N311 Care Plan 2

Lakeview College of Nursing

Autumn McIntosh

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
3/7/2021	LB	83	M
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Black	Retired	Married	Reclast
Code Status	**Height**	**Weight**	
Full Code	5' 10''	177	

Medical History (5 Points)

Past Medical History: Chronic kidney disease, Stage III, DM II, Diabetic retinopathy, Diastolic dysfunction, Diastolic heart failure secondary to HTN, HTN, Former smoker, Glaucoma, Hyperlipidemia, Hypocalcemia, Impotence of organic origin, LVH, Macular pucker, MRSA, Nonischemic cardiac stress test (6/2012), Obesity, Ocular HTN, Paget's bone disease, PVD, PIN, Pulmonary regurgitation (2012), Pure hypercholesterolemia, Reflux esophagitis, Rheumatic fever as a child, shingles on let leg, Spinal Stenosis, Unspecified Vitamin D deficiency, Vitamin B12 deficiency (5/2012), Colonoscopy (7/2005).

Past Surgical History: Cataract removal-left (2/11/13), Eye surgery (2013), Intravitreal injection (6/16/14 and 4/23/12), Mastectomy - right (1/18/19), Perineum soft tissues procedure (2/14/2020 and 2/15/2020, PR remove tonsils/adenoids (12 yrs old), PR trabeculoplasty by laser surgery (2012 and 11/2013), Tonsillectomy- right (12/20/2018), Ultrasound core biopsy-right (12/20/2018), Vitrectomy - left (11/2012), YAG capsulotomy laser- left (4/22/15).

Family History: Maternal: Diabetes, HTN, and Arthritis; Paternal: Heart issues; Other family members: Glaucoma, Macular degeneration, and Retina detachment.

Social History (tobacco/alcohol/drugs): Former smoker- ½ pack of cigarettes per day for 20 yrs; Quit on 9/19/1980; No alcohol or recreational drug use

Admission Assessment

Chief Complaint (2 points): Dizziness/ Near syncope

History of present Illness (10 points): LB is an 83 yr old male who presents with dizziness/ near syncope episode. Pt was folding laundry prior to eating breakfast and experienced sudden onset of dizziness, shakiness, and sweating. Pt began to "nod off" and experience rue shaking. Episode lasted for a short , unspecified duration and was resolved immediately after. Pt was recovered b=to baseline and was brought in for evaluation. No aggravating factors. Pt denies pre/post syncopal aura , loss of consciousness, extremities numbness or tingling. Pt also denies chest pain, palpitations, fever, chills, or any contact with a person who has been sick.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): AV block, 2nd degree.

Secondary Diagnosis (if applicable):.N/A

Pathophysiology of the Disease, APA format (20 points): In heart block , the sinus node pulses away at its normal rate. but the conduction is blocked somewhere along the route to the ventricles. The block can occur in the AV node, in the bundle of His, or in the branches.(Berkowitz, 2020) In my patient's case he had an AV block. There are four types of heart block: First degree, Second-degree Mobitz type I, Second-degree Mobitz type II, and third- degree. (Berkowitz, 2020). My patient has a 2nd degree . Second-degree AV block is a disease of the cardiac

conduction system in which the conduction of atrial impulse through the AV nodded is blocked. Patients with second- degree AV blocks may be asymptomatic or they may experience a variety of symptoms such as lightheadedness and syncope (Sovari, 2017).

Berkowitz, A. (2020). Clinical Pathophysiology made ridiculously simple., pg 19. 10.1080/14779072.2018.1540301.

Sovari, A (2017). Second degree atrioventricular block., para 1.https://emedicine.medscape.com/article/161919-overview#:~:text=Background-,Second%2Ddegree%20atrioventricular%20(AV)%20block%2C%20or%20second%2D,followed%20by%20a%20QRS%20complex.

