

N321 Care Plan 1
Lakeview College of Nursing
Lauren McClain

Demographics (3 points)

Date of Admission 09/19/2021	Patient Initials J.D	Age 87	Gender Female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Widowed	Allergies Penicillin, Sulfa Drugs
Code Status DNR	Height 161 cm	Weight 58.9kg	

Medical History (5 Points)

Past Medical History: Acute UTI, Anemia, Aortic stenosis, bilateral carotid artery stenosis, chronic kidney disease type 3, dementia, GERD, abdominal pain, advanced age, back pain, chest pain, dystonia, esophageal reflux, Hx of GI bleed, hyperlipidemia, HTN, hypothyroidism, left ventricular hypertrophy, lumbar radiculopathy, microcytic anemia, mild cognitive impairment, mitral regurgitation, nocturia, nonexudative macular degeneration, osteoarthritis, osteopenia, renal cyst, ptosis of both eyelids, senile nuclear cataract, vitamin D deficiency, and syncope

Past Surgical History: Esophagogastroduodenoscopy (01/2018 and 09/2021);

Esophagogastroduodenoscopy biopsy (05/2021); Appendectomy; hip replacement; tonsillectomy

Family History: Mother and sister: Alzheimer; Father: Lung cancer

Social History (tobacco/alcohol/drugs): Tobacco: Never; Drugs: Never; Alcohol: Occasionally

Assistive Devices: Walker and sometimes uses a wheelchair

Living Situation: Lives at Villas of Hollybrook in Charleston, IL

Education Level: N/A

Admission Assessment

Chief Complaint (2 points): CP and SOB

History of present Illness (10 points): On the night of 09/18/2021 after the patient was discharged, the patient began to have trouble breathing and chest pain. The patient's daughter

brought her back in the next morning on 09/19/2021. The patient stated that she felt nausea and the chest pain was on the left side. “It felt tight and I felt like I could not get a full breath of air in” stated the patient about her characteristics of the pain. She said walking and moving too much made the pain worse. Relaxing and laying down helped relieve the pain. The patient took aspirin to help. And stated her pain was about a 5.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute MI (NSTEMI)

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points): NSTEMI stands for a non- ST-segment elevated myocardial infarction which is one classification of an MI found on a ECG. A myocardial infarction occurs when the heart tissue endures prolonged ischemia (reduced blood flow) without recovery (*Pathophysiology, p.378*). When the myocardial cells are damaged, this means oxygen is not getting to the cells or there is an inadequate amount of oxygen. Three factors that influence an MI is the “location of occlusion in the coronary artery, the length of time that the coronary artery has been occluded, and the hearts availability of collateral circulation” (*Pathophysiology, p.379*). These factors determine the severity of the episode, “the longer the period, the greater the area meaning the more extensive the death of heart muscle” (*Pathophysiology, p.379*). **Cause:** MI’s are caused from smoking, high LDL cholesterol levels, high blood pressure, diabetes, age, physical exertion, and stress. **Risk Factors:** The patient currently suffers from type II diabetes mellitus and hyperlipidemia, he also is in his 70’s which puts him at a higher risk for having an MI. **Signs and Symptoms:** According to Capriotti, MI’s can present very specific S/S or have no signs at all. When looking for specific MI s/s, patients

will have diaphoresis, dyspnea, extreme anxiety, Levine's sign (fist to chest), pallor, retrosternal crushing chest pain that radiates to shoulder, arm, jaw, or back, and weak pulses (*RN Speaks*).

Diagnostic Testing: To diagnose MI's an ECG is most common, specifically looking at the ST elevation, an inverted T wave, and the development of Q waves signifying ischemia (Pathophysiology, p.380). Another common test is a blood test looking for specific cardiac enzymes and cardiac proteins like CPK-MB fraction. There are many other diagnostic tests for MI's. **Complications:** After an MI, patient can suffer from congestive heart failure, ventricular aneurysms, thromboembolism, rhythm disturbances, liver problems and many other complications (*RN Speak*). **Treatments:** When treating an MI, the main purpose is to reestablish the flow of blood to the heart muscle (Pathophysiology, p.382). Medications such as Percutaneous coronary intervention, thrombolytic agents, anticoagulant and antiplatelet medications, beta-adrenergic blocker agents, and calcium channels antagonists are helpful for treating MI's (Pathophysiology, pgs.382-383). If damage is extensive, surgery may be needed to repair damage.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). Acute Myocardial Infarction. In *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (pp. 378-383). Philadelphia: F.A. Davis.

