N321 Care Plan # 1

Lakeview College of Nursing

Shawn Weber

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
01/26/2021	S. H.	52 y/o (4/04/1968)	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Disabled	No	Clindamycin (nausea) Digoxin (color blindness) Lisinopril (cough)
Code Status	**Height**	**Weight**	
Full Code	5'6"	134 kg (295 lb.)	

Medical History (5 Points)

Past Medical History: Congestive heart failure, Type II Diabetes mellitus, Chronic obstructive pulmonary disease, Hypertension, Anxiety, Depression, Hyperlipidemia

Past Surgical History: Implantable cardioverter-defibrillator (ICD) implantation 2014, Lower Extremity Bypass Surgery 2018

Family History: Maternal: Breast cancer **Paternal**: Lung cancer

Social History (tobacco/alcohol/drugs): tobacco none, alcohol none. Patient states she smokes marijuana everyday did not quantify amount.

Assistive Devices: Patient uses a nebulizer, and she states she will need to use a walker going forward.

Living Situation: Lives in a trailer with no running water with her brother.

Education Level: Graduated high school, says she did some college, but it never went anywhere.

Admission Assessment

Chief Complaint (2 points): Brought to the emergency department on 01/26/21 with chest pain and shortness of breath.

History of present Illness (10 points): On the morning of 1/26/21, the client had an episode of dizziness in her trailer where she had fallen over and could not get up. She claims she had lain there for an hour and a half before her brother came back from work and was able to help her up. After getting up client still "did not feel right" she felt "panic and a dull chest pain with difficulty catching my breath." The client then states she took a nap until her sister, who seems to be her caretaker, arrived. The sister told the client that she was taking her to the Emergency Department. The only alleviating factors for her symptoms were sitting down. If the client lays down, it exacerbates her shortness of breath. The client took no medications to treat her conditions before going to the E.D. The client is also experiencing excessive weight gain. In the past month since her last hospitalization, she has gained 50 lbs. She has no history of falls before this incident.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Congestive Heart Failure Exacerbation

Secondary Diagnosis (if applicable): Fluid Volume Overload

Pathophysiology of the Disease, APA format (20 points): Congestive Heart Failure is when the heart is no longer able to adequately supply the body with blood flow for nutrient and oxygen transportation (Belleza, 2017). The client's Chest X-ray revealed some pulmonary effusion. Fluid in the lungs implies that the client likely suffers from left ventricle heart failure. The left ventricle cannot pump blood into the aorta, causing backward pressure into the left atrium. This increases hydrostatic pressure in the pulmonary veins, eventually causing hydrostatic pressure back into the pulmonary capillary beds, resulting in the fluids seen in the chest x-ray. The client also shows signs of right ventricle heart failure, as evidenced by her rapid weight gain and

ascites build-up. A weakened right ventricle will lead to a backup of hydrostatic pressure into the atrium, which will lead to a blockage of fluids in the vena cava and the rest of the body—further evidenced by the dependent edema in both sides of the client's lower extremities as well as diminished pulse. The patient's weight gain and ascites are also manifestations of Fluid Volume Overload brought on by her Right-Sided heart failure. In heart failure, the RAAS is constantly cycling, causing the body to retain an excessive amount of water into the bloodstream until the hydrostatic pressure overwhelms the capillaries osmotic pressure, which results in edema in various places in the body. Such as the lower extremities and the abdomen.

Clients with heart failure can present with tachycardia (due to the heart trying to keep up with the excess fluid), low blood pressure (inability to make suitable pumps due to high HR or due to physiological changes affecting the ability to pump), and low O2 saturation due to backed up fluids sitting on the lungs hampering gas exchange. All these abnormal vital signs are present in my client. Lab values in CHF clients will be heavily affected as well. The B-type natriuretic peptide is the go-to lab to help diagnose and rate the severity of CHF. Clients will often have electrolyte imbalances due to fluid overload or as an adverse effect of certain diuretics. A metabolic panel may show hyponatremia, hypokalemia, hypochloremia, and other low electrolytes. Heart failure is usually seen with kidney damage, so that you may see increased kidney labs (BUN and Creatinine). Liver function may show high ALT/AST due to liver damage. Hyperthyroidism or hypothyroidism can also be linked to HF, so TSH, T3, and T4 should be monitored in CHF clients. Other diagnostic tests are chest-x-ray (to assess the heart and fluid on the lungs), ECG (assess heart rhythm), echocardiogram (ultrasound of the structures of the heart), and stress tests (monitor heart function while under cardiac distress) (Cheever & Hinkle, 2018).