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	Admission	Today's	Reason for Abnormal Value

	Range	Value	Value	
RBC	**3.90-4.98**	**3.78**	**2.97**	**Pt has Chronic Kidney disease.Pts with chronic kidney disease will have a lower RBC level because without the kidneys working properly it will cause a decrease in erythropoietin. (NIDDK,2020)**
Hgb	**12.0-15.5**	**10.4**	**8.2**	**Pt has Chronic Kidney disease.Pts with chronic kidney disease will have a lower Hgb level because without the kidneys working properly it will cause a decrease in erythropoietin. (NIDDK,2020)**
Hct	**35-45**	**33.3**	**26.3**	**Pt has Chronic Kidney disease.Pts with chronic kidney disease will have a lower Hct level because without the kidneys working properly it will cause a decrease in erythropoietin. (NIDDK,2020)**
Platelets	**140-400**	**209**	**161**	
WBC	**4.0-9.0**	**7.12**	**4.78**	
Neutrophils	**N/A**	**N/A**	**N/A**	
Lymphocytes	**10-20**	**13.9**	**31.8**	**Pt. has glaucoma. "High lymphocyte blood levels indicate your body is dealing with an infection or other inflammatory condition" (Cleveland Clinic 2018)**
Monocytes	**2-10**	**6.3**	**9.2**	
Eosinophils	**N/A**	**N/A**	**N/A**	
Bands	**N/A**	**N/A**	**N/A**	

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**135-145**	**132**	**141**	**Pt sodium was barley low due to him not eating any breakfast the day of.**

K+	**3.5-5.1**	**4.8**	**3.9**	
Cl-	**98-107**	**103**	**113**	**Pts is taking medications to treat his glaucoma which causes the Cl- levels to elevate. (Falck, 2018)**
CO2	**22-29**	**22.3**	**19.5**	
Glucose	**70-99**	**251**	**110**	**Pt has Type II diabetes**
BUN	**6-20**	**71**	**66**	**Pt has CKD**
Creatinine	**0.50-1.00**	**3.76**	**3.03**	**Pt has CKD**
Albumin	**3.5-5.2**	**2.8**	**2.2**	**Pt has CKD**
Calcium	**8.4-10.5**	**8.5**	**7.4**	
Mag	**1.6-2.6**	**2.1**	**1.8**	
Phosphate	**N/A**	**N/A**	**N/A**	
Bilirubin	**0.0-1.2**	**.2**	**.2**	
Alk Phos	**35-105**	**87**	**51**	

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	**N/A**	**N/A**	**N/A**	
pH	**N/A**	**N/A**	**N/A**	
Specific Gravity	**N/A**	**N/A**	**N/A**	
Glucose	**N/A**	**N/A**	**N/A**	
Protein	**N/A**	**N/A**	**N/A**	
Ketones	**N/A**	**N/A**	**N/A**	

WBC	**N/A**	**N/A**	**N/A**	
RBC	**N/A**	**N/A**	**N/A**	
Leukoesterase	**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	**N/A**	**N/A**	**N/A**	
Blood Culture	**N/A**	**N/A**	**N/A**	
Sputum Culture	**N/A**	**N/A**	**N/A**	
Stool Culture	**N/A**	**N/A**	**N/A**	

Lab Correlations Reference (APA):

Cleveland Clinic. (2018). Lymphocytosis., para 6. https://my.clevelandclinic.org/health/diseases/17751-lymphocytosis#:~:text=High%20lymphocyte%20blood%20levels%20indicate,a%20serious%20condition%2C%20like%20leukemia.

Falck, S.(2018). Hyperchloremia (high chlorine levels). *Healthline.*,https://www.healthline.com/health/hyperchloremia

National Institute of Diabetes and Digestive and Kidney disease(NIDDK). (2020.Anemia in chronic kidney disease., para 16

https://www.niddk.nih.gov/health-information/kidney-disease/anemia#:~:text=When%20your%20kidneys%20are%20damaged,to%20your%20organs%20and%20tissues.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Test	Normal Range	Value on Admission	Today's Value	Reason
Troponin	**0.0-0.4**	**<0.01**	**N/A**	
Lipase	**10-140**	**782**	**N/A**	**Pt previously diagnosed with Type II diabetes**
Phosphorus	**2.8-4.5**	**4.2**	**3.2**	
T4, free	**5.0-12.0**	**1.20**	**N/A**	**Pt previously diagnosed with Type II diabetes.**
TSH	**0.5-5.0**	**5.730**	**N/A**	
COVID	**Not Detected**	**Not Detected**	**N/A**	
Vitamin D	**20-50**	**50**	**N/A**	
Ferritin	**20-250**	**180**	**180**	
Transferrin	**204-360**	**153**	**153**	**Pt has been**

