N321 Care Plan # 1

Lakeview College of Nursing

Angelina R. Thomas

June 18, 2021

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
06/13/2021	JC	65 years old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired from National Guard and Cook at a nursing Home	Widowed	Morphine
Code Status	**Height**	**Weight**	
Full Code	175 cm	77 kg	

Medical History (5 Points)

Past Medical History: Prostate Cancer, Hiatal Hernia, Coronary Artery Disease with stent in Right Coronary Artery, Dyslipidemia, Hypertensive Cardiovascular Disease, Peptic Ulcer, Duodenal Ulcer, Morbid Obesity, Ischemic Heart Disease, and Hypercholesterolemia (All dates to past medical history are unnoted in chart and unrecalled by the patient)

Past Surgical History: Colonoscopy polypectomy with snare (02/12/2019), Stent placement (07/28/2018), Esophagogastroduodenoscopy biopsy (05/01/2018 & 02/26/2018), Prostate Removal (date unrecalled by patient and unnoted in chart), Surgery on back, finger, and a kidney (dates unrecalled by patient and unnoted in chart)

Family History: Biological Father-Heart Disease, Heart Failure

Social History (tobacco/alcohol/drugs): History of smoking tobacco one-pack per day for twenty-three years. Patient ceased smoking thirty years ago. Patient began smoking at the age of twelve and ceased smoking at sixty-four. Patient currently smokes marijuana three to four times per day, between six and seven days out of the week. Patient drank one beer for the first time in twenty years (06/12/2021). Patient occasionally drank beer in his forties as he recalled. Patient stated, "I only drank a beer once or twice a week twenty years ago, and that started when I was about twenty-six."

Assistive Devices: Patient uses reading glasses and a magnifying glass

Living Situation: Patient lives home, alone

Education Level: Patient graduated from eighth grade only

Admission Assessment

Chief Complaint (2 points): Shortness of breath and Palpitations

History of present Illness (10 points): The patient stated, "I woke in the morning with my chest hurting, and it felt like my heart was beating fast. So, I checked my blood pressure, and my systolic was over 160. I thought it was because I had drunk a beer for the first time in twenty years." The patient stated, "I just felt terrible, I have had this fast heartbeat before, but this time, I just couldn't catch this irregular heartbeat and slow it down, and then I started getting short of breath, so I called 9-1-1." The patient pointed to the sternal/epigastric region of his chest to mark the area of his pain. The patient's pain did not last more than ten minutes apart over an hour and ceased when he arrived at the hospital. The patient described the pain as "sharp," and he "knew it wasn't right," as he claimed. Outside of the pain, he experienced shortness of breath and palpitations. The patient denies using anything to relieve his pain while at home. The patient denied if anything made the pain, shortness of breath, and palpitations better or worse. The patient denied a history of Atrial Fibrillation. However, during his ride to the emergency department, it was noted that the patient was in Atrial Fibrillation with a rapid ventricular response, RVR, his heart rate was 140bpm. An EKG was performed, showing normal sinus rhythm, NSR. The patient denies ever being seen or treated for chest pain, palpitations, shortness of breath, or atrial fibrillation in the past by a physician.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Atrial Fibrillation

Secondary Diagnosis (if applicable): Not Applicable

Pathophysiology of the Disease, APA format (20 points): Atrial Fibrillation (A. Fib.) is a type

of arrhythmia or irregular heartbeat that affects the two upper chambers of the heart, the atria.

During A. Fib., the two atria beat uncoordinatedly or chaotically. This change leads to an

abnormal blood flow to the heart's two lower chambers, the ventricles (Cherney, 2019, p.1). The

ventricles' job is to pump blood outward, but if the atria do not release sufficient blood into the

ventricles, they cannot send adequate blood to the body's organs. A patient who has A. Fib. are at

risk for developing blood clots in the atria, due to the uncoordinated amount of blood (Mayo

Clinic Staff, 2019, p. 2). The blood is not forced out at a sufficient rate or quantity, causing an

accumulation in the atria, placing a patient at risk for stroke. Blood clots can travel to the brain or

other organs in the entire body, restricting or blocking oxygenation to tissues and organs such as

the lungs, brain, kidneys, the liver, etc. (Mayo Clinic Staff, 2019, p. 1). This blockage causes cell

death of those tissues and organs. Some of the signs and symptoms patients may experience are

shortness of breath, chest pain, fatigue, lightheadedness, dizziness, weakness, decreased ability

to exercise, palpitations (flip-flopping in your chest) (Mayo Clinic Staff, 2019, p.1). Patient JC

complained of shortness of breath, chest pain, and palpitations when he called 9-1-1, which are

common signs of Atrial Fibrillation.

