N431 Care Plan # 1

Lakeview College of Nursing

ADELE MOANDA

Demographics (3 points)

Date of Admission 08/31/2021	Patient Initials S G	Age 47 YO	Gender F
Race/Ethnicity Caucasian	Occupation unemployed	Marital Status Married	Allergies Latex: hives
Code Status FULL	Height 161.6 cm (5’ 6”)	Weight 212.4 kg (464 lbs. 48 oz)	

Medical History (5 Points)

Past Medical History: ADD (attention deficit disorder), chronic pain, insomnia, lumbago, OSA (obstructive sleep apnea), osteoarthritis, sciatica (R leg), CHF, morbid obesity, calculus of kidney, chronic anemia, and fibromyalgia.

Past Surgical History: abdominoplasty, cesarian section. Cholecystectomy, gastric bypass surgery (the patient was 500 lbs.), hernia repair, R/L heart catheterization, and wrist surgery. All past surgery dates are not noted in the EMR, and the patient cannot remember.

Family History:

The maternal grandmother has a breast cancer

Paternal grandfather died with Heart Failure

Three maternal aunts have breast cancer

The patient’s paternal grandmother, father, son, and daughter have hypertension, depression, ADD/ADHD, and diabetes.

Social History (tobacco/alcohol/drugs): the patient has quit smoking cigarettes since 5/30/2018. She was smoking 0.50 pack/day

Assistive Devices: walker

Living Situation: Family Single House, owner.

Education Level: high school diploma and phlebotomy certificate.

Admission Assessment

Chief Complaint (2 points): The patient complained of shortness of breath

History of present Illness (10 points):.

On 08/31/2021, a 46-yo Caucasian female patient with a past story of morbid obesity, chronic anemia, CHF, OSA, and osteoarthritis was brought to the ER by her daughter because of progressively worsening shortness of breath, generalized edema, and abdominal distention. The patient claimed that "she felt continuous chest tightness that did not release by resting and could not breathe". She rated her chest pain 10/10. The patient was on diuretic treatment for CHF long ago, but she was out of medication for three months. On admission day, patient lab values show decreased RBCs, Hgb, and Hct, 2.82/5.7/22.9. She has a history of chronic anemia. So, the body has able to produce many RBCs. The patient's calcium level is also low, 8.2; she has a history of kidney calculus; this can block the kidney's ability to release erythropoietin to stimulate a new RBC. The Doctor decided to hospitalize the patient to give the medication that helped her pull out the extra fluids from her body. The patient's lungs had crackles on admission day due to fluid overload. The Doctor ordered a Chest X-Ray, they found an enlarged cardiac silhouette associated with pulmonary vascular congestion on the Right side but normal on the left side.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):CHF (Congestive heart failure).

Secondary Diagnosis (if applicable):N/A

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

Congestive heart failure is also known as HF. According to Hinkle & Cheever (2018), C0rnary Heart Failure happens when cardiac disorders' structural or function compromise the heart's ability to receive or pump blood. Some chronic diseases, including hypertension, CAD, valvular disorders, cardiomyopathy, and renal impairment associated with fluid overload, can progress and cause CHF. One of the most types of CHF is CAD occurs when blood vessels supply the heart become damaged. Ischemic causes also happen when there is myocardial dysfunction due to poor perfusion. The CHF can affect both sides of the heart, right/ left, and the symptoms depend on the affected side (Capriotti, 2020).

Right-sided heart failure happens once the right ventricle can no longer eject blood effectively into pulmonary arteries and causes blood to back up in the central veins connected to the kidney and liver and body present those signs: visceral and peripheral edema, JVD, dependent edema, ascites, and weight gain (Hinkle & Cheever, 2018).

Left-side failure happens when the left ventricle can no longer pump blood efficiently into the aorta and systemic circulation. This process causes blood to back up in the lungs and causes pulmonary edema with signs of dry, no productive cough, gallop, dyspnea on exertion, crackles in lungs, orthopnea because the is not able to receive oxygen, and a rapid heartbeat (Hinkle & Cheever, 2018), The right side heart failure occurs as a result of left side failure.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). ***Pathophysiology: introductory concepts and clinical perspectives*****.**

Philadelphia: F.A. Davis Company.