				diagnosed with CKD causing the loss of transferrin in urine(Shiel. 2017)
Iron	**65-175**	**67**	**128**	
Total cholesteral	**Less than 150**	**143**	**N/A**	
HDL	**Greater than 40**	**40**	**N/A**	
Trigs	**Less than 150**	**122**	**N/A**	
LDL	**Less than 100**	**79**	**N/A**	

Shiel, W.(2017). Medical Definition of transferrin. *MedicineNet.*,para 1-4.

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

Medications (5 required)

Brand/Generic	**Aspirin**	**Brimonidine**	**Ferrous Sulfate**	**Fluticasone**	**Pantoprazole**
Dose	**81mg**	**1 drop**	**324mg**	**1 puff**	**40mg**
Frequency	**Daily**	**2 time/day**	**Daily**	**Daily**	**Daily**

Route	**Oral**	**Both eyes**	**Oral**	**Inhalation**	**Oral**
Classification	**NSAID**	**Alpha adrenergic agonist**	**Antianemic**	**Antiasthmatic**	**Antiulcer**
Mechanism of Action	**Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandin's important mediation in the inflammatory response, causes local vasodilation with swelling and pain. with blocking cyclooxygenase and inhibition of prostaglandins, inflammatory symptoms subside. Painis also relieved because protaglandins play a role in pain transmission from the periphery to the spinal cord. (Jones**	**Bromonidine is an alpha adrenergic agonist through the activation of a Gprotein coupled receptor, inhibiting the activity of adenylate cyclase. This reduces cAMP and hence aqueous humour production by the ciliary body. (Jones & Bartlett, 2020)**	**Acts to normalize RBC production by binding with hemoglobin or by being oxidized and stored as hemosiderin or aggregate ferritin in reticuloendothelial cells of the bone marrow, liver, and spleen. (Jones & Bartlett, 2020)**	**Inhibits Cells involved in the inflammatory response of asthma, such as basophils, eosinophils, lymphocytes, macrophages, mast cells, and neutrophils (Jones & Bartlett, 2020)**	**Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphatase enzyme system, or proton pump , in gastric parietal cells. Normally the proton pump uses energy from hydrolysis of ATPase to drive H+ and Cl- out of parietal cells and into stomach lumen in exchange for K+, when leaves the**

	& Bartlett, 2020)				**stomach lumen and enters parietal cells. After this H+ and Cl- combine in the stomach to form HCl. (Jones & Bartlett, 2020)**
Reason Client Taking	**To thin blood going through the body**	**To help with pts glaucoma**	**To prevent the patient from becoming anemic**	**To prevent patient from becoming asthmatic**	**To prevent stomach ulcers**
Contraindications (2)	**Active bleeding or coagulating disorders; Current or recent GI bleed**	**Depression; Raynaud's phenomenon**	**Hemochromatosis; Hemolytic anemia**	**Hypersensitive to fluticasone or it's components or to milk protein; Untreated nasal mucosal infection**	**Concurrent therapy with rilpivirine containing products ; Hypersensitivity to pantoprazole**
Side Effects/Adverse Reactions (2)	**CNS depression; GI bleeding**	**Blurry vision; Headache**	**Dizziness; Fever**	**Aggressiveness; Dizziness**	**Chest pain; Anxiety**

Medications Reference (APA):

Bartlett and Jones,. (2020).Nurse's drug handbook., (19th ed), pg 1-1327.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	A & O X4 No distress Pt appeared pleasant. Pt was talkative and told me about the town where is from. Pt then slept for about 30mins then woke up and ate breakfast.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	 Brown Dry Warm 2+ None None None 15 N/A
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Head and Neck Symmetrical with no Trachea deviation. Ear clear with no drainage. PERRLA. Left eye has slightly drainage and is swollen. Nose clear no drainage and no deviated septum. Gums are pink and moist
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:**	Bradycardia on admission S1 and S2 sounds present Slightly tachycardic, No murmur noted Strong Less than 2 secs
RESPIRATORY:	.