Suppose a patient is suspected of having experienced A. Fib., there are several laboratory

tests a physician may order. Testing for atrial fibrillation includes checking for anemia or

infection, using a complete blood count (CBC); a cardiac enzyme level creatinine kinase, or

troponin level test to investigate a heart attack; a basic metabolic panel (BNP) test to evaluate

congestive heart failure; a D-dimer level test to investigate a possible pulmonary embolism or

clot anywhere in the body; thyroid function tests may also be performed to assess thyrotoxicosis-

rare but must not miss it; digoxin level may be assessed-to test toxicity before given, and

toxicology or ethanol level (Rosenthal, 2019, p.1). An expected finding if a person is suspected

of having A. Fib. includes "an irregular atrial activation rate of 350-600 bpm with irregular

conduction through the atrioventricular node-it appears on Electrocardiogram (ECG) as

irregularly irregular narrow complex tachycardia (Rosenthal, 2019, p.1)." Patients will have an

irregularly irregular pulse rate in the 110-140 range and will be tachycardic (Rosenthal, 2019,

p.1). Patient JC had a heart rate of 140 inside of the ambulance. However, when he made it to the

emergency room, his A. Fib. episode had subsided, and his ECG showed normal sinus rhythm.

All of the patient's tests that specifically would support is A. Fib. diagnoses were within normal

range when he arrived at the hospital. Diagnostic testing includes EKG, blood lab tests (as

mentioned above), echocardiography-to receive visual of heart size and shape, CT scanning and

MRI-to evaluate if atrial ablation is planned, stress test, Holter monitoring, and

electrophysiology studies (Rosenthal, 2019, p.1).

The patient JC had an EKG performed-which showed normal sinus rhythm, Chest-Xray-

which showed no acute cardiopulmonary process, Nuclear Stress Test-normal findings. Patient

JC had three Troponin tests performed and showed .01 in the emergency department, when he

made it to the medical-surgical floor, his troponin results were .011 and 0.015-which were within

a normal range of 0-0.4. Treatment for A. Fib. includes using beta-blockers and calcium channel

blockers to control the rate of the heartbeat-these medications slows the heartbeat down,

anticoagulation therapy-warfarin or aspirin to prevent blood clots, short term and long-term

management from preventing reoccurrence, to name a few (Rosenthal, 2019, p.1). Patient JC has

been prescribed metoprolol-a beta-blocker and aspirin to combat the effects of A. Fib and prevent

future occurrences.

Pathophysiology References (2) (APA):

Cherney, K. (2019, April 30). *Everything You Need to Know about Atrial Fibrillation*.

https://www.healthline.com/health/living-with-atrial-fibrillation

Mayo Clinic Staff. (2019, June 20). *Atrial Fibrillation*. https://www.mayoclinic.org/diseases-

conditions/atrial-fibrillation/symptoms-causes/syc-20350624

Rosenthal, L. (2019, November 18*). Atrial Fibrillation Workup*.

https://emedicine.medscape.com/article/151066-workup#c2

Rosenthal, L. (2019, November 18). *Atrial Fibrillation Differential Diagnoses*.

https://emedicine.medscape.com/article/151066-differential

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	3.92-5.13 (F) 4.35-5.65 (M)	5.21	Not applicable	Not applicable
Hgb	11.6-15 (F) 13.2-16.6 (M)	13.4	Not applicable	Not applicable
Hct	35.5-44.9 (F) 38.3-48.6 (M)	41	Not applicable	Not applicable
Platelets	157-371 (F) 135-317 (M)	245	Not applicable	Not applicable
WBC	3.4-9.6	9.9	Not applicable	Not applicable
Neutrophils	40-60%	89.5	Not	Possible bacterial infection unnoted

			applicable	in patient's chart
Lymphocytes	20-40%	<mark>7.1</mark>	Not applicable	Possible infection unnoted in patient's chart
Monocytes	2-8%	3.2	Not applicable	
Eosinophils	1-4%	<mark>0.1</mark>	Not applicable	Patient has allergy to Morphine
Bands	0-3%	Not applicable	Not applicable	Not applicable

