N321 Care Plan #1

Lakeview College of Nursing

Kaitlyn N. Holycross

Demographics (3 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
08/31/2021	VDW	74 years old	Female
Race/Ethnicity White	**Occupation** NA. Has had many jobs in the past, is currently retired in a nursing home.	**Marital Status** Single with 3 children	**Allergies** Bupropion: severity not specified- reacts with hives. IVP Dye (Iodine): Severity not specified- reacts with hives. Penicillins: severity not specified- reacts with swelling. Adhesive: low severity- develops rash (used coban without incident).

Code Status	**Height**	**Weight**
Full Code	5’4”	277 lb 9oz. BMI: 47.64 (severe obesity)

Medical History (5 Points)

Past Medical History:

Abdominal distention: 9/13/17

COPD with acute exacerbation (CMS-HCC): 4/25/19

CHF: 3/7/20

Chronic Respiratory failure: 11/13/19

Chronic hypoxemic respiratory failure: 11/13/19

CHF exacerbation: 6/14/19

Acute on chronic diastolic congestive heart failure: 4/25/19

Type 2 diabetes

OSA (obstructive sleep apnea)

Past Surgical History:

Ablation- Radiofrequency: 6/28/19

Breast biopsy: left breast

Breast lumpectomy: 2/16/15

Cataract removal: right eye in 2017

Colonoscopy

EGD/colonoscopy: 9/26/17

Neck surgery: 1990 to remove disc in upper neck

Pacemaker insertion/placement: 2/9/15

Right heart catheterization: 1/6/20

Upper gastrointestinal endoscopy: 6/24/19

Family History:

Father: diabetes, hypertension.

Mother (deceased): breast cancer at 58 years old, hypertension.

Maternal grandmother (deceased): breast cancer.

Sister: diabetes.

3 great maternal aunts (deceased): breast cancer.

Social History (tobacco/alcohol/drugs):

History of smoking 1 pack a day for 48 years (quit in 2015). No smokeless tobacco use. No alcohol use. No drug use.

Assistive Devices:

Wheel Chair

Living Situation:

Lives at a nursing home called University Rehab

Education Level:

High School

Admission Assessment

Chief Complaint (2 points):

Leg Swelling (Edema)

History of present Illness (10 points):.

Peripheral edema involves either the ankles, feet, or legs. In this patient's case, she is experiencing peripheral edema of the lower legs. The most common cause of this is involved in patients with heart failure and peripheral vascular disease. The swelling comes from excess fluid in the tissues of the body. The degree of edema can be tested by performing a technique where the nurse puts pressure on the skin and observes how long it takes for the skin to spring back. Pitting edema occurs when there is an indention where the nurse presses on the skin. The edema can then be rated on a scale of 0-4 based on the depth and rate of the indentation. In this patient's case, her edema is most likely from her congestive heart failure.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):

Peripheral edema

Secondary Diagnosis (if applicable):.

Congestive Heart Failure

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

The patient presented with edema of the lower legs. Overall, the major cause of edema is her diagnosis of congestive heart failure. Therefore, the important disease responsible for her symptom of edema is CHF. Congestive heart failure is also referred to as heart failure. Many

patients experience peripheral or pulmonary congestion with edema (Hinkle & Cheever, 2018). The result of heart failure is characterized by fluid overload and inadequate tissue perfusion. The body needs constant blood flow to meet the demands of oxygen and nutrients to areas such as organs. When the body fails to deliver adequate amounts of oxygen and nutrients needed by the body, that means the heart cannot generate proper cardiac output. Often, signs and symptoms occur way later on after heart failure has already started to take place. Once symptoms occur it is the goal of the healthcare team to manage these symptoms to relieve the patient and give them a better quality of life. Oxygen therapy could be a necessary option for patients who had heart failure. Edema is a systematic clinical manifestation due to the retention of fluid (Hinkle & Cheever, 2018). This patient is experiencing many symptoms of congestive heart failure such as shortness of breath and edema. All of her symptoms are related to the condition she has been diagnosed with. Her blood flow is inadequate which can contribute to poor oxygen and nutrient delivery throughout the body.

