N311 Care Plan 3

Lakeview College of Nursing

Autumn McIntosh

Demographics (5 points)

Date of Admission 3-17-2021	Patient Initials JG	Age 76	Gender F
Race/Ethnicity White	Occupation Retired	Marital Status Married	Allergies Fentanyl/Codeine
Code Status Full Code	Height 5' 5"	Weight 158	

Medical History (5 Points)

Past Medical History: HTN, Hyperlipidemia, Hypothyroidism, Migraines (haven't really had any migrants since menopause) Mitral valve disorder

Past Surgical History: Colonoscopy, Mitral valve replacement (9/1993), Tonsillectomy

Family History:Maternal: Thyroid, heart, other: macular degeneration; Paternal: Prostate cancer

Social History (tobacco/alcohol/drugs): Never smoked and doesn't drink any alcohol

Admission Assessment

Chief Complaint (2 points): Worsening shortness of breath and BLE edema on legs

History of present Illness (10 points): JG is a 76 year old female presenting with worsening BLE swelling in legs and SOB. The SOB has been progeressive over the past few days, worsening form exertional to SOB at rest. On the morning of admission patients felt extremely SOB and weak. The edema has been progressive over the past 1 month. Pt also experiences orthopnea and fatigues easily. Denies chest pain, palpitation, coug, fever or chills. She takes 40 mg of lasix everyday and

denies any recent change or skipping doses. Pt appears to not clearly understand the dietary requirements for managing her condition and has not been adherent to dietary restrictions.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Principal problem acute exacerbation of CHF.

Secondary Diagnosis (if applicable):.

Pathophysiology of the Disease, APA format (20 points): Congestive heart failure is a syndrome that can be caused by a variety of abnormalities, including pressure and volume overload, loss of muscle, primary muscle disease or excessive peripheral demands such as high output failure. In the usual form of heart failure, the heart muscle has reduced contractility. This produces a reduction in cardiac output. which then becomes inadequate in cardiac output, which then becomes inadequate to meet peripheral demands of the body. The 4 primary causes of left ventricular performance are: There is an intrinsic decrease in muscle contractility. Preload or left atrial filling pressure is increased resulting in pulmonary congestion and dyspnea which is what my patient is experiencing. When systemic blood pressure is often reduced, there is an increase in systemic vascular resistance, which can further reduce cardiac output. Heart rate is generally increased as part of

a compensatory mechanism associated with an increase in sympathetic tone and circulating (Parmley, 1985).

Parmley W. W. (1985). Pathophysiology of congestive heart failure. *The American journal of cardiology*, *56*(2), 7A–11A. https://doi.org/10.1016/0002-9149(85)91199-3

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	**3.9-4.98**	**4.93**	**4.4**	
Hgb	**12.0-15.5**	**14.5**	**13.4**	
Hct	**35-45**	**46.5**	**43.2**	**Pt did not completely understand the dietary requirements which may have caused her Hct to increase.**
Platelets	**140-400**	**195**	**171**	
WBC	**4.0-9.0**	**5.85**	**5.76**	
Neutrophils	**N/A**	**N/A**	**N/A**	
Lymphocytes	**10-20**	**15.4**	**25.2**	**Lymphocytes increase when there is a sign of infection and my pt has CHF. "Heart failure can alter your immune response, which may increase the risk of developing infections" (Chenay, 2018)**
Monocytes	**2-10**	**12.8**	**14.1**	**Monocytes increase when there is a sign of infection and my pt has CHF. "Heart failure can alter your immune response, which may increase the risk of developing infections" (Chenay, 2018)**

Eosinophils	**0.0-6.0**	**1.0**	**2.8**	
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**	**137**	**139**	
K+	**3.5-5.1**	**3.7**	**3.5**	
Cl-	**98-107**	**99**	**99**	
CO2	**22-29**	**36.9**	**41.6**	**During the head to toe assessment and hear crackles in the lungs. Fluid in the lungs can decrease gas exchange.**
Glucose	**70-99**	**137**	**83**	**Pt did not completely understand the dietary requirements which may have caused her glucose to increase.**
BUN	**6-20**	**18**	**20**	
Creatinine	**0.50-1.00**	**0.85**	**0.76**	
Albumin	**3.5-5.2**	**3.2**	**N/A**	
Calcium	**8.4-10.5**	**9.7**	**9.0**	
Mag	**1.6-2.6**	**2.4**	**2.3**	
Phosphate	**N/A**	**N/A**	**N/A**	
Bilirubin	**0.2-1.0**	**1.6**	**N/A**	
Alk Phos	**45-117**	**87**	**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	**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):

Chenay, C. (2018). Guard against sepsis in your chronic heart failure patients., *Healthleaders,* para 10. https://www.healthleadersmedia.com/clinical-care/guard-against-sepsis-your-chronic-heart-failure-patients

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Test	Normal Range	Value on Admission	Today Value/Explanation of Finding
Prothrombin Time	**12.1-14.9**	**47.0**	**24.1** **Pt was diagnosed with CHF. Pt is on blood thinner to prevent clotting in the heart from CHF.**
INR	**0.9-1.1**	**5.0**	**2.2** **Pt was diagnosed with CHF. Pt is on blood thinner to prevent clotting in the heart from CHF.**
PTT	**22.4-35.9**	**64.5**	**N/A** **Pt was diagnosed with CHF. Pt is on blood thinner to**

			prevent clotting in the heart from CHF.
Troponin	**0.00-0.05**	**Less than 0.01**	**N/A**
TSH	**0.5-5.0**	**5.180**	**N/A**
T4, free	**0.76-1.46**	**1.61**	**N/A** **Pt glucose level was high causing an increase in T4.**
Digoxin	**0.50-2.00**	**1.15**	**N/A**
COVID-19	**Not Detected**	**Not Detected**	**N/A**