Hinkle, J. L., & Cheever, K. H. (2018). ***Brunner & Suddarth's textbook of medical-surgical***

nursing **(14th 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	**3.80-5.41**	**2.82**	**3.67**	**Low. Anemia occurs when your body has a low level of RBC by a defect in its production or destruction, kidney impairment, anemia, and hemorrhage. (Hinkle & Cheever, 2018). Mrs. SG has suffered from chronic anemia for many years.**
Hgb	**11.3-15.2**	**5.7**	**8.7**	**Low. Anemia is reported as a low hemoglobin (Mayo Clinic 2020). Mrs. SG has chronic anemia.**
Hct	**33.2-45.3%**	**22.9**	**32.2**	**Low. A low Hct indicates that there is little RBC in the body. Mrs. SG has a history of chronic anemia, so it is expected to find a low hematocrit because of lack of RBC.**
Platelets	**149-493 K**	**270**	**294**	**Normal**
WBC	**4-11.7 K**	**6.11**	**6.54**	**Normal**
Neutrophils	**45.3-79**	**N/A**	**N/A**	**Normal**
Lymphocytes	**11.8-45.9**	**17**	**21.4**	**Normal**
Monocytes	**4.4-12.0**	**6.5**	**11.8**	**Normal**
Eosinophils	**0.0-6.3**	**0.3**	**0.3**	**Normal**
Bands	**N/A**	**N/A**	**N/A**	

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**135-145**	**139**	**137**	**Normal**

K+	**3.5-5.1**	**4.5**	**4.3**	**Normal**
Cl-	**98-107**	**101**	**101**	**Normal**
CO2	**22-29**	**26.0**	**27.0**	**Normal**
Glucose	**70-99**	**85**	**100**	**Normal**
BUN	**7-25**	**9**	**19**	**Normal**
Creatinine	**0.5-1.20**	**0.95**	**1.17**	**Normal**
Albumin	**3.5-5.7**	**N/A**	**N/A**	
Calcium	**8.6-10.4**	**8.2**	**9.0**	**Low. According to Hinkle & Cheever (2018), a low calcium value is observed in people with osteoporosis due to inadequate vitamin D consumption. It can also see that the people who drink caffeine, alcohol abuse, and kidney disease. Mrs. S G suffered from osteoarthritis for an extended period and she drinks coffee daily.The patient uses a laxative to help with constipation, and she also uses antiacid for heartburn. Therefore, those two medications decrease calcium absorption in the body.**
Mag	**1.6-2.4**	**1.9**	**2.3**	**Normal**
Phosphate	**3.4-4.5**	**N/A**	**N/A**	
Bilirubin	**0.2-1.2**	**N/A**	**N/A**	
Alk Phos	**35-105**	**N/A**	**N/A**	
AST	**5-40**	**N/A**	**N/A**	
ALT	**7-56**	**N/A**	**N/A**	

Amylase	**30-110**	**N/A**	**N/A**	
Lipase	**60-160**	**N/A**	**N/A**	
Lactic Acid	**0.5-2.0**	**N/A**	**N/A**	
Troponin	**>0.04**	**<0.01**	**N/A**	
CK-MB	**3-5**	**N/A**	**N/A**	
Total CK	**22-198**	**N/A**	**N/A**	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**0.8-1.2**	**N/A**	**N/A**	
PT	**11.9-15**	**N/A**	**N/A**	
PTT	**25-35**	**N/A**	**N/A**	
D-Dimer	**<0.50**	**N/A**	**N/A**	
BNP	**2.5-7.1**	**N/A**	**N/A**	
HDL	**<50**	**N/A**	**N/A**	
LDL	**<100**	**N/A**	**N/A**	
Cholesterol	**125-200**	**N/A**	**N/A**	
Triglycerides	**<150**	**N/A**	**N/A**	
Hgb A1c	**<5.7**	**N/A**	**N/A**	
TSH	**0.5-5.0**	**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	Value on	Today's	Reason for Abnormal