Pathophysiology References (2) (APA):

Page: 818

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

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	4.40-5.80x10^6/mcL	3.52	NA	Could be a vitamin B6, B12, or folate deficit. Poor nutrition (malnourished). Possibly internal bleed
Hgb	13.0-16.5g/dL	9.9	NA	Anemia
Hct	38.0-50%	32.5	NA	Vitamin or mineral deficiency. Insufficient supply of RBC (anemia). Leukemia or lymphoma. Large number of WBC due to infections or illness
Platelets	140-440x10^3	228	NA	
WBC	4.00-12.00x10^3/mcL	7.30	NA	
Neutrophils	40.0-68.0%	4.72	NA	Chemo, autoimmune disease, bone marrow disorder. Pt could also be deficient in vitamin B12, folate or copper.
Lymphocytes	19.0-49.0%	15.6	NA	Infection or illness
Monocytes	100-700	12.2	NA	Bloodstream infection, chemo/radiation
Eosinophils	0.0-6.0	5.9	NA	Allergies, autoimmune disorder, leukemia, or other cancer
Bands	0-500	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-	134-145mEq/L	137	NA	

K+	3.6-5.2	3.4	NA	Vomiting, diarrhea, adrenal gland disorders
Cl-	98-107mEq/L	89	NA	Fluid loss through vomiting, diseases, or medications
CO2	23-29	36	NA	Diabetic ketoacidosis, kidney disease
Glucose	70-100	155	NA	Patient is diabetic
BUN	8-25	53	NA	Kidneys are not working properly, also could be dehydration which could be probable in her case because she is NPO
Creatinine	0.6- 1.3	1.84	NA	Kidney problem, dehydration, or consuming too much protein in diet
Albumin	3.4-5.4	3.2	NA	Inflammation shock. Malnutrition. Crohns or celiac disease
Calcium	8.7- 10.2mg/dL	9.8	NA	
Mag	1.7-2.2	2.6	NA	Kidney failure, too much in diet such as laxatives or antacids
Phosphate	3.4-4.5	NA	NA	
Bilirubin	0.1-1.2	0.7	NA	
Alk Phos	20-130	124	NA	
AST	8-33 U/L	32	NA	
ALT	7-55 U/L	20	NA	
Amylase	40-140 U/L	NA	NA	
Lipase	24-151 U/L	NA	NA	
Lactic Acid	4.5-19.8 mg/dL	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	1.1 or below for people not taking blood thinners	1.4	NA	The blood clots slower than needed
PT	11-13.5 seconds	NA	NA	
PTT	25-35	83.9	NA	Longer blood clotting time. Can be caused by certain medications, liver disease or kidney disease
D-Dimer	less than 0.50	4.42	NA	Heart disease which this pt had CHF. Recent surgery could be a cause, also infection, trauma, or cancer
BNP	less than 125 pg/mL	NA	NA	
HDL	60 mg/dL or higher	NA	NA	
LDL	less than 100mg/dL	NA	NA	
Cholesterol	125-200mg/ dL	NA	NA	
Triglycerides	less than 150 mg/dL	NA	NA	
Hgb A1c	Below 5.7%	NA	NA	
TSH	0.5-5.0mlU/ L	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	NA	
pH	5.0-9.0	9.0	NA	
Specific Gravity	1.003-1.030	1.005	NA	
Glucose	Negative	Negative	NA	
Protein	Negative	30	NA	Kidney disease can be a cause

Ketones	Negative	Negative	NA	
WBC	Neg, 0-5/hpf	49	NA	Inflammation in urinary tract or kidneys. Pt did have a foley just removed so an infection is possible
RBC	Neg, 0-2/hpf	8	NA	Infection in urinary tract, bladder, or kidneys
Leukoesterase	0-5 WBC	Moderate	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		NA		
Blood Culture		NA		
Sputum Culture				Moderate squamous epithelial cells. Rare PMNs. Few gram+ cocci. Oropharyngeal contamination
Stool Culture		NA		

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). Davis Advantage for Pathophysiology: *Introductory Concepts and Clinical Perspectives (2nd edition)*. Philadelphia: F.A. Davis.

