N311 Care Plan #1

Lakeview College of Nursing

Camryn Studer

Demographics (5 points)

Date of Admission 1/21/2021	Patient Initials L. C.	Age 99	Gender F
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Widow	Allergies No known allergies
Code Status DNR	Height 63 in	Weight 125.1 lbs	

Medical History (5 Points)

Past Medical History:

-Aortic stenosis

-Chronic back pain

-Fracture of femur, left humerus, and left wrist

-Hypertension

-Mild renal Insufficiency

-Osteoporosis

-Squamous cell skin cancer

Past Surgical History:

-ORIF of left hip 4/25/2017

-ORIF left wrist 4/25/2017

-Hysterectomy

-Hemorrhoidectomy

Family History: **-N/A**

Social History (tobacco/alcohol/drugs):   -N/A

Admission Assessment

Chief Complaint (2 points): Patient fell, sustaining a minor head injury with no loss of consciousness. Complains of Hip pain on the right side of her body.

History of present Illness (10 points): The patient was standing in her kitchen and lost balance as she was turning around. She fell onto her right side and is now complaining of right hip pain. Patient states, "It is a constant, sharp pain, that worsens with movement or touching the area." Pt also hit the back of her head but denies LOC and refused medication and IV access pre-hospital.

<center>**Primary Diagnosis**</center>

Primary Diagnosis on Admission (3 points): Nonrheumatic aortic valve stenosis

Secondary Diagnosis (if applicable): N/A

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

"Aortic valve stenosis occurs when the heart's aortic valve narrows. The valve doesn't open fully, which reduces or blocks blood flow from your heart into the main artery to your body (aorta) and to the rest of your body" (Mayo Clinic, 2021). The four valves in your heart keep blood flowing in the right way. The mitral valve, tricuspid valve, pulmonary valve, and aortic valve are among these valves. During each heartbeat, flaps (cusps or leaflets) open and close on each valve. The valves don't always open or close properly. Blood flow is slowed or obstructed when a valve does not fully open or close.

The aortic valve between the lower left heart chamber (left ventricle) and the aorta does not open completely in aortic valve stenosis. The passageway for blood from the heart to the aorta is narrowed (stenosis).

Your heart has to work harder to pump enough blood into the aorta and the rest of your body when the aortic valve opening is narrowed. The left ventricle can thicken and grow as a result of the heart's additional work. The tension can

eventually weaken the heart muscle, which can lead to cardiac failure and other catastrophic complications.

Common signs and symptoms are**:** Abnormal heart sound (heart murmur) heard through a stethoscope

- Chest pain (angina) or tightness with activity

- Feeling faint or dizzy or fainting with activity

- Shortness of breath, especially when you have been active

- Fatigue, especially during times of increased activity

- Rapid, fluttering heartbeat (palpitations)

- Not eating enough (mainly in children with aortic valve stenosis)

- Not gaining enough weight (mainly in children with aortic valve stenosis)

Pt has history or hypertension, mild renal insufficiency, and age all relate back to nonrheumatic aortic valve stenosis.

Reference:

Mayo Foundation for Medical Education and Research. (2021, February 26). *Aortic valve stenosis*. Mayo Clinic. Retrieved October 11, 2021, from https://www.mayoclinic.org/diseases-conditions/aortic-stenosis/symptoms-causes/syc-20353139.

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC <mark>Highlight All Abnormal Labs</mark>—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	4.0-5.8x10^6/mcL	4.7	N/A	N/A
Hgb	12.0-15.8g/dL	14.1	N/A	N/A
Hct	36.0-47.0%	43.7	N/A	N/A
Platelets	140-440K/mcL	203 k/mcl	N/A	N/A
WBC	4.0-12.0K/mcL	14	N/A	Body increases WBC production after injury to help promote inflammation.
Neutrophils	40-60%	85.3	N/A	The body increases Neutrophil production as the first responder to injury and infection.
Lymphocytes	19-49%	8.6	N/A	Decreased lymphocytes r/t to injury sustained after injury, stress, infection, and malnutrition.
Monocytes	3.0-13.0%	5.7	N/A	N/A
Eosinophils	0.0-8.0%	0.5	N/A	N/A
Bands	0.0-10.0%	N/A	N/A	N/A

