N321 Care Plan # 2

Lakeview College of Nursing

Claire Guyon

Demographics (3 points)

Date of Admission 4-12-21	**Patient Initials** GM	**Age** 41	**Gender** M
Race/Ethnicity White	**Occupation** Unemployed	**Marital Status** Single	**Allergies** NKA
Code Status Full Code	**Height** 177 cm	**Weight** 171.3 kg	

Medical History (5 Points)

Past Medical History: Hypertension, Morbid Obesity

Past Surgical History: No known surgical history

Family History: Possible CHF on the father's side

Social History (tobacco/alcohol/drugs): Former smoker, drinks hard liquor 2-3 times a week, uses marijuana every other day, uses speed 2-3 times a week (last use 4/11)

Assistive Devices: None

Living Situation: Lives at home with his girlfriend

Education Level: Some college

Admission Assessment

Chief Complaint (2 points): Chest pain and Shortness of breath

History of present Illness (10 points):

A 41-year-old Caucasian male presented to the ED with increasing shortness of breath and very dizzy with chest pain. He states he has not been feeling well and has been having shortness of breath for the past 4 months. It has been getting increasingly worse in the last week. He complains of dyspnea on exertion. Patient is very sleepy and has been having edema in his lower legs. Patient vitals upon arrival were 207/104, heart rate 110, respirations 26, temperature 36.8 degrees Celsius, oxygen stat was 96%. He was supposed to be taking lisinopril at home but states he has quit taking it for the past two weeks.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): NSTEMI

Secondary Diagnosis (if applicable): hypertension

Pathophysiology of the Disease, APA format (20 points):

Acute coronary syndrome can appear in two ways unstable angina or a myocardial infarction and there are two main types those include ST segment elevation myocardial infarction and non-ST elevation myocardial infarction. These are shortened and labeled as STEMI and NSTEMI. My patient was diagnosed with a NSTEMI. There are multiple reasons why the cardiac muscle cells suffered from a lack of oxygen and suffered from ischemia (Capriotti, 2020). A blood clot could have blocked an artery which does not allow blood flow to return into the heart. This is a. very common cause of a person having a myocardial infarction. This is often called a coronary thrombosis. If the patient's artery is block 50% or higher this can result in ischemia. Another very common reason for a person to have a myocardial infarction is atherosclerosis. This is a hardening of the plaque in the arteries. When the plaque ages

it can calcify which causes it to become fragile and can break off and makes its way down until it is lodged in a small arteriole and blocks the blood flow. A third less common reason for a person to get a Myocardial infarction is a coronary vasospasm. This obstructs the blood flow and can often lead to ischemia. Once the artery relaxes the blood flow is back and flowing (Capriotti, 2020).

Signs and Symptoms of a NSTEMI are shortness of breath, tightness, discomfort, pressure in the chest, pain or discomfort in the jaw, neck back or stomach, dizziness, lightheadedness, nausea, and sweating to name a few. Expected findings for this disease would be high troponin, elevated blood pressure, depressed ST wave or T-wave inversion, no progression to Q wave, partial blockage of the coronary artery. A way to diagnosis is disease process is blood work or EKG. The blood work will show elevated troponin and the EKG will show the rhythm of the heart. Other tests that could be ran are a CT, Chest X-ray, Echocardiogram, and stress test which my patient had done or was scheduled to have done in the next day. Treatments could include the use of anticoagulants to make sure the blood does not clot again or also antiplatelets, beta-blockers, nitrates, statins, ACE inhibitors, or ARBs depending on if the patient is a low risk or high risk (MediLexicon, n.d.).

My patient was started on an anticoagulant called enoxaparin and also had the tests ran like the CT, Chest x-ray, echocardiogram and he was scheduled to have a stress test done early on the 13th of April. The doctor wanted to get ahead and started him on an anticoagulant just in case it was due to a blood clot so that if that was the cause they can start up the process of thinning the patient's blood and stop it from further clotting. The patient also showed multiple signs and symptoms of having a NSTEMI such as the shortness of breath, chest discomfort and tightness, and he was dizzy. This patient is still currently waiting on all of his diagnostic test results to come back and for tests to be run to be able to narrow down exactly what is going on in this patients heart.

