

Medications

Pt takes Losarten (Cozaar) 25 mg PO daily which is an angiotensin II receptor blocker that reduces the risk of stroke from high blood pressure. Check patient's blood pressure before administering medication (Jones & Bartlett Learning, 2019).

Pt takes Amiodarone (Nexterone) 400 mg PO daily which is an anti-arrhythmic that treats the patient's atrial fibrillation (Jones & Bartlett Learning, 2019).

Pt takes Metoprolol Succinate (Toprol XL) 25 mg PO daily which is a beta-blocker that reduces the workload of the heart, lowering blood pressure and heart rate. Before giving, ensure blood pressure and pulse rates are not too low since the drug lowers both of these vital signs (Jones & Bartlett Learning, 2019).

Pt takes Spironalactone (Aldactone) 25mg PO daily which is considered a potassium sparing diuretic which prevents fluid volume overload related to the patient's heart disease. Monitor the patient's potassium and creatinine levels before giving this medication (Jones & Bartlett Learning, 2019).

Pt was taking Heparin 7500 units SC q12hr which is an anticoagulant in the class called Glycosaminoglycan. Patient was taking to prevent blood clots. Dose for the morning was ordered to be skipped in preparation for pacemaker insertion at 1200 (Jones & Bartlett, 2019). Monitor aPTT to ensure therapeutic levels while patient is on Heparin.

Demographic Data

Date of Admission: 10/02/21

Admission Diagnosis/Chief Complaint: Syncope

Age: 88

Gender: Male

Race/Ethnicity: Caucasian

Allergies: NKDA

Code Status: Full

Height in cm: 170.2 cm

Weight in kg: 61.9 kg

Psychosocial Developmental Stage: Integrity Vs. Despair

Cognitive Developmental Stage: Formal Operational

Braden Score: 14 (moderate risk)

Morse Fall Score: 65 (high risk)

Infection Control Precautions: Covid negative patient.

Standard precautions for the nurse and visitors.

Pathophysiology

Disease process:

Multivessel Coronary Artery Disease (CAD) is the inflammatory response and injury to the endothelium caused by plaque deposits that protrude into the lumen of the vessel obstructing the blood flow (Hinkle & Cheever, 2019).

S/S of disease:

Chest pain, shortness of breath, dizziness, syncope, indigestion, and numbness are all hallmark signs of CAD (Hinkle & Cheever, 2019).

Method of Diagnosis:

Review of medical history, admission history, social history, and irregularities on an electrocardiogram (Hinkle & Cheever, 2019).

Treatment of disease:

Treatment includes an atherectomy where a catheter is inserted which has a blade that is used to scrape out excess atherosclerotic plaque. Other treatment includes medications known as beta-adrenergic blockers, and lifestyle changes such as smoking cessation and diet modification (Capriotti, 2020).

Lab Values/Diagnostics

Troponin: Pt: 0.12 Normal: 0-0.04

High troponin indicates level of damage to the heart and is related to the patient's left ventricular dysfunction and coronary artery disease. (Hinkle & Cheever, 2018).

Glucose - Pt: 117 Normal: 70-99

Considered high for non-diabetics but is within range of 80-130 for patient with PMH of type 2 diabetes (Hinkle & Cheever, 2018).

RBC - Pt: 3.77 Normal: 4-5.8

RBC count indicates bleeding which correlates to the atherectomy performed in the catheterization lab (Hinkle & Cheever, 2018).

Platelets - Pt: 135 Normal: 150-400

Low platelet count is a normal finding in Heparin use and is called heparin induced thrombocytopenia (Hinkle & Cheever, 2018).

Heart catheterization and atherectomy to clear plaque buildup.

Echocardiogram showed signs of heart disease and an LVEF of 20-25%.

Admission History

Pt states he was at a car show in Indiana where he ran for cover from rain. He states next thing he knew he was on the ground. His daughter brought him to the emergency room on 10/2/21 with dizziness without chest pain or shortness of breath. Pt had a heart catheterization and atherectomy 10/3/21 and is scheduled for a pacemaker insertion today at 1200.

Medical History

Previous Medical History: Left ventricular dysfunction, type 2 diabetes, hyperlipidemia, peripheral vascular disease, atrial fibrillation.

Prior Hospitalizations: 9/22/08 for vascular surgery and 1/25/12 in the ED with chest pain.

Previous Surgical History: Abdominal aortic aneurysm repair, peripheral vascular disease left iliac stent, cardiac catheterization, and pacemaker insertion (1200 10/6/21).

Social History: Former smoker 2 PPD, quit in his 50s. No alcohol or drug use.

Active Orders

ECG 12-Lead was ordered to monitor the heart rate and rhythm.

NPO until noon since pacemaker insertion is a surgical procedure that uses general anesthesia.

Troponin lab was ordered to detect level of injury to the heart.