Chemistry <mark>Highlight All Abnormal Labs</mark>—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-	134-144mmol/L	137	N/A	N/A
K+	3.5-5.1mmol/L	4.8	N/A	N/A
Cl-	98-107mmol/L	106	N/A	N/A

CO2	21-31mmol/L	25	N/A	N/A
Glucose	70-99mg/dL	127	N/A	Post-traumatic metabolic changes R/T stress or injury causes increased glucose production (hyperglycemia.)
BUN	7-25 mg/dL	21	N/A	N/A
Creatinine	0.50-1.20mg/dL	1.06	N/A	N/A
Albumin	3.5-5.7 g/dL	4.0	N/A	N/A
Calcium	8.6-10.3 mg/dL	9.3	N/A	N/A
Mag	1.6-2.6 mg/dL	N/A	N/A	N/A
Phosphate	2.4-4.5 units/L	N/A	N/A	N/A
Bilirubin	0.3-1.0 mg/dL	0.7	N/A	N/A
Alk Phos	34-104 units/L	81	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	5.0-9.0	N/A	N/A	N/A
pH	1.003-1.013	N/A	N/A	N/A
Specific Gravity	Negative	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A
Protein	Negative	N/A	N/A	N/A
Ketones	0.0-0.5	N/A	N/A	N/A
WBC	0.0-3.0	N/A	N/A	N/A
RBC	Negative	N/A	N/A	N/A

Leukoesterase	5.0-9.0	N/A	N/A	N/A

Cultures <mark>Highlight All Abnormal Labs</mark>—**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	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (APA):

Labs to know for Nclex Review. Registered Nurse RN. (2019, July 17). Retrieved October 11, 2021, from https://www.registerednursern.com/labs-to-know-for-nclex-review/.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): EKG normal sinus rhythm, Heart rate 71, no acute ST segment elevation/depression. Portable chest X-ray negative with no signs or obvious infiltrate. CT on brain; no acute disease and CT on right hip.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	Lopressor (Metoprolol)	Norco	Calcium + D tab (Calcium carbonate)
Dose	50 mg	5-325 mg	600/400 mg
Frequency	BID	Q 6 hrs PRN	Once every morning
Route	Oral	Oral	Oral
Classification	Ther. Class: Antianginals, Antihypertensives Pharm. Class: Beta blockers	Ther. Class: Opioid analgesics Pharm. Class: Opioid agonists nonopioid analgesic combo.	Ther. Class: Mineral and electrolyte replacement/supplements
Mechanism of Action	Blocks stimulation of beta1 receptors but does not usually affect beta2 receptor sites. o Decreases BP and HR o Decreases frequency of angina pectoris attacks o Decreases rate of cardiovascular mortality & hospitalization in pt's with heart failure	Bind to opiate receptors in the CNS. Alter the perception of and response to painful stimuli while producing generalized CNS depression o Decrease in severity of moderate pain o Suppression of cough reflex o Analgesia o Antipyresis	Essential for nervous, muscular, and skeletal systems. o Maintains cell membrane and capillary permeability. o Acts as an activator in the transmission of nerve impulses and contraction of cardiac, skeletal, and smooth muscle. o Essential for bone formation and blood coagulation
Reason Client Taking	HTN	Hip pain	Osteoporosis

Contraindications (2)	• Uncompensated HF • Pulmonary edema • Cardiogenic shock • Bradycardia, heart block, or sick sinus syndrome (in absence of pacemaker)	• Significant respiratory depression • Paralytic ileus	• Hyperglycemia • Renal calculi
Side Effects/Adverse Reactions (2)	• Fatigue • Bradycardia	• Headache • Hypotension	• Headache • Arrhythmias

Brand/Generic	Colace capsule (Docusate)	Vitamin D tab
Dose	100 mg	1.25 mg
Frequency	Once every morning	Every Friday morning
Route	Oral	Oral
Classification	Ther. Class: Laxatives Pharm. Class: Stool softener	Ther. Class: Vitamins Pharm. Class: Fat soluble vitamins

Mechanism of Action	Promotes incorporation of water into stool, resulting in softer fecal mass. May also promote electrolyte and water secretion into the colon.
	  • Softening stool and passage of stool
		Requires activation in the liver and the kidneys to create the active form of vitamin D2.
		  o Promotes the absorption of calcium and decreases parathyroid hormone concentrations
		  o Treatment and prevention of deficiency
		  o Improved calcium and phosphorous homeostasis

