N321 Care Plan #1

Lakeview College of Nursing

Courtney Thomas

Demographics (3 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
05/19/2021	CE	70	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Supervisor	Married	Morphine
Code Status	**Height**	**Weight**	
No CPR; Full treatment	6 ft.	262 lbs.	

Medical History (5 Points)

Past Medical History: Agoraphobia, alcohol abuse, anemia, anxiety, chronic obstructive pulmonary disease (COPD), diabetes mellitus, gastro-esophageal reflux (GERD), heart failure, hyperlipidemia, hyperthyroid, major depressive disorder, pacemaker and sick sinus syndrome.

Past Surgical History: Colonoscopy and total hip arthroplasty.

Family History: Mother-bone cancer; Father-died of heart attack; 2 Sisters-older one has heart issues; Patient could not tell me about his grandparents.

Social History (tobacco/alcohol/drugs): Smokes cigarettes-sometimes up to half a pack a day for many years (could not tell me exactly when he started); Drinks a couple of beers when able to; Denies using drugs.

Assistive Devices: Walker

Living Situation: Lives in a long-term care center.

Education Level: Graduated from high school.

Admission Assessment

Chief Complaint (2 points): Weakness

History of present Illness (10 points): Patient presents on an acute basis for complaints of full body weakness that started this morning. It got worse overnight and his whole body is constantly weak. He

feels tired all the time and wants to sleep most of the day. Because of feeling weak and tired, he has started having lower back pain from laying around all day. It is very painful to move in certain directions and needs assistance to do so. He has been taking Tylenol as needed, which helped originally, but now it is not helping at all. Patient has not been seen for specifically his back but does get this way when he is in one position for too long. He has been seen for weakness before due to a diagnosis of anemia.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Anemia

Secondary Diagnosis (if applicable):.

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

Anemia is a condition where there is not enough oxygen being transported to the tissues because there are not enough mature red blood cells (RBC) in the blood. Healthy, mature RBCs carry the oxygen and take it to the different tissues in your body. A normal amount of RBCs in an adult is 4.4-5.8 so if you are below 4.4 then you are possibly going to start showing signs and symptoms of anemia. In the United States, approximately 6.6% of men and 12.4% of women have anemia and typically increases with age affecting 44.4% of men over 85 years old (Capriotti, 2020).

There are certain places, races, and ethnic groups who have an increased risk of developing anemia due to poor conditions and diets. Blood loss, nutritional deficiencies, defective hemoglobin (Hgb), bone marrow failure and chronic disease are also common reasons for someone to develop anemia (Capriotti, 2020). When someone is anemic, it can be temporary or long-term depending on the cause. Some people have very mild cases while

others are severely ill. Just because you have one of these medical factors does not mean that you will always become anemic.

Signs and symptoms may vary when it comes to being anemic. Depending on the type of anemia you have, you might not show any signs but if you do then you might experience one or more of the following. Fatigue, weakness, pale or yellow skin, irregular heartbeat, shortness of breath (SOB), dizziness or light headedness, chest pain, cold hands or feet, and headaches (Mayo Clinic Staff, 2019). In this patient's case, he was admitted to the hospital for overall weakness due to being anemic. He also had the fatigue, SOB, and an increased heart rate. Each patient is going to react differently and just because you have one of these symptoms, does not mean that you are experiencing anemia. There are a few complications that can happen if anemia is left untreated which include not being able to complete daily tasks from being so tired, heart problems because anemia can cause irregular heartbeats, and risks for women who are pregnant with anemia.

When you go see a physician with one or more of these symptoms, they are going to do a health and physical assessment so that they can have more of a background to work with. After getting that information, they will want to run tests to see what your blood and electrolyte levels are. They might also want to run a test that will determine the shape and size of your RBCs to make sure that they are able to function properly. A complete blood count (CBC) is used to count the number of blood cells in a sample of your blood. For anemia, your doctor will be interested in the levels of the red blood cells contained in your blood (hematocrit) and the hemoglobin in your blood (Mayo Clinic Staff, 2019). This patient had these blood tests done when he arrived at the hospital and it was found that he had a low RBC count

of 2.23, low hemoglobin count of 7.5 and low hematocrit count of 22.0. This is what lead to him being admitted.