	Range	Admission	Value	
Color & Clarity	**Yellow, clear**	**Colorless clear**	**N/A**	**Normal**
pH	**5.0-8.0**	**6.0**	**N/A**	**Normal**
Specific Gravity	**1,003-1034**	**1.003**	**N/A**	**Normal**
Glucose	**0.-0.8**	**Neg**	**N/A**	**Normal**
Protein	**Negative**	**Neg**	**N/A**	**Normal**
Ketones	**Negative**	**Neg**	**N/A**	**Normal**
WBC	**<5**	**Neg**	**N/A**	**Normal**
RBC	**0-3**	**2**	**N/A**	**Normal**
Leukoesterase	**Negative**	**Neg**	**N/A**	**Normal**

Arterial Blood Gas 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
pH	**7.35-7.45**	**N/A**	**N/A**	
PaO2	**>80 mm Hg**	**N/A**	**N/A**	
PaCO2	**35-45**	**36.0**	**39.0**	
HCO3	**22-26**	**N/A**	**N/A**	
SaO2	**>94%**	**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	Negative	N/A	N/A	Normal
Blood Culture	Negative	N/A	N/A	Normal
Sputum Culture	Negative	N/A	N/A	Normal
Stool Culture	Negative	N/A	N/A	Normal

Lab Correlations Reference (1) (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- **R CHEST AP OR PAA only**

Findings: enlarged cardiac silhouette with associated pulmonary vacular congestion/ interstitial edema. There is no pneumothorax, large pleural effusion, or focal infiltration.

- **L CHEST**

Findings: normal size no enlarged cardiac silhouette, no pneumothorax.

- **XR LEG LEFT LOWER TIBIA/FIBULA**

Findings: normal alignment no fracture, no radio opaque foreign object. No significant degenerative changes.

- **XR LEG RIGHT LOWER TIBIA/FIBULA**

Findings: mild tricompart metal osteoarthritis of the knee and edema in subcutaneous fat.

Diagnostic Test Correlation (5 points):

According to Hinkle & Cheever (2018), a chest x-ray and a 12-lead electrocardiogram (ECG) are used to assist in diagnosing HF. They also claimed that edema usually affects the feet and ankles and worsens when the patient stands or sits long. The edema can gradually progress up to the legs, thighs, external genital, and lower trunk. Mrs. S G's Chest X-R confirmed enlarge of the heart on the right side and edema. On observation, Mrs. S G has bilateral edema from feet through the lower trunk, as the authors claimed.

Diagnostic Test Reference (1) (APA):

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

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

Home Medications (5 required)

Brand/Generic	**Acetaminophen.** **Tylenol** **(Skidmore-Roth, 2018, p. 6-8).**	**Albuterol inhaler** **Ventolin HFA** **(Skidmore-Roth, 2018, p. 23-25).**	**Baclofen** **Gablofen** **(Skidmore-Roth, 2018, p. 101-103).**	**Famotidine** **Pepcid** **(Skidmore-Roth, 2018, p. 408-409).**	**Gabapentin** **(Skidmore-Roth, 2018, p. 458-460).**
Dose	**650 mg**	**90 mcg**	**20 mg tab**	**20 mg**	**600 mg**
Frequency	**2 tabs q6 hrs. PRN**	**2 puffs q4 hrs. PRN**	**Take 1 tab**	**Take 1 tab. every 12 hrs.**	**Take 900 mg three times a day.**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Nonopioid analgesic**	**Bronchodilator Adrenergic B-**	**Skeletal muscle relaxant**	**Antiulcer**	**Anticonvulsant**