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	3.90-4.98	2.92	2.86	Low RBCs indicate iron deficiency anemia which the patient has (<i>NHS</i>).

Hgb	12.0-15.5	8.9	8.7	Low hemoglobin levels are typically from low RBC production and from iron deficiency (<i>Mayo clinic</i>).
Hct	35-45	26.0	25.6	Insufficient number of RBCs being produced (<i>Mayo Clinic</i>).
Platelets	140-400	155	159	
WBC	4.0-9.0	5.9	7.1	
Neutrophils	40-70	70.2	72.9	Increased neutrophils are due to infections, which the patient has a UTI
Lymphocytes	10-20	18.7	16.0	
Monocytes	2-8	6.7	7.3	
Eosinophils	0-6	3.5	2.9	
Bands		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	142	N/A	
K+	3.5-5.1	4.2	N/A	
Cl-	98-107	111	N/A	
CO2	22-29	24	N/A	
Glucose	70-99	95	N/A	
BUN	6-20	29	N/A	Elevated BUN is can be due to many factors, but this patient recently had a heart attack which will cause high BUN (<i>MayoClinic</i>).
Creatinine	0.50-1.00	1.87	N/A	Elevated creatinine is seen in people with high blood pressure (HTN) (<i>MedicalNewsToday</i>).
Albumin	3.5-5.2	3.5	N/A	
Calcium	8.4-10.5	9.5	N/A	

Mag	1.3-2.1	1.9	N/A	
Phosphate		N/A	N/A	
Bilirubin	0.3-1.0	0.4	N/A	
Alk Phos	30-120	63	N/A	
AST	0-32	20	N/A	
ALT	0-33	19	N/A	
Amylase		N/A	N/A	
Lipase		N/A	N/A	
Lactic Acid		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		N/A	N/A	
PT		N/A	N/A	
PTT		N/A	N/A	
D-Dimer		N/A	N/A	
BNP		N/A	N/A	
HDL		N/A	N/A	
LDL		N/A	N/A	
Cholesterol		N/A	N/A	
Triglycerides		N/A	N/A	

Hgb A1c		N/A	N/A	
TSH		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	Clear Yellow	Clear Yellow	N/A	
pH	5-9	6.0	N/A	
Specific Gravity	1.003-1.030	1.008	N/A	
Glucose	Negative	Negative	N/A	
Protein	Negative	Neg	N/A	
Ketones	Negative	Neg	N/A	
WBC	0-5	6	N/A	Typically, due to an infection, which the patient is being treated for a UTI
RBC	0-4	Neg	N/A	
Leukoesterase	Negative	Positive	N/A	Seen when there is an infection in the bladder.

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	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	

Stool Culture	Negative	N/A	N/A	
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Lab Correlations Reference (1) (APA):

Blood Urea Nitrate (BUN) test. (2021). *Mayo Clinic*. <https://www.mayoclinic.org/tests-procedures/blood-urea-nitrogen/about/pac-20384821>

Hematocrit test. (2019). *Mayo Clinic*. <https://www.mayoclinic.org/tests-procedures/hematocrit/about/pac-20384728>

Low hemoglobin count causes. (2020). *Mayo Clinic*. <https://www.mayoclinic.org/symptoms/low-hemoglobin/basics/causes/sym-20050760>

Red Blood Cell Count. *NHS*. <https://www.nhs.uk/conditions/red-blood-count/>

What to know about high creatinine levels. (2021). *Medical News Today*. <https://www.medicalnewstoday.com/articles/when-to-worry-about-creatinine-levels>

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT, Chest X-ray, 12 lead EKG, and ECHO w/o contrast

Diagnostic Test Correlation (5 points): Both CT and chest X-ray came out negative/ clear. The 12-lead ECG showed normal rhythm, left ventricle abnormality. Her PR interval was 152, QRS duration was 84, QT was 350/444, and P-R-T 67-24. According to her charts, the ECHO was given due to pain and elevated troponin levels.

