Medications

Zyloprim – Gout, xanthine oxidase inhibitor
Amiodarone – antiarrhythmic, A-fib
Vitamin C – Vitamin C preparation, healing
Lipitor – antihyperlipidemic/statin, HLD
Cefepime – antibiotic, infection
CHG mouthwash – dental aid/preparation
Hydromorphone – opioid analgesic, pain
Culturelle – antidiarrheal microorganisms, help with good gut bacteria
Multivitamin – vitamin preparation
Propofol- general anesthetic, sedation
Senna leaf extract – laxative, bowels
MiraLAX – laxative, bowels
White petroleum mineral eye ointment – eye preparation, moisturizing eye treatment
Nursing assessments for all medications above – vital signs, pain, AxO status, lab values, bowel habits

Lab Values/Diagnostics

WBC – (4-11) 21.98 r/t klebsiella of sputum
RBC (3-5) 2.96 r/t hemorrhage, anemia
Hgb (11-16) 9.2 r/t hemorrhage
Hct (34-47) 28.2 r/t hemorrhage
Plt (150-450) 101 r/t hemorrhage
Calcium (8-10) 8.6 r/t CKD/AKI
Creatinine (0.5-1) r/t CKD/AKI
Albumin (3.5-5) 2.1 r/t CKD/AKI
CO2 (22-29) 16 r/t metabolic acidosis
Glucose (70-100) 22 r/t insufficient glucose intake / body over metabolizing
ECG 12-lead – v-tach
Ablation – help heart generate regular rhythm
ECG – ventricular paced rhythm
Echo 15-20% CXR – low lung volumes
Abdominal aortogram – track blood flow
XR KUB – negative / no significant findings

Demographic Data

Date of Admission: 10/25/21
Admission Diagnosis/Chief Complaint: light-headed and dizziness
Age: 73
Gender: male
Race/Ethnicity: white/Caucasian
Allergies: doxycycline -> shortness of breath
Code Status: full code
Height in cm:188cm
Weight in kg: 115.2kg
Psychosocial Developmental Stage: unable to assess
Cognitive Developmental Stage: unable to assess
Braden Score: 12
Morse Fall Score: 3
Infection Control Precautions: suctioning at bedside, standard precautions, oral care

Admission History

Onset – the last few days, location – neurological status, head, duration – on and off throughout the last few days, characteristics – confusion, dizziness, lightheadedness,

Medical History

Previous Medical History: A-fib, anemia, arterial embolism, arthritis, basal cell carcinoma, CAD, cardiac defibrillator, CKD, CHF, gout, gastritis, HTN, HLD, melanoma, MI, traumatic burst fx. of lumbar, pacemaker
Prior Hospitalizations: 6/17/10, 10/5/15, 5/9/18, 5/5/19, 6/22/19, 10/10/19, 10/24/19, 12/13/19, 2/4/21, 10/25/21
Previous Surgical History: cataract removal, ICD generator change, upper endoscopy, pacemaker, EGD/colonoscopy, PTCA with stent, skin cancer excision, abdominal aortogram, embolectomy, ablasion
Social History: no drug use, no smoking hx, 1 beer a week

Pathophysiology

Disease process:
V-tach causing irregular circulation and workload on the heart causing the body to be out of equilibrium effecting VS and neurological status and circulation of blood to major organs and body tissues. Insufficient circulation to vital organs and tissues and increased workload of the heart causing symptoms.
S/S of disease:
Lightheaded, dizziness, confusion, weakness
Method of Diagnosis:
ECG 12-lead
Treatment of disease:
Ablation

Active Orders

IV Access

NPO after midnight for surgery

Assess for extubation

Potassium STAT

ABG STAT

Vitals Q15 minutes

Turn Q2

Stop CRRT prior to procedure

Oral care Q2

Suctioning at bedside

Physical Exam/Assessment

General: sedated, appropriate appearance for situation, patient does not present in distress

Integument: skin color consistent with ethnic background, cool, cyanotic, dusky, slow recoil. No rashes noted. Bruising, skin tear on right scalp, right medial groin wound with wound vac in place, right medial surgical thigh incision red, pink, and moist.

HEENT: head and neck symmetrical, no deviations noted. Hygiene well kept, no drainage noted from eyes or ears. Sclera white. Mucous membranes pink and moist. Missing teeth noted.

Cardiovascular: Paced rhythm with pacemaker. Peripheral pulses 2+ and equal bilaterally. Capillary refill greater than 3 seconds. No distention of the neck. Generalized edema noted.

Respiratory: intubated and vented, breathing rate WNL, equal chest-rise bilaterally, all lung fields diminished.

Genitourinary: oliguria, patient on CRRT. Foley present with no signs of skin breakdown or discomfort. Unable to assess pain or characteristics of urine with oliguria.

Musculoskeletal: unable to assess grips, patient sedated

Neurological: PERRLA, sedated, generalized weakness

Most recent VS (include date/time and highlight if abnormal): 98.6F, 26 RR, 97%, Mechanical vent 40, 92/53, 70HR

Pain and pain scale used: Pain Nonverbal CPOT – 2 grimacing, 2 restless, 1 tense, rigid, 1 coughing

Nursing Diagnosis 1 Risk for decreased cardiac output	Nursing Diagnosis 2 Impaired spontaneous ventilation	Nursing Diagnosis 3 Ineffective airway clearance
Rationale r/t altered electrical contraction AEB V-Tach	Rationale r/t respiratory muscle fatigue AEB diminished lung sounds	Rationale r/t endotracheal tubation AEB excessive secretions
Interventions Intervention 1: monitor vital signs Intervention 2: assess pulses	Interventions Intervention 1: assess respiratory rate and rhythm Intervention 2: assess lung sounds for crackles or wheezes	Interventions Intervention 1: turn the patient every two hours Intervention 2: suction airway
Evaluation of Interventions Vital signs will remain WNL, strong pulses, indicating good tissue perfusion and cardiac output	Evaluation of Interventions Respiratory rate and rhythm will remain WNL without indication of changes in breathing pattern or respiratory distress, lung sounds will remain free of crackles or wheezes without indication of respiratory difficulty	Evaluation of Interventions Suctioning for patient needs and condition without causing hypoxia to maintain clear airway, turning patient to mobilize secreations

References (3) (APA):

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