to withstand it. Having an intertrochanteric fracture impairs mobility, indefinitely, patient will be unable to walk normally if at all until it is healed. It does not have many effects on other parts of the body, except that is the pain of the fracture is really severe it can radiate through the nervous system and give the illusion that the patient is experiencing pain throughout their entire body. Also, because the effected side is weak-all body weight has to go the unaffected side and could potentially cause stress on the unaffected hip.

Patients who have intertrochanteric fractures may experience sever pain in the hip, difficulty putting their weight on one side of their body-for instance when trying to walk a step at a time, they’ll see bruising and swelling around the hip-when there’s a fracture inflammation (when the body’s inflammatory mediators such as histamine -sent by white blood cells (WBCs), specifically neutrophils- rush to an infected site and try to diffuse the tension before other WBCs take action. “Histamine releases fluid into the tissue and causes swelling.” (Medline Plus, 2021)) occurs as evidence by the swelling and other inflammatory responses (redness, warmth, tenderness, etc.), stiffness occurs in the injured site-in this case, patient HL’s effected site was on the right hip so her pain and stiffness originated in that area, another sign or symptom includes

having a leg in an awkward position than what would be considered “normal” anatomical positioning or directing toward the injured limb (Healthline, 2017). These fractures are usually diagnosed with X-Rays, bone scans, MRI, or physical exam and medical history (Healthline, 2017). Keeping in mind that, “small hairline fractures (small crack or severe bruise within in a bone) may or may not show up on X-Rays, if it doesn’t then another type of imaging will be performed” (Healthline, 2017). Having surgery are common treatments for these types of fractures. According to Healthline, the most common type of surgery performed is an *open reduction and internal fixation* of the femur. During this surgery, the bone is “fixed with screws, rods, pins or plates” (Healthline, 2017). It is not mentioned in the patient’s chart what type of procedure or treatment was performed on patient to determine her healing outcome. Also, lab tests may be performed to determine how much calcium or phosphorus is in the blood-such as “calcium chemistry” test and the “serum phosphate test” and both of which the patient did not have in her medical records.

Pathophysiology References (2) (APA):

Healthline. (2017, August 2). Intertrochanteric Fractures.
<https://www.healthline.com/health/intertrochanteric-fracture#treatment>

Rich, R. (2020, November). Osteopenia.
<https://familydoctor.org/condition/osteopenia/#:~:text=Osteopenia%20is%20a%20condition%20that,higher%20risk%20of%20having%20osteoporosis%20>

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.

<i>Lab</i>	<i>Normal Range</i>	<i>Admission Value</i>	<i>Today's Value</i>	<i>Reason for Abnormal Value</i>
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RBC	3.92-5.13 (F) 4.35-5.65 (M)	3.94	N/A	
Hgb	11.6-15 (F) 13.2-16.6 (M)	11.2	N/A	
Hct	35.5-44.9 (F) 38.3-48.6 (M)	35.8	N/A	
Platelets	157-371 (F) 135-317 (M)	378	N/A	
WBC	3.4-9.6	8.5	N/A	
Neutrophils	40-60%	75	N/A	Patient's value is consistent with bacterial infection; However, patient records do not mention a bacterial infection. (Mayo Clinic Staff, 2020)
Lymphocytes	20-40%	13	N/A	
Monocytes	2-8%	10	N/A	
Eosinophils	1-4%	2	N/A	
Bands	0-3%	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-	136-146	137	N/A	
K+	3.5-4.5	4.1	N/A	
Cl-	96-106	103	N/A	
CO2	32-48	N/A	N/A	
Glucose	70-115	109	N/A	
BUN	11-23	19	N/A	
Creatinine	0.7-1.5	1.0	N/A	
Albumin	3.5-5.0	N/A	N/A	