Pathophysiology References (2) (APA):

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives*. [FADavis]. Retrieved from https://fadavisreader.vitalsource.com/#/books/9781719641470/

MediLexicon International. (n.d.). *NSTEMI: Treatment, symptoms, and diagnosis*. Medical News Today. https://www.medicalnewstoday.com/articles/321059#what-is-the-treatment.

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	4.28-5.56	5.15		
Hgb	13-17	14.9		
Hct	38.1-48.9	45.9		
Platelets	149-393	299		
WBC	4-11.7	9.2		
Neutrophils	45.3-79	57.8		
Lymphocytes	11.8-45.9	25.7		
Monocytes	4.4-12	10.4		

Eosinophils	0-6.3	5		
Bands	<10			

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	139		
K+	3.5-5.1	3.9		
Cl-	98-107	105		
CO2	21-31	26		
Glucose	70-100	166		This lab value could be abnormal due to the fact that he is in a lot of stress. Stress can make a person's glucose level rise. (Glossary, 2021)
BUN	7-25	13		
Creatinine	0.7-1.3	1.14		
Albumin	3.5-5.2	3.9		
Calcium	8.6-10.3	9		

Mag	1.7-2.2			
Phosphate	3.4-4.5			
Bilirubin	0.3-1	0.3		
Alk Phos	34-104	63		
AST	13-39	62		This patient is admitting to doing drugs (marijuana and speed) and he drinks alcohol he is a major risk for liver damage, and this is the reason for the abnormal AST. (Yin & Tong, 2009)
ALT	7-52	75		This patient is admitting to doing drugs (marijuana and speed) and he drinks alcohol he is a major risk for liver damage and this is the reason for the abnormal ALT. (Yin & Tong, 2009)
Amylase	30-110			
Lipase	10-140			
Lactic Acid	4.5-19.8			

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	<1.1 or 2-3 therapeutic	N/A	N/A	N/A
PT	10-30 Therapeutic 30-90	N/A	N/A	N/A
PTT	10-40 Therapeutic 120-140	N/A	N/A	N/A
D-Dimer	<0.5	N/A	N/A	N/A
BNP	<100-300	N/A	N/A	N/A
HDL	>60	N/A	N/A	N/A
LDL	<100	N/A	N/A	N/A
Cholesterol	<200	N/A	N/A	N/A
Triglycerides	<150	N/A	N/A	N/A
Hgb A1c	4%-5.6%	N/A	N/A	N/A
TSH	0.4-4	N/A	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	N/A	N/A	N/A	N/A

pH	N/A	N/A	N/A	N/A
Specific Gravity	N/A	N/A	N/A	N/A
Glucose	N/A	N/A	N/A	N/A
Protein	N/A	N/A	N/A	N/A
Ketones	N/A	N/A	N/A	N/A
WBC	N/A	N/A	N/A	N/A
RBC	N/A	N/A	N/A	N/A
Leukoesterase	N/A	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	N/A
Blood Culture	N/A	N/A	N/A	N/A
Sputum Culture	N/A	N/A	N/A	N/A
Stool Culture	N/A	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

"Glossary." *Diabetes Education Online*. Web. 19 Apr. 2021.

Yin, L. K., & Tong, K. S. (2009, August 31). *Elevated Alt and Ast in an Asymptomatic Person: What the primary care doctor should do?* Malaysian family physician : the official journal of the Academy of Family Physicians of Malaysia. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4267040/.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT Angio Chest Pulmonary with Contrast: pulmonary arteries normal, no pulmonary emboli

Aorta: unremarkable no aortic aneurysm. No aortic the dissection.

