N431 Care Plan #1

Lakeview College of Nursing

McKayla Norton

Demographics (3 points)

Date of Admission 9/14/2021	Patient Initials ME	Age 74	Gender Female
Race/Ethnicity White/Caucasian	Occupation Retired	Marital Status Married	Allergies Silicones- rash
Code Status FULL	Height 157.5cm	Weight 61.8kg	

Medical History (5 Points)

Past Medical History: Patient has a history of Coronary Artery Disease, Type II Diabetes, Hypertension, Aortic heart murmur, Myocardial Infarction.

Past Surgical History: Patient has a history of aortic valve replacement, coronary angioplasty, port placement.

Family History: Coronary artery disease- father and paternal grandmother, hypertension- father, diabetes- mother and maternal grandfather

Social History (tobacco/alcohol/drugs): current smoker-1/2 pack a day, drinks alcohol on occasion-family events or holidays

Assistive Devices: Patient states she doesn't use any assistive devices.

Living Situation: Patient states she lives at home with husband.

Education Level: Patient states she graduated from high school.

Admission Assessment

Chief Complaint (2 points): Shortness of breath

History of present Illness (10 points): Onset: The patient attended her appointment on 9/14/21 only to realize that she felt short of breath. The patient stated she had tightness in her chest, and it was hard for her to breath. The patient stated that this had been occurring

all morning prior to her arrival at her appointment. The patient stated that walking from the parking lot inside the building made her chest pain worse and harder for her to breath. The patient stated that when she sat down and could focus on breathing in through her nose and out through her mouth had helped her breathing "some". The patient's doctor recommended she visit the emergency department to receive immediate care. Upon arrival to the emergency department, the patient was sent for a chest x-ray which showed fluid in her lungs, which was heard upon auscultation. According to the patient's chart, the patient's ejection fraction was 20-25%. The patient is receiving Lasix to try and decrease the fluid and reduce the edema.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):Acute on chronic heart failure with reduced ejection fraction

Secondary Diagnosis (if applicable):n/a

Pathophysiology of the Disease, APA format (20 points): Heart failure can be described as weakening of the ventricular muscles that are not able to successfully pump enough blood to meet the needs of the tissues (Capriotti & Frizzell pg. 406, 2019). Systolic heart failure happens when blood accumulates in the left ventricle, resulting in elevated pressure in the chamber. Which in returns, causes hydrostatic pressure in the left atrium, then in the pulmonary veins and capillaries, resulting in pulmonary edema (Capriotti & Frizzell pg. 411, 2019). Chronic hypertension can lead to heart failure. During hypertension, the heart must overcome increased resistance of aortic pressure. When the coronary artery cannot supply sufficiently enough, it causes the left ventricle to sustain ischemia (Capriotti &

Frizzell pg. 406, 2019). It is said that having a predisposition for heart failure can increase the risk factors, like hyperlipidemia, which the patient also has a history of (Schwinger, 2020). Heart failure with reduced ejection fraction can happen when cardiomyocytes are loss substantially over time (Schwinger, 2020). Signs and symptoms can include crackles in the lungs, pulmonary edema, cardiomegaly, S3 or S4 heart sounds can be noted, tachycardia, and edema in the lower extremities (Capriotti & Frizzell pg. 420, 2019). All of these signs and symptoms are concurrent findings found upon assessment of this patient. Upon assessing laboratory values, one might find an elevated brain natriuretic peptide (BNP) (Capriotti & Frizzell pg. 421, 2019). This patient's BNP was extremely elevated at 2,678. A chest x-ray may also be used as a diagnostic test. An echocardiogram can be used to evaluate size and function of ventricles and valve structure and function. This can be used for diagnostic modality (Capriotti & Frizzell pg. 422, 2019). Chest x-rays often show an enlarged heart, cardiomegaly (Capriotti & Frizzell pg. 421, 2019). This is also concurrent with the chest x-ray of the patient's. Framingham's major criteria that aid in the diagnosis of congestive heart failure includes pulmonary crackles, cardiomegaly, and auscultation of S3 heart sound (Capriotti & Frizzell pg. 421, table 17-1, 2019). Minor criteria include bilateral extremity edema, dyspnea on exertion, and pleural effusion (Capriotti & Frizzell pg. 421, table 17-1, 2019). Treatment for heart failure can include lifestyle modifications. Modifications can include a low sodium diet, which the patient is currently on during her hospital stay (Capriotti & Frizzell pg. 422, 2019). Diuretics can be used to enhance water loss by decreasing sodium and water absorption (Capriotti & Frizzell pg. 424, 2019). The patient is being treated with Furosemide IV therapy. Beta 1 adrenergic blockers can be used, as well (Capriotti & Frizzell pg. 425, 2019). This patient is