Calcium	9.0-11.0	N/A	N/A	Test that would confirm calcium levels in patient’s blood, indicating deficiency in the bone. However, no record of patient’s value in chart.
Mag	1.3-2.1	N/A	N/A	
Phosphate	2.5-4.5	N/A	N/A	Test that would confirm phosphorous levels in patient’s blood, indicating deficiency in the bone. However, no record of patient’s value in chart.
Bilirubin	0.2-1.3	N/A	N/A	
Alk Phos	20-90	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	Yellow (light/pale) Clear	N/A	N/A	N/A
pH	4.5-8.0	N/A	N/A	N/A
Specific Gravity	1.005-1.025	N/A	N/A	N/A
Glucose	<130	N/A	N/A	N/A
Protein	<150	N/A	N/A	N/A
Ketones	None/Negative	N/A	N/A	N/A
WBC	3.4-9.6	N/A	N/A	N/A
RBC	3.92-5.3 (W) 4.35-5.7 (M)	N/A	N/A	N/A
Leukoesterase	Negative	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):

Falck, S. (2019, January 25). Serum Phosphorus Test. [Serum Phosphorus Test: Purpose, Procedure, and Results \(healthline.com\)](https://www.healthline.com/health/serum-phosphorus-test)

Lerma, E. (2020, December 05). Urinalysis: Reference Range, INTERPRETATION, collection and panels. <https://emedicine.medscape.com/article/2074001-overview#a1>

Mount Sinai. (2020, January 11). Blood differential test. <https://www.mountsinai.org/health-library/tests/blood-differential-test>

Mayo Clinic Staff. (2020, December 22). Complete blood count (CBC). Retrieved February 13, 2021, from <https://www.mayoclinic.org/tests-procedures/complete-blood-count/about/pac-20384919>

Mayo Clinic Staff. (2019, February 12). Hematocrit Test. Retrieved February 16, 2021, from <https://www.mayoclinic.org/tests-procedures/hematocrit/about/pac-20384728#:~:text=A%20lower%20than%20normal%20hematocrit,Vitamin%20or%20mineral%20deficiencies>

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Xray: Right hip, unilateral with pelvis when performed, 2-3 views (01/18/2021)

Findings: A fracture is noted involving the greater trochanteric region. Superior medial displacement of the greater trochanteric fragment is noted. The fracture does not involve the articular surface. The femoral head is well-seated within acetabulum. Diffuse osteopenia is present. The remaining osseous structures are in-tact. Orthopedic hardware is noted involving the left hip.

Impressions: Fracture of the greater trochanter, as detailed above. Clinical correlation and follow-up are recommended.

Diagnostic Imaging references (APA)

Medline Plus. (2016, March 4). X-Rays. Retrieved February 27, 2021, from <https://medlineplus.gov/xrays.html>

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

Medications (5 required)

Brand/Generic	Tradjenta Tablet/linagliptin	Sertraline HCL (50 mg)/ Zoloft	Pravastatin Sodium Tablet/Pravachol	Levothyroxine/ Estre	Omeprazole Capsule Delayed Release/Prilosec
Dose	5mg	75mg	10mg	125mcg	20mg
Frequency	Daily	Daily	Daily	Daily	Daily
Route	PO	PO	PO	PO	PO
Classification	Antidiabetics	Antidepressants	Antihyperlipidemic	Thyroid Hormone Replacement	Ulcer Drugs/Antispasmodics/ Anticholinergics
Mechanism of Action	Slows the inactivation of incretin hormones	Inhibits reuptake of the neurotransmitter serotonin by central nervous system (CNS) neurons, thereby increasing the amount of serotonin available in nerve synapses.	Inhibits cholesterol synthesis in liver by blocking the enzyme needed to convert hydroxymethylglutaryl-CoA (HMG-CoA) to mevalonate, a cholesterol precursor.	Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis.	Interferes with gastric acid secretion by inhibiting the hydrogen potassium adenosine triphosphate enzyme system, or proton pump, in gastric parietal cells.
Reason Client Taking	Related to Diabetic Mellitus without complications	Related to major depressive disorder, single episode, unspecified	Prophylaxis	Hypothyroidism, unspecified	Prophylaxis
Contraindications (2)	Fever and infection (PDR, 2021)	Concurrent use of disulfiram (oral solution) or pamoate and hypersensitivity to sertraline or its components	Active hepatic disease and persistent elevated enzymes	Uncorrected adrenal insufficiency and hypersensitivity to levothyroxine	Concurrent therapy with rilpivirine-containing products and hypersensitivity to omeprazole
Side Effects/Adverse Reactions (2)	Severe pancreatitis and severe angioedema	Atrial Arrhythmias and vasodilation	Anxiety and chills	Angina and heart failure	Agitation and Dizziness