Chemistry <mark>Highlight All Abnormal Labs</mark>—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-	136-146 (Mayo Clinic Staff, 2020, p.1)	<mark>132</mark>	Not applicable	Patient has congestive heart failure
K+	3.5-4.5 (Mayo Clinic Staff, 2020, p.1)	4.6	Not applicable	Not applicable
Cl-	96-106 (Mayo Clinic Staff, 2020, p.1)	99	Not applicable	Not applicable
CO2	32-48 (Mayo Clinic Staff, 2020, p.1)	<mark>16</mark>	Not applicable	Patient was in respiratory distress upon entering emergency department
Glucose	70-115 (Mayo Clinic Staff, 2020, p.1)	95	Not applicable	Not applicable
BUN	11-23 (Mayo Clinic Staff, 2020, p.1)	24	Not applicable	Not applicable
Creatinine	0.7-1.5 (Mayo Clinic Staff, 2020, p.1)	1.35	Not applicable	Not applicable
Albumin	3.5-5.0	4.4	Not	Not applicable

	(Mayo Clinic Staff, 2020, p.1)		applicable	
Calcium	9.0-11.0 (Mayo Clinic Staff, 2020, p.1)	9.5	Not applicable	Not applicable
Mag	1.3-2.1 (Mayo Clinic Staff, 2020, p.1)	1.8	Not applicable	Not applicable
Phosphate	2.5-4.5 (Falck, 2019, p.1)	Not applicable	Not applicable	Not applicable
Bilirubin	0.2-1.3 (Mayo Clinic Staff, 2020, p.1)	0.8	Not applicable	Not applicable
Alk Phos	20-90 (Mayo Clinic Staff, 2020, p.1)	102	Not applicable	Not applicable
AST	4-40 (Davis, 2021, p.1)	40	Not applicable	Not applicable
ALT	7-56 (Davis, 2021, p.1)	47	Not applicable	Not applicable
Amylase	23-85 (Case-Lo, 2018, p.1)	Not applicable	Not applicable	Not applicable
Lipase	0-160 (Case-Lo, 2018, p.1)	Not applicable	Not applicable	Not applicable
Lactic Acid	4.5-19.8 (Mount Sinai, 2021, p. 3)	Not applicable	Not applicable	Not applicable

Other Tests <mark>Highlight All Abnormal Labs</mark>—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	1:2 ratio (Whitlock, 2021, p. 1)	Not applicable	Not applicable	Not applicable
PT	10-12 seconds (Whitlock, 2021, p. 1)	Not applicable	Not applicable	Not applicable
PTT	30-45 Seconds (Whitlock, 2021, p. 1)	Not applicable	Not applicable	Not applicable
D-Dimer	<0.50 (Bounds, 2020, p.1)	0.35	Not applicable	Not applicable
BNP	<100 (Steinbaum, 2021, p. 3)	==145==	Not applicable	Patient has CHF
HDL	<50 (W) <40 (M) (Lab Tests Online, 2021, p.1)	26	Not applicable	Not applicable
LDL	<100 (Lab Tests Online, 2021, p.1)	37	Not applicable	Not applicable
Cholesterol	<200 (Lab Tests Online, 2021, p.1)	84	Not applicable	Not applicable
Triglycerides	<150 (Lab Tests Online, 2021, p.1)	105	Not applicable	Not applicable
Hgb A1c	<5.7 (Centers for Disease Control and Prevention, 2018, p.1)	6	Not applicable	Not applicable
TSH	0.5-5 (Hanes, 2020, p.1)	0.46	Not applicable	Not applicable