Treatment of CHF begins with providing education to the client about their disease and what lifestyle adjustments necessary to improve their condition. They should avoid sodium in their diet, smoking, excessive fluids, and alcohol. Weight reduction and regular exercise should also become a priority. Pharmacological management of heart failure commonly includes an antihypertensive medication to lower BP/afterload, diuretics to reduce the fluid volume, and Digoxin to improve cardiac contractility (Cheever & Hinkle, 2018).

Pathophysiology References (2) (APA):

Belleza, M. (2017, September 26). *Heart failure nursing care management: A study guide*.

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed). F.A. Davis.

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

Nurseslabs. https://nurseslabs.com/heart-failure/

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	**3.8-5.41**	**4.55**	**4.33**	
Hgb	**11.3-15.2**	**12.7**	**12.0**	
Hct	**33.2-45.3**	**39.4**	**37.4**	
Platelets	**149-393**	**200**	**174**	

WBC	**4.0-11.7**	**8.9**	**6.7**	
Neutrophils	**45.3-79.0**	**77.0**	**69.8**	
Lymphocytes	**11.8-45.9**	**13.8**	**18.0**	
Monocytes	**4.4-12.0**	**7.3**	**10.0**	
Eosinophils	**0.0-6.3**	**0.8**	**1.1**	
Bands	**0-6.0**	**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-	**136-145**	**132**	**137**	**Congestive heart value and subsequent fluid volume excess lead to hyponatremia. Could also be result of diuretic therapy.**
K+	**3.5-5.1**	**3.6**	**3.5**	
Cl-	**98-107**	**96**	**100**	**Decrease Chloride is caused by increased fluid volume brought on by CHF.**
CO2	**21-31**	**28**	**34**	**Client suffers from COPD which is likely the cause for elevated CO2.**
Glucose	**74-109**	**386**	**120**	**Client has poorly managed Type II Diabetes mellitus.**
BUN	**7-25**	**28**	**29**	**CHF causes a decreased perfusion to the kidneys. With weakened blood flow to the kidneys, they are unable to clear urea from the blood causing a rise in BUN.**
Creatinine	**0.7-1.3**	**1.02**	**1.25**	
Albumin	**6.4-8.9**	**3.2**	**N/A**	**Low albumin levels are evident in the client, as she has severe peripheral swelling. Insufficient protein is likely the cause brought on by malnutrition or the body being unable to absorb protein.**
Calcium	**8.6-10.3**	**8.7**	**8.6**	

Mag	**1.6-2.4**	**1.9**	**N/A**	
Phosphate	**34-104**	**92**	**N/A**	
Bilirubin	**0.3-1.0**	**0.5**	**N/A**	
Alk Phos	**34-104**	**92**	**N/A**	
AST	**13-39**	**13**	**N/A**	
ALT	**7-52**	**7**	**N/A**	
Amylase	**30-110**	**N/A**	**N/A**	
Lipase	**11-82**	**N/A**	**N/A**	
Lactic Acid	**0.5-2.0**	**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	**0.86-1.14**	**N/A**	**N/A**	
PT	**11.9-15.0**	**N/A**	**N/A**	
PTT	**22.6-35.3**	**N/A**	**N/A**	
D-Dimer	**0-0.62**	**N/A**	**N/A**	
BNP	**0-100**	**457**	**358**	**BNP is a lab used to diagnose and note the severity of CHF.**
HDL	**23-92**	**N/A**	**N/A**	
LDL	**<=100**	**N/A**	**N/A**	
Cholesterol	**<=199**	**N/A**	**N/A**	
Triglycerides	**<=149**	**N/A**	**N/A**	