currently taking Metoprolol. Digoxin is used to increase contractility of the heart muscle (Capriotti & Frizzell pg. 425, 2019). The patient currently takes 0.25 mg of Digoxin at home and during her hospital stay.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2019). ***Pathophysiology: introductory concepts and clinical perspectives*****. F.A. Davis Company.**

Schwinger, R. (2020, July 3). ***Pathophysiology of heart failure*****. Cardiovascular Diagnosis and Therapy. https://cdt.amegroups.com/article/view/46185/html.**

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	3.50-5.20	4.23	3.85	
Hgb	11.0-16.0	12.5	11.3	
Hct	34.0-47.0	40.8	38.0	
Platelets	140-400 K	151	150	
WBC	4.00-11.00	5.76	5.41	
Neutrophils	n/a	n/a	n/a	
Lymphocytes	n/a	n/a	n/a	
Monocytes	n/a	n/a	n/a	
Eosinophils	n/a	n/a	n/a	
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-	136-145	136	136	
K+	3.5-5.1	4.3	3.5	
Cl-	98-107	102	102	
CO2	22-29	23	25	
Glucose	74-100	213	152	Glucose is elevated due to the patient's diagnosis of diabetes.
BUN	10-20	30	29	During heart failure, renal perfusion can decrease causing an increase in the BUN levels (Capriotti & Frizzell, 2019).
Creatinine	0.55-1.02	0.95	0.89	
Albumin	3.4-4.8	2.9	n/a	Chronic inflammation can lead to the decrease in albumin (Capriotti & Frizzell, 2019).
Calcium	8.9-10	8.9	8.5	Calcium can be decreased during heart failure due to the role calcium plays in myocardial contraction (Capriotti & Frizzell, 2019).
Mag	n/a	n/a	n/a	
Phosphate	n/a	n/a	n/a	
Bilirubin	0.2-1.2	2.1	n/a	Decreased cardiac output can lead to failure in the liver which can then lead to an increase in bilirubin (Capriotti & Frizzell, 2019).
Alk Phos	n/a	n/a	n/a	
AST	5-34	51	n/a	Heart failure can lead to an increase in AST due to injury to the liver (Capriotti & Frizzell, 2019).

ALT	**0-55**	**25**	**n/a**	
Amylase	**n/a**	**n/a**	**n/a**	
Lipase	**n/a**	**n/a**	**n/a**	
Lactic Acid	**n/a**	**n/a**	**n/a**	
Troponin	**n/a**	**n/a**	**n/a**	
CK-MB	**n/a**	**n/a**	**n/a**	
Total CK	**n/a**	**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	**0.9-1.1**	**3.1**	**3.4**	**INR levels can increase during hepatic congestion and warfarin catabolism (Capriotti & Frizzell, 2019).**
PT	**11.7-13.8**	**31.4**	**34.3**	**PT may be increased due to the liver being damaged due to the heart failure and failure to create blood clotting proteins (Capriotti & Frizzell, 2019).**
PTT	**22.4-35.9**	**40.8**	**n/a**	**PTT can be higher due to liver damage due to heart failure (Capriotti & Frizzell, 2019).**
D-Dimer	**n/a**	**n/a**	**n/a**	
BNP	**0-100**	**2687**	**n/a**	**During heart failure, BNP increases because the cardiac myocytes are strained (Capriotti & Frizzell, 2019).**
HDL	**n/a**	**n/a**	**n/a**	
LDL	**n/a**	**n/a**	**n/a**	
Cholesterol	**n/a**	**n/a**	**n/a**	

Triglycerides	**n/a**	**n/a**	**n/a**	
Hgb A1c	**n/a**	**n/a**	**n/a**	
TSH	**n/a**	**n/a**	**n/a**	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**n/a**	**n/a**	**n/a**	
pH	**n/a**	**n/a**	**n/a**	
Specific Gravity	**n/a**	**n/a**	**n/a**	
Glucose	**n/a**	**n/a**	**n/a**	
Protein	**n/a**	**n/a**	**n/a**	
Ketones	**n/a**	**n/a**	**n/a**	
WBC	**n/a**	**n/a**	**n/a**	
RBC	**n/a**	**n/a**	**n/a**	
Leukoesterase	**n/a**	**n/a**	**n/a**	