Lungs: mild atelectasis or fibrosis in both lungs with consolidation

Pleural Spaces: unremarkable, no pneumothorax no pleural effusion

Heart: unremarkable, no cardiomegaly no pericardial effusion

Lymph nodes: borderline mediastinal nodes

Diaphragm: elevation right hemidiaphragm

Bones/joints: degenerative change in spine

Soft tissues: unremarkable

Fatty liver

Impression: no acute findings no consolidation fatty liver

X-Ray Chest view 1:

Heart size is normal

Lungs are clear

No visualized pneumothorax or pleural effusion

Osseous structure is intact

Impression: No acute cardiopulmonary process

Diagnostic Test Correlation (5 points): These tests were ran because of this patient's chest pain and shortness of breath. They wanted to make sure his lungs and heart were clear and help get a better look about what is going on. (Hammer et al., 2015)

Diagnostic Test Reference (1) (APA):

Hammer, S., Kroft, L. J., Hidalgo, A. L., Leta, R., & de Roos, A. (2015, December). *Chest CT examinations in patients presenting with acute chest pain: a pictorial review*. Insights into imaging. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4656238/.

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

Home Medications (5 required)

Brand/Generic	Lisinopril/ prinivil	N/A	N/A	N/A	N/A

Dose	40 mg	N/A	N/A	N/A	N/A
Frequency	Daily	N/A	N/A	N/A	N/A
Route	Oral	N/A	N/A	N/A	N/A
Classification	Pharmacological: angiotensin-converting enzyme (ACE) inhibitor Therapeutic: antihypertensive	N/A	N/A	N/A	N/A
Mechanism of Action	may reduce blood pressure by inhibiting conversion of angiotension one and angiotension 2 angiotension 2 is a potent vasoconstrictor there also stimulates adrenal cortex to secrete aldosterone lisinopril may also inhibit renal and vascular production of angiotension 2 decreased release of aldosterone reduces sodium in water	N/A	N/A	N/A	N/A

	reabsorption an increases their excretion thereby reducing blood pressure				
Reason Client Taking	to treat hypertension	N/A	N/A	N/A	N/A
Contraindications (2)	hereditary or idiopathic angioedema or history of angioedema related to previous treatment with an ACE inhibitor, hypersensitivity to lisinopril or other ace inhibitors or their components	N/A	N/A	N/A	N/A
Side Effects/Adverse Reactions (2)	CVA, arrhythmias	N/A	N/A	N/A	N/A
Nursing Considerations (2)	beware that lisinopril should not be given to a patient who is hemodynamicall y unstable after	N/A	N/A	N/A	N/A

	an acute MI, use lisinopril cautiously in patients with fluid volume deficit, heart failure, impaired renal function, or sodium depletion (Jones & Bartlett, 2020)				

Hospital Medications (5 required)

Brand/Generic	Enoxaparin/ Lovenox	Furosemide/ Lasix	Acetaminophen/ Tylenol	Metoprolol/ Metoprolol tartrate	Lorazapam/ Ativan
Dose	40mg=0.4 mL	40mg= 4mL	650 mg/ 2 tablets	1 tab/25mg	1mg= 1tab
Frequency	Daily	BID	Every 6 hours PRN	Oral	PRN as directed by CIWA 9-14

Route	SubQ injection	IV push	Oral	BID	Oral
Classification	Pharmacological: low-molecular-weight heparin Therapeutic: anticoagulant	Pharmacological: loop diuretic Therapeutic: Anti-hypersensitive diuretic	Pharmacological: nonsalicylate, Para aminophenol derivative Therapeutic: Antipyretic, nonopioid analgesic	Pharmacalagical: beta1-adrengenic blocker Therapeutic: antianginal, antihypertensive	Pharmacological: benzodiazepine Therapeutic: anxiolytic
Mechanism of Action	Potentiates the action of antithrombin 3 a coagulation inhibitor by binding with antithrombin 3 enoxaparin rapidly binds with an inactivates clotting factors without thrombin fibrinogen can't convert to fibrin clots can form	inhibits sodium and water reabsorption in the loop of henle and increases urine formation. As the bodies plasma volume decreases aldosterone production increases which promotes sodium reabsorption in the loss of potassium and hydrogen ions. Furosemide also increases the excretion of calcium magnesium bicarbonate	Inhibits the enzyme cyclooxygenase, blocking prostaglandin Production an interfering with pain impulse generation in the peripheral nervous system acetaminophen also acts directly on temperature regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2.	inhibits stimulation of beta one receptor sites located mainly in the heart resulting in decreased cardiac excitability cardiac output an myocardial oxygen demand these effects help relieve angina minimize cardiac tissue damage from myocardial infarction and help relieve symptoms of heart failure metoprolol also helps reduce	may potentiates the effects of gamma aminobutyric acid GABA and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of CNS GABA inhibits excitatory stimulation which helps control emotional behavior limbic system contains a highly dense