	Nonsalicylate	**agonist**	**GABA chlorophenyl**	**H2-histamine receptor agonist**	**GABA analogue**
Mechanism of Action	**May block pain impulse peripherally that occur in response to inhibition of prostaglandin.**	**Causes bronchodilatation by action on B2 (pulmonary) receptors by increasing levels of cyclic AMP and cause a relaxation of smooth muscles.**	**Inhibits synaptic response in CNS by stimulating GABA B receptor subtype and decrease severity of muscle spasms.**	**Inhibits histamine at H2-receptor site in gastric parietal cells, which inhibits gastric acid secretion while pepsin remain at a stable level.**	**Increase seizure threshold by binding sites in neocortex, hippocampus.**
Reason Client Taking	**Mild to severe pain.**	**SOB**	**Release a muscle spasm.**	**To reduce the heartburn.**	**The patient use it to relax the nerves.**
Contraindications (2)	**Hepatic/ renal disease and Alcoholism.**	**Diabetes mellitus and Hypertension.**	**1.Diabètes mellitus 2.Peptic ulcer.**	**1.Pregnancy 2.Sever rénal disease.**	**Dépression Hemodialysis.**
Side Effects/Adverse Reactions (2)	**GI bleeding Vomiting**	**Anxiety Tremors**	**Coma Insomnia**	**Headache Dizziness**	**Dry mouth Confusion**
Nursing Considerations (2)	**1.Assess for fever and pain. 2.Chect I&O, a decreased may indicated renal failure.**	**Assess respiratory function: vital capacity and lung sounds. Monitor for allergic reactions**	**Assess CNS depression : dizziness and drowsiness Check I/O for urinary**	**Assess abdominal pain Monitor I/O ratio**	**Assess eye problems Provide increase fluid to the patient or bulk in diet to void constipation**

			retention.		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor liver function: AST and ALT. monitor bilirubin and creatinine.**	**Monitor ABGs**	**Assess an increase AST, ALT, alkaline phosphatase, blood glucose, and CK.**	**Monitor BUN, creatine, and CBC**	**Monitor WBC, creatinine, and BUN.**
Client Teaching needs (2)	**Advice the report sign of bleeding, bruising. Malaise, and fever.** **Advise the patient to avoid alcohol and another OTC medication.**	**Tell patient not to use OTC medications.** **Teach patient to stop the medication immediately if bronchospasm occurs.**	**Teach patient to notify prescriber if nausea, headache, tinnitus, confusion, constipation, and painful urination continues.** **Teaching patient to avoid OTC medication: cough preparation.**	**Tell patient to report diarrhea, black tarry stools, sore throat, and skin rash.** **Advice patient to avoid taking OTC.**	**Advice patient to use hard candy, gum, and frequent rinsing of mouth to help with dry mouth.** **Advise patient to avoid driving.**

Hospital Medications (5 required)

Brand/Generic	**Acetazolamide** **Diamox**	**Fentanyl** **Sublimaze**	**Hydrocodone-acetaminophen/ Norco**	**Ipratropium** **Atrovent HFA**	**Melatonin** **Methoxytryptamine**

	(Skidmore-Roth, 2018, p. 8-10)	**(Skidmore-Roth, 2018, p. 414-417).**	**(Skidmore-Roth, 2018, p. 489-491).**	**(Skidmore-Roth, 2018, p. 544-546).**	**RxList, (2021).**
Dose	**250 mg**	**50 mcg**	**5-325 mg tab.**	**0.5-2.5 mg/ 3 mg nebulizer solution**	**3 mg tab.**
Frequency	**Take 1 tab twice a day**	**q 6 hrs. as needed**	**1 tab. PRN q 6 hrs.**	**3 mg PRN**	**PRN at bedtime**
Route	**PO**	**IV push**	**PO**	**PO**	**PO**
Classification	**Diuretic carbonic anhydrase inhibitor.** **Sulfonamide derivative**	**Opioid analgesic.** **Synthetic phenylpiperidine**	**Opioid Analgesic.** **Nonopioid analgesic**	**Bronchodilator** **Synthetic quaternary ammonium compound**	**anti insomnia** **Miscellaneous anxiolytics**
Mechanism of Action	**Inhibits carbonic anhydrase activity in proximal renal tubules to decrease reabsorption of water, sodium, potassium, bicarbonate causing increased urine volume and alkaline urine.**	**Inhibits ascending pain pathways in CNS, increase pain threshold alters pain perception by binding to opiate receptors.**	**Binds to Opioid receptors in the CNS to reduce pain.**	**Inhibits interaction of acetylcholine at receptor sites on the bronchial smooth muscle, resulting in decrease cyclic guanosine monophosphate and bronchodilatation.**	**Regulates sleep cycles**

