# N321 Care Plan # 2 Retake

Lakeview College of Nursing

Cheyenne Gardner

## Demographics (3 points)

| **Date of Admission** 11/09/21 | **Patient Initials** A.L. | **Age** 55 years old | **Gender** Female |
|---|---|---|---|
| **Race/Ethnicity** Caucasian | **Occupation** Counselor | **Marital Status** Married | **Allergies** Bactrim - Hives<br>Bee stings - Swelling |
| **Code Status** Full Code | **Height** 157.5 cm | **Weight** 70.7 kg | |

## Medical History (5 Points)

**Past Medical History:** Hyperlipidemia, hypothyroidism, contact dermatitis, breast mass, hip pain

**Past Surgical History:** Endometrial ablation (2018) and Dilation and curettage (2018)

**Family History:** Grandmother (Paternal)- Breast cancer

Grandmother (Maternal)- Congestive Heart Failure

Mother- Hypertension and Hypothyroidism

Father- Alzheimer's disease and Hypertension

**Social History (tobacco/alcohol/drugs):** Client denies use of any tobacco, alcohol or drug use

**Assistive Devices:** Client wears glasses

**Living Situation:** Client lives at home with her husband and her son.

**Education Level:** Clients highest education level is a master's degree.

## Admission Assessment

**Chief Complaint (2 points):** Shortness of breath and chest pain

**History of present Illness (10 points):** Client is a 55-year-old Caucasian female that had chest pain that shot up to her jaw starting last Monday (11/01/21). She stated that she just "thought it was heartburn" and didn't think it was something to be worried about. The pain was not constant at this time. Then on Saturday (11/06/21) she had the same pain that was radiating to her jaw.

She attempted to relieve this pain with rest, but it did not work. The client reported having a headache along with the chest pain. She took Tylenol, one 500 mg tablet to relieve her pain on Saturday (11/06/21). The client had complaints of feeling tired with chest pain, but the pain comes and goes. The client reported no aggravating factors. On Tuesday (11/09/21), she had the pain in her chest that felt heavy and aching that she reported being a seven on the numeric pain scale. The client then went to the emergency room that afternoon and got admitted for chest pain.

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points):** Chest pain

**Secondary Diagnosis (if applicable):** N/A

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

Angina Pectoris

Angina pectoris is defined by a squeezing pain in the chest that occurs when there is lack of blood flow to the myocardium (Capriotti, 2020). There are two different types of angina, stable and unstable. Stable angina which is chronic chest pain that is something the patient has experienced in the past and feels near the same (Capriotti, 2020). This can still be an emergency and a concern to patients but is not a medical emergency. Unstable angina is chest pain that is occurring for the first time in the patient and is a medical emergency (Capriotti, 2020). Both types of angina if experienced need to be explored for further care as needed. The pain can occur when the heart muscle needs more circulation and oxygen upon exertion (Capriotti, 2020). This client most likely exhibits stable angina because the pain has occured before.

Angina pectoris is often caused by myocardial ischemia which is a result of coronary artery atherosclerosis, which accumulates in coronary arteries due to hyperlipidemia and

endothelial injury (Capriotti, 2020). This is a buildup of plaque in the arteries. Plaque filled coronary arteries cannot supply enough oxygenated blood to the cardiac muscle (Capriotti, 2020). Since the client has a history of hyperlipidemia, this can be a leading risk factor in developing angina pectoris and other complications.

Myocardial ischemia can be shown pathophysiologically by an insufficient supply of blood flow and a lack of sufficient oxygen, which can be caused by a blood clot in the heart muscle (Capriotti, 2020). This is a blockage in the coronary artery. If the diameter is blocked by 50-70%, there will not be enough blood flow to get through resulting in an insufficient blood supply (Capriotti, 2020). Whenever plaque builds up in the arteries this can be another cause of ischemia. Plaque can calcify and break off traveling down and obstructing blood flow in the myocardial tissue (Capriotti, 2020). Whenever blood flow is obstructed in the heart muscle, it can cause ischemia. Another cause can be a coronary artery vasospasm, which can lead to variant angina (Capriotti, 2020). In order to determine at the cellular level what was causing the client's chest pain different diagnostic procedures were performed.