Accessory muscle use: Y☐ N ☐ **Breath Sounds: Location, character**	Lung sounds clear with no signs of cracked or wheezing. No cough or shortness of breath noted
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:**	. Diabetic Diabetic 5ft 10in 177 lbs BS+ Late last night No pain noted Round None Previous surgery scar None None
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	 Yellow No odor 100 mL Pt has Chronic indwelling catheter inserted before being admitted
MUSCULOSKELETAL: **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 ☐**	. Alert and Oriented 4+ Walker and wheelchair 2 person support 65 Pt is usually in ed and has his wife to assist him at home with things being handed to him but other than that he is normally independent. Pt likes things within reach.

NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	CNs II-XII intact Motor 5/5 all extremities Sensory normal
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):**	Pt is very nice Pt has a lot of help at home Tuesdays nurse comes an bathe him Wednesday and thursday the therapist comes Pt stated that he was given 2 weeks to live in April of 2020 but his wife " wasn't having it" but thanks god he's still here

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:27	**83**	**133/73**	**18**	**98.9F oral**	**90 RA**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:30	**0-10**	**N/A**	**0**	**N/A**	**N/A**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
360 mL	**100 mL**

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. LB is diagnosed with decreased cardiac output related to AV block as evidenced by decrease in heat rate on admission.	**A block in the AV node can cause decrease in cardiac output**	**1. monitor ECG for changes in rhythm and rate or any presence of sysrhythias** **2.Obtain and observe rhythm strips every 4 hrs or prn.**	**My pt goal is to get his heart rhythm back normal.** **Pt heart rate normal and S1 and S2 sound presents.**
2. LB is diagnosed with Ineffective tissue perfusion related to decreased cardiac output as evidenced by decrease in heart rate on admission	**AV block can cause decrease cardiac output which will result in ineffective tissue perfusion**	**1. Assess patient pain for intensity using a pain scale** **2. Elevate head of bed**	**Pts goal is to have no pain** **Pt stated pain level 0** **Pt bed ws elevated the entire time I was taking care of him and having an elevated bed it will improve chest expansion and oxygenation**

Overall APA format (5 points):

Concept Map (20 Points):

SUBJECTIVE DATA: Pt told me that he wasn't in any pain today. Pt was very happy today and told me about the city where he is from

NURSING DIAGNOSIS/OUTCOMES: Diagnosis:LB is diagnosed with decreased cardiac output related to AV block as evidenced by decrease in heat rate on admission.Outcome: My pt goal is to get his heart rhythm back normal.

Pt heart rate normal and S1 and S2 sound presents.
Diagnosis: LB is diagnosed with Ineffective tissue perfusion related to decreased cardiac output as evidenced by decrease in heart rate on admission Outcome: Pts goal is to have no pain
Pt stated pain level 0
Pt bed ws elevated the entire time I was taking care of him and having an elevated bed it will improve chest expansion and oxygenation
OBJECTIVE DATA: When patient was admitted to the hospital he present with bradycardia
PATIENT INFORMATION: LB is an 83 yr old male who presents with dizziness/ near syncope episode. Pt was folding laundry prior to eating breakfast and experienced sudden onset of dizziness, shakiness, and sweating. Pt began to "nod off" and experience rue shaking. Episode lasted for a short , unspecified duration and was resolved immediately after. Pt was recovered b=to baseline and was brought in for evaluation. No aggravating factors. Pt denies pre/post syncopal aura , loss of consciousness, extremities numbness or tingling. Pt also denies chest pain, palpitations, fever, chills, or any contact with a person who has been sick.

Nursing Intervention: monitor ECG for changes in rhythm and rate or any presence of sysrhythias. Obtain and observe rhythm strips every 4 hrs or prn. Assess patient pain for intensity using a pain scale. Elevate head of bed.

N311 Care Plan

Subjective Data

Nursing Diagnosis/Outcomes

Nursing Interventions

Objective Data

Patient Information