Urinalysis <mark>Highlight All Abnormal Labs</mark>—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(light/pale) Clear (Lerma, 2020, p.1)	Not applicable	Not applicable	Not applicable
pH	4.5-8.0 (Lerma, 2020, p.1)	Not applicable	Not applicable	Not applicable
Specific Gravity	1.005-1.025 (Lerma, 2020, p.1)	Not applicable	Not applicable	Not applicable
Glucose	<130 (Lerma, 2020, p.1)	Not applicable	Not applicable	Not applicable
Protein	<150 (Lerma, 2020, p.1)	Not applicable	Not applicable	Not applicable
Ketones	None/Negative (Lerma, 2020, p.1)	Not applicable	Not applicable	Not applicable
WBC	3.4-9.6 (Lerma, 2020, p.1)	Not applicable	Not applicable	Not applicable
RBC	3.92-5.3 (W) 4.35-5.7 (M) (Lerma, 2020, p.1)	Not applicable	Not applicable	Not applicable
Leukoesterase	Negative (Lerma, 2020, p.1)	Not applicable	Not applicable	Not applicable

Cultures <mark>Highlight All Abnormal Labs</mark>—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 (Lerma, 2020, p.1)	Not applicable	Not applicable	Not applicable

Blood Culture	Negative (Lerma, 2020, p.1)	Not applicable	Not applicable	Not applicable
Sputum Culture	Negative (Lerma, 2020, p.1)	Not applicable	Not applicable	Not applicable
Stool Culture	Negative (Lerma, 2020, p.1)	Not applicable	Not applicable	Not applicable

Lab Correlations Reference (1) (APA):

Bounds, E. (2020, August 16). *D-Dimer*. https://www.ncbi.nlm.nih.gov/books/NBK431064/

Case-Lo, C. (2018, September 29). *Amylase and Lipase Tests*.

https://www.healthline.com/health/amylase-and-lipase-tests#normal-amylase-and-lipase

Centers for Disease Control and Prevention. (2018, August 21). *Diabetes*.

https://www.cdc.gov/diabetes/managing/managing-blood-sugar/a1c.html#:~:text=A

%20normal%20A1C%20level%20is,6.5%25%20or%20more%20indicates%20diabetes.

Davis, Charles. (2021, February 10). *Liver Function Tests (Normal, Low, and High Ranges &*

Results). https://www.medicinenet.com/liver_blood_tests/article.htm

Falck, S. (2019, January 25). *Serum Phosphorus Test*. Serum Phosphorus Test: Purpose,

Procedure, and Results (healthline.com)

Hanes, E. (2020, June 16). TSH Levels: What Normal, Low, and High Ranges Mean.

https://www.healthgrades.com/right-care/thyroid-disorders/tsh-levels-what-normal-

low-and-high-ranges-mean

Lab Tests Online. (2021, June 18). *Lipid Panel*. https://labtestsonline.org/tests/lipid-panel

Lerma, E. (2020, December 05). *Urinalysis: Reference Range, INTERPRETATION, collection and*

panels. https://emedicine.medscape.com/article/2074001-overview#a1

Mount Sinai. (2020, January 11). *Blood differential test*. https://www.mountsinai.org/health-

    library/tests/blood-differential-test

Mount Sinai. (2021). *Lactic Acid Test*. https://www.mountsinai.org/health-library/tests/lactic-

    acidtest#:~:text=Normal%20results%20range%20from%204.5,vary%20slightly%20among

    %20different%20laboratories.

Mayo Clinic Staff. (2020, December 22). *Complete blood count (CBC)*. Retrieved February 13,

    2021, from https://www.mayoclinic.org/tests-procedures/complete-blood-count/about/pac-

    20384919

Mayo Clinic Staff. (2019, February 12). *Hematocrit Test*. Retrieved February 16, 2021, from

    https://www.mayoclinic.org/tests-procedures/hematocrit/about/pac-20384728#:~:text=A

    %20lower%20than%20normal%20hematocrit,Vitamin%20or%20mineral%20deficiencies

Steinbaum, S. (2021, February 3). *What is a BNP test? Normal, High, and Levels*.

    https://www.medicinenet.com/bnp_test/article.htm

Whitlock, J. (2021, May 29). *What Do Your PT, PTT, and INR Results Mean?*.

    https://www.verywellhealth.com/pt-ptt-and-inr-results-3157005

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Nuclear Stress Test (Mayo Clinic Staff, 2021): Normal findings

Diagnostic Test Correlation (5 points):

Chest X-Ray (Medline Plus, 2016): Showed no acute cardiopulmonary process; negative test

EKG (Medline Plus, 2021): Showed normal sinus rhythm

Cardiac Catheterization (Mayo Clinic Staff, 2019): showed patient's Ejection Fraction >70%

Diagnostic Test Reference (1) (APA):

Mayo Clinic Staff. (2021, June 3). *Stress Test.*

https://www.mayoclinic.org/tests-procedures/stress-test/about/pac-20385234#:~:text=A

%20stress%20test%2C%20also%20called,blood%20flow%20within%20your%20heart.