		ammonia and phosphate by reducing intracellular and extracellular fluid volume the drug reduces blood pressure and decreases cardiac output overtime cardiac output returns to normal		blood pressure by decreasing renal release of renin	area of benzodiazepine receptors which may explain drugs anti anxiety effects also let Aza Pam hyperpolarizes neuronal cells thereby interfering with their ability to generate seizures
Reason Client Taking	to prevent ischemic complications of unstable angina and non Q wave MI	to reduce edema caused by cirrhosis heart failure in renal disease including nephrotic syndrome	To relieve mild to moderate pain	to treat acute MI or evolving acute MI , to manage hypertensive , alone or with other anti hypertensive	To treat anxiety
Contraindications (2)	active major bleeding, history of heparin induced thrombocytopenia or immune mediated hit within past 100 days or in the presence of circulating antibiotics which may persist for	Anuria, hypersensitivity to furosemide or its components	Hypersensitivity to acetaminophen or its components severe hepatic impairment severe active liver disease	acute heart failure; cardiogenic shock ; Hypersensitivity to metoptolol	acute angle closure glaucoma ; Hypersensitivity to Lorazepam

	several years				
Side Effects/Adverse Reactions (2)	CVA, A-FIb	arrhythmias, thromboembolism	Hypotension, Hemolytic anemia(with long term use)	CVA, arrhythmias	Coma, suicidal ideation
Nursing Considerations (2)	beware the drug isn't recommended for patients with prosthetic heart valves especially pregnant women because of the risk of prosthetic valve thrombosis if enoxaparin is needed monitor peaked and troughed anti factor XA levels often and adjust dosage as needed no that use of multidose files should be avoided if at all possible in pregnant women because benzel alcohol may cross the placenta in cause fetal harm	beware that patients who are allergic to sulphonamides may also be allergic to furosemide monitor patient closely, obtain the patient's weight before and periodically during furosemide therapy to monitor fluid loss	1.Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease alcoholism chronic malnutrition severe hypovolemia or severe renal impairment 2.Monitor renal function in patient on long term therapy keep in mind that blood or albumin in urine may indicate nephritis; Decreased urine output may indicate renal failure and dark	use cautiously in patients with angina or hypertensive who have congestive heart failure because beta blockers such as metaprolol can further depress myocardial contractility, worsen heart failure expect patients with acute MI who can't tolerate initial dosage or who delay treatment to start with maintenance dosage, as prescribed and tolerated	before starting law Raza Pam therapy in a patient with depression make sure he already take an antidepressant because of the increased risk of suicide in patients with untreated depression be aware that the combination of general anesthesia and sedation drugs like lorazapam used during procedures or surgeries and pregnant women in their third trimester is not recommended because it may

			Brown urine may indicate presence of the metabolite phenacetin		affect brain development in the fetus (Jones & Bartlett, 2020)

Medications Reference (1) (APA):

2020 Nurse's drug handbook. (2020). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert and Responsive: O: Person, Place, Situation, time NO Clean, well groomed, appropriate
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Pink Dry, intact Warm Tight, edematous No No No 19
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head/ Neck: Symmetric of skull and face, moves well no swollen lymph nodes Ear: Pearly gray Eyes: PERRLA Nose: no polyps, symmetric Teeth: clean, slight yellowing no missing teeth
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐**	Rhythm: Sinus Tachycardia Pulses: +3 normal Cap: less than 3 seconds Edema: lower legs 2+