Many types of anemia cannot be prevented but there are things that you can do at home to help lower your risk of certain types such as iron-deficiency anemia and vitamin deficiency anemia. This could include eating iron rich foods such as beef or other meats, leafy vegetables, and beans, getting enough folate or folic acid, taking vitamin B-12 or vitamin C (Mayo Clinic Staff, 2019). Other types of anemia such as sickle cell anemia, hemolytic anemia, and aplastic anemia are not so easily treated because your body is either not producing enough RBCs on its own or the RBCs are being destroyed faster than the bone marrow can replace them (Capriotti, 2020). Treatment for anemia could also include blood transfusions or simply finding the source of the bleed and stopping it. In this patient's case, he has acute on chronic blood loss anemia. This is due to losing more blood than a normal person is able to lose at one time. It can lead to being anemic because your body cannot keep up with producing enough healthy RBCs. He was given fluids and was monitored to make sure that his levels were at a healthy level before discharging him.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). Chapter 13: Disorders of Red Blood Cells. In *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives* (Second ed., pp. 271–279). F.A. Davis Company.

Mayo Clinic Staff. (2019, August 16). *Anemia - Symptoms and causes*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/anemia/symptoms-causes/syc-20351360#:%7E:text=Anemia%20is%20a%20condition%20in,range%20from%20mild%20to%20severe.

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	4.4-5.8	2.23	2.48	Patient's RBC is low due to his diagnosis of anemia.
Hgb	13-16.5	7.5	8	Patient's Hgb is low due to his diagnosis of anemia.
Hct	38-50	22.0	23.9	Patient's Hct is low due to his diagnosis of anemia.
Platelets	140-440	367	288	
WBC	4-12	6.3	3.3	Patient's WBC level is low due to his diagnosis of anemia.
Neutrophils	40-68%	67%	61.6%	
Lymphocytes	19-49%	22%	20%	
Monocytes	3-13%	8%	13%	
Eosinophils	0-8%	NA	2.1%	
Bands	NA	NA	NA	

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-	133-144	128	129	Patient's sodium level is low due to his prescription of diuretics (Mayo Clinic Staff, 2020).

K+	**3.5-5.1**	**3.7**	**3.2**	Patient's potassium level is low due to his prescription of diuretics (Mayo Clinic Staff, 2020b).
Cl-	**98-107**	**94**	**95**	Patient's chloride level is low due to his prescription of diuretics (Mayo Clinic Staff, n.d.).
CO2	**21-31**	**28**	**29**	
Glucose	**70-99**	**140**	**174**	Patient's glucose is due to his diagnosis of diabetes mellitus and had not received his insulin when this lab was taken.
BUN	**7-25**	**13**	**8**	
Creatinine	**0.5-1.2**	**0.67**	**0.57**	
Albumin	**3.5-5.7**	**3.7**	**NA**	
Calcium	**8.8-10.2**	**8.9**	**8.8**	
Mag	**1.7-2.2**	**NA**	**NA**	
Phosphate	**2.5-4.5**	**NA**	**NA**	
Bilirubin	**1.2**	**NA**	**NA**	
Alk Phos	**34-104**	**119**	**NA**	Patient's alkaline phosphate could have been high due to some kind of liver damage (*Alkaline Phosphatase (ALP)	Lab Tests Online*, 2021)
AST	**13-39**	**16**	**NA**	
ALT	**7-52**	**11**	**NA**	
Amylase	**30-110**	**NA**	**NA**	
Lipase	**10-140**	**NA**	**NA**	
Lactic Acid	**4.5-19.8**	**NA**	**NA**	

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	0.8-1.1	1.4	NA	Patient's blood could be clotting too slow due to drinking alcohol or liver problems (Mayo Clinic Staff, 2020c).
PT	10.1-13.1	17.3	NA	Patient's blood could be clotting too slow due to drinking alcohol or liver problems (Mayo Clinic Staff, 2020c).
PTT	25-35	NA	NA	
D-Dimer	<250	NA	NA	
BNP	<100	NA	NA	
HDL	41+	NA	NA	
LDL	<100	NA	NA	
Cholesterol	<200	NA	NA	
Triglycerides	<150	NA	NA	
Hgb A1c	<5.7%	NA	NA	
TSH	0.5-5.0	NA	NA	