Reason Client Taking	**It will help the patient to decrease edema due to her CHF.**	**Severe pian**	**Moderate pain**	**Wheezing**	**Insomnia**
Contraindications (2)	**1.ddison's disease 2.Sever renal/hepatic disease.**	**1.Cardiac dysrhythmias. 2.Seizure's disorder.**	**1.Cushing's 2.Acute bronchial asthma.**	**Angioedema Urinary retention.**	**1.Depression 2.High blood pressure**
Side Effects/Adverse Reactions (2)	**Confusion Headache**	**Blurred vision ang muscle rigidity.**	**Palpitation Headache**	**Palpitation Vomiting**	**Abdominal cramps Shaking**
Nursing Considerations (2)	**1.Assess fluid volume status: I/O ratio. 2.Assess VS before and during therapy with patient lying, standing, and sitting.**	**1. Monitor VS, assess for CNS changes. 2.Assess pain and allergy's reaction.**	**1.Monitor CNS changes: dizziness, LOC, and hallucination. 2.Monitor VS: B/P, P, R,**	**Monitor respiratory function: vital capacity, lung sounds, and heart rate Monitor for allergies reactions**	**Monitor B/P because melatonin can increase the B/P. Assess a change in CNS and alertness.**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**1.Monitor BUN, blood pH, and ABGs. 2. Monitor electrolytes: K, sodium, calcium, Mg**	**Monitor for an increase in amylase and lipase.**	**Monitor renal and Liver enzymes: AST, ALT, BUN, and creatine.**	**Monitor ABGs**	**Monitor the lip panel (cholesterol, HDL, LDL, and triglycerides)**
Client Teaching needs	**1.Teach patient to**	**1.Teach the patient to**	**1.Teach patient to**	**1.Advice patient to**	**1.Advice the patient to**

(2)	**take the medication early in the day to prevent nocturia.** **2.Teach patient not to use alcohol or anu OCT medication without prescriber's approval.**	**report any change on CNS.** **2.Instruct the patient to avoid alcohol or sedative-hypnotics for at least 24 hr. after taking this product.**	**report any symptoms of CNS changes, allergic reaction, to avoid CNS depressants, and alcohol.** **2.Teach patient to avoid getting up without assistance because dizziness may occur.**	**avoid OTC medication because extra stimulation might occur.** **2.Teach patient the properly use of the inhaler ant the benefit of using spacer.**	**avoid alcohol** **2.Do not Drive or operate the machine after taking melatonin because it causes drossiness.**

Medications Reference (1) (APA):

Jones & Bartless Learning. (2020). 2020 Nurse's drug handbook (19th ed.). Burlington, MA.

RxList. (2021). *Melatonin: Health Benefits, side Effects, Uses, dose & Precautions*. RxList. Retrieved September 18, 2021, from https://www.rxlist.com/melatonin/supplements.htm.

Skidmore-Roth, L. (2018). *Mosby's drug guide for nursing students*. St. Louis, MO: Elsevier.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**The client appears alert and oriented to person, time, and place. She is showing no sign of distress or fatigue, no fever. She shows a facial expression of pain by grimacing.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score :** **Drains présents : Y☐ N ☐** **Type :**	**The patient's skin is pink, moist, and warm in touch. There is an abrasion on the right medial groin open to the air, moist and pink—furthermore, an ulcer to the left lower with dressing in place. Skin turgor is normal. The patient has black hair. Capillary refill < 2 sec. The patient does not have any drains.** **Braden Score = 13 (Moderate risk)**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head is in midline no deviation. No trachea deviation. No lymph node palpable, thyroid is not palpable. Carotid pulse is regular. No drainage from eye bilaterally, Auricle pink without lesion. Patient uses glasses for lecture. PEERLA present. No drainage from eye bilaterally. Septum is Medline. Oral mucosa is pink and moist. No lesion noted in the mouth. Teethes are slightly white.** .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:**	. **Heart sounds are normal, regular rhythm, S1, and S2 are present, normal, and regular. No acute distress, gallop, or murmur. No carotid bruit was noted.** **The radial pulse is regular and strong bilaterally 2+, and the pedal is strong 2+**