MedlinePlus. (2020). *MedlinePlus*: *U.S National Library of Medicine*. https://medlineplus.gov/

Medscape. (2020). *Medscape*. https://reference.medcape.com/

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Pt was having a right heart catheterization 9/9. Results were not available when I was there.

Diagnostic Test Correlation (5 points):

Patient is getting a right heart catheterization which correlates with her congestive heart failure. Heart catheterization is performed by inserting a small flexible catheter through an artery in either the arm, leg, or hand (MedlinePlus, 2021). This procedure will help identify and bring awareness to the specific heart problem the patient is dealing with.

Diagnostic Test Reference (1) (APA):

MedlinePlus. (2020). *MedlinePlus*: *U.S National Library of Medicine*. https://medlineplus.gov/

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

Home Medications (5 required)

Brand/Generic	Atorvastatin (Lipitor)	Citalopram (Celexa)	Aspirin chewable tablet	Colchicine tablet (Colcrys)	Apixaban tablet (Eliquis)
Dose	20 mg	20 mg	81 mg	0.6 mg	5 mg
Frequency	Q PM (every evening)	Daily	Daily	Daily	BID (Two times daily)
Route	Oral	Oral	Oral	Oral	Oral
Classification	lipid lowering agent	anti depressant	Anti inflammatory	uricosurics	anticoagulant

Mechanism of Action	selective, competitive inhibitor of HMG-CoA reductase	inhibition of CNS neuronal uptake of serotonin (5-HT)	inhibit the activity of of enzyme cyclooxygenase (COX) acetylating the hydroxyl of serine residue	competitively inhibits reabsorption of uric acid at the proximal convoluted tubule	inhibits free and clot-bound factor XA and prothrombinase activity
Reason Client Taking	High cholesterol	depression	Heart protection	gout	afib/blood clots
Contraindications (2)	Alcoholism Liver failure	manic depression suicidal thoughts	Asthma nasal polyps	gastrointestinal intolerance Significant cardiopulmonary disease	hemorrhage of the brain artificial heart valve present
Side Effects/Adverse Reactions (2)	Muscle pain diarrhea	Nausea Difficulty having an orgasm	Heartburn Nausea	Diarrhea Nausea	Dizziness Weakness
Nursing Considerations (2)	liver function tests and lipid panel should be done first for a baseline to go off of	Do not start if currently breastfeeding or currently pregnant. Can transfer to baby	Tell pt to keep an eye on bleeding. Drink lots of water and no alcohol	report signs of fatigue	Increased risk for bleeding. Monitor and be extra careful not to break skin

Hospital Medications (5 required)

Brand/Generic	Cyanocobalamin (Vitamin B12)	Albuterol HFA 90 mcg/	AllopurinoL tablet	Cholecalciferol (Vitamin D3)	Artificial tears eye

		actuation inhaler	(Zyloprim)		drop
Dose	1000 mcg	2 puffs	150 mg	1000 units	1 drop
Frequency	Daily	Every 6 hours PRN	2 times daily	Daily	4 times daily PRN
Route	Oral	Inhalation	Oral	Oral	Eye. Both eyes
Classification	B complex vitamin	bronchodilators	xanthine oxidase inhibitor	vitamin d analog	sympathomimetic amines
Mechanism of Action	tissues absorb vitamin b12 by specific b12 binding proteins, transco albumin I and II, allowing it to enter the cells	acts on beta-2 adrenergic receptors to relax the bronchial smooth muscle	inhibit xanthine oxidase, converts hypoxanthine to xanthine to uric acid	the activated form of cholecalciferol binds to vitamin d receptors and modulates gene expression	lymphocyte apoptosis and blockage of cell-mediated inflammation
Reason Client Taking	low vitamin b12 levels	COPD	gout	Low vitamin d	Dry eyes
Contraindications (2)	low potassium in blood atrophic gastritis	overactive thyroid gland Excess body acid	Dehydration CHF	Kidney stone Decreased renal function	Contact lenses pregnancy
Side Effects/Adverse Reactions (2)	Tingling sensation hands and feet Headache	Nervousness Headache	Stomach upset Diarrhea	Weakness Dry mouth when taking too much	Blurred vision eye pain
Nursing Considerations (2)	labs should be checking such as hematocrit levels	Monitor respiratory rate, oxygen levels, and lung sounds before and after administering it	Monitor for hypersensitivity reactions	Breastfeeding or pregnant women should be monitored because too much could harm the baby	Make sure pt isn't wearing contacts

Medications Reference (1) (APA):

2020 Nurse's Drug Handbook (9th edition). (2020). Burlington, MA, MA: Jones & Bartlett Learning.

NCBI. (2020). NCBI: *National Center for Biotechnology Information.*

https://www.ncbi.nlm.nih.gov/

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** Alert **Orientation:** Oriented x4 **Distress:** No acute distress except when the potassium drip was first started **Overall appearance:** Clean and hair seemed washed. No smell.	
INTEGUMENTARY (2 points): **Skin color:** Pt was fair skinned which was appropriate for her race. Slight pink color **Character:** Dry **Temperature:** Warm **Turgor:** Normal/slow skin turgor **Rashes:** No rashes **Bruises:** Black/purple bruising on the arm where the IVs have been inserted. Bruising on both lower legs **Wounds:** No visible wounds **Braden Score:** 16 **Drains present: Y☐ N ☐** **Type:**	Pt's skin turgor indicates normal to slightly dehydrated. Skin was dry and flaky in some areas. Her driest areas were on her legs where she has some skin bruising and tears

HEENT (1 point): **Head/Neck:** Symmetrical, no lumps on her head, and no palpable lymph nodes **Ears:** Seemed to be in good condition, no obvious drainage, seemed to have no troubles hearing me **Eyes:** White, clear, no drainage, no irritation, passed PERRLA and ROM, symmetrical **Nose:** No deviated septum, symmetrical upon inspection **Teeth:** No teeth. Gums seemed a little irritated	Pt has had cataract surgery in one eye and is to receive second surgery for her other eye within the month. She said she would "utilize reading glasses after her second surgery". Pt has dry eyes that require eye drops sometimes. No teeth. Pt mentioned that she cannot eat foods that are tough.
CARDIOVASCULAR (2 points): **Heart sounds:** Heart sounds were slightly irregular, no murmurs detected, no palpitation **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** NA **Peripheral Pulses:** Present, not super easy to find **Capillary refill:** Less than 3 seconds **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:** Legs	Pt has CHF
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character** Breath sounds had some crackles and wheezing. Breaths were symmetrical, no rhonchi. Difficulty breathing when she did not have her oxygen	Pt utilized oxygen through a nose cannula. When we transitioned her from the bed to the chair and had to take off her oxygen she became short of breath and it took her a minute to regain regular breathing patterns once her oxygen went back on
GASTROINTESTINAL (2 points): **Diet at home:** No strict diet **Current Diet:** Hospital has her on a diabetic diet **Height:** 5' 4" **Weight:** 277 lbs 9 oz **Auscultation Bowel sounds:** Clear bowel sounds **Last BM:** During the night **Palpation: Pain, Mass etc.:** **Inspection:**	Diet at home, or in her case a nursing home, is not good. She explained to me that she eats whatever she wants. Her nursing home does not enforce a specific diet. She consumes meat, mashed potatoes, and some vegetables for dinner. Her breakfast consists of eggs, sausage, toast, and cream of wheat with brown sugar. Pt said she loves twinkies and eats them everyday (she hides them in her drawer so other residents don't take them).

Distention: Normal **Incisions:** None present **Scars:** Scar on her chest **Drains:** No **Wounds:** No **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	
GENITOURINARY (2 Points): **Color:** Yellow **Character:** pH was 9.0 **Quantity of urine:** Approximately 150mL **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Pt was NPO for a procedure, therefore, her urine was darker Pt had a catheter recently removed
MUSCULOSKELETAL (2 points): **Neurovascular status:** Some pain in lower limbs, pulse is good, edema of lower limbs **ROM:** Full range of motion but cannot get up or move on her own **Supportive devices:** Wheelchair **Strength:** Decent strength in upper limbs, very weak in lower limbs **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** 30 **Activity/Mobility Status:** Not mobile **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Pt is very weak. She needed help moving from the bed to her chair. She could move her legs and body to the side of the bed, but needed full assistance after that. We utilized assistive devices to move her from bed to chair since she could not walk or be held up.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** Communicated very well **Mental Status:** Alert, well aware, very good at communicating, overall good status **Speech:** Speaks clear	Legs were much weaker possible due to her size and the swelling of her legs. Pt seemed to have no trouble communicating or remembering information. She was easy to talk to and very nice.

Sensory: Aware **LOC:** Fully aware	
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** Taking naps and praying **Developmental level:** Appropriate for age **Religion & what it means to pt.:** Catholic. Religion is "what carried me through hard times" **Personal/Family Data (Think about home environment, family structure, and available family support):** Has three children who will come and see her. Other than that she lives at the nursing home and interacts with people there	.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0857	76	140/92	18	98.8	93
1034	75	142/92	17	98.8	93

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0857	7	Right leg/hip/ IV site	More severe with the burning of IV med	Dull for leg/hip. Burn for IV	Ice pack and slowed down IV drip for hand.
1034	6	Right leg/hip	Mild	Dull pain in hip and legs	Pain pill (Narco)

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20G **Location of IV:** Hand and arm **Date on IV:**Arm IV was given day of	Potassium was used in the IV placed in her hand. Mixture can feel like it is burning when going through the IV so Normal Saline was

admission (8/31). Hand was given this day (9/9) **Patency of IV:** Efficiently working, proper blood return and administration of IV solutions **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** Clean, no drainage, swelling, or bruising	used at the same time to reduce the burning sensation.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
NPO	Approximately 150 mL of urine. Had a bowel movement last night according to the night nurse.

Nursing Care

Summary of Care (2 points)

Overview of care:

Pt was being cared for/treated for her edema and shortness of breath. Her shortness of breath was correlated to her COPD and CHF.

Procedures/testing done:

Procedures done were a right heart catheterization. She had bloodwork and an X-ray of her chest as well.

Complaints/Issues:

Complains of pain in her legs due to the edema. Pt is short of breath due to her present conditions.

Vital signs (stable/unstable):

Vital signs are stable. Oxygen saturation is a little low but that is most likely due to being short of breath and having CHF and COPD.

Tolerating diet, activity, etc.:

Diet is not good for her diabetes. She eats whatever she wants and claims to eat most things like twinkies that are soft due to having no teeth. Pt is limited with activity since she cannot move on her own.

Physician notifications:

NA

Future plans for patient:

Continue to provide oxygen, get on a more controlled diabetic diet (low-carb), get proper care to manage her COPD and CHF.

Discharge Planning (2 points)

Discharge location:

Nursing home: University rehab

Home health needs (if applicable):

Oxygen

Equipment needs (if applicable):

Wheelchair

Follow up plan:

Follow up on bloodwork

Education needs:

Educate her on her diet. Having a healthy diet could lower her risk for complications involving her diabetes.

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

Nursing Diagnosis ● Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** ● Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** ● How did the patient/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
1. Imbalanced Nutrition: Pt is diabetic, has COPD, and CHF. All of these components are major diagnoses. Pt does not eat a diabetic diet which could aid in future problems with her diabetes. Diet could play a role in how her other two diagnoses play out. The patient being very overweight could contribute to her SOB as well.	The pt is dealing with major diagnoses. Multiple nursing diagnoses could have been chosen for her. However, diet plays a huge role in a pt's overall health. Not to mention in her case, possibly losing some weight or managing her diabetes better. Improper nutrition while having diabetes could result in many life threatening complications. Her current diet high in carbs and sugar is not helping her other concerns. Staying on a diabetic diet could manage her diabetes and help her CHF symptoms. Eating	**1.** Switch to a diabetic diet with less carbs and sugar. Also, less processed foods since those usually contain lots of sodium 2. Switch out large meals for smaller meals. These meals are easier to digest which could make her COPD worse. Eating requires energy which can be difficult for people with COPD due to SOB.	The family responded well to the nurses actions because it is helping their mother to potentially deal with less problems. The client will most likely struggle with this condition since it has been a lifetime of eating habits. Small changes gradually might be best. The patient will feel better and possibly take less trips to the doctor**.**

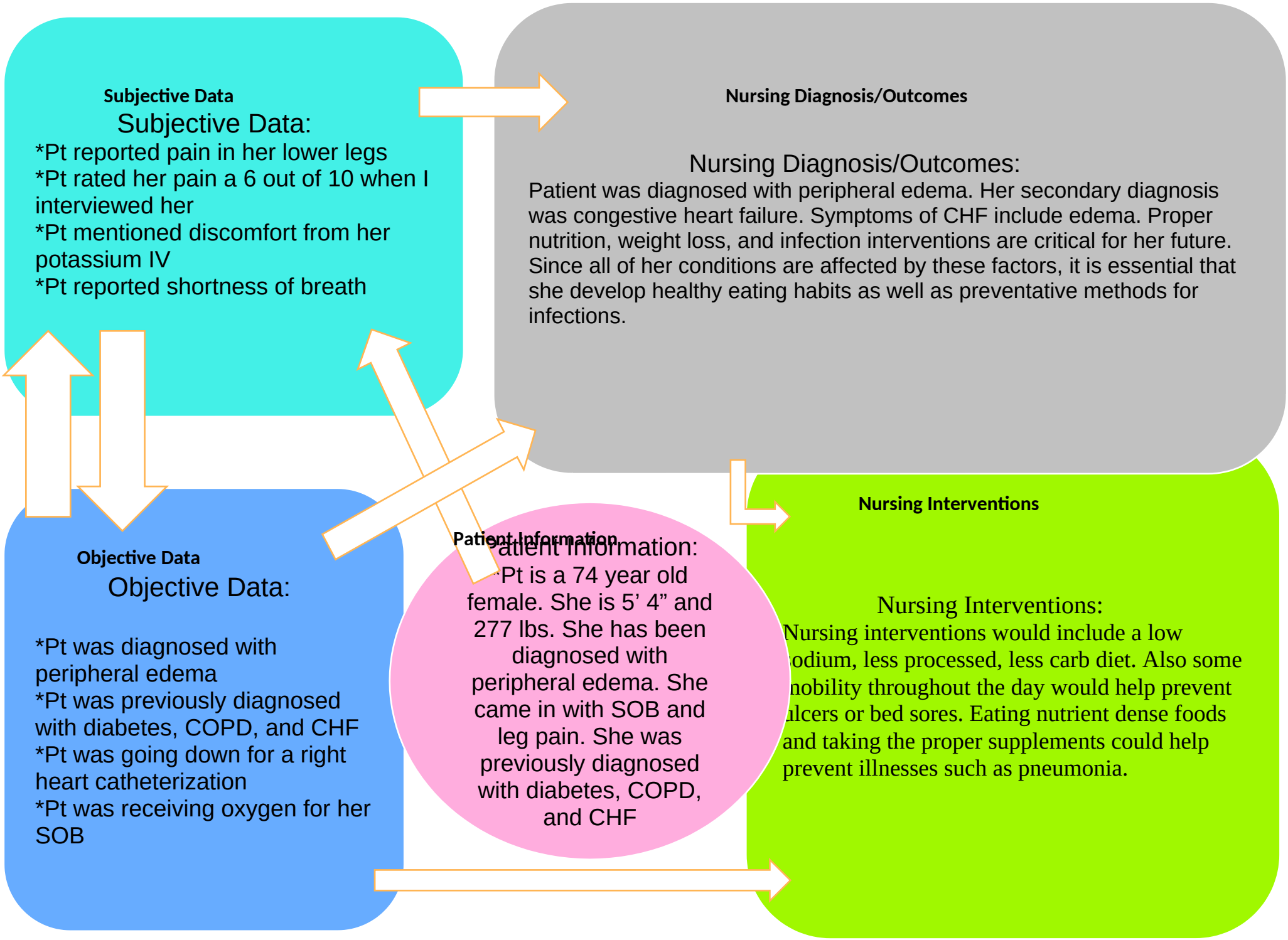
	processed foods filled with sodium could increase the body's water content which makes the heart work harder. Good nutrition is also essential for fighting infections which could be an increased issue with COPD**.**		
2. Obesity: The second nursing diagnosis goes along with the first. The pt is considered morbid obese which is not good for her overall health. Also, her COPD and CHF are most likely negatively affected by her weight. The chart said she has also recently gained weight, which could be attributed to the excess fluid (edema). All of the extra weight is not good for her overall health	Being overweight with CHF makes the heart continue to work harder when it already fails to give the proper amount of oxygen and nutrients. There is more weight to carry which also can contribute to being short of breath in relationed to her COPD. I chose this nursing diagnosis because even a little bit of weight loss could take a load off of her heart, not to mention help manage her diabetes.	**1.** Switching out to smaller meals throughout the day could help her COPD, but also she is not consuming so many calories in one setting which is harder to burn off 2. Cutting down portion sizes helps, but also cutting out the processed food, sugar, and carbs could help lower the calorie count. The pt said her favorite drink is a Coke, eliminating or reducing that would be helpful as well. Water is a good and healthy substitute.	The family would understand and be on board with their mother getting healthier. The extra weight coming off will be motivating for the pt. She might not care about how she looks, but she will love how she feels. Even a little weight off would help her and her conditions.

or health conditions.			
3. Risk for infection: the pt is at risk for developing bed sores or ulcers from her being inactive. She is also more at risk because of her COPD which increases her risk of pneumonia or other respiratory conditions.	This nursing diagnosis is essential because infection could cause harm, especially with her current diagnoses. Her heart, and lungs are currently not working to their fullest potential. The patient also **does** not have adequate nutrition. All of these factors, along with her inactivity, put her at risk for infection.	**1.** Moving from her bed to her chair multiple times a day could give her the mobility she needs to prevent any ulcers. **2.** Another intervention could be to keep up her nutrition to help with fighting off infections. Staying away from sick people, eating right, and taking the proper supplements could help equip her body to fight off illnesses.	Her family would be happy to see their mother move around and get the proper preventive methods. Keeping her healthy would be one of their top priorities. The patient would enjoy moving around throughout the day and taking the proper steps to ensure she doesn't become sick.

Other References (APA):

Swearingen, P.L., & Wright, J.D. (2019). *All-in-one nursing care planning resource*: Medical-Surgical, Pediatric, Maternity, and Psychiatric- Philadelphia, Missouri: Elsevier Health Sciences.

Concept Map (20 Points):


Subjective Data
Subjective Data:
*Pt reported pain in her lower legs
*Pt rated her pain a 6 out of 10 when I interviewed her
*Pt mentioned discomfort from her potassium IV
*Pt reported shortness of breath
Nursing Diagnosis/Outcomes
Nursing Diagnosis/Outcomes:
Patient was diagnosed with peripheral edema. Her secondary diagnosis was congestive heart failure. Symptoms of CHF include edema. Proper nutrition, weight loss, and infection interventions are critical for her future. Since all of her conditions are affected by these factors, it is essential that she develop healthy eating habits as well as preventative methods for infections.
Objective Data
Objective Data:
*Pt was diagnosed with peripheral edema
*Pt was previously diagnosed with diabetes, COPD, and CHF
*Pt was going down for a right heart catheterization
*Pt was receiving oxygen for her SOB
Patient Information
Patient Information:
Pt is a 74 year old female. She is 5' 4" and 277 lbs. She has been diagnosed with peripheral edema. She came in with SOB and leg pain. She was previously diagnosed with diabetes, COPD, and CHF
Nursing Interventions
Nursing Interventions:
Nursing interventions would include a low odium, less processed, less carb diet. Also some nobility throughout the day would help prevent lcers or bed sores. Eating nutrient dense foods and taking the proper supplements could help prevent illnesses such as pneumonia.

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