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	Yellow/clear	NA	
pH	5-9	5.0	NA	
Specific Gravity	1.003-1.030	1.008	NA	
Glucose	Negative	Negative	NA	
Protein	Negative	Negative	NA	
Ketones	Negative	Negative	NA	

WBC	**0-5**	**NA**	**NA**	
RBC	**0-4**	**NA**	**NA**	
Leukoesterase	**Negative**	**NA**	**NA**	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**Negative**	**NA**	**NA**	
Blood Culture	**Negative**	**NA**	**NA**	
Sputum Culture	**Negative**	**NA**	**NA**	
Stool Culture	**Negative**	**Negative**	**NA**	

Lab Correlations Reference (1) (APA):

Alkaline Phosphatase (ALP) | Lab Tests Online. (2021, April 20). Lab Tests Online. https://labtestsonline.org/tests/alkaline-phosphatase-alp

Mayo Clinic Staff. (n.d.). *CL - Clinical: Chloride, Serum*. Mayo Clinic Laboratories. Retrieved May 29, 2021, from https://www.mayocliniclabs.com/test-catalog/Clinical+and+Interpretive/8460

Mayo Clinic Staff. (2020a, May 23). *Hyponatremia - Symptoms and causes*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/hyponatremia/symptoms-causes/syc-20373711

Mayo Clinic Staff. (2020b, July 11). *Low potassium (hypokalemia)*. Mayo Clinic. https://www.mayoclinic.org/symptoms/low-potassium/basics/definition/sym-20050632?reDate=28052021

Mayo Clinic Staff. (2020c, December 8). *Prothrombin time test - Mayo Clinic*. Mayo Clinic. https://www.mayoclinic.org/tests-procedures/prothrombin-time/about/pac-20384661

Diagnostic Imaging

All Other Diagnostic Tests (5 points): NA

Diagnostic Test Correlation (5 points): NA

Diagnostic Test Reference (1) (APA): NA

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

Home Medications (5 required)

Brand/Generic	Lipitor (atorvastatin calcium)	Dilacor (diltiazem)	Neurontin (gabapentin)	Lasix (furosemide)	Protonix (pantoprazole)
Dose	20 mg	240 mg	300 mg	40 mg	40 mg
Frequency	Daily	Daily	TID	Daily	Daily
Route	PO	PO	PO	PO	PO
Classification	Antihyperlipidemic	Antianginal, antiarrhythmic, antihypertensive	Anticonvulsant	Antihypertensive, diuretic	Antiulcer
Mechanism of Action	Reduces plasma cholesterol and lipoprotein levels.	Inhibits calcium movement into coronary and vascular smooth-muscle cells.	Inhibits the rapid firing of neurons associated with seizures.	Inhibits sodium and water reabsorption and increases urine formation.	Interferes with gastric acid secretion.
Reason Client Taking	Hyperlipidemia	Atrial fibrillation	Seizures	Heart failure (edema)	GERD
Contraindications (2)	1.Active hepatic disease. 2.Hypersensitivity to atorvastatin.	1.Acute MI. 2.Pulmonary edema.	1.Hypersensitivity to gabapentin. 2. NA	1.Anuria 2.Hypersensitivity to furosemide	1.concurrent therapy with rilpivirine-containing products 2.hypersensitivity to pantoprazole
Side Effects/Adverse Reactions (2)	1.Anemia 2.Hyperglycemia /hypoglycemia	1.Hemolytic anemia 2.Hyperglycemia	1.Anemia 2.Hyperglycemia /Hypoglycemia	1.Anemia 2.Hyperglycemia	1.Hyperlipidemia 2.Hyperglycemia
Nursing Considerations (2)	1.Monitor blood glucose.	1.Monitor vitals. 2.Assess for signs	1.Monitor renal function.	1.Obtain weight to monitor weight loss.	1.Monitor magnesium levels.