Diagnostic Test Reference (1) (APA):

Abnormal EKG. (2018). *Healthline*. <https://www.healthline.com/health/abnormal-ekg#results>

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

Home Medications (5 required): No home meds were taken while admitted

Brand/Generic	Aspirin	Calcium Carbonate	Cetirizine	Furosemide	Lisinopril
Dose	81 mg 1 tab	1000mg 2 tabs	10 mg 1 tab	20 mg 1 tab	5 mg 1 tab
Frequency	Daily	Daily	Daily	Daily	Daily
Route	PO	PO	PO	PO	PO
Classification	NSAID	Antacid	Antihistamine	Antihypertensive	ACE inhibitor
Mechanism of Action	Blocks activity of cyclooxygenase needed for prostaglandin which is important in inflammatory response. Acts on heat regulating center in the hypothalamus	Increases levels of intracellular and extracellular calcium needed to maintain homeostasis.	Its main effects are achieved through selective inhibition of peripheral H1 receptors	Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation.	Interfering with the body's renin-angiotensin-aldosterone system
Reason Client Taking	Chest pain	Indigestion	Seasonal allergies	HTN	HTN
Contraindications (2)	Active bleeding; current or recent GI bleed	Hypercalcemia or hypersensitivity to calcium salts	liver problems or decreased kidney function.	Anuria and hypersensitivity to furosemide	hyperkalemia or renal impairment
Side Effects/Adverse Reactions (2)	Decreased iron blood level; confusion	Paresthesia and hypotension	confusion; headache	Dizziness and thromboembolism	Chest pain and nausea
Nursing Considerations (2)	Don't crush and ask about tinnitus	Store at room temp and keep pt in a recumbent position after administration	Assess respiratory status and baseline before and during	Be aware of pt allergic and obtain pts weight before	Asses for impaired renal function or CHF

			treatment.		
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Hospital Medications (5 required)

Brand/Generic	Zofran	Miralax Polyethylene	Protonix Pantoprazole	Loratadine	Levothyroxine
Dose	4mg	17g	40mg 1 tab	10mg 1 tab	25 mcg 1 tab
Frequency	Q6H PRN	BID	Daily	Daily	QAM
Route	IV push	Oral	Oral	Oral	Oral
Classification	Antiemetic	osmotic laxative	Antiulcer agent	Antihistamine	Thyroid hormone replacement
Mechanism of Action	Blocks serotonin receptors centrally in the chemoreceptor or trigger zone and peripherally nerves of the intestine	Draws water into the colon, which softens the stool and stimulates the colon to contract. This helps ease bowel movements	Binds to an enzyme in the presence of acidic gastric pH, preventing the final transport of hydrogen ions into the gastric lumen	prevents activation of cells with H1 receptors by histamine	Replaces endogenous thyroid hormone which may exert physiologic effects by controlling DNA
Reason Client Taking	Nausea	Constipation	Nausea	Allergies	Treating thyroid gland
Contraindications (2)	Use of apomorphine and congenital long QT syndrome	Decreased sodium and calcium	Hypersensitivity or pregnant	Hypersensitivity and liver impairment	Acute MI and untreated thyrotoxicosis
Side Effects/Adverse Reactions (2)	Hypotension and pulmonary	Rectal bleeding or nausea	Headache, abdominal pain	Headache and dry mouth	Anxiety and cardiac arrest

	embolism				
Nursing Considerations (2)	Place directly on pts tongue and use oral syringe to measure dosage	Mix with a liquid and make sure the patient is not taking aspirin	Monitor GI improvement and signs of hyperglycemia	Assess body weight and monitor symptoms of seasonal allergies	Be aware that it isn't used for weight loss and use with caution when administering to children.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2020 Nurses drug handbook*. Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	Pt A&Ox 3 (couldn't remember DOB) Showed no sign of distress Well groomed
INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Pink normal color for a Caucasian person Warm Normal turgor for her age No rashes No bruises No wounds Braden score: 0
HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:	Head/neck isn't tender no abnormalities No drainage; can hear fine Doesn't wear glasses; no redness No sinus pain or swollen polyps
CARDIOVASCULAR (2 points): Heart sounds:	Normal S1 and S2; systolic murmur heard

<p>S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>Great pulses Great cap refill</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Normal breath sounds</p>
<p>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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Normal diet with meat, fruits, and vegetables Healthy heart diet 161cm 58.9kg Normal bowel sounds The night of 09/18 No pain or masses but did complain of nausea No distention No Incisions No scars No drains No wounds</p>
<p>GENITOURINARY (2 Points): Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Yellow Clear 300 ml No signs of redness or inflammation</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices:</p>	<p>. Normal ROM Uses a walker</p>

<p>Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p>	<p>Normal strength</p> <p>Fall Score: 50/ high risk</p> <p>Needs assistance with walking but walks fine with walker</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Orientated but forgot her birthday Has dementia Great speech Normal sensory Normal LOC</p>
<p>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):</p>	<p>At the villas she does crafts Normal for her age but does have dementia Catholic Lives in a nursing home, but children and grandchildren are very active in her live.</p>