Mayo Clinic Staff. (2019, June 4). *Cardiac Catheterization*. https://www.mayoclinic.org/tests-

procedures/cardiac-catheterization/about/pac-20384695

Medline Plus. (2016, March 4). *X-Rays*. https://medlineplus.gov/xrays.html

Medline Plus. (2021, February 8). *Electrocardiogram*.
https://medlineplus.gov/ency/article/003868.htm

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

Home Medications (5 required)

Brand/ Generic	Bayer/aspirin (Jones & Barlett, 2021, p. 89)	Lipitor/ atorvastatin (Jones & Barlett, 2021, p. 95)	Calcidol/ ergocalciferol (Physician's Desk Reference, 2021, p.1)	Protonix/ pantoprazole sodium (Jones & Barlett, 2021, pg. 853)	Xarelto/ rivaroxaban (Jones & Barlett, 2021, Pg. 960)
Dose	81 mg	20mg	1.25mg	40mg	2.5mg

Frequency	Daily	Daily	Every Week	Daily	BID
Route	PO	PO	PO	PO	PO
Classification	NSAID/anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic (Jones & Barlett, 2021, p. 89)	Antihyperlipidemic (Jones & Barlett, 2021, p. 95)	Vitamin D supplement (Physician's Desk Reference, 2021, p.1)	Antiulcer (Jones & Barlett, 2021, pg. 853)	Anticoagulant (Jones & Barlett, 2021, Pg. 960)
Mechanism of Action	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis (Jones & Barlett, 2021, p. 89).	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver (Jones & Barlett, 2021, p. 95).	Calcitriol promotes renal reabsorption of calcium, increases intestinal absorption of calcium and phosphorus, and increases calcium mobilization from bone to plasma (Physician's Desk Reference, 2021, p.1).	Interferes with gastric acid secretion by inhibiting the. hydrogen-potassium-adenosine-triphosphatase enzyme system (Jones & Barlett, 2021, pg. 853).	Selectively blocks the active site of factor Xa, which plays a central role in the cascade of blood coagulation (Jones & Barlett, 2021, Pg. 960).
Reason Client Taking	Blood thinner- to prevent clots due to A. Fib.	To control patient's hyperlipidemia	To increase vitamin D levels for bone strength	Patient has history of peptic ulcer and duodenal ulcer	Patient has recent episode of A. Fib., medication used to prevent blood clots from forming.
Contraindications (2)	Active Bleeding or bleeding disorder; Hypersensitivity to Aspirin (Jones & Barlett, 2021, p. 89)	Active Hepatic Disease and unexplained persistent rise in serum transaminase level (Jones & Barlett, 2021, p. 95)	Hypercalcemia and Biliary tract disease (Physician's Desk Reference, 2021, p.1)	Concurrent therapy with rilpivirine-containing products and hypersensitivity to pantoprazole. (Jones & Barlett, 2021, pg. 853)	Active bleeding and hypersensitivity to Xarelto or all of its components. (Jones & Barlett, 2021, Pg. 960)
Side Effects/Adverse Reactions (2)	Hepatotoxicity and Thrombocytopenia (Jones & Barlett, 2021, p. 89)	Arrythmias and Hepatic failure (Jones & Barlett, 2021, p. 95)	Hypercalciuria and polydipsia (Physician's Desk Reference, 2021, p.1)	Hepatitis and Rhabdomyolysis (Jones & Barlett, 2021, pg. 853)	Cerebral hemorrhage and cytolytic hepatitis. (Jones & Barlett, 2021, Pg. 960)
Nursing Considerations (2)	Don't crush timed-release or controlled-release aspirin	Know that this medication should not be taken with	Monitor for renal impairment since medication is activated in the	Ensure the continuity of gastric acid suppression	Should not be given to patients with prosthetic heart

| tablets unless directed.