	2.Check liver function. (Jones & Bartlett Learning, 2020)	**and symptoms of heart failure.** (Jones & Bartlett Learning, 2020)	**2.Give initial dose at bedtime to minimize adverse reactions.** (Jones & Bartlett Learning, 2020)	**2.Monitor blood pressure, blood glucose and electrolyte levels.** (Jones & Bartlett Learning, 2020)	**2.Monitor urine output.** (Jones & Bartlett Learning, 2020)

Hospital Medications (5 required)

Brand/Generic	**Zofran (ondansetron)**	**Lopressor (metoprolol tartrate)**	**Cymbalta (duloxetine)**	**Lantus (insulin glargine)**	**Nicoderm CQ (nicotine)**
Dose	**4 mg**	**100 mg**	**60 mg**	**30 units**	**1 patch (14mg/24hr)**
Frequency	**q6h PRN**	**BID**	**Daily**	**Every AM**	**Daily**
Route	**intravenous**	**PO**	**PO**	**Subcutaneous**	**Transdermal**
Classification	**Antiemetic**	**Antianginal, antihypertensive**	**Antidepressant**	**Long-acting insulin**	**Smoking cessation adjunct**
Mechanism of Action	**Block serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at the vagal nerve terminals in the intestine.**	**Inhibits stimulation of beta1-receptor sites, located mainly in the heart.**	**Inhibits dopamine, neuronal serotonin, and norepinephrine reuptake to potentiate noradrenergic and serotonergic activity in the CNS.**	**Binds to insulin receptors.**	**Reduces nicotine craving and withdrawal symptoms.**
Reason Client Taking	**Nausea/vomiting**	**Hypertension**	**Major Depressive Disorder**	**Diabetes Mellitus**	**Smoking cessation**
Contraindications (2)	**1.Concomitant use of apomorphine** **2.Hypersensitivity to ondansetron**	**1.Cardiogenic shock** **2.Hypersensitivity to metoprolol**	**1.chronic liver disease** **2.hypersensitivity to duloxetine**	**1.Hypokalemia** **2.Hypersensitivity to insulin glargine**	**1.hypersensitivity to nicotine** **2. NA**
Side Effects/Adverse Reactions (2)	**1.Anxiety** **2.Weakness**	**1.Heart failure** **2.Weakness**	**1.Hyperglycemia** **2.Anxiety**	**1.Hypoglycemia** **2.Anxiety**	**1.Drowsiness** **2.Hypertension**
Nursing Considerations (2)	**1.Monitor electrocardiogram** **2.Dilute in 50 mL of D5W or normal saline solution when indicated.** (Jones & Bartlett Learning, 2020)	**1.Be aware that the dosage is highly individualized.** **2.Check for signs of poor glucose control in patients with diabetes mellitus.** (Jones & Bartlett Learning, 2020)	**1.Give cautiously to patients with history of mania.** **2.Obtain baseline blood pressure and continue to monitor.** (Jones & Bartlett Learning, 2020)	**1.Monitor blood glucose.** **2.Do not give to patients on other types of insulin, antidiabetic drugs, fibrates or fluoxetine.** (Cunningham & Freeman, 2021)	**1.Use with caution when patient has insulin-dependent diabetes.** **2.Use with caution when patient has peptic ulcers.** (Jones & Bartlett Learning, 2020)

Medications Reference (1) (APA):

Cunningham, A., & Freeman, A. (2021, April 25). *Glargine Insulin*. U.S. National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK557756/

Jones & Bartlett Learning. (2020). *2021 Nurse's Drug Handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Appears alert and oriented x person, place, and time. Does not appear to be very well groomed. Does not appear to be in any acute distress, just tired.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin color white. Skin warm and dry upon palpation. No rashes or lesions, some small bruises on arms bilaterally. Normal quantity, distribution, and texture of hair for age. Nails without clubbing or cyanosis. Skin turgor normal mobility. Braden score was 13 making him a medium risk for pressure sores.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. Eyes: Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, EOMs intact bilaterally. Ears: Bilateral auricles moist and pink without