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

Medications (5 required)

Brand/Generic	**Atorvastatin**	**Digoxin**	**Lisinopril**	**Potassium Chloride**	**Warfarin**
Dose	**20mg**	**0.125mg**	**20mg**	**20mEg**	**6mg**
Frequency	**Daily**	**Every other day**	**2 times/ daily**	**2 times/ Daily**	**Daily**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Antihyperlipidemic**	**Antiarrhythmic cardiotonic**	**Antihypertensive**	**Electrolyte replacement**	**Anticoagulant**
Mechanism of Action	**Reduce plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA**	**Increase the force and velocity of myocardial contraction resulting in positive inotropic**	**May reduce blood pressure by inhibiting conversion of angiotensin I to**	**Acts as a major cation in intracellular fluid and activates many enzymatic**	**Interferes with the liver ability to synthesize vitamin K-dependent**

	reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown. (Jones & Bartlett, 2020)	**events.(Jones & Bartlett, 2020)**	**angiotensin II.(Jones & Bartlett, 2020)**	**reactions essential for physiologic processes including nerve impulse transmission and cardiac and skeletal muscle contraction. (Jones & Bartlett, 2020)**	**clotting factors depleting clotting factors II, VII, IX, and X. (Jones & Bartlett, 2020)**
Reason Client Taking	**To reduce risk of acute cardiovascular events**	**To treat mild to moderate heart failure without rapid digitalization**	**To treat HTN**	**To prevent or treat hypokalemia into pts who can't ingest sufficient dietary potassium or who are losing potassium because of condition**	**To prevent or treat a pulmonary embolism**
Contraindications (2)	**Breastfeeding; Pregnancy**	**V. fib; V tach**	**Concurrent aliskiren used in pts with diabetes; pts with renal impairment**	**Acute dehydration; Addison's disease**	**Bleeding or bleeding tendencies; recent or planned neurosurgery**
Side Effects/Adverse Reactions (2)	**Arrhythmia;Hypoglycemia**	**Arrhythmia; Heart Block**	**Arrhythmia; CVA**	**Arrhythmia;Bloody stools**	**Coma; HTN**

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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 expressed with me several times how she "feels 100% better"
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	 Pink Dry; 2+ pitting edema BLE feet; 1+ pitting edema BLE legs Warm 2+ None None None 20 N/A
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Head and Neck Symmetrical with no tracheal deviation. Ear clear with no drainage. PERRLA. 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):**	 S1 and S2 sounds present Pt had mitral valve replacement (clicking). Murmur present.

Peripheral Pulses: **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	Apical pulse irregular. Radial pulse irregular Less than 2 secs BLE legs and feet
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	 Left lung sounds clear with no signs of cracked or wheezing. RUL and RML clear. RLL cracked present. No cough. Where oxygen at night. Patient walked around the hospital floor twice with no SOB.
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:**	 Cardiac Cardiac 5ft 5in 158 lbs BS+ 3/23/2021 @ 6:12am No pain noted pt stated “feels 100% better” Rounded None None 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** **1050 ml**

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+ Gait belt 1 person stand by Moderate 30
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 very nice and was very willing for me to assess her. She told me over and over that she "feels 100% better" She also told me how her husband lives in Danville and it is kind of hard for him to make the trip everyday.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:21am	**57**	**118/54**	**18**	**98.3 F oral**	**95% Nasal Cannula**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions

9:24am	**0-10**	**N/A**	**0**	**N/A**	**N/A**

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
240	**1,050**

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. JG is diagnosed with excess fluid volume related to CHF as evidenced by BLE in legs and feet	**CHF can increase fluid within the body most commonly the legs, feet, and lungs**	**1. Monitor urine output** **2. Monitor and calculate I&O**	**Demonstrate stabilized fluid volume with balance I&O, breath sounds clear, vital sigma stable, and no edema present**
2. JG is diagnosed with ineffective breathing patterns related to CHF as evidenced by worsening SOB	**CHF can increase fluid within the body even the lungs causing a patient to develop SOB**	**1. Monitor and record vital signs** **2. Inspect the thorax for symmetry of respiratory movement**	**Respiratory pattern will be effective without causing fatigue**

Overall APA format (5 points):

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Concept Map (20 Points)

SUBJECTIVE DATA: Pt told me that she wasn't in any pain today. Pt was very happy today and stated that she “feels 100% better”

NURSING DIAGNOSIS/OUTCOMES: Diagnosis:JG is diagnosed with excess fluid volume related to CHF as evidenced by BLE in legs and feetOutcome: Demonstrate stabilized fluid volume with balance I&O, breath sounds clear, vital sigma stable, and no edema presentDiagnosis:JG is diagnosed with ineffective breathing patterns related to CHF as evidenced by worsening SOB Outcome:Respiratory pattern will be effective without causing fatigue

OBJECTIVE DATA: When patient was admitted to the hospital she presented with worsening SOB and BLE in legs and feet

PATIENT INFORMATION: JG is a 76 year old female presenting with worsening BLE swelling in legs and SOB. The SOB has been progeressive over the past few days, worsening form exertional to SOB at rest. On the morning of admission patients felt extremely SOB and weak. The edema has been progressive over the past 1 month. Pt also experiences orthopnea and fatigues easily. Denies chest pain, palpitation, coug, fever or chills. She takes 40 mg of lasix everyday and denies any recent change or skipping doses. Pt appears to not clearly understand the dietary requirements for managing her condition and has not been adherent to dietary restrictions.

Nursing Intervention: Monitor urine output; Monitor and calculate I&O; Monitor and record Vital signs; Inspec thorax for symmetry of respiratory movement.