Instruct patient to take with food or after meals because it may cause GI upset if taken on an empty stomach. (Jones & Barlett, 2021, p. 89) | cyclosporine.

Expect to measure lipid levels two to four weeks after therapy starts, to adjust dosage as directed. (Jones & Barlett, 2021, p. 95) | kidney.

May be taken without regard to food (Physician's Desk Reference, 2021, p.1). | during transition from oral to I.V. pantoprazole.

Should not be given longer than medically necessary. (Jones & Barlett, 2021, pg. 853) | valves

Do not expect to give this medication to. Patients with triple-positive antiphospholipi d syndrome because of increased rates of. Recurrent thrombotic events. (Jones & Barlett, 2021, Pg. 960) |
|---|---|---|---|---|

Hospital Medications (5 required)

Brand/Generic	Zestril/ lisinopril (Jones & Barlett, 2021, p. 659)	Lopressor/ metoprolol (Jones & Barlett, 2021, p. 725)	Ferodan/ ferrous sulfate (Jones & Barlett, 2021, p. 457)	Colace/ docusate (Jones & Barlett, 2021, p. 331)	Benadryl/ diphenhydramine (Jones & Barlett, 2021, p. 324)
Dose	10mg	25mg	325mg	100mg	25mg
Frequency	BID	BID	Daily	PRN	PRN
Route	PO	PO	PO	PO	PO
Classification	Ace-Inhibitor (Jones & Barlett, 2021, p. 659)	Antihypertensive (Jones & Barlett, 2021, p. 725)	Antiemetic (Jones & Barlett, 2021, p. 456)	Stool Softener (Jones & Barlett, 2021, p. 331)	Antihistamine (Jones & Barlett, 2021, p. 324)
Mechanism of Action	Reduce blood pressure by inhibiting conversion of angiotensin I	Inhibits beta 1 receptor sites located, mainly in the heart (Jones & Barlett, 2021, p.	Acts to normalize RBC production by binding with	Acts as a surfactant that softens stools by decreasing	Binds to central and peripheral H1 receptors, competing with histamine for these sites and

	to angiotensin II (Jones & Barlett, 2021, p. 659)	725)	hemoglobin (Jones & Barlett, 2021, p. 457)	surface tension between. Oil and water in. feces (Jones & Barlett, 2021, p. 332)	preventing it from reaching its site of action (Jones & Barlett, 2021, p. 324)
Reason Client Taking	Patient has history of hypertensive Cardiovascul ar disease	To manage hypertension	To increase iron levels	Constipation reducer from iron medication	Preventative measures because patient has allergies (Jones & Barlett, 2021, p. 325)
Contraindicati ons (2)	Hypersensitiv ity to lisinopril and History of angioedema related to previous treatment with an ACE inhibitor (Jones & Barlett, 2021, p. 660)	Overt Cardiac Failure and systolic blood pressure less than 100 (Jones & Barlett, 2021, p. 725)	Hemolytic anemias and hemochromat osis (Jones & Barlett, 2021, p. 457)	Intestinal obstruction and vomiting (Jones & Barlett, 2021, p. 332)	Hypersensitivity to diphenhydramine and hypersensitivity to similar antihistamines (Jones & Barlett, 2021, p. 325)
Side Effects/Advers e Reactions (2)	Arrythmias and CVA (Jones & Barlett, 2021, p. 660)	Arrythmias and cardiogenic shock (Jones & Barlett, 2021, p. 725)	Dizziness and Fever (Jones & Barlett, 2021, p. 457)	Palpitations and dizziness (Jones & Barlett, 2021, p. 332)	Arrythmias and thrombocytopenia (Jones & Barlett, 2021, p. 325)
Nursing Considerations (2)	Use cautiously in patients with severe aortic stenosis. Use cautiously in patients with fluid volume deficit. (Jones & Barlett, 2021, p. 660)	Patient should be monitored for bronchospasms and dyspnea if dosage exceeds 400 mg Use cautiously in patients with angina or hypertension (Jones & Barlett, 2021, p. 725)	Give with A full glass of water or juice Protect liquid form from freezing (Jones & Barlett, 2021, p. 458)	Assess for laxative abuse Syndrome Tell patient not to use docusate when they have abdominal. Pain, nausea and vomiting (Jones & Barlett, 2021, p. 332)	Expect to give parenteral form only when oral ingestion isn't possible. Keep container tightly closed (Jones & Barlett, 2021, p. 326)

Medications Reference (1) (APA):

Jones & Barlett. (2021). *2021 Nurse's Drug Handbook* (20th ed.). Burlington, MA

Physician's Desk Reference. (2021). *Ergocalciferol.*

https://www.pdr.net/drug-summary/Ergocalciferol-ergocalciferol-24306

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient appeared alert and oriented to person place and time. No sign of acute distress. Patient appears well groomed.

INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 21** **Drains present:** Y☐ N **X** **Type:**	Patient's skin white/pink, dry, warm, and intact. Patient had no sign of bruising, lesions, scrapes, rashes, or wounds. Patient skin turgor two second tinting. Patient skin character appropriate for ethnicity and age. No sign of cyanosis in bilateral fingers and toes.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Patient's head and neck are symmetrical. Hair normal quantity, distribution, and texture. Trachea midline and Thyroid nonpalpable. No lymph nodules palpable. Bilateral cornea clear, bilateral sclera white, bilateral conjunctive. Pink, moist, without lesions. Red-light. Reflex present, PERRLA noted. Bilateral auricles clear of drainage or scrapes, bruises, bleeding, or lesions. Tympanic Membrane present. Nose midline without deviation. No sign of bleeding or polyps noted in nose. No drainage from nose. Patient does not have any teeth. No dentures. No tonsils found. Uvula is midline. Soft palate rises and falls symmetrically Gums are without bleeding, moist, and pink. .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention:** Y ☐ N **X** **Edema Y** ☐ N **X** **Location of Edema:**	S1 and S2 sounds audible. Normal heart sounds noted anteriorly. Capillary refill is less than three seconds. Peripheral pulses palpable in the posterior tibialis and radius, bilaterally.
RESPIRATORY (2 points): **Accessory muscle use:** Y☐ N **x** **Breath Sounds: Location, character**	Normal vesicular sounds heard in all lobules anteriorly and posteriorly. Normal rise and fall of chest symmetrically. Patient respirations 18.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:**	Regular diet at home. No Caffeine diet in the hospital (current). Normoactive bowel sounds heard in all four quadrants. No tenderness upon palpation. No masses, distention, incisions, scars, drains, or wounds found. Last BM 6/12/2021. Patient's height is 175 cm and patient's weight is

Last BM:
Palpation: Pain, Mass etc.:
Inspection:
   Distention:
   Incisions:
   Scars:
   Drains:
   Wounds:
Ostomy: Y ☐   N **X**
Nasogastric: Y ☐   N **X**
  Size:
Feeding tubes/PEG tube Y ☐   N **X**
  Type:
	77kg. No sign of abdominal aortic aneurysm. Patient has history of peptic and duodenal ulcers.

GENITOURINARY (2 Points):
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐   N **X**
Dialysis: Y ☐   N **X**
Inspection of genitals:
Catheter: Y ☐   N **X**
  Type:
  Size:
	Voiding without difficulty. Urine 200 mL for the shift, yellow and clear in color. No visible bleeding or foul odor.

MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance:** Y☐ N **X** **Fall Risk:** Y **X** N☐ **Fall Score:** **45** **Activity/Mobility Status:** **Independent (up ad lib) X** **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	Normal and smooth gait. ROM-normal and equal strength in all extremities. Face is symmetric. Communication and speech appropriate for developmental age. Verbal expression appropriate for developmental age. No use of supportive devices
NEUROLOGICAL (2 points): **MAEW:** Y **X** N☐ **PERLA:** Y **X** N☐ **Strength Equal:** Y **X** N ☐ if no - Legs ☐ Arms ☐ Both ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:**	No altered mentation, no motor deficits, no headache, no seizure, no syncope, no dizziness, and no vertigo. Patient is A&O x4.