	lesions. Nose: Septum is midline, turbinates are moist and pink bilaterally and no visible bleeding or polyps. Bilateral frontal sinuses are nontender to palpation. Throat: Posterior pharynx and tonsils are moist and pink without exudate noted. Tonsils are a 2+. Uvula is midline; soft palate rises and falls symmetrically. Dentures appear to fit well, oral mucosa overall is moist and pink without lesions noted.
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 ☐** **Location of Edema:**	Clear S1 and S2 without murmurs gallops or rubs. PMI nonpalpable. Normal rate and rhythm. Capillary refill less than 3 seconds fingers and toes bilaterally. Peripheral pulses are 2+ in upper extremities bilaterally and 1+ in lower extremities bilaterally. Edema 2+ present in lower extremities bilaterally.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Normal rate of respirations, pattern of respirations was abnormal, respirations symmetrical but labored, lung sounds not clear posteriorly/anteriorly bilaterally, some minor crackles due to excess fluid, no wheezes or rhonchi noted.
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:**	Patient is on a medium calorie diet. Current weight is 262 pounds, height is 6 feet. Abdomen feels swollen from fluid, nontender, no organomegaly or masses notes upon palpation of all four quadrants. Bowel sounds are normoactive in all four quadrants. Last BM was last PM (05/23/21). No incisions, scars, drains or wounds noted upon inspection.
GENITOURINARY (2 Points):	Urine is dark yellow, clear, no foul odor.

Color: **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Normal quantity of urine. Genitals appear normal, no lesions or sores noted upon inspection.
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☐**	Right arm has full range of motion (ROM), left shoulder is stiff and cannot be raised above shoulder height, lower extremities have very little ROM bilaterally. Hand grips have less than normal strength but are equal bilaterally, pedal pushes and pulls appear very weak bilaterally. Gait was not documented. Patient alert and oriented to person, place, and time. PERRLA. Fall score- 65 making patient a high fall risk.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no - Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	All extremities do not move well. Lower extremities are very limited and weak bilaterally, right upper extremity moves well but has less than normal strength, left upper extremity is weak and has limited mobility due to shoulder stiffness. PERRLA. Appears alert and oriented x person, place and time. Speech and sensory are normal for age. No LOC noted.
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):**	Before going into the nursing home, coping was done by fishing, hunting and gardening. Now there is not much that helps him cope. Developmental level is normal for someone who has graduated high school. Patient does not associate himself with any religion. Has a wife and four children but did not want to speak further about his family life. Wife was there visiting later in the day but left before his discharge.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

0745	**99**	**140/76**	**18**	**97.8 F (temporal)**	**98% (on 2L nasal cannula)**
.1100	**99**	**137/72**	**18**	**98.0 F (temporal)**	**99% (on 2L nasal cannula)**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0745	**4/10**	**Lower back**	**Comes and goes**	**Sharp, stabbing**	**Reposition patient and give pain meds as needed.**
1100	**5/10**	**Lower back**	**Comes and goes**	**Sharp, stabbing**	**Reposition patient and give pain meds as needed.**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gage; 22 gage. **Location of IV:** Right median cubital vein-antecubital fossa; Left cephalic vein-lateral side of arm. **Date on IV:** 05/19/21; 05/22/21 **Patency of IV:** Patent and flushes without difficulty bilaterally. **Signs of erythema, drainage, etc.:** No signs or any drainage or erythema bilaterally. **IV dressing assessment:** Clean, dry and intact bilaterally.	Both IVs were saline lock. Both were removed during shift at 1500 prior to discharge.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
120 mL- milk at breakfast **120 mL- water at breakfast**	**400 mL- urine at 1000** **300mL- urine at 1230**

240 mL-iced tea at lunch **120 mL- water at lunch**	**Incontinent X1 at 1530**

Nursing Care

Summary of Care (2 points)

Overview of care: We monitored patient's vitals every 4 hours, he was offered liquids every 2 hours to keep him from getting dehydrated, we flushed his IVs since they were not in use, and we allowed him to have time to rest before discharge.

Procedures/testing done: Patient had his blood drawn early on 05/24/21 for a CBC and Chemistry panel.

Complaints/Issues: Patient wanted to get out of the hospital because he was uncomfortable in the bed, wanted his IVs to come out, and did not care for the food.

Vital signs (stable/unstable): Patient was stable with his vitals.

Tolerating diet, activity, etc.: Patient stated "food was not great" but still ate some of each meal, he wanted to get out of the hospital and made a comment about being able to smoke when he gets to the nursing home.