Reason Client Taking	Constipation	Vitamin D deficiency

Contraindications (2)	**Hypersensitivity** **Abdominal pain, nausea, or vomiting, especially when associated with fever or other signs of an acute abdomen**	**Hypersensitivity** **Hypercalcemia**
Side Effects/Adverse Reactions (2)	**Throat irritation** **Mild cramps and diarrhea**	**Dizziness** **Headache**

Medications Reference (APA):

Vallerand, A. H., & Sanoski, C. A. (2021). *Davis's drug guide for Nurses*. F.A. Davis Company.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness**: Alert **Orientation**: A&O x3 **Distress**: No signs **Overall appearance:** Well groomed	**Alert** **A&O x3** **No signs** **Well groomed**
INTEGUMENTARY: **Skin color:** Appropriate for ethnicity **Character:** Dry, flaky **Temperature:** Warm **Turgor:** Tenting, loose **Rashes:** N/A **Bruises:** Generalized **Wounds:** .N/A **Braden Score:** 18 **Drains present: Y☐ N ☒** **Type:**	Appropriate for ethnicity Dry, flaky Warm Tenting, loose N/A Generalized N/A 18 **No**

HEENT: **Head/Neck:** Normocephalic **Ears:** Symmetrical, no signs of drainage **Eyes:** PEERLA, EOM intact **Nose:** No signs of deviation **Teeth:** Dentures	Normocephalic Symmetrical, no signs of drainage PEERLA, EOM intact No signs of deviation Dentures
CARDIOVASCULAR: ~~Heart sounds:~~ (S1, S2,) S3, S4, murmur etc. **Cardiac rhythm (if applicable):** Normal sinus **Peripheral Pulses:** 3+ **Capillary refill:** Less than 3+ **Neck Vein Distention:** Y ☐ N ☒ **Edema Y** ☐ N ☒ **Location of Edema:**	.S2, S2 **Normal sinus** **3+** **Less than 3+** **No** **No**
RESPIRATORY: **Accessory muscle use:** Y☐ N ☒ **Breath Sounds: Location, character** Anterior/Posterior are clear and equal	**No** **Anterior & Posterior are clear and equal**

GASTROINTESTINAL:
Diet at home: No current diet
Current Diet: Regular diet
Height: 63 in
Weight: 125.1 lbs
Auscultation Bowel sounds: Active in all four quadrants
Last BM: Yesterday 10/4/21
Palpation: Pain, Mass etc.: No masses noted/ no pain
Inspection:
    Distention: N/A
    Incisions: N/A
    Scars: Midline on abdomen
    Drains: N/A
    Wounds: N/A
Ostomy: Y ☐   N ☒
Nasogastric: Y ☐   N ☒
    Size:
**Feeding tubes/PEG tube   Y ☐   N ☒
    Type:**
	No current diet
	Regular diet
	63 in
	125.1 lbs
	Active in all four quadrants
	Yesterday 10/4/21
	No masses noted/ no pain
	Inspection: N/A
	No
	No
	No

GENITOURINARY:
Color: Not assessed
Character: Not assessed
Quantity of urine: Not assessed
Pain with urination: Y ☐ **N** ☒
Dialysis: Y ☐ **N** ☒
Inspection of genitals: Not assessed
Catheter: Y ☐ **N** ☒
   Type:
   Size:
	Not assessed
	Not assessed
	Not assessed
	No
	No
	No

