

Medications

1. Ceftriaxone (Rocephin) injection. Dose: 1 g 1200 mL/hr. IV push Daily. Class: Cephalosporin/ antibiotics. The patient is using this medication as prophylactic to pleurisy. Because the patient CT chest shows bilateral large pleural effusion. Prior to administration, the nurse the patient for sensitivity to penicillin, monitor CBC and electrolytes.
2. Sennosides/Docusate Sodium (Senokot) Tablet 8.6 mg. Dose: 8.6 mg. Oral: 2 times a Day. Class: Laxative
The medication helps to relieve patient's constipation. So, he can have soft stool. no BM for 2 days. Assess rectal bleeding, nausea, and vomiting.

Demographic Data

Date of Admission: 10/11/2021
 Admission Diagnosis/Chief Complaint: CHF/leg swelling bilaterally
 Age:6/28/1934 (87 years old)
 Gender: M
 Race/Ethnicity: native American
 Allergies: No unknown allergies
 Code Status: Full code
 Height in cm: 180.3 cm
 Weight in kg: 91,5 Kg (201 lbs.)
 Psychosocial Developmental Stage: Ego integrity
 Cognitive Developmental Stage: intact memory and processing speed.
 Braden Score: 11 (higher risk of acquired ulcer)
 Morse Fall Score: 65 (higher risk of fall)
 Infection Control Precautions: N/A

Pathophysiology

Disease process: HF occurs when the myocardium can't pump enough blood to supply the body to body and to meet their metabolic needs. So, the fluid may go back to the lungs and other organs. It causes fluid overload.
 S/S of disease: Fatigue, hypotension, dizziness, tachycardia, crackles, persistent cough, pitting edema, and chest tightness.
 Method of Diagnosis:
 Lab: CBC and BNP
 Diagnostic Tests: Chest X-ray, ECG, and echocardiogram.
 Treatment of disease: Administration of diuretics (Lasix), bed rest, administration of inotropic drugs, oxygen therapy, vasodilators, angiotensin, and patient can use stockings.

Lab Values/Diagnostics

WBC: normal range (4,000-11,000), pt. level is 14,60. It is elevated due to large amount of fluid in the pleural cavity.

Hgb: normal range (12.0-18.0), pt. level is 8.3. Pt has low Hgb level due to hypoxic respiratory failure.

Platelet: normal range (140-400), pt. level is 180

Glucose: normal range (60-100), Patient BG level is 175. The pt. has type 2 DM.

10/12/21: CT chest without contrast

It shows a large pleural effusion bilaterally, CAD, diffused atherosclerosis, and cardiomegaly.

10/12/21: XR chest AP or PA

It shows a persistent bilateral pleural effusion with mild-moderate pulmonary edema.

Admission History

A 87 yo male with significant cardiovascular history, end stage HF, and type 2 diabetes mellites presented to the ER with his daughter complaining of worsening SOB and swelling on both legs. Requiring increased oxygen supplement.

Medical History

Previous Medical History: Types 2 diabetes mellites, MI, hyperlipidemia, paroxysmal A fib, chronic obstructive sleep apnea, hypoxic respiratory failure, and hypertension.

Prior Hospitalizations: CAD and MI on 08/23/2021

Previous Surgical History: colonoscopy, cataract removal bilaterally, skin cancer excision.

Social History: patient reports that he quit smoking about 51 years old, he smoked 15.00 pack yearly. He reports currently drink alcohol of 1 standard drink per week and he never use drugs.

Active Orders

1. Milrinone (Primacor) 50 mcg/kg IV over 10 minutes. Dose: 50 mcg IV infusion over 10 minutes. Class: inotropic/vasodilator
The patient is taking this medication to help increase the contractility of the heart muscles. The nurse assesses HR and B/P prior to administration Milrinone.
2. Furosemide (Lasix) 10 mg infusion. Dose : 15 mg/hr. IV continuous Class : Loop diuretic
The patient is taking this medication to decrease the fluid overload and eliminate edema. Prior to administration, the nurse assesses B/P and potassium level.

Physical Exam/Assessment

General: A&Ox3 without any distress. Patient is lying in the bed with 4 L of Oxygen via nasal canula.

Integument: Skin is pink with a lot of bruises or discoloration on hand bilaterally due to IV puncture and bilateral discoloration on leg due to poor circulation related to hypoxia as patient history. Capillary refill Capillary < 2 seconds in fingers bilaterally and capillary refill < 1 in toes bilaterally.

HEENT: Head and neck proportionally, PERRLA present, gray tympanic membranes bilaterally, auricle pinna is intact, septum is in midline, no drainage coming from nose, pink and moist oral mucosa, hard and soft palate rise and fall symmetrically.