Physician notifications: NA

Future plans for patient: Monitoring blood glucose, sodium, potassium, and CBC levels.

Discharge Planning (2 points)

Discharge location: Waters of Covington, IN. (long-term care center)

Home health needs (if applicable):

Equipment needs (if applicable):

Follow up plan: Patient will be cared for at Waters of Covington and will be seen by his doctor for follow up appointments.

Education needs: Patient was talked to about keeping his blood sugar under control, to cut down on drinking and that he should not be smoking for his own health.

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

Nursing Diagnosis	Rational	Intervention (2 per	Evaluation

• Include full nursing diagnosis with “related to” and “as evidenced by” components	• Explain why the nursing diagnosis was chosen	**dx)**	• How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1. Fatigue related to decreased hemoglobin and diminished oxygen-carrying capacity of blood as evidenced by report of fatigue and lack of energy.	Reports of fatigue and lack of energy, low RBC, low Hgb, low Hct, patient sleeping most of the day, needing assistance to move positions.	**1.**Help the patient with activities of daily living such as getting dressed and cleaning himself up without doing it all. **2.**Allow the patient to relax as much as they need to.	1.Patient will help with activities of daily living as much as he can and the nurses will give him as much assistance as he needs. 2.Patient will rest any time he is physically or mentally needing it.
2. Risk for falls related to a high fall risk score of 65.	Reports of fatigue and lack of energy, needing assistance to move positions, high fall risk score of 65, history of falls, use of a walker, alcohol use, and taking diuretics.	**1.** Place anything the patient might need within reach. **2.**Answer call light as quickly as possible and check on them as often as possible.	1.Patient will be able to reach everything he needs without needing to get out of bed. 2.Patient will not have a fall during his stay at the hospital.
3. Fluid volume excess related to acute heart disease as evidenced by edema.	Edema, some minor crackles in his breath sounds, anxiety, low sodium, low potassium, low chloride, low Hgb, low Hct, and shortness of breath.	**1.**Monitor input and output for the whole shift. **2.**Monitor blood pressure and pulse every 4 hours.	1.Patient will have more output than input during my shift. 2.Patient will maintain a stable blood pressure and pulse throughout my shift.

Other References (APA):

Concept Map (20 Points):

Subjective Data

-patient states pain 4/10 at 0745 and 5/10 at 1100
-weakness in left shoulder
-feels very week and tired

Nursing Diagnosis/Outcomes

Fatigue related to decreased hemoglobin and diminished oxygen-carrying capacity of blood as evidenced by report of fatigue and lack of energy.
-Goal met: patient was successful with getting dressed, eating, and drinking.
-Goal met: patient was able to rest most of the day with minimal interruptions.
Risk for falls related to a high fall risk score of 65.
-Goal met: patient was able to reach his remote, food and drinks when he wanted them, without having to get out of bed.
-Goal met: patient was successful in completing the day without any falls.
Fluid volume excess related to acute heart disease as evidenced by edema.
-Goal met: patient had 600 mL intake and 700+mL output for the day.
-Goal met: patient was able to keep his blood pressure and pulse stable.

Objective Data

-height: 6 feet
-weight: 262 pounds
-allergies: morphine
-blood pressure: 140/76 at 0745, 137/72 at 1100
-pulse: 99 at 0745 and 1100
-respiratory rate: 18 at 0745 and 1100
-oxygen: 98 at 0745 and 99 at 1100
-(low) RBC: 2.48
-(low) Hgb: 8
-(low) Hct: 23.9
-(low) WBC: 3.3
-(low) sodium: 129
-(low) potassium: 3.2
-(low) chloride: 95
-(high) glucose: 174

Patient Information

-70 year old
-Male
-Diagnosed with anemia, anxiety, depression, heart failure, diabetes mellitus, GERD and COPD.

Nursing Interventions

1.Help the patient with activities of daily living such as getting dressed and cleaning himself up without doing it all.
2.Allow the patient to relax as much as they need to.

1.Place anything the patient might need within reach.
2.Answer call light as quickly as possible and check on them as often as possible.

1.Monitor input and output for the whole shift.
2.Monitor blood pressure and pulse every 4 hours.