Some risk factors that increase the likelihood of angina pectoris include cigarette smoking, diabetes mellitus, hypercholesterolemia, and systemic hypertension, obesity, elevated triglycerides, elevated low density lipoprotein and low levels high-density lipoprotein (Capriotti, 2020). The client has a history of hyperlipidemia. Angina is a discomfort in the chest that can be described as pressure, choking, squeezing or heaviness that can radiate to the left shoulder, jaw, back or neck (Capriotti, 2020). The client described the pain as a dull, heaviness feeling that radiated to her jaw. Some other signs and symptoms include a clenched fist over the sternum, pale, dyspneic, and diaphoretic, pulses may be weak, signs of  hyperlipidemia, heart rate could

be bradycardia or tachycardia, extra beats or irregularity (Capriotti, 2020). These signs and symptoms can be seen in many clients who present with angina pectoris.

In order to diagnose angina pectoris, the diagnostic tests that are typically done include blood pressure management, ECG, monitoring serum electrolytes, cardiac enzymes, cardiac troponins, chest x-ray, calcium computerized tomography (CT) scan, cardiac angiogram, cardiac catheterization and intravascular ultrasonography (Capriotti, 2020).The client had an ECG done, cardiac troponin and chest x-ray done. The troponin results came back within normal limits, which ruled out the client having a myocardial infarction. The client's serum electrolyte levels came back within normal range and her ECG showed normal sinus rhythm with no ST elevation. Other tests that clients have done with cardiac symptoms include stress tests and echocardiograms.

The treatment of angina includes reducing risk factors and managing symptoms which can be done with medications. Treatments include nitrates, analgesics, rest, and oxygen (Hinkle & Cheever, 2018). The client is prescribed sublingual nitroglycerin tablets and tylenol for her chest pain. The client was trying to get as much rest as she could during her time in the hospital. Oxygen can be prescribed if the client's oxygen saturation is lower than 95% (Hinkle & Cheever, 2018). The client’s vital signs were stable showing no signs of reduced oxygen saturation. Although they were stable, some clients with chest pain can show increased heart rate, increased respirations and low oxygen saturation due to stress caused by pain.

**Pathophysiology References (2) (APA):**

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives.* Philadelphia: F.A. Davis.

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical*

*nursing* (14th ed). Wolters Kluwer

**Laboratory Data (15 points)**

**CBC Highlight All Abnormal Labs—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** | **3.90-4.98 (mill/cumm)** | **4.13** | **4.19** | **N/A** |
| **Hgb** | **12.0-15.5 (gm/dL)** | **12.1** | **12.5** | **N/A** |
| **Hct** | **35-45%** | **35.5** | **36.3** | **N/A** |
| **Platelets** | **140-400 (1000/mm3)** | **414** | **380** | **N/A** |
| **WBC** | **4.0-9.0 (10 x 3/uL)** | **5.5** | **4.5** | **N/A** |
| **Neutrophils** | **40-70%** | **57.6** | **43.5** | **N/A** |
| **Lymphocytes** | **10-20%** | **19** | **17** | **N/A** |
| **Monocytes** | **5%** | **N/A** | **N/A** | **N/A** |
| **Eosinophils** | **1-4%** | **N/A** | **N/A** | **N/A** |
| **Bands** | **0.0-10.0%** | **N/A** | **N/A** | **N/A** |