Hgb A1c	**0-6.4**	**N/A**	**N/A**	
TSH	**0.45-5.33**	**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/clear**	**N/A**	**N/A**	**No UA collected**
pH	**5.0-8.0**	**N/A**	**N/A**	
Specific Gravity	**1.005-1.034**	**N/A**	**N/A**	
Glucose	**Neg-**	**N/A**	**N/A**	
Protein	**Neg-**	**N/A**	**N/A**	
Ketones	**Neg-**	**N/A**	**N/A**	
WBC	**0.0-5.0**	**N/A**	**N/A**	
RBC	**0-3**	**N/A**	**N/A**	
Leukoesterase	**Neg-**	**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	**No growth**			**No cultures obtained**
Blood Culture	**No growth**			
Sputum Culture	**No growth**			
Stool Culture	**No growth**			

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed). F.A. Davis.

Normal laboratory values for nurses: A guide for nurses. (2020, May 14). Nurseslabs. https://nurseslabs.com/normal-lab-values-nclex-nursing/

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest X-ray performed on 01/26/2021.

Diagnostic Test Correlation (5 points): Left pleural effusion, no definite right sided effusion. No pneumothorax. Pleural effusion is an unusual amount of fluid in the lungs. Congestive Heart Failure can cause pleural effusion and increased fluid volume can further exacerbate it. With heart failure, the client's heart is unable to keep up with pumping fluid, causing fluid to be backed up and pooled in the lungs. This diagnostic test matches the client's other symptoms.

Diagnostic Test Reference (1) (APA):

Cassoobhoy, A. (2020, December 13). *Pleural effusion*. WebMD. https://www.webmd.com/lung/pleural-effusion-symptoms-causes-treatments

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

Home Medications (5 required)

Brand/Generic	**Coreg/ Carvedilol**	**Protonix/ Pantoprazole**	**Aldactone/ Spironolactone**	**Lyrica/ pregabalin**	**AccuNeb/ Albuterol**
Dose	**3.125**	**40mg**	**25mg**	**100mg**	**125mg**
Frequency	**Daily**	**Daily**	**Daily**	**Daily**	**BID**
Route	**PO**	**PO**	**PO**	**PO**	**nebulizer**
Classification	**Nonselective beta blocker and alpha-1 blocker**	**Proton pump inhibitor**	**Potassium sparing diuretic**	**Analgesic, GABA analogue**	**Bronchodilator**
Mechanism of Action	**Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance, reducing blood pressure.**	**Interferes with gastric acid secretion, by inhibiting the proton pump in gastric parietal cells.**	**inhibits aldosterone dependent sodium potassium exchange channels in the distal convoluted tubule. Increasing sodium and water excretion.**	**Binds to alpha2-delta subunit of voltage-gated calcium neurotransmitters of the CNS. With fewer neurotransmitters pain sensation declines.**	**Attaches to receptors on the bronchial cell membrane, causing the bronchial smooth muscle to relax and inhibit histamine release.**
Reason Client Taking	**To control hypertension**	**To treat GERD**	**To manage HTN and heart failure.**	**Relieve pain related to diabetic peripheral neuropathy**	**prevention of bronchospasm with reversible obstructive airway disease**
Contraindications (2)	**Decompensated heart failure that requires I.V. inotropic. Severe bradycardia.**	**substituted benzimidazoles (i.e. omeprazole), concurrent therapy with rilpivirine containing products**	**Acute renal insufficiency, Addison's disease**	**Hypersensitivity to pregabalin or its components**	**Overactive thyroid gland. High blood pressure.**
Side Effects/Adverse Reactions (2)	**Bradycardia, renal**	**Pancreatitis, hypomagnesemia**	**Hypotension, hyponatremia**	**Intercranial hypertension.**	**Paradoxical bronchospasm.**

	insufficiency			**Suicidal ideation**	**Metabolic acidosis.**
Nursing Considerations (2)	**Patients with DM, carvedilol may mask the symptoms of hypoglycemia. It may alter the patient's blood glucose.**	**Monitor PT or INR during treatment if patient is on an anticoagulant. May cause acute interstitial nephritis, monitor urine output.**	**Check patient's labs for potassium levels (too high) or sodium levels (too low) before giving this medication.**	**Therapy should be stopped gradually over course of 1 week to avoid unpleasant symptoms such as headaches, diarrhea, and insomnia. Monitor for adverse reactions.**	**Drug can cause a rise in glucose, use caution in clients with DM. Can raise Blood pressure, monitor BP of clients with HTN.**

