

**Medications**

- Keflex( Cephalexin)** 500 mg Q6 hour PO.  
Cephalexin antibiotic is under the class cephalosporins. It is a beta-lactam broad spectrum antibiotic . It has bactericidal properties and inhibits bacterial cell wall this killing the gram positive as well as gram negative bacteria ( Jones & Bartlett, 2020).  
The client is taking to treat cellulitis due to bacterial infection.  
Key prior nursing assessments include taking temperature as it is marker of ongoing bacterial infection.
- Mycosin( Nystatin)** topical powder 100,000 units per 15 g. Comes in plastic bottles ( Jones & Bartlett, 2020). It is antifungal powder to prevent fungal infections.  
The client is taking to prevent susceptible fungal infection and keep body folds dry.  
The client is morbidly obese and hence uses this powder to keep skin dry and bed sores.  
No prior assessment prior to admission.
- Lasix ( Furosemide)** - continuous 40 mg iv flow to 10 to 40mg/hour until the edema subsides ( Jones & Bartlett, 2020). Furosemide is an diuretic that will decrease his fluid overload symptoms.  
Client has fluid overload and pulmonary edema leading to right

**Demographic Data**

Client is taking Nursing assessments prior to administration is to use  
**Date of Admission:** 07/17/2024  
**Admission Diagnosis/Chief Complaint:** Right lower leg edema due to cellulitis and heart failure. Acute heart failure exacerbation. molecular weight heparin which prevent the  
**Age:** 31 years formation of clots. Client is taking this  
**Gender:** Male medication to prevent venous  
**Race/Ethnicity:** Caucasian thrombosis due his immobility and  
**Allergies:** Cocombid obesity.  
**Code Status:** Full code  
**Height in cm:** 180  
**Weight in kg:** 280  
**Psychosocial Developmental Stage:** Normal to his age with good coping mechanisms.  
**Cognitive Developmental Stage:** Age appropriate cognitive level .  
**Braden Score:** 12  
**Morse Fall Score:** 28  
**Infection Control Precautions:** Standard

**Admission History**

Patient presented to ED due to right lower leg cellulitis with pain . After his stabilization, patient transferred to med surg floor and started on continuous Lasix IV drip and 4L of oxygen due to his shortness of breath.

**Pathophysiology**

**Disease process:**

Right heart failure is defined as inability of right ventricle to pump blood due to reduce right ventricle contractility due to fluid back up in right ventricle and increased afterload. As a result, the fluid back up in lungs causing pulmonary hypertension and edema. The RV loses its ability to pump leading to fluid buildup and pitting edema (Capriotti and Frizzell, 2017).

**S/S of disease:**

Swelling of the legs, feet and ankles, nocturia, chest pain, shortness of breath, cool and sweaty skin and neurovascular imbalance like confusion (Capriotti and Frizzell, 2017).

**Method of Diagnosis:** Chest x ray , EKG as well as physical examination (Capriotti and Frizzell, 2017).

**Treatment of disease:** Treatment is symptomatic and treat the underlying causes. In addition, losing weight , smoking cessation and fluid restriction helps in relieving symptoms associated with heart failure.

**Active Orders**

- Physician ordered to continue diuresis 1 the patient to treat his heart failure .

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day or 25 packs per year.

**Physical Exam/Assessment**

**General:** Patient is alert to person, place and time. Patient does not like to interact minimally but he is cognitively and psychosocially in his developmental age. Patient appears to be lethargic and wants to sleep and rest.

**Integument:** Skin is moist with multiple ecchymosis present. Patient has blisters on his both lower legs from fluid retention. Skin is warm to touch. Pitting edema noted in his right leg. Capillary refill is 2 seconds. Nailbed is pink with no cyanosis and clubbing present.

**HEENT:** Head and neck symmetrical, trachea midline no deviation, thyroid palpable, no noted nodules. Bilateral carotid pulses palpable.

Nose septum midline turbinate's moist and pink. Tympanic membrane is pearly gray and minimal ear wax present.

•Eyes bilateral sclera white, PERRLA intact, conjunctive pink and eyelids are normal in appearance without any lesions.

**Cardiovascular:**

Clear S1 and S2 heard without gallops or rubs. Peripheral pulses palpable. Capillary refill less than 3sec. No murmur heard.

**Respiratory:**

Depth, rate, rhythm of respiration is normal. No use of accessory muscle noted.

**Genitourinary:**

External genitalia are normal in appearance without lesions, swelling, masses or tenderness. Patient has normal bowel movement and his urine is pale yellow in color.

**Musculoskeletal:**

Patient can walk by himself but does not wish to mobilize. Lower leg extremity has extensive swelling. Range of motion are not intact. Muscle strength is 2/5 bilaterally. Peripheral pulses are weak bilaterally. Patient has tenderness in his lower right leg and skin is warm and pink.

**Neurological:**

The patient is awake, alert and oriented to person, place, and time with normal speech. Motor function is normal with muscle strength 5/5 bilaterally to upper and lower extremities. Sensation is intact bilaterally. Reflexes 2+ bilaterally.

**Most recent VS (include date/time and highlight if abnormal):**

BP 120/ 86 9/29 9 am. SpO2 – 98 percent 9/29 9am . Pain – 8 on a numeric scale 9/30 9 am.

<p align="center"><b>Nursing Diagnosis 1</b></p> <p>Decreased cardiac output related to increased afterload as evidenced by cardiomegaly and pulmonary edema on 2D echo ( Swearingen &amp; Wright, 2019).</p>	<p align="center"><b>Nursing Diagnosis 2</b></p> <p>Ineffective peripheral tissue perfusion related to cellulitis as evidence by increased WBC and neutrophil count on complete blood count ( Swearingen &amp; Wright, 2019).</p>	<p align="center"><b>Nursing Diagnosis 3</b></p> <p>Risk of fall related to morbid obesity as evidenced by increased BMI ( Swearingen &amp; Wright, 2019).</p>
<p align="center"><b>Rationale</b></p> <p>Patient has fluid overload and right sided heart failure due to pulmonary edema.</p>	<p align="center"><b>Rationale</b></p> <p>Patient came with a complain of right lower leg pain due to cellulitis possible due to gram positive unspecified organism.</p>	<p align="center"><b>Rationale</b></p> <p>Patient has difficulty ambulating due to his morbid obesity and his overweight .</p>
<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Patient’s diet is switched to heart healthy( low sodium) diet.  <b>Intervention 2:</b> Patient is on fluid restriction of 500 ml a day.</p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Patient is on cephalexin antibiotic to treat cellulitis .  <b>Intervention 2:</b> Patient refers to use ice packs on his lower leg which improves his symptoms.</p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Patient is placed on high fall risk and had fall prevention bracelet.  <b>Intervention 2:</b> Bed is in lowest position, call lights within reach side rail up to prevent fall.</p>
<p align="center"><b>Evaluation of Interventions</b></p> <p>Patient’s condition has improved since admission and he mentioned that his shortness of breath has improved as well.</p>	<p align="center"><b>Evaluation of Interventions</b></p> <p>Patient’s symptoms have improved and he has denied any other pain medications such as Tylenol.</p>	<p align="center"><b>Evaluation of Interventions</b></p> <p>Patient did not have a history of fall since came to hospital and he agreed to lose weight after he is discharged.</p>

**References (3) (APA):**

Capriotti, T., & Frizzell, J. P. (2017). *Pathophysiology: introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

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

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health*. St. Louis, MO: Elsevier.