Medications Reference (APA):

Jones & Barlett. (2021). *2021 Nurse's Drug Handbook* (20th ed.). Burlington, MA

Physician's Desk Reference. (2021). Linagliptin. <https://www.pdr.net/drug-summary/Tradjenta-linagliptin-102.4131>

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>Patient was A&O x 4. Patient could recall that she had surgery at Carle hospital, a Lakeview College of Nursing student was taking care of her, patient new her name, patient identified that she was in pain, in a past affected area, patient knew the reason for certain medications she took, patient knew the day of the week was Tuesday as well. Patient looked well-groomed and no sign of acute distress. Overall patient looked as if she is receiving quality care.</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds:</p>	<p>Patient did display small red patches on her arm-looks like old scarring. Skin was warm and also cool in some places to touch, it was pink and dry. Patient had no rashes or lesions, but she did present bruising in her arm. Normal quantity, distribution, and texture of hair-it appeared slightly thin-scalp appeared dry and without scars or lesions. Skin turgor 5 second tenting.</p>

<p>Braden Score: 18 Drains present: Y<input type="checkbox"/> N<input checked="" type="checkbox"/> Type:</p>	
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and Neck were symmetrical, trachea is midline without deviation, thyroid palpable (consistent with patient hypothyroidism PMH), no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck. Bilateral auricles, dry, and pale without lesions. Bilateral canals clear with pearly gray tympanic membranes. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes, bilateral lids were moist and pink without lesions or discharge. PEERLA bilaterally. 6 cardinal EOMs performed and EOMs intact, bilaterally. Septum of nose is midline; turbinates are moist and pink bilaterally no visible bleeding or polyps. Bilateral frontal sinuses were not tender when palpating. Patient had dentures, not rashes or scrapes in the gums. Gums were pink, moist, and without pus or lesions. Uvula is midline, pharynx and tonsils are pink and moist, without exudate. Tonsil size is 2+.</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y<input checked="" type="checkbox"/> N<input type="checkbox"/> Edema Y<input checked="" type="checkbox"/> N<input type="checkbox"/> Location of Edema:</p>	<p>Patient has swelling in right and left ankles and feet. S1 Systole and S2 Diastole audible No Murmurs, gallops, or rubs present. Capillary refill 5 seconds fingers and toes bilaterally. PMI found at the 4th intercostal space and it exhibited normal rate and rhythm. Peripheral pulses of bilateral brachial pulses palpable and bilateral posterior tibial artery pulses were palpable. Although patient did have an obvious pacemaker just below the left midclavicular line.</p>
<p>RESPIRATORY: Accessory muscle use: Y<input type="checkbox"/> N<input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Respirations were 12. Normal Vesicular breath sounds in posterior and anterior lobes-no wheezes, crackles, or rhonchi noted. Breathing is nonlabored.</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds:</p>	<p>Diet is normal now as it would be at home. Patient is not on a mechanical soft diet. Patient is 64.5 inches and 120 lbs. Patient bowel sounds are normoactive in all four quadrants. No CVA or rebound tenderness present. Abdomen is soft to touch, nontender to patient, no enlarged organs or</p>