Hospital Medications (5 required)

Brand/Generic	**Zaroxolyn/ Metolazone**	**Novolog/ Insulin Aspart**	**Ativan/ Lorazepam**	**Lipitor/ Atorvastatin**	**Lasix/ furosemide**
Dose	**2.5mg**	**4U**	**1mg**	**40mg**	**80 mg**
Frequency	**Given once 30 min before Lasix**	**Daily**	**Q6H PRN anxiety**	**Daily**	**Daily morning**
Route	**PO**	**SQ**	**PO**	**PO**	**IV push**
Classification	**Diuretic**	**Rapid acting human insulin analog**	**Benzodiazepine**	**HMG-CoA reductase inhibitor**	**Loop diuretic**
Mechanism of Action	**Promotes renal excretion of sodium and**	**Lowers blood glucose by stimulating**	**Potentiate the effects of GABA and other**	**Inhibiting HMG-CoA reductase**	**Inhibits water and sodium reabsorption in**

	water by inhibiting reabsorption.	**peripheral glucose uptake into the cells.**	**inhibitory neurotransmitters by binding with receptors in the CNS.**	**and cholesterol synthesis in the liver.**	**the loop of Henle.**
Reason Client Taking	**To manage edema from heart failure**	**Lower blood glucose, treat DM II**	**To treat anxiety.**	**To control lipid levels**	**Reduce edema caused by heart failure**
Contraindications (2)	**Anuria, renal failure, hypersensitivity to metolazone or its components**	**Hypersensitivity to Insulin Aspart. May exacerbate heart failure.**	**Acute angle glaucoma, hypersensitivity to benzos.**	**Active liver disease, breastfeeding**	**Anuria, hypersensitivity to furosemide and its components.**
Side Effects/Adverse Reactions (2)	**Venous thrombosis, hepatic disfunction, hypokalemia**	**Hypoglycemia, Hypokalemia**	**Suicidal ideation, respiratory depression.**	**Arrythmias, hepatic failure**	**Thromboemolism, Hypokalemia**
Nursing Considerations (2)	**Expect to give to patient with loop diuretic if patient responds poorly to loop diuretic alone. Monitor blood for hypokalemia or metabolic alkalosis.**	**Rotate the sites of injections to reduce risk of lipodystrophy. Administer within 5-10 minutes before a meal.**	**Higher risk of dependance in patients with history of drug/alcohol abuse. Monitor clients respirations.**	**Should not be used with clients taking cyclosporin, gemfibrozil, or telaprevir because of high risk of renal failure. Use caution in patients with history of alcohol abuse, risk of liver damage.**	**Clients allergic to sulfonamides may be allergic to furosemide, monitor closely. Once a day dosing is best given in the morning to prevent nocturia.**

Medications Reference (1) (APA):