Neck Vien Distension : Y ☐ N ☒ **Edema Y ☒ N ☐** **Location of Edema: Both feet and ankles.**	**palpable bilateral. The patient has pitting edema +2 on both feet, ankles, upper legs, and lower trunk.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**The patient is generally breathing at room temperature. She does not use the accessory muscle or cough. The patient denied SOB, the anterior and posterior lung sounds are clear, with regular rhythm and pattern equal bilateral in auscultation for a full minute in 6 places in the chest and 6 in the back of the chest with no wheezing and no crackles.**
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:**	**The patient claimed that she eats regular food at home and in the hospital. An obese patient, round abdomen with hyperactive bowel sounds in four quadrants. The patient's abdomen is tenderness and painful in palpation.** **There is a scar from cholecystectomy and c-section. There is no drainage, no wounds were observed in the abdomen—no ostomy, no nasogastric, no feeding tubes noted. The patient had a last BM early morning today at 0600. The patient has an indwelling catheter in place, recorder the output of 1400 mL at 10:10 am.**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** **Size:**	**The patient can ambulate and use the bed commode on the side of the bed X1. The urine looks clear yellow. Indwelling urinary catheter in place. No evidence of Urine infection, no odor. The patient does not complain of any pain during urination. No sign of genital infection, no dialysis. Urine output = 1400 mL.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:**	**The patient has arthritis, fibromyalgia, and sciatica in the right leg. She reports muscle and nerve pain. Therefore, the patient is**

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☐**	**showing much fatigue during the activity. ROM of leg bilaterally, 4/4. The patient used the walker to help with mobility.** **To prevent falls, the patient needs assistance and supervision with activity (ADLs).** **Fall score: 14 (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:**	**The patient appears alert and oriented X3. MAEW is expected compared to her age. PERLA is present, and she reacts in light. The upper members' strength is equally bilaterally. She speaks English well. The patient shows no sign of neurological deficit. Currently, she is showing restlessness due to chronic leg pain bilaterally and acute abdominal pain.**
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):**	**.The patient is Christian; she trusts Jesus as a son of God. She lives in the family house with her husband and daughter, who help her with the ADL's. The patient has a high school diploma and phlebotomy certificate. However, she cannot work due to illnesses, and she is receiving a disability that helps her for living.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0740	72	101/88	18	98.9	99%
0910	70	122/68	18	97.4	98%

Vital Sign Trends: There is not trending vital sign because all vital signs value are within expected range.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
08:00 am	**7/10** **5/10**	**Abdomen** **Both legs**	**Severe** **Mild**	**Sharp pain** **Shooting pain**	**The nurse administered Fentanyl 50 mcg IV push.**
10:15 am	**5/10** **3/10**	**Abdomen** **Legs (bilateral)**	**Mild** **Mild**	**Sharp pain** **Shooting pain**	**The nurse administers Norco 5-325 mg tab for moderate pain.**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Size 4 with 16 cm length. **Location of IV: right cephalic vein.** **Date on IV: 09/01/2021** **Patency of IV: good infusion flow.** **Signs of erythema, drainage, etc.: N/A** **IV dressing assessment: yes**	**The patient does not have an infusion in place currently. She has a midline open-ended catheter lumen on the lateral side of the arm with size four that flushed toughly with 10 mL of 0.9% saline.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
550 mL	**1400 mL**

Nursing Care

Summary of Care (2 points)