**Chemistry Highlight All Abnormal Labs—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-** | **135-145 (mEq/L)** | **140** | **139** | **N/A** |
| **K+** | **3.5-5.1 (mEq/L)** | **3.7** | **4.4** | **N/A** |
| **Cl-** | **98-107 (mEq/L)** | **101** | **102** | **N/A** |
| **CO2** | **21-31 (mEq/L)** | **29** | **31** | **N/A** |
| **Glucose** | **60-110 (mg/dL)** | **125** | **83** | **Increased levels due to acute illness or stress from pain (Pagana, 2021).** |

| | | | | |
|---|---|---|---|---|
| **BUN** | **8-23 (mg/dL)** | **11** | **14** | **N/A** |
| **Creatinine** | **0.05-1.00 (mg/dL)** | **0.71** | **0.69** | **N/A** |
| **Albumin** | **3.5-5.2 (gm/dL)** | **4.3** | **N/A** | **N/A** |
| **Calcium** | **8.4-10.0 (mg/dL)** | **9.6** | **9.5** | **N/A** |
| **Mag** | **1.3 - 2.1 (mg/dL)** | **N/A** | **N/A** | **N/A** |
| **Phosphate** | **2.5-5 (mg/dL)** | **N/A** | **N/A** | **N/A** |
| **Bilirubin** | **0.0-1.2 (mg/dL)** | **0.3** | **N/A** | **N/A** |
| **Alk Phos** | **35-105 (U/L)** | **68** | **N/A** | **N/A** |
| **AST** | **13-39 U/L** | **19** | **N/A** | **N/A** |
| **ALT** | **7-52 U/L** | **10** | **N/A** | **N/A** |
| **Amylase** | **60-100 U/L** | **N/A** | **N/A** | **N/A** |
| **Lipase** | **0-160 U/L** | **N/A** | **N/A** | **N/A** |
| **Lactic Acid** | **0.5-1.5 mEq/L venous** | **N/A** | **N/A** | **N/A** |

**Other Tests 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 |
|---|---|---|---|---|
| **INR** | **1-2** | **N/A** | **N/A** | **N/A** |
| **PT** | **10-12 seconds** | **N/A** | **N/A** | **N/A** |
| **PTT** | **30-45 seconds** | **N/A** | **N/A** | **N/A** |
| **D-Dimer** | **Negative, less than** | **N/A** | **N/A** | **N/A** |

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|---|---|---|---|---|
| | **250 mg/mL** | | | |
| **BNP** | **Less than 100 pg/mL** | **N/A** | **N/A** | **N/A** |
| **HDL** | **< 60 md/dL** | **N/A** | **N/A** | **N/A** |
| **LDL** | **< 100 mg/mL** | **N/A** | **N/A** | **N/A** |
| **Cholesterol** | **< 200 mg/dL** | **N/A** | **N/A** | **N/A** |
| **Triglycerides** | **<150 mg/dL** | **N/A** | **N/A** | **N/A** |
| **Hgb A1c** | **< 5.7%** | **5.8** | **N/A** | **N/A** |
| **TSH** | **0.5-5.0** | **0.55** | **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** | **Clear** | **N/A** | **N/A** | **N/A** |
| **pH** | **5.0-8.0** | **N/A** | **N/A** | **N/A** |
| **Specific Gravity** | **1.005-1.034** | **N/A** | **N/A** | **N/A** |
| **Glucose** | **Negative** | **N/A** | **N/A** | **N/A** |
| **Protein** | **Negative** | **N/A** | **N/A** | **N/A** |
| **Ketones** | **Negative** | **N/A** | **N/A** | **N/A** |
| **WBC** | **0-0.5** | **N/A** | **N/A** | **N/A** |
| **RBC** | **0-3** | **N/A** | **N/A** | **N/A** |
| **Leukoesterase** | **Negative** | **N/A** | **N/A** | **N/A** |

**Cultures Highlight All Abnormal Labs—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 (1) (APA):**

Lakeview College of Nursing Diagnostic Lab Value Sheet

Sarah Bush Lincoln Center Hospital System. Medical Value

Pagana, K. D., Pagana T. J., & Pagana T. N. (2021). *Mosby's diagnostic & laboratory test reference* (15th ed.) Elsevier.