Learning, J. &. (2019). *2020 nurse's drug handbook*. Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point):	**A&O to person, place, time, situation**
Alertness:	**A/O*4**
Orientation:	**No signs of distress, client frequently make inappropriate jokes.**
Distress:	
Overall appearance:	**Client has poor hygiene.**
INTEGUMENTARY (2 points):	
Skin color:	**Clients skin is pale and dry.**
Character:	**Skin is distended. Ascites in the abdomen.**
Temperature:	**Warm**
Turgor:	**<2 sec**
Rashes:	**None**
Bruises:	**None**
Wounds:	**3 wounds on abdomen covered with Mepilex dressing.**
Braden Score:	**16 (Mild risk)**
Drains present: Y☐ N ☒	
Type:	
HEENT (1 point):	
Head/Neck:	**Head sits upright centered with C-spine.**
Ears:	**Clear**
Eyes:	**Sclera is white**
Nose:	**Nostrils are clear with no deviation.**
Teeth:	**Client is missing all but one tooth.**
CARDIOVASCULAR (2 points):	
Heart sounds:	**Audible lub-dub (S1 and S2) no murmur audible.**
S1, S2, S3, S4, murmur etc.	
Cardiac rhythm (if applicable):	**N/A, not on telemetry.**
Peripheral Pulses:	**Radial and pedal pulses faint/hard to detect.**
Capillary refill:	
Neck Vein Distention: Y ☐ N ☒	

Edema Y ☒ N ☐ **Location of Edema:**	**+2 Edema** **Lower extremities.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Auscultation of anterior and posterior lungs, breath sounds are clear in upper lobes, slight crackles audible in lower lobes.**
GASTROINTESTINAL (2 points): **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:**	**Normal diet at home, noncompliant with diabetic therapy.** **Regular Diet** **5'6"** **134 kg** **Active bowel sounds in all four quadrants** **01/31/21** **No pain on palpation, no masses.** **Client has severe ascites.** **Abdominal area is distended.** **No incisions present.** **10" midline of chest scar from heart surgery.** **No drains present.** **Three weepy wounds to the left of clients belly button. Client started bleeding after SubQ injections. Wounds are covered with Mepilex bandages. Client removed one during assessment which had to be quickly replaced as the wound was still bleeding.**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	 **Dark yellow/Amber** **Clear** **500mL** **N/A** **N/A**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐**	 **Poor sensation in both upper and lower extremities.** **Full upper, limited ROM in lower.** **Walker, Gait belt** **+5 strength arms, +3 legs Pt needs help moving legs to side of bed.** **Walker is new, after pt's fall. Will need to use**

Fall Risk: Y ☒ N☐ **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**daily now** **85 High Risk** **Client is bed bound most of time, is capable of ambulation with nursing assistance and walker.**
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Poor movement of lower extremities.** **Pupils equal round reactive light accommodation.** **A&O *4** **No altered mental status.** **Speech is inappropriate but understandable** **No loss of consciousness**
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 seems to be scared of idea of going home from hospital. Coping poorly.** **Client states no religious affiliation.** **Patient lives with her brother in a trailer with no running water. Client states COVID-19 saved her from getting kicked out of her home. Client is disabled, she complains about her live in brother. Client's sister stops by once a week to do her grocery shopping and laundry.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:25	**90**	**102/68**	**18**	**36.7 (temporal)**	**96 (2L nasal canula)**
10:45	**88**	**98/66**	**16**	**36.1C (temporal)**	**98 (2L N.C.)**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:25	**Numeric**	**NA**	**0/10**	**NA**	**NA**
10:45	**Numeric**	**NA**	**0/10**	**NA**	**NA**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	20 G
Location of IV:	Left AC
Date on IV:	02/01/2021
Patency of IV:	No fluids, IV flushes, saline locked.
Signs of erythema, drainage, etc.:	No signs of erythema or drainage at IV sight.
IV dressing assessment:	Tegaderm

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
80mL water **120mL coffee**	**500 mL voided**

Nursing Care

Summary of Care (2 points)

Overview of care: Went in to give client meds at 8:30, and again at 9:00 to give her Lasix IV push. Client seemed agitated with my presence at first but seemed to warm up to me over time.

Procedures/testing done: Client did some ambulation and spent some time sitting in chair with employee from Physical Therapy.

Complaints/Issues: Client yelled at cafeteria employee for not bringing her a food item she requested, nurse Paige called down and rectified this issue.

Client expresses major concerns in her ability to go back home alone.

Vital signs (stable/unstable): Vital signs are stable.

Tolerating diet, activity, etc.: Eating entirety of meal, was happy that Paige fixed her complaint. Client tolerates ambulation.

Physician notifications: Client seen physician at 10:30, was informed that her condition is relatively stable and that she will be discharged today.