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	**n/a**	**n/a**	**n/a**	
PaO2	**n/a**	**n/a**	**n/a**	

PaCO2	**n/a**	**n/a**	**n/a**	
HCO3	**n/a**	**n/a**	**n/a**	
SaO2	**n/a**	**n/a**	**n/a**	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**n/a**	**n/a**	**n/a**	
Blood Culture	**n/a**	**n/a**	**n/a**	
Sputum Culture	**n/a**	**n/a**	**n/a**	
Stool Culture	**n/a**	**n/a**	**n/a**	

Lab Correlations Reference (1) (APA):

Capriotti, T., & Frizzell, J. P. (2019). ***Pathophysiology: introductory concepts and clinical perspectives*****. F.A. Davis Company.**

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest x-ray

Diagnostic Test Correlation (5 points): Patient's chest x-ray showed cardiomegaly with vascular and interstitial prominence. This represents heart failure and volume overload, which is concurrent with the patient's diagnosis. Cardiomegaly includes the symptoms of shortness of breath and edema (Mayo Clinic, 2020).

Diagnostic Test Reference (1) (APA):

Mayo Foundation for Medical Education and Research. (2020, January 16). *Enlarged heart*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/enlarged-heart/symptoms-causes/syc-20355436#:~:text=An%20enlarged%20heart%20(cardiomegaly)%20isn,the%20heart%20to%20be%20enlarged.

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

Home Medications (5 required)

Brand/ Generic	**Cyclobenzaprine/ Flexeril**	**Digoxin/ Lanoxin**	**Furosemide/ Lasix**	**Loratadine / Claritin**	**Lorazepam/ Ativan**
Dose	**5mg**	**0.25mg**	**20mg**	**10mg**	**0.5mg**
Frequency	**PRN**	**Daily**	**TID**	**Daily**	**PRN**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Skeletal muscle relaxant**	**Antiarrhythmic**	**Diuretic**	**Antihistamine**	**Anxiolytic**
Mechanism of Action	**Acts in the brain stem to reduce or abolish tonic muscle hyperactivity.**	**Increases the force and velocity of myocardial contractions, resulting in positive inotropic effects.**	**Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation.**	**Blocks H1 receptor and prevents activation of cells with H1 receptors by histamine.**	**May potentiate the effects of GABA and other inhibitory neurotransmitters**
Reason Client Taking	**Patient is taking for back pain.**	**Patient is taking to control ventricula**	**Patient is fluid overload due to heart**	**Patient is taking to help with allergies.**	**Patient is taking to treat insomnia**

		r response rate in chronic atrial fibrillation.	failure.		caused by anxiety.
Contraindications (2)	Arrhythmias, heart failure	Ventricular fibrillation, ventricular tachycardia	Anuria, hypersensitivity to furosemide	Hypersensitivity to drug or its components, hepatic disease	Acute angle-closure glaucoma, psychosis
Side Effects/Adverse Reactions (2)	Depression, seizures	Heart block, electrolyte imbalance	Thromboembolism, lethargy	Seizures, angioedema	Apnea, respiratory depression
Nursing Considerations (2)	Monitor patient if given with another serotonergic drug. Use with caution in patients with history of low seizure thresholds.	Monitor patient's serum potassium. Monitor for digitalis toxicity.	Administer drug over 1-2 minutes via IV. Monitor blood pressure as appropriate.	If given during daytime, monitor for drowsiness to prevent falls. Monitor for signs of restlessness or agitation.	Monitor pateints' respiratory rate every 5-15 minutes. Do not stop abruptly.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess heart rate, ECG, and heart sounds	Assess apical pulse for full minute	Obtain the patient's weight	Evaluate orientation, respiration, and renal and liver function tests for baseline	Assess blood pressure and respiratory rate
Client Teaching	Inform patient about possible	Take medicatio	Take medication	Avoid alcohol	Do not stop taking

needs (2)	**lack of alertness or dexterity. Avoid alcohol and other CNS depressants during therapy.**	**n at same time each day. Teach how to take pulse manually.**	**at same time every day. Take several hours before bedtime to avoid sleep interruption.**	**while taking medication. Report difficulty breathing, hallucinations, or irregular heartbeat to provider.**	**abruptly. Avoid alcohol while taking medication.**