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	72	163/75	18	36.5	92% room air
1100	82	169/78	18	36.4	94% room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Wong-Baker	N/A	0	N/A	N/A

1100	Wong– Baker	Left shoulder and stomach	4	Achy pain Nausea	Refused medication
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IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 gauge Location of IV: left arm Date on IV: 09/19/2021 Patency of IV: catheter patent Signs of erythema, drainage, etc.: No drainage or signs of phlebitis IV dressing assessment: No blood or redness	Sodium chloride 0.9% IV drip: 1,000 mL; 100mL/hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
450mL IV fluids	300mL urine
240mL orange juice	

Nursing Care

Summary of Care (2 points)

Overview of care: During this shift, the patient received an assessment by both the nurse and me. She received her morning meds, which consisted of a UTI antibiotic and MiraLAX to help move her bowels.

Procedures/testing done: The patient had no procedures or test done while I was there

Complaints/Issues: The patient did not display any concerns of issues or complaints, she seemed very continent.

Vital signs (stable/unstable): Throughout the morning, her vitals were stable

Tolerating diet, activity, etc.: She tolerated her meals well, but during the time I was there the patient did not have any physical therapy. The patient did do a great job walking to the bathroom with the walker and little assistance.

Physician notifications: The physician would like for the patient to meet with hospice care to go over a plan for the future.

Future plans for patient: The patient will go back to where she was previously leaving, which is under the care of someone else.

Discharge Planning (2 points)

Discharge location: Villas of Hollybrook in Charleston

Home health needs (if applicable): N/A since patient lives in a nursing home

Equipment needs (if applicable): Uses a walker

Follow up plan: The patient would need to meet with hospice care.

Education needs: The patient would be educated on the purpose of hospice care, that will make her more comfortable.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis <ul style="list-style-type: none"> Include full nursing diagnosis with “related to” and “as evidenced by” components 	Rational <ul style="list-style-type: none"> Explain why the nursing diagnosis was chosen 	Intervention (2 per dx)	Evaluation <ul style="list-style-type: none"> How did the patient/family respond to the nurse’s actions? Client response, status of goals and outcomes, modifications to plan.
1. Decreased cardiac	Due to the patient having	1. Perform cardiac monitoring	1. The patient had an EKG which

<p>output related to changes in cardiac rhythm as evidence by left ventricular abnormalities</p>	<p>an MI, this shows the patient cardiac output is decreased.</p>	<p>2. Put on a cardiac diet</p>	<p>showed left ventricular abnormalities. 2. The patient was on a healthy heart diet which includes having no caffeine.</p>
<p>2. Acute pain due to coronary artery occlusion as evidence by chest pain</p>	<p>Due to the patient having an MI, decreased cardiac output which could cause pain.</p>	<p>1. Monitor pain 2. Check vitals before and after giving pain medication</p>	<p>3. When asked if the patient had any pain, the patient stated she had pain on her left side 4. When offered medication she wanted them but later refused</p>
<p>3. Activity intolerance related to imbalance between myocardial oxygen as evidence by SOB.</p>	<p>When the patient was admitted, the patient was SOB just from walking which shows activity intolerance.</p>	<p>1. Document heart rate and rhythm before, during, and after activity 2. Encourage rest/ limit activity based on cardiac response.</p>	<p>5. Before moving the patient, heart rate was normal and had no trouble breathing. After moving her vitals were stable. 6. The patient was able to rest and not over exert herself.</p>

Other References (APA):

Concept Map (20 Points):

Subjective Data

Nursing Diagnosis/Outcomes

- Patient stated that she had chest pain and shortness of breath after being discharged last night.
- 1. Decreased cardiac output related to changes in cardiac rhythm as evidence by left ventricular abnormalities.**
Outcome was great
 - 2. Acute pain due to coronary artery occlusion as evidence by chest pain.**
Outcome was great
 - 3. Activity intolerance related to imbalance between myocardial oxygen as evidence by SOB.**
Outcome was great

Objective Data

Patient Information

Nursing Interventions

- After being admitted, the patient was diagnosed with NSTEMI.
- BP: 163/75
Temp: 36.5
RR: 18
Pulse: 72
SpO2%: 92%
1. Perform cardiac monitoring
 2. Put on a cardiac diet
 1. Monitor pain
 2. Check vitals before and after giving pain medication
 1. Document heart rate and rhythm before, during, and after activity
 2. Encourage rest/ limit activity based on cardiac response.