MUSCULOSKELETAL: **Neurovascular status:** Intact **ROM:** Active/Passive intact **Supportive devices:** Wheelchair **Strength:** 3+ strength (normal) **ADL Assistance: Y**☒ **N** ☐ **Fall Risk: Y** ☒ **N**☐ **Fall Score:** 45 **Activity/Mobility Status: As tolerated** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☒ **Needs support to stand and walk** ☒	**Intact** **Active/passive intact** **Wheelchair** **3+ strength (normal)** **Yes** **Yes** **45** **As tolerated** **No** **Yes** **Yes**
NEUROLOGICAL: **MAEW: Y** ☒ **N**☐ **PERLA: Y** ☒ **N**☐ **Strength Equal: Y** ☒ **N** ☐ **if no -** **Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation:** A & O x4 **Mental Status:** Appropriate for age **Speech:** Clear **Sensory:** Glasses/ hard of hearing **LOC:** N/A	**Yes** **Yes** **Yes** **A&O x4** **Appropriate for age** **Clear** **Glasses/hard of hearing** **N/A**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Visit with residents/staff, crochets **Developmental level:** Appropriate for age **Religion & what it means to pt.:** Baptist, Very religious and misses going to church **Personal/Family Data (Think about home environment, family structure, and available family support):** Has not been able to see family for a while because of covid/missed them terribly	**Visits with residents/staff, likes to crochet** **Appropriate for age** **Baptist, Very religious and misses going to church** **Has not been able to see family for a while because of covid/missed them terribly**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
09:00	72 bpm Radial	120/50 Right arm	20	97.4 Temporal	98% R.A.

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
09:33	5/10	Generalized	Manageable	Achy pain all over body	Norco PRN

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
N/A	N/A

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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. Generalized pain r/t physical injury and arthritis (Phelps, 2020).	Pt complains of generalized achy pain and states. "My body is just achy all over."	1. Norco PRN 2. Make pt as comfortable as possible, bed	• Goals met because pt responds well to nursing intervention and

	Rates pain a 5/10 on the pain scale (Phelps, 2020)	position, pillows, etc.	takes advantage of medication as needed.
2. Fall risk r/t old age, nonrheumatic aortic valve stenosis, and impaired balance (Phelps, 2020).	Nonrheumatic aortic valve stenosis causes pt to feel dizzy, lightheaded, and fainting. This along with old age greatly impairs balance and makes her a fall risk (Phelps 2020).	1. Bed in low position, call light in reach, check on pt regularly. 2. Limit strenuous activity that could put stress on the heart (nonrheumatic aortic valve stenosis).	• Pt knows her limits and uses one assist to help her move. • Uses wheelchair and is directly next to the nurse's station. Does not try to move independently because she doesn't want to fall. • Goals met.

Reference:

Phelps, L. L. (2020). *Sparks & Taylor's nursing diagnosis reference manual* (11ᵗʰ ed.).

Overall APA format (5 points):

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Mayo Foundation for Medical Education and Research. (2021, February 26). *Aortic valve stenosis*. Mayo Clinic. Retrieved October 11, 2021, from https://www.mayoclinic.org/diseases-conditions/aortic-stenosis/symptoms-causes/syc-20353139.

Phelps, L. L. (2020). *Sparks & Taylor's nursing diagnosis reference manual* (11ᵗʰ ed.).

Vallerand, A. H., & Sanoski, C. A. (2021). *Davis's drug guide for Nurses*. F.A. Davis Company.

Concept Map (20 Points):

Subjective Data

Patient states "I have achy pain all over my body." Rated this pain a 5/10 on the pain scale.

Nursing Diagnosis/Outcomes

1. Generalized pain r/t physical injury and arthritis (Phelps, 2020).
   - Evaluation/outcome: Goals met because pt responds well to nursing intervention and takes advantage of medication as needed.
2. Fall risk r/t old age, nonrheumatic aortic valve stenosis, and impaired balance (Phelps, 2020).
   - -Evaluation/outcome: Goals met because pt knows her limits and uses one assist to help her move. Uses her wheelchair and is right next to the nurse's station.

Objective Data

- EKG normal sinus rhythm
- HR: 71 bpm (radial)
- BP:120/50 mmHg (right arm)
- O2: 98% (R.A.)
- Temp: 97.4 °F (temporal)
- No acute ST segment elevation/depression
- Portable chest X-ray negative with no signs or obvious infiltrate
- CT on brain; no acute disease
- CT on right hip shows fracture

Patient Information

99 year old female who lives alone. PMH of -Aortic stenosis, chronic back pain, fracture of femur, left humerus, and left wrist, hypertension, mild renal insufficiency, osteoporosis, and squamous cell skin cancer. Admitted on 1/21/21 after falling in her home while alone.

Nursing Interventions

1. Norco PRN
2. Make pt as comfortable as possible, bed position, pillows, etc.

1. Bed in low position, call light in reach, check on pt regularly.
2. Limit strenuous activity that could put stress on the heart (nonrheumatic aortic valve stenosis).

(Phelps, 2020).