Hospital Medications (5 required)

Brand/Generic	**Losartan/ Cozaar**	**Toprol XL/ Metoprolol succinate ER**	**Pravastatin/ Pravachol**	**Senokot/ docusate sodium**	**Hydrocodone-acetaminophen/ Norco**
Dose	**100mg**	**100mg**	**80mg**	**50mg**	**5-325mg**
Frequency	**Daily**	**Daily**	**Daily**	**BID**	**Q4**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Antihypertension**	**Antianginal**	**Antihyperlipidemia**	**Laxative**	**Analgesic**
Mechanism of Action	**Blocks binding of angiotensin II to receptor sites in tissues.**	**Inhibits stimulation of beta 1 receptor sites located in the heart, resulting in**	**Inhibits cholesterol synthesis in liver by blocking the enzyme needed to convert HMG-CoA to mevalonate.**	**Acts as a surfactant that softens stool by decreasing surface tension**	**Blocks the receptors on nerves cells in the brain to reduce sensation of pain.**

		decreased cardiac excitability.		**between oil and water feces.**	
Reason Client Taking	**Patient is taking to treat hypertension**	**Patient is taking to treat heart failure**	**Patient is taking to treat hyperlipidemia**	**Patient is taking to treat constipation**	**Patient is taking for back pain**
Contraindications (2)	**Concurrent aliskiren therapy, hypersensitivity to drug or its components**	**Cardiogenic shock, pulse less that 45 bpm**	**Active hepatic disease, persistent elevated liver enzymes**	**Fecal impaction, intestinal obstruction**	**Respiratory depression, bronchial asthma**
Side Effects/Adverse Reactions (2)	**Hypotension, thrombocytopenia**	**Atrial insufficiency, bronchospasm**	**Anxiety, hepatic failure**	**Dizziness, diarrhea**	**Constipation, dizziness**
Nursing Considerations (2)	**Monitor blood pressure. Monitor serum potassium levels**	**Before starting therapy, expect to give Digoxin. Expect to taper dose over 1-2 weeks.**	**Monitor patient's BUN and creatinine levels. Monitor patient's blood lipoprotein levels.**	**Monitor for electrolyte imbalance. Monitor for vitamin and mineral deficiencies.**	**Monitor for respiratory depression. Monitor for constipation and dependency.**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess blood pressure before administration**	**Assess blood pressure, ECG, and pulse**	**Assess liver enzymes before administration**	**Assess for laxative abuse syndrome**	**Assess pain level, liver and kidney labs**
Client Teaching needs (2)	**Avoid potassium containing salt substitutes. Avoid**	**Take at the same time daily with food. Notify provider if**	**Take at bedtime. Notify provider about muscle pain, tenderness, or**	**Do not use when having abdominal pain, nausea**	**Explain misuse can cause addiction. Do not stop taking**

	exercising in hot weather and drinking excessive amounts of alcohol.	**pulse drops below 60bpm.**	**weakness.**	**or vomiting. Take with a full glass of water.**	**abruptly.**

Medications Reference (1) (APA):

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): Patient appears pleasant. **Alertness: A&Ox4** **Orientation: Oriented to person, place, time, and current event** **Distress: No acute distress.** **Overall appearance: well groomed.**	
INTEGUMENTARY (2 points): **Skin color: Pale, normal for race.** **Character: appears dry, clean** **Temperature: warm** **Turgor: slow recoil to normal state.** **Rashes: none noted.** **Bruises: none noted.** **Wounds: none noted.** **Scar noted chest midline.** **Braden Score: 23** **Drains present: Y☐ N ☒** **Type:**	