Location of Edema:	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Regular breath sounds and regular pattern in all lobes(Inferior lobes bilaterally, Superior lobes bilaterally, and middle 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:**	Diet at home: Regular Current Diet: Caffeine free, Heart Healthy Height: 177cm Weight: 171.3 kg Bowel Sounds: Active Last BM: 4/12/21 00:00 No Morbidly Obese No No No No No
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:**	Color: yellow Character: Clear Quantity of Urine: 200 mL Inspection: adequate for their body

Catheter: Y ☐ N ☒ **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **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☐**	Neurovascular: nail beds are pink and have less than 3 sec refill, lower extremities have slight edema and upper extremities are adequate ROM: Active ROM in all extremities No supportive devices Strength: 5 Active motion against gravity (normal) Fall Score: 25 Low Risk Needs someone to be there when he gets up. He is stand by.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	O: X4 Person, place, situation, time Mental: Normal Cognition Speech: His speech is slurred but still able to understand what he is saying Sensory: Can feel in all of his extremities LOC: Alert and Awake
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**	Coping methods: states he talks to his girlfriend to help him cope Developmental Level: Adequate for their age. They can read and write and form structured sentences. Personal: He lives at home with his girlfriend, so she states she is able to help him with whatever

available family support):	he needs.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
12:01	100	161/81	20	36 degrees C	95
15:05	110	154/84	20	36.3 Degrees C	96

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11:33	Numeric	N/A	0	N/A	N/A
15:30	numeric	N/A	0	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge **Location of IV:** left hand **Date on IV:** 4/12/21 **Patency of IV:** Correctly placed and is working correctly	Saline locked

Signs of erythema, drainage, etc.: None **IV dressing assessment:** Transparent dressing, clean, dry, and intact	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
240mL water 50mL sodium chloride	200 mL voided

Nursing Care

Summary of Care (2 points)

Overview of care: The overview of care for this patient is to maintain his blood pressures and make sure that his heart is working correctly and rule out a myocardial infraction. He is having a stress test 4/13/21 and had an echocardiogram 4/12/21 but have yet to see any results come back. We are watching his heart using telemetry.

Procedures/testing done: CT of the chest, Chest Xray, Echocardiogram (no results), and a stress test on 4/13/21

Complaints/Issues: Patient came in with chest pain and shortness of breath but is complaining of neither at this time.

Vital signs (stable/unstable): His vital signs are stable with a slightly high blood pressure.

Tolerating diet, activity, etc.: Caffeine free diet, he is able to get up, but he needs someone to be there when he gets up because his fall score is a 25 which means he is a low risk and also safety protocol.

Physician notifications: Physician states we are going to monitor on telemetry to keep an eye on his heart while we get the results back from his echocardiogram and wait till he has his stress test and gets the results back from that before we can make any decisions.

Future plans for patient: Not applicable until we get results of the stress test and echocardiogram.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: not applicable at this time

Education needs: Educational needs for this patient would be his drug and alcohol use, he is morbidly obese so ways he can lose weight and diet control and making sure he knows the importance of taking his medications.

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions?