On 08/31/2021, a 46-yo Caucasian female patient with a past story of morbid obesity, chronic anemia, CHF, OSA, and osteoarthritis was brought to the ER by her daughter because of progressively worsening shortness of breath, generalized edema, and abdominal distention. The patient claimed that she felt continuous chest tightness that did not release

by resting and could not breathe. The patient was on diuretic treatment for CHF long ago, but she was out of medication for three months. On admission day, patient lab values show decreased RBCs, Hgb, and Hct, 2.82/5.7/22.9. She has a history of chronic anemia. So, the body has able to produce many RBCs. The patient's calcium level is also low, 8.2; she has a history of kidney calculus; this can block the kidney's ability to release erythropoietin to stimulate a new RBC. The Doctor decided to hospitalize the patient to give the medication that helped her pull out the extra fluids from her body. The patient's lungs had crackles on admission day due to fluid overload. The patient rated her chest pain 10/10. The Doctor ordered a Chest X-Ray, they found an enlarged cardiac silhouette associated with pulmonary vascular congestion on the Right side but normal on the left side. She is on a regular diet with 1600 mL daily water restriction. She can tolerate physical therapy for 30 minutes three times a day. The medication controls her pain. The patient states that she lost 40 pounds since she is in the hospital.

Overview of care:

Procedures/testing done: R CHEST AP OR PAA confirms an enlarged cardiac silhouette with associated pulmonary vascular congestion/ interstitial edema.

Mrs. S G''s lab values show decreased RBCs, Hgb, and Hct, 2.82/5.7/22.9 because she has a history of chronic anemia.

Complaints/Issues: The patient exhibits much fatigue, and she still had an episode of SOB during the day due to fluid overload.

Vital signs (stable/unstable):

All vital signs are stable except abdominal and legs pain that comes and goes. It is controlling by Fentanyl 50 mg q6 hr, PRN IV push, and Norco 5-325 mg tab, 1tab q6 hr. PRN. At 0800, the patient rates his pain 7/10. After taking the PRN pain medication At 1015, the patient rates her pain 3/10.

Tolerating diet, activity, etc.:

The patient is on a regular diet with a restriction of 1600 mL water daily due to fluid overload. She can mildly tolerate activity by using a walker when going using the commode. She is mostly lying-in bed, except during 30 minutes of physical therapy three times a day.

Physician notifications: Dr. Sethi Divsheer Kaur MD

Future plan for patient:

- **Patient needs to take administer medication daily as prescribe, do not miss a dose.**
- **Patient needs to avoid eating the canned and processed foods.**
- **She needs to weight herself daily at the same time**
- **Patient needs to participate in the group activity and practice a daily exercise**

Discharge Planning (2 points)

Discharge location: No discharge plan at this point.

Home health needs (if applicable): patient verbalizes that she will like to go back home and leaves with her husband.

Equipment needs (if applicable): Wheelchair for transportation

Follow up plan: There is not a fallow up plan yet because the patient needs to become stable before discharge.

Education needs:

*** Mrs. SG has chronic anemia, and she will increase food rich in iron such as red meat, spinach, beans, and seafood to help with anemia. To regulate her Hg, RBC, and Hct level, which are low today.**

*** Mrs. SG will be advised to keep a follow-up appointment and to request a refill as soon as possible so she cannot be out of her diuretic medications.**

*** Mrs. SG will decrease his Sodium intake to no more than two g/day; this will help him regulate his blood pressure because high B/P places him at risk of heart failure.**

*** According to Hinkle & Cheever, (2018) foot ulcer is often chronic and difficult to heal; they frequently recur, even when the patient ruinously follows the plan. Therefore, long-term care of the feet and legs promotes the healing of wounds and prevents the recurrence of ulcerations. Mrs. S G would maintain good hygiene of his feet to promote wound healing on her left foot.**

Reference

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

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. Ineffective breathing pattern related to	**Mrs. SG says that she is feeling very tired and**	**1.Position the patient in semi-fowler's position to promote breathing**	**The goal is not met yet because the patient still tired and experiencing SOB during**