LOC:	
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):**	Developmental level normal for his age. No sign of depression, no memory challenges, no sleeping challenges. Patient smokes marijuana as coping mechanism 1-2 times per day 5-7 days per week. Patient does not have family support. Patient is widowed and lives alone.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
07:27	63	130/76 (A)	18	36.5 C	97%
11:54	60	122/74 (M)	14	36.8 C	94%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
07:27	0	0	0	0	0
11:25	0	0	0	0	0

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 **Location of IV: Right AC** **Date on IV: 06/13/2021** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	0.9% NS 100 mL/hr., 1000mL bag. No phlebitis/infiltration present, catheter patent. Dressing dry, intact and transparent. No redness or signs of drainage.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480 mL	440mL

Nursing Care

Summary of Care (2 points)

Overview of care: Patient is being monitored for signs of SOB, palpitations, or acute distress. Patient was alert and oriented throughout the day; patient did not complain of any pain or discomfort. Patient ate all of breakfast and lunch without challenges. Patient is on a no caffeine diet because he had a stress test completed. Patient received new medication added to his home medications, metoprolol, because of new. Atrial Fibrillation episode. Patient did not have any new episodes of A. Fib. All of patient's vital signs are within normal range.

Procedures/testing done: Patient left the medical surgical floor to have stress test completed for about two hours.

Complaints/Issues: Patient did not have any complaints or issues to report to the staff.

Vital signs (==stable==/unstable): All of patient's vital signs are stable.

Tolerating diet, activity, etc.: Patient tolerated no caffeine diet, well. Patient walked normally during stress test and getting to and from stress test. Patient completed normal ADLs without assistance such as brushing teeth and toileting.

Physician notifications: No changes to report

Future plans for patient: Patient will go home and take medications as prescribed by the physician. Patient will follow up with primary care physician. In addition, patient will call hospital immediately if health declines. Atrial Fibrillation controlled with new medication metoprolol and heart rate monitored.

Discharge Planning (2 points)

    Discharge location: Patient will return home

    Home health needs (if applicable): N/A

    Equipment needs (if applicable): N/A

    Follow up plan: Patient will make appointment to see Primary Care Physician within 10

days of discharge and Cardiologist upon referral

    Education needs: Patient needs to stay on a low-sodium diet, check blood pressure

regularly, and patient will need to take all prescribed medications as directed.

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 by" components	• Explain why the nursing diagnosis was chosen		• 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 Atrial Fibrillation and acute kidney injury as evidenced by SOB, palpitations, and elevated creatinine blood level.	To improve patient's quality of life and reduce further damage to kidneys or heart, it is imperative that decreased cardiac output is priority attention.	1.Monitor vital signs, especially B/P and HR 2.Watch for signs of orthostatic hypotension	Patient's vital signs are stable, patient wasn't in any acute pain or shortness of breath. Patient responded well to goals put into place since patient did not. Have any complaints or concerns reported to the care team.
2. Increased cardiac	If this nursing diagnosis isn't	1. Administer medications as	Patient stated, "Thank you for allowing me to take a

workload related to Atrial Fibrillation as evidenced by rapid ventricular rate in ambulance.	addressed, patient runs the risk of having a heart attack.	prescribed by physician\n\n2.Ensure patient is taking breaks in between walking	break between walking, it helps with. Being short of breath," as he was walking to stress test room. Patient responded well and did not have another episode of rapid ventricular rate of his heart.
3. Risk for bleeding related to Atrial Fibrillation as evidenced by patient taking two blood thinners, Xarelto and Aspirin	Monitoring bleeding risks increases the likelihood that the nursing care team can respond quickly before serious fluid and electrolyte deficit occurs.	1.Ensure patient is only taking dosage as directed\n\n2 Monitor Patient's stool and urine for signs of bleeding.	Patient did not have any dizziness, lightheadedness, or blood in urine or stool. Patient did not have any bruising or obvious signs of injury or fluid deficit. Patient responded well since there was no acute injury.

Other References (APA):

Concept Map (20 Points):

Patient stated, "I live alone."

Patient stated, "I woke in the morning with my chest hurting, and it felt like my heart was beating fast. So, I checked my blood pressure, and my systolic wa...

Patient stated, "I just felt terrible…"

Decreased
Outcome:
Increased
Outcome:

Objective Data

Patient Information

Nursing Interventi

B/P-130/70
Temp.-36.5 C
Respirations-18
Pulse-63
Oxygen-97%
Patient experienced episode of A. Fib. in the ambulance with RVR
Chest X-Ray result- negative findings

JC
DOB:02/28/
65 years old
Caucasian M
175cm
77kg
Widowed
Retired from
Allergies: M
Present Dia