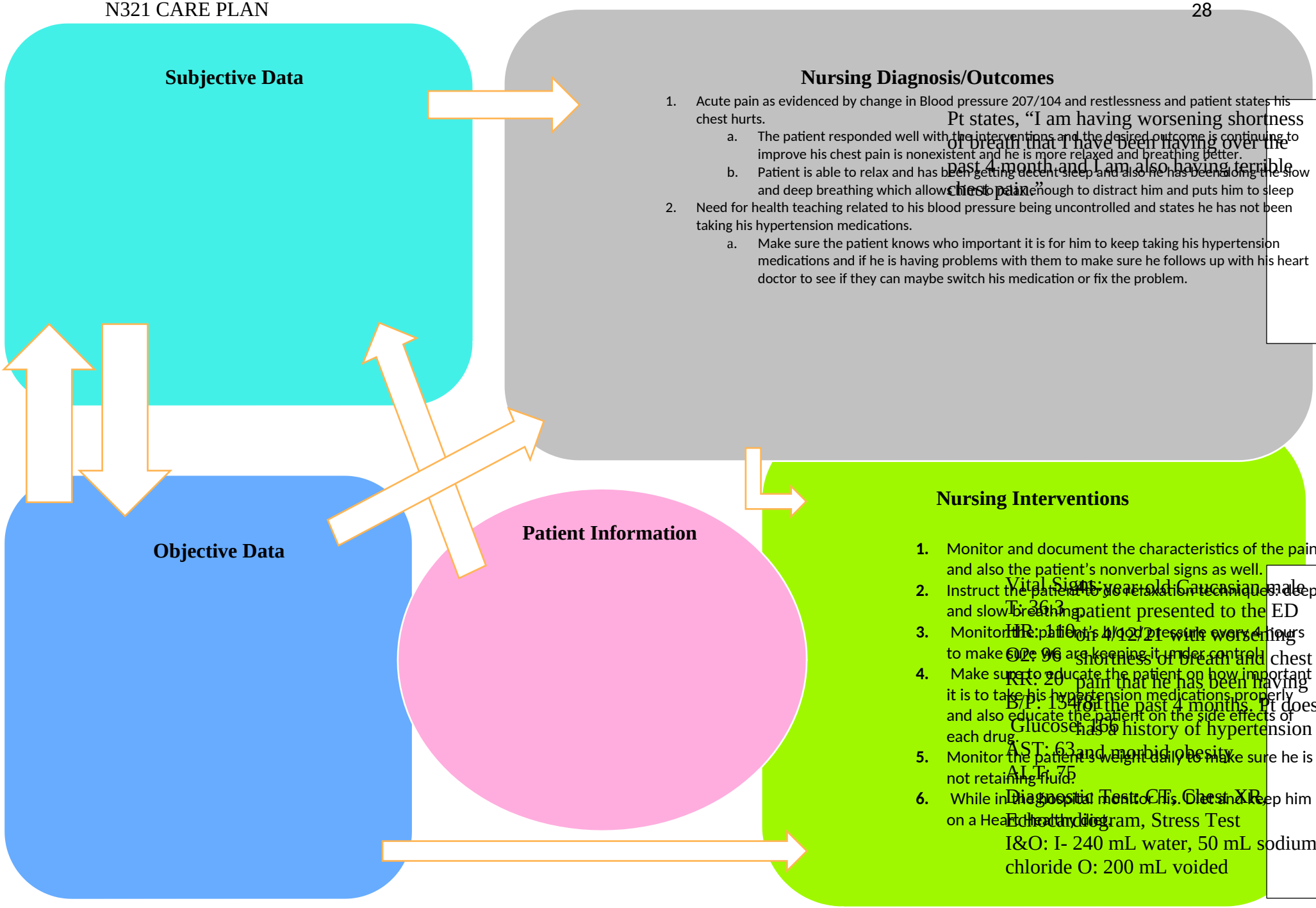
by" components			• Client response, status of goals and outcomes, modifications to plan.
1. Acute pain as evidenced by change in Blood pressure 207/104 and restlessness and patient states his chest hurts.	This diagnosis was chosen because he stated when he first arrived his chest pain was extremely bad and since then has become better	**1.** Monitor and document the characteristics of the pain and also the patient's nonverbal signs as well. **2.** Instruct the patient to do relaxation techniques: deep and slow breathing.	The patient responded well with the interventions and the desired outcome is continuing to improve his chest pain is nonexistent and he is more relaxed and breathing better. Patient is able to relax and has been getting decent sleep and also he has been doing the slow and deep breathing which allows him to relax enough to distract him and puts him to sleep
2. Need for health teaching related to his blood pressure being uncontrolled and states he has not been taking his hypertension medications.	This diagnosis was chosen due to the fact that this patient has not been taking his hypertension medications and he came into the ED with a blood pressure of 207/104 and chest pain.	1. Monitor the patient's blood pressure every 4 hours to make sure we are keeping it under control. 2. Make sure to educate the patient on how important it is to take his hypertension medications properly and also educate the patient on the side effects of each drug.	**1.** Make sure the patient knows who important it is for him to keep taking his hypertension medications and if he is having problems with them to make sure he follows up with his heart doctor to see if they can maybe switch his medication or fix the problem. **2.** the patient said he now understands the importance of his hypertension medication and he will be sure to talk to his heart doctor before he completely stops taking, his heart medication and also make sure he is educated on the side effects of the drugs as well.