Future plans for patient: Patient will return home to her trailer with her brother upon discharge.

Discharge Planning (2 points)

Discharge location: Patient's brother will be able to come pick her up anytime after he is off work at 11:00. She will return home to her trailer upon discharge.

Home health needs (if applicable):

Equipment needs (if applicable): Patient will need a walker to help with ambulation.

Follow up plan: Patient will need to return to her primary care provider within 1 week of discharge to recheck bloodwork and potentially modify medications.

Education needs: Patient is noncompliant to both her diabetes and her need to remain on fluid restriction. Client states "I don't know why you have me on restricted fluids, I won't do this when I go home!" to which nurse Paige responds "then you will end up right back here." Patient needs to be reeducated of the importance of complying with her medical conditions.

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

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. **Decreased cardiac output** related to pt's CHF as evidenced by BNP being far above normal reference range.	**Client's main reason for checking into hospital was an exacerbation of her CHF. Client gained 50 lbs. in one month which is a sign of severe CHF.**	**1.Restrict clients input of fluids to reduce total fluid volume.** **2.Administer heart medicines and diuretics as prescribed.**	**1. Client had an intake of 200mL and voided 500mL. A step in the right direction.** **2.Client is compliant on taking all of her medications while in hospital.**
2. **Risk for unstable blood glucose as** related to pt's poorly managed DM II as evidenced by hyperglycemia and client stating that she does not follow her diet like she is supposed to.	**Client had a blood glucose of 386 upon checking into the Emergency department**	**1. Educate patient on importance of following a prescribed meal plan.** **2.Administer insulin medications as prescribed.**	**1. Client acknowledges that she does not follow consistent meal plan to manage her diabetes.** **2. After checking patien's blood glucose levels, administered 5 U of Novolog SQ (4U prescribed + 1U from sliding scale). Client tolerated well.**
3. **Risk for Impaired skin integrity** as related to pt's decreased	**Client is obese and has extreme difficulty moving on her own, increasing likelihood for**	**1. Encourage client to shift position every 15-30 min.** **2 Placed pillow at bony prominence of**	**1. Patient complied, she states she understands the risk of gaining a bedsore.** **2. Patient complained of discomfort at first,**

mobility and obesity as evidenced by client's BMI of 47.6 and client needs assistance to be able to stand/walk.	**her to get a pressure injury.**	**pt's feet.**	**but now she prefers the pillow at her feet.**

Other References (APA):

Risk for impaired skin integrity – Nursing diagnosis guide. (2019, March 20).

Nurseslabs. https://nurseslabs.com/risk-for-impaired-skin-integrity/

Concept Map (20 Points):

Subjective Data

Fell and was unable to get up. “Panic, dull pain in chest, couldn’t catch my breath” Orthostatic dyspnea.

Nursing Diagnosis/Outcomes

1. Decreased cardiac output related to pt’s CHF
Goal Set: Client lower overall fluid volume, and manage better at home
2. Risk for unstable blood glucose as evidenced by pt’s poorly managed DM II.
Goal Met: Client acknowledges importance of improving her diet to manage her diabetes
3. Risk for Impaired skin integrity as related to pt’s decreased mobility and obesity
Goal Met: Client shifts position every 15-30 min and cushioned bony prominence

Objective Data

Gained 50lbs in 1 month
Hyponatremic
Consistently High BUN
Pitting edema
Distended skin
Pleural Effusion (CXray)
Crackles in lower lobes of lungs
Diminished dorsal pedal pulse
High Blood Glucose

Patient Information

52 y/o Caucasian female. Obese, disabled, lives with her brother. Brought to E.D. on 01/26/21 by her sister, following a fall and episode of shortness of breath and chest pain

Nursing Interventions

1. Restrict clients input of fluids to reduce total fluid volume.
2. Administer heart medicines and diuretics as prescribed.
3. Educate patient on importance of following a prescribed meal plan.
4. Administer insulin medications as prescribed.
5. Encourage client to shift position every 15-30 min.
6. Placed pillow at bony prominence of pt’s feet.