Cardiovascular: S1 and S2 present without no murmur or gallop, normal rate, and regular rhythm. Edema presents in upper and lower extremities bilaterally. Pitting edema 2+ on lower extremity bilaterally and 1+ in both hands. Patient is taking Lasix 15 mg/hr. IV continuous infusion to help to reduce edema on upper and lower member bilaterally.

Respiratory: Normal rate and rhythm. Respiration's rhythm regular bilaterally, and nonlabored noted. Bilateral crackles during auscultation, but no wheezing noted.

Genitourinary: Soft abdomen on palpation. There is no organomegaly or masses noted upon palpation of all four quadrants. Resident reports that he has his last bowel movement since 10/11/2021. He is avoiding frequently using the urinal. Output recorded = 1000 mL. Yellow urine color.

Musculoskeletal: Patient needs assistance for ADLs. He has IV infusion in place that it is not allow him to walk. He is laying in the bed. Patient is on higher risk of fall with a previous fall history a month ago.

Neurological: no facial neurologic deficits noted. Movement on all extremities are present with 4+ strength on upper arm bilaterally and 3+ strength on lower member bilateral. The diminish of strength in the low extremities is due to large edema on both sides.

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

10/13/2021 at 0950

B/P: 105/61 P:88 T:97.3 R: 18 O2: 99 with 4L of oxygen via nasal canula. Patient has a history of hypoxic respiratory failure; he is on continue O2 used.

Pain and pain scale used: patient rates his pain on 2/10 in the scale of 10.

<p align="center">Nursing Diagnosis 1</p> <p>Impaired gas exchange related to hypoxic respiratory disease as evidence SOB and the use of 4L oxygen via nasal canula.</p>	<p align="center">Nursing Diagnosis 2</p> <p>Excess fluid volume related to the HF syndrome as evidence bilateral large pleural effusion and crackles in the lungs</p>	<p align="center">Nursing Diagnosis 3</p> <p>Activity intolerance related to inadequate cardiac output as evidence fatigue,</p>
<p align="center">Rationale</p> <p>The patient with HF has manifestation of SOB, dyspnea, restless, somnolence, tachycardia, and a low Hgb (Phelps, 2020). Functionally, the pt. has Hgb of 8.3 and using O2 supplement. Pt has dyspnea when lying flat, he tolerated only fowler position.</p>	<p align="center">Rationale</p> <p>Systemic clinical manifestation of patient with HF including edema of the lower extremities and weight gain (Hinkle & Cheever, 2018). Pt has bilateral edema, weight gain, and crackles in the lungs on auscultation.</p>	<p align="center">Rationale</p> <p>Since the patient with HF has inadequate cardiac output due to the inability of the heart to pump enough blood. It can lead to hypoxic tissue and slowed removal of metabolic wastes, which in turn cause the patient to tire easily or to show fatigue (Wycliff et al., 2021). Pt is experiencing a lot of fatigue and does not tolerate a physical therapy/ROM.</p>
<p align="center">Interventions</p> <p>Intervention 1: Assist Pt with ADLs to decrease tissue oxygen demand. Intervention 2: Monitor pt.'s oxygen therapy and reposition the patient q2 to allow aeration of the lungs and enhance gas exchange.</p>	<p align="center">Interventions</p> <p>Intervention 1: monitor VS, daily weight, and respiratory function. Intervention 2: administration of diuretics therapy to decrease fluids overload.</p>	<p align="center">Interventions</p> <p>Intervention 1: promote rest and encourage activity that can be completed in short time with assistance. Intervention 2: Encourage pt. to eat foods rich in iron and mineral to help avoid anemia.</p>
<p align="center">Evaluation of Interventions</p> <p>4 L of oxygen and fowler position help the patient to relax and breath comfortable without distress. The nurse is repositioning the pt. q2.</p>	<p align="center">Evaluation of Interventions</p> <p>By taking Furosemide as prescribe, the patient bilateral edema on hand and foot decrease and he lost 10 lbs. since admission day. He is weighting daily.</p>	<p align="center">Evaluation of Interventions</p> <p>Pt is at higher risk of fall and experiencing exaggerated fatigue. The nurse is helping the patient during toileting to help him conserving energy. The pt. received education today to how to increase iron intake on his diet.</p>

References (3) (APA):

Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.

Phelps, L. L. (2020). *Sparks & Taylor's nursing diagnosis reference manual*. Philadelphia: Wolters Kluwer.

Wycliff, Vera, M., Pokerani, Patience, Asia, Caleb, Gina, & Rupa. (2021). *18 nursing diagnosis for heart failure nursing care plans*. Nurseslabs. Retrieved October 14, 2021, from <https://nurseslabs.com/heart-failure-nursing-care-plans/>.