HEENT (1 point): **Head/Neck: head and neck symmetrical. No lesions or rashes noted.** **Ears: auricles pink, moist with no rash or lesions noted.** **Eyes: sclera white, cornea clear, conjunctiva pink with no lesions or discharge noted.** **Nose: septum midline. No drainage or bleeding noted.** **Teeth: patient wears top and bottom dentures.**	.
CARDIOVASCULAR (2 points): **Heart sounds: S1 S2 noted with S3 murmur** **Cardiac rhythm (if applicable): atrial fibrillation** **Peripheral Pulses: present** **Capillary refill: <3 seconds** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema: 2+ left and right legs, 1+ left and right ankle**	.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **Nonlabored breathing** **Crackles LLL, RLL** **Diminished LUL, RUL**	.
GASTROINTESTINAL (2 points): **Diet at home: patient follows a diet that manages her diabetes.** **Current Diet: 2g Na+, 1500 fluid restriction** **Height: 157.5cm** **Weight: 61.8kg** **Auscultation Bowel sounds: present in all four quadrants, normoactive.** **Last BM: 9/14/21** **Palpation: Pain, Mass etc.: No pain or masses noted during palpation** **Inspection:** **Distention: none noted.**	.

Incisions: none noted. **Scars: none noted.** **Drains: none noted.** **Wounds: none noted.** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY (2 Points): **Color: yellow** **Character: clear** **Quantity of urine: patient had no output during clinical rotation** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: no abnormal findings.** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status: alert.** **ROM: active in all extremities.** **Supportive devices: none used.** **Strength: appropriate for age.** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 7** **Patient is a moderate fall risk according to the John Hopkins Fall assessment due to her age being between 70-79 years old and on 2+ high fall risk drugs.** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: x4** **Mental Status: alert**	.

Speech: clear speech **Sensory: no sensory deficits** **LOC: alert and awake**	
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s): patient states she copes by confiding in her husband and daughter.** **Developmental level: appropriate for age.** **Religion & what it means to pt.: patient does not follow a religion.** **Personal/Family Data (Think about home environment, family structure, and available family support): patient lives at home with her husband and has frequent visits with her daughter.**	.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1245	**75**	**110/70** **Right** **upper arm**	**18**	**97.5 F oral**	**96% room** **air**
1451	**70**	**104/68** **Right** **upper arm**	**18**	**97.8 F oral**	**96% room** **air**

Vital Sign Trends:

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1245	**0-10**	**n/a**	**0**	**n/a**	**Patient stated she was not in**

					any pain. No interventions were made at this time.
1635	**0-10**	**n/a**	**0**	**n/a**	**Patient stated she was not in any pain. No interventions were made at this time.**

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: 20g **Location of IV: right posterior hand** **Date on IV: 9/14/2021** **Patency of IV: IV is stable, patent with no complications** **Signs of erythema, drainage, etc.: no signs of erythema, drainage, or infiltration.** **IV dressing assessment: dry and intact with tegaderm.**	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
300mL	**Patient had no output during clinical rotation.**

Nursing Care

Summary of Care (2 points)

Overview of care: During the shift, the patient spent most of her time visiting with her husband and daughter. The patient was independent, so she ambulated around her

room as she needed. The patient watched television and spoke on her cell phone to pass the time. The patient napped and felt she had enough energy to shower and change her gown.

Procedures/testing done: On arrival to the hospital, the patient had a chest x-ray. During my shift, the patient did not have any procedures or testing done.

Complaints/Issues: The patient did not have any issues or complaints while I was providing care for her.

Vital signs (stable/unstable): Vital signs appeared to be stable.

Tolerating diet, activity, etc.: The patient was tolerating her diet. The patient ate 100% of her lunch. The patient ambulated independently around her room.

Physician notifications: There were not any new physician notifications while caring for the patient.

Future plans for patient: The patient's future plans are to reduce the excess fluid from her body and return home while consulting cardiology.

Discharge Planning (2 points)

Discharge location: Patient is planned to discharge back to her home, no discharge date is set.

Home health needs (if applicable): n/a

Equipment needs (if applicable): n/a

Follow up plan: There are no follow up plan as of yet for the patient after discharge.

Education needs: Patient will need education on smoking cessation and fluid volume excess monitoring. This includes assessing weight daily for any changes.