3. weight loss related to this patient being morbidly obese. He is 171.3 kg.	This diagnosis was chosen due to the fact that this patient is morbidly obese, and he is having problems with his heart which has a major effect on his heart.	1. Monitor the patient's weight daily to make sure he is not retaining fluid. 2. While in the hospital monitor his. Diet and keep him on a Heart Healthy diet.	**1.** talk to the patient about his diet and what he should and should not be eating. Refer him to a dietician to have them help ways to start eating the right foods and hopefully lose weight to help with his heart problems. **2** the patients goal is to hopefully lose some weight so that his health can start becoming better. If the patient really decides to lose weight it will help with his hypertension to help the heart not have to work as hard which overall will help the health of all of his other organs as well. (Swearingen & Wright, 2019)

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. Elsevier.

Concept Map (20 Points):


Subjective Data
Pt states, “I am having worsening shortness of breath that I have been having over the past 4 month and I am also having terrible chest pain.”
Nursing Diagnosis/Outcomes
1. Acute pain as evidenced by change in Blood pressure 207/104 and restlessness and patient states his chest hurts.
a. The patient responded well with the interventions and the desired outcome is continuing to improve his chest pain is nonexistent and he is more relaxed and breathing better.
b. Patient is able to relax and has been getting decent sleep and also he has been doing the slow and deep breathing which allows chest pain enough to distract him and puts him to sleep
2. Need for health teaching related to his blood pressure being uncontrolled and states he has not been taking his hypertension medications.
a. Make sure the patient knows who important it is for him to keep taking his hypertension medications and if he is having problems with them to make sure he follows up with his heart doctor to see if they can maybe switch his medication or fix the problem.
Objective Data
Vital Signs: T: 36.3 HR: 110 BP: 134/87 O2: 96 RR: 20 Glucose: 155 AST: 63 ALT: 75
Patient Information
49 year-old Caucasian male patient presented to the ED on 4/12/21 with worsening shortness of breath and chest pain that he has been having for the past 4 months. Pt does has a history of hypertension and morbid obesity.
Diagnostic Test: CT, Chest XR, Echocardiogram, Stress Test
Nursing Interventions
1. Monitor and document the characteristics of the pain and also the patient’s nonverbal signs as well.
2. Instruct the patient to do relaxation techniques: deep and slow breathing.
3. Monitor the patient’s blood pressure every 4 hours to make sure they are keeping it under control.
4. Make sure to educate the patient on how important it is to take his hypertension medications properly and also educate the patient on the side effects of each drug.
5. Monitor the patient’s weight daily to make sure he is not retaining fluid.
6. While in the hospital monitor his I&O and keep him on a Heart healthy diet.
I&O: I- 240 mL water, 50 mL sodium chloride O: 200 mL voided

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Lakeview College of Nursing
N431 Adult Health II
Braden Scale Worksheet

Student's Name: Date:

	1 Point	2 Points	3 Points	4 Points
Sensory Perception Ability to respond meaningfully to pressure-related discomfort	Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation **OR** Limited ability to feel pain over most of body surfaces	Very Limited Responds to painful stimuli. Cannot communicate discomfort except by moaning or restlessness **OR** Has a sensory impairment which limits the ability to feel pain or discomfort over ½ of the body	Slightly Limited Responds to verbal commands but cannot always communicate discomfort or need to be turned **OR** Has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	No Impairment Responds to verbal commands **OR** Has no sensory deficit which would limit ability to feel or voice pain or discomfort
Moisture Degree to which skin is exposed to moisture	Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned	Moist Skin is often but not always moist Linen must be changed at least once a shift	Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	Rarely Moist Skin is usually dry Linen requires changing only at routine intervals
Activity Degree of physical activity	Bedfast Confined to bed	Chairfast Ability to walk severely limited or non-existent Cannot bear own weight and/or must be assisted into chair or wheelchair	Walks Occasionally Walks occasionally during day but for very short distances, with or without assistance Spends majority of each shift in bed or chair	Walks Frequently Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours
Mobility Ability to change and control body position	Completely Immobile Does not make even slight changes in body or extremity position without assistance	Very Limited Makes occasional slight changes in body or extremity position Unable to make frequent or significant changes independently	Slightly Limited Makes frequent though slight changes in body or extremity position independently	No Limitations Makes major and frequent changes in position without assistance
Nutrition Usual food intake pattern	Very Poor Never eats a complete meal. Rarely eats more than 1/3 of any food offered Eats 2 servings or less of protein (meat or dairy products) per day Takes fluids poorly Does not take a liquid dietary supplement **OR** Is NPO **AND/OR** Maintained on clear liquids **OR IV** For more than 5 days	Probably Inadequate Rarely eats a complete meal and generally eats only about ½ of any food offered Protein intake includes 3 servings of meat or dairy products per day Occasionally will take a dietary supplement **OR** Receives less than optimum amount of liquid diet or tube feeding	Adequate Eats over ½ of most meals Eats a total of 4 servings of protein (meat, dairy products) each day Occasionally will refuse a meal, but will usually take a supplement if offered **OR** Is on a tube feeding or TPN regimen, which probably meets most of nutritional need	Excellent Eats most of every meal, never refuses a meal Usually eats a total of 4 or more servings of meat and dairy products Occasionally eats between meals Does not require supplementation
Friction and Shear	Problem Requires moderate to maximum assistance in moving Complete lifting without sliding against sheets is impossible Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance Spasticity, contractures **OR** Agitation leads to almost constant friction	Potential Problem Moves feebly or requires minimum assistance During a move skin probably slides to some extent against sheets, chair, restraints, or other devices Maintains a relatively good position in chair or bed most of the time Occasionally slides down	No Apparent Problem Moves in bed and in chair independently Has sufficient muscle strength to lift up completely during move Maintains good position in bed or chair at all times	19 TOTAL SCORE:

Risk for Pressure ulcers according to Braden Scale (circle one):
LOW (23-20 points) MEDIUM (19-16 points) HIGH (15-11 POINTS) VERY HIGH (10-6 POINTS)

Lakeview College of Nursing
N431 Adult Health II
Morse Fall Scale Worksheet

Student Name: Date:

Item	Scale	Scoring
History of Falling Has the patient fallen during the present hospital admission? Was there an immediate history of physiological falls, such as from seizures or an impaired gait prior to admission?	No 0 Yes 25	
Secondary Diagnosis Is more than one medical diagnosis listed on the patient's chart?	No 0 Yes 15	
Ambulatory Aid Bed rest/nurse assist Crutches/cane/walker Furniture	0 15 30	
IV/Heparin Lock Does the patient have an IV apparatus or a heparin lock/saline lock inserted?	No 0 Yes 20	
Gait/Transferring Normal/bedrest/immobile Weak Impaired	0 10 20	
Mental Status Oriented to own ability Forgets limitations	0 15	0

TOTAL SCORE: 25

Risk for falls according to Morse Fall Scale (circle one):
NO RISK (score 0-24) LOW RISK (score 25-50) HIGH RISK (score ≥ 51)

Based on your patient's score, what is/are your nursing action(s)?