<p>Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>masses present upon 1inch and 5-8-inch-deep palpations. Patient has no record of last bowel movement and it was not observed by recorder/staff. Abdomen presented no distention, bulging, nor scarring, drains, wounds, nor scrapping.</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Urine appeared clear and unclouded, it did not present any foul odors or blood streaks. Patient urinated 1 x in the toilet. Patient did not soil a depend. Patient’s genitals appeared without redness, swelling, scars, bulges, or tears. Patient did not experience pain when wiping and she was able to sit and stand up from toilet without discomfort.</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 80 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>All extremities have full range of motion-except for right hip region. When asked to lift right leg patient stopped at the start of pain and did not proceed further. Hand grips and pedal pushing and pulling demonstrated normal and equal strengths, bilaterally. Balanced and smooth gait with assistance of the walker. Patient does not need assistance to stand and walk and she does not require assistance with her equipment. Patient’s cranial nerve X in-tact and palpable. Negative Rhombergs, unable to assess Deep Tendon Reflexes as equipment was unavailable.</p>
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory:</p>	<p>Patient speaks without muffles, strain, or complication. Patient is alert and oriented x 4. Patient did not have any loss of consciousness. Patient experienced pain when trying to lift her right leg due to hip fracture and did not go beyond the presence of pain. However, overall leg strength is equal. Patient is unable to walking properly without the assistance of the walker.</p>

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):	Patient has dementia and in order for her to maintain routine and recall some present events, her family and staff at the nursing home provided her with a logbook/journal with notes. It decreases patient confusion and promotes steady routine practices. Patient does not mention religious preferences. Patient only mentions that family used to be farmers, in terms of family structure and dynamic. Patient's developmental level is profound, as she does not present with any abnormal growths in her development. Also, she is able to recall many present events and understand information asked of her.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
9:40am	69	177/81	12	97.8 F	99%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
9:45am	0-10	Right hip	7/10	Sharp pain	Staff asked the nurse to give patient prescribed Tylenol and adjusted patient in bed to unaffected side releasing her from pain in her affected side with supportive pillows.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
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180mL	Urinated 1x in the toilet

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

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Intervention (2 per dx)</p>	<p>Evaluation</p> <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<p>1. Chronic Pain related to right hip fracture as evidence by patient stating, “my hip has been in pain for the past 3 years on and off since I had my fall” and patient Xray showing right hip fracture of trochanter.</p>	<p>Patient constantly c/o to staff about her hip pain and she vividly expresses. Her hip fracture due to a bathroom fall “I was at the bathroom when I fell and hurt my hip.” And “I wrecked it” - referring to her hip. Having knowledge of this pain helps staff to release pressure on her affected side and preserve her ability to continue walking with walker and without staff assistance</p>	<p>1. Asking staff to give patient PRN pain medication per Physicians orders</p> <p>2. Lying patient in bed on her nonaffected side with a pillow to release pressure on her affected side</p>	<p>Patient stated, “Pain medication makes my pain go away for a while.” Patient also stated, “My hip feels a little better when I’m not laying directly on it.”</p>

	promoting her independence.		
<p>2. Patient is at risk for decreased cardiac tissue perfusion related to congestive heart failure as evidenced by her high systolic blood pressure of 177.</p>	<p>This is considered a priority concern. High blood pressure indicates that the patient’s outflow of blood is insufficient, and the heart isn’t pumping out blood to the body’s tissues at an efficient and effective pace. (American Heart Association, 2021). By addressing this concern staff can act fast and improve patient’s heart function and overall quality of care, ultimately helping the patient to have a longer lifespan.</p>	<p>1. Administer Blood pressure medication per physician’s order</p> <p>2. Monitor blood pressure every 4 hours.</p>	<p>Patient systolic blood pressure decreased after the medication set in to 148 from 177.</p>

Other References (APA):

American Heart Association. (2021). High Blood Pressure. <https://www.heart.org/en/health-topics/high-blood-pressure>

Concept Map (20 Points):