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

Nursing Diagnosis	Rational	Intervention (2 per	Evaluation

• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen	**dx)**	• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Decreased cardiac output related to heart failure as evidence by S3 heart murmur, dyspnea, and crackles in the lungs.	**This diagnosis was chosen because the patient has a heart murmur, dyspnea, and crackles in the lungs which are all indicators of decreased cardiac output.**	**1.Place the patient in high fowler's position to allow for better chest expansion. 2.Give diuretic per physician's order to remove excess fluid.**	**The patient was directed to maintain a high fowler's position to allow for better chest expansion, and patient verbalized that she understood. Patient was given Lasix to help remove excess fluid and is being monitored by voiding in a hat and daily weights. Patient did not have any output during my rotation, goals are still in progress.**
2. Excess fluid volume related to heart failure as evidence by edema in the lower extremities and crackles in the lungs.	**This diagnosis was chosen because the patient has crackles in her lungs and edema in her lower extremities which is evidence that the patient is retaining fluid.**	**1. Weigh the patient daily to measure fluid balance. 2.Instruct the patient to maintain a low sodium diet and fluid restriction.**	**The patient did not show any weight loss or grain during her stay at the hospital. The patient has only been there for a day, so her weight is still being monitored daily. The patient has agreed to follow a low sodium diet and fluid restriction of 1500 a day. This goal is still in progress to monitor fluid gain or loss.**
3. Ineffective tissue perfusion related to heart failure and decreased cardiac output	**This diagnosis was chosen because the patient had difficulty breathing, fatigue, and**	**1. Provide oxygen per doctor's orders and per patient's oxygen saturation. 2 Elevate the head of the bed to allow**	**The patient's O2 saturation has been stable according to charted vital signs and continuous pulse oximetry. Patient's head of the bed was raised**

as evidence by 20-25% ejection fraction, difficulty breathing, and pitting edema.	**edema.**	**for better oxygenation.**	**throughout my rotation. Goal was met.**
4. Impaired gas exchange related to heart failure as evidence by difficulty breathing, crackles in the lungs, and fatigue.	**This diagnosis was chosen because the patient reported she felt short of breath and upon auscultation crackles were heard.**	**1. Administer diuretics per physician's orders to decrease fluid accumulation to help with lung perfusion.** **2. Keep the patient's room allergen free to reduce the risk of irritating the airways.**	**The patient was administered Lasix in order to help decrease the fluid accumulation for better lung perfusion and to help with the patient's dyspnea. The patient was educated on keeping things like flowers out of her room to keep from irritating her airways. The patient verbalized that she understood.** **Goal was met.**

Other References (APA):

Concept Map (20 Points):

Subjective Data

The patient stated that walking from the parking lot inside the building made her chest pain worse and harder for her to breath. The patient stated that when she sat down and could focus on breathing in through her nose and out through her mouth had helped her breathing "some".

Objective Data

Patient's glucose was 152, BUN was 29, Albumin was 2.9, Calcium was 8.5, bilirubin was 2.1, AST was 51, INR was 3.4, PT was 34.3, PTT was 40.8, BNP was 2,687. Patient has crackles in her lungs, and edema in her lower extremities. According to the patient's chart, the patient's ejection fraction was 20-25%.

Patient Information

M.E.
74 years old
White/Caucasian
157.5cm
61.8kg
Married
Allergic to silicone w/ rash reaction
FULL code

Decreased cardiac output related to heart failure as evidence by S3 heart murmur, dyspnea, and crackles in the lungs.

Desire outcome-patient will show improved cardiac output by decreased episodes of dyspnea while ambulating before discharge.

Excess fluid volume related to heart failure as evidence by edema in the lower extremities and crackles in the lungs.

Desired outcome—patient will have decreased edema in lower legs after administration of Lasix prior to discharge.

Ineffective tissue perfusion related to heart failure and decreased cardiac output as evidence by 20-25% ejection fraction, difficulty breathing, and pitting edema.

Desired outcome—patient will show improvement of ejection fraction by completing cardio exercises gradually until the patient can maintain a 20–30-minute exercise.

Impaired gas exchange related to heart failure as evidence by difficulty breathing, crackles in the lungs, and fatigue.

Desired outcome—patient will show improvement of gas exchange by able to complete ADLs without difficulty breathing or fatigue prior to discharge.

Nursing Interventions

Place the patient in high fowler's position to allow for better chest expansion.
Give diuretic per physician's order to remove excess fluid.
1. Weigh the patient daily to measure fluid balance.
2.Instruct the patient to maintain a low sodium diet and fluid restriction.

1. Provide oxygen per doctor's orders and per patient's oxygen saturation.
2 Elevate the head of the bed to allow for better oxygenation.

1. Administer diuretics per physician's orders to decrease fluid accumulation to help with lung perfusion.
2. Keep the patient's room allergen free to reduce the risk of irritating the airways.