Echocardiogram was ordered to visualize the heart beating and pumping.

Bleeding precautions ordered since the patient was on Heparin therapy.

Bedrest orders related to high fall risk and impaired mobility.

Physical Exam/Assessment**General:**

AOx4, drinking apple juice, well groomed, and very talkative about old cars.

Integument:

Vascular puncture wound on right wrist and bruising from previous IV sticks that have been discontinued. Skin turgor is normal and elastic. No rashes to note and the patient's Braden score is 14 which is considered moderate risk.

HEENT:

PERRLA bilaterally, no exudate, pink conjunctiva, sclera is white, sinus is midline, good dentition. Auricles are without lesions or masses, ears are symmetrical bilaterally, Neck is midline and without any swollen lymph nodes.

Cardiovascular:

Clear S1 and S2 with an irregular atrial fibrillation pattern and a murmur. Capillary refill is less than three seconds. Peripheral pulses are weak with an absent pulse noted on left posterior tibial area. No edema or neck distention to note.

Respiratory:

Clear lung sounds in all lobes with symmetrical breathing and no accessory breathing to note

Genitourinary:

Patient reports normal clear-yellow urine and the genitals are without any erythema, lesions, or masses.

Musculoskeletal:

Patient is immobile and bed bound. He can use his arms to move himself in bed and reach for items, but cannot get up out of bed on his own.

Neurological:

The patient is AOx4 with sensations intact and PERRLA bilaterally. Both upper extremities are of normal strength while both lower extremities are weak, impairing overall mobility.

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

Vitals taken 0800 10/06/21 - Temperature of 97.5 F (36.4 C), pulse of 55, respiratory rate of 18, blood pressure of 126/75, and an oxygen saturation of 98% on room air.

Pain and pain scale used:

The patient reported no pain with a score of 0 on the NRS 1-10 pain scale.

<p align="center">Nursing Diagnosis 1</p> <p>Decreased cardiac output related to coronary artery disease as evidenced by elevated troponin of 0.12, LVEF of 20-25%, PMH of left ventricular dysfunction and atrial fibrillation.</p>	<p align="center">Nursing Diagnosis 2</p> <p>Risk for falls related to impaired mobility evidenced by previous falls and dizziness, Morse fall score of 65 which is considered high risk, and uses a portable urinal and bedpan to void.</p>	<p align="center">Nursing Diagnosis 3</p> <p>Impaired Mobility related to past medical history of peripheral vascular disease, high fall risk, Braden score of 14 which is considered moderate risk.</p>
<p align="center">Rationale</p> <p>The patient has a PMH of left ventricular dysfunction of the heart and peripheral artery disease along with LVEF of 20-25% and elevated troponin level of 0.12.</p>	<p align="center">Rationale</p> <p>The patient was admitted after a bout of syncope lead him to fall. Morse fall scale score of 65, PMH of peripheral artery disease, and use of urinal and bedpan for voiding shows that he cannot get up to go to the toilet or get onto the commode.</p>	<p align="center">Rationale</p> <p>The patient had a bout of syncope that brought him to the hospital. He has peripheral vascular disease, a Braden score of 14, and is a high fall risk.</p>
<p align="center">Interventions</p> <p>Intervention 1: Place on an electrocardiogram to monitor dysrhythmias such as atrial fibrillation.</p> <p>Intervention 2: Administer medications as prescribed and place the patient in semi-fowler's to high-fowler's position.</p>	<p align="center">Interventions</p> <p>Intervention 1: Teach patient not to get up out of bed, secure a wristband identification reminder to the patient, and implement fall precaution behaviors.</p> <p>Intervention 2: Move items of most often use within the patient's reach. This includes the call light, urinal, water, telephone, tv remote, and newspaper.</p>	<p align="center">Interventions</p> <p>Intervention 1: Turn and position the patient every two hours to prevent pressure injury.</p> <p>Intervention 2: Offer diversional activities such as a newspaper to prevent restlessness and irritability.</p>
<p align="center">Evaluation of Interventions</p> <p>The electrocardiogram shows no bouts of atrial fibrillation and the patient is well ventilated in a high-fowler's position while reading the paper.</p>	<p align="center">Evaluation of Interventions</p> <p>The patient verbalizes that he understands the teachings of his high fall risk. The patient has a high fall risk wrist band and there is a fall risk sign outside of his door. The goal is that the patient does not have another fall occur.</p>	<p align="center">Evaluation of Interventions</p> <p>Turning the patient improves circulation and relieves pressure, preventing pressure ulcers. The goal is to prevent the patient from developing a pressure injury. Offering the patient a newspaper helped prevent restlessness as he waited for his daughter to come see him before his pacemaker insertion at 1200.</p>

References (3) (APA):

Capriotti, C. T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Wolters Kluwer.

Jones & Bartlett Learning. (2019). *2020 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.