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):**

1. 11/09/21- Troponin: Drawn and reading was <0.010 ng/mL which is within normal limits
2. 11/09/21- ECG Electrocardiogram: Normal sinus rhythm, heart rate of 85 beats per minute
3. 11/09/21- Chest X-ray: Heart size is normal. Lungs are clear with minimal biapical scarring. No visualized pneumothorax or pleural effusion. No acute cardiopulmonary process; overall negative.
4. 11/10/21- Stress test: Normal sinus rhythm. Appropriate response to exercise. Normal resting blood pressure. PVCs isolated. Overall impression- not suggestive of ischemia.
5. 11/10/21- ECHO: Results pending

**Diagnostic Test Correlation (5 points):**

1. Troponin is a cardiac marker that is drawn to rule out an MI. It can be an early sign in clients with unstable angina and predict the likelihood of future cardiac events (Pagana, 2021). The client's value came back within normal limits, which showed no evidence of an MI.
2. The electrocardiogram was done to measure the heart's electrical impulses by electrodes that can attach through a 3 lead or 12 lead attachments on the heart or body (Capriotti, 2020). The client had this performed due to complaints of chest pain and to rule out an MI. The client's results showed no sign of ST elevation.
3. Chest x-ray was performed since the client had complaints of shortness of breath upon admission. The client's heart size can be shown in a chest x-ray, which can vary based on cardiac function of the client (Pagana, 2018). The client's heart size was shown to be normal in the results. The chest x-ray can also show any pericarditis, pleuritis or a pneumothorax (Pagana, 2018). The client's chest x-ray came back overall negative showing no signs of abnormalities.
4. Stress test was performed since the client was having chest pain. It evaluates the cardiovascular status of patients by measuring their energy output and physical responses while walking or running on a treadmill (Capriotti, 2020). The client's heart rate, blood pressure and electrocardiogram are monitored constantly during the test. The client showed no signs of MI or ischemia related to her chest pain.
5. An echocardiogram is a noninvasive sonogram that can show the activity and structures of the heart (Capriotti, 2020). It shows the function and sizes of each ventricle. The client was having an echocardiogram performed due to her chest pain and to see if there were

any abnormalities within the heart. The client's echo was scheduled for later in the day so the results are pending.

**Diagnostic Test Reference (1) (APA):**

Capriotti, T. (2020). Davis advantage for pathophysiology: Introductory concepts and clinical perspectives. Philadelphia: F.A. Davis.

Pagana, K. D., Pagana T. J., & Pagana T. N. (2021). *Mosby's diagnostic & laboratory test reference* (15th ed.) Elsevier.

**Current Medications (10 points, 1 point per completed med)**
***10 <u>different</u> medications must be completed***

**Home Medications (5 required)**

| **Brand/ Generic** | **Levocetirizine/ Xyzal** | **Levothyroxine sodium/ Eltroxin** | **Hydrochlorothiazide/ Microzide** | **Patient only takes three home medications** | **Patient only takes three home medications** |
|---|---|---|---|---|---|
| **Dose** | **10 mg 2 tabs** | **75 mcg 1 tab** | **25 mg** | **N/A** | **N/A** |
| **Frequency** | **QAM** | **Daily** | **Daily** | **N/A** | **N/A** |
| **Route** | **PO** | **PO** | **PO** | **N/A** | **N/A** |
| **Classification** | **H1-receptor antagonist;** | **Synthetic thyroxine;** | **Thiazide diuretic; Diuretic** | **N/A** | **N/A** |

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|---|---|---|---|---|---|
| | **Antihistamine (Jones, 2021)** | **Thyroid hormone replacement (Jones, 2021)** | **(Jones, 2021)** | | |
| **Mechanism of Action** | **Binds to central and peripheral H1 receptors and blocks histamine receptors and reduces itching and flare ups (Jones, 2021)** | **Replaces thyroid hormone which may control DNA transcription and protein synthesis (Jones, 2021)** | **Promote movement of sodium chloride into the distal convoluted tubule (Jones, 2021)** | **N/A** | **N/A** |
| **Reason Client Taking** | **Client is taking this to control her contact dermatitis** | **