CHF as evidence SOB and fatigue **Vera, (2020).**	**shortness of breath. The patient is anxious and forcing to breath.**	**pattern.** **2.Monitor VS and observe patient's breathing pattern for SOB, nasal flaring, prolonged expiratory phase, the use of accessory muscle, and pursed- lip breathing**	**communication. However, the patient tolerated the semi-fowler's position very well'**
2. Excess fluid volume related to CHF as evidence bilateral pitting edema 2+ **Phelps, (2020).**	**The patient has edema 2+ on both feet, legs, and lower trunk. She is weighting 468 lbs48 oz (224 Kg).**	**1. Monitor VS and weight daily and report any abnormally heart rhythm, temperature, etc.** **2.Explain the reasons for fluid and dietary restrictions to enhance patient's understanding and compliance.**	**The patient is on fluids restriction of 1600 mL, but she is not complaining, she claimed that she would like to drink more fluids because her other medications make her mouth's dry. She likes to drink more mL of water to keep her hydrate.** **Education needs to be reinforced to enhance patient's compliance,**
3. Chronic pain related to muscle injury and nerve compression as evidence pain in the legs (5/10) **Phelps, (2020).**	**Mrs. SG complained of abdominal and legs pain, 7/10 and 5/10 that do not allow her to sleep at night.**	**1.Provide pain medication has prescribe by the provider to relieve pain.** **2Teach the patient how to use relaxation techniques, massage, exercise, or meditation to relieve pain and foster independence.**	**Mrs. SG reports that exercise and ROM make her pain worst. She states that medication, especially opioids are the only good relieve of her pain.**

4. Impaired Skin Integrity related to poor circulation as evidenced by foot ulcer stage I on left foot. **Phelps, (2020).**	**Mrs, SG has no healing ulcer stage I on her left foot and abrasion under her stomach's muscle.**	**1. Change wound dressing bid as prescribed and keep the sterile technique during wound care to reduce infection.** **2. Position patient for comfort and minimal pressure on bonny prominences. Reposition at least every 2 hours.**	**Mrs. SG understands the benefit of repositioning to avoid pressure in the bones. She is calling as soon as she feels the need of help so she can get help to change the position.** **At 1000, Mrs. SG was able to move from the supine to the side lying position.**

Other References (APA):

Phelps, L. L. (2020). ***Sparks & Taylor's nursing diagnosis reference manual*****. Philadelphia: Wolters Kluwer.**

Vera, M. Matt. (2020). Heart failure nursing care plans. https://nurseslabs.com/heart-failure-nursing-care-plans/5/.

Concept Map (20 Points):

Subjective Data

- Patient stated that she is having a shortness of breath
- Patient reports an abdominal and foot pain, 7/10, 5/10
- Patient states that she could sleep due to pain and muscle cramps
- Patient states that she gains a lot of weight.

Nursing Diagnosis/Outcomes

1. Ineffective breathing pattern related to CHF as evidence SOB and fatigue.
Outcome: Patient will not use accessory muscles when breathing
2. Excess fluid volume related to CHF as evidence bilateral pitting edema 2+.
Outcome: Patient will return to normal weight.
3. Chronic pain related to muscle injury and nerve compression as evidence pain in the legs (5/10).
Outcome: Patient will develop pain management program including resting and activity.
4. Impaired Skin Integrity related to poor circulation as evidenced by foot ulcer stage I on left foot.
Outcome: Patient will show no sign of skin breakdown

Objective Data

09/12/2021 Lab

- RBC=3.67
- Hgb=8.7
- Hct=32.2

08/31/21

- Ca=8.2
- R Chest XR: enlargement of cardiac sihouette.
- Right Leg XR ; edema in subcutanuous

Patient Information

On 08/31/2021, a 46-yo Caucasian female patient with a past story of morbid obesity, chronic anemia, CHF, OSA, and osteoarthritis was brought to the ER by her daughter because of progressively worsening shortness of breath, generalized edema, and abdominal distention. She rated her pain 10/10

1.Position the patient in semi-fowler's position

2.Monitor VS and weight
3.Reinforcing fluid restriction
4. Administer the pain and anxiety medication
5. Administer a bronchodilator via inhaler
6. Teach the patient how to use inhaler
7. Advice the patient to restrict sodium intake.
8. Reposition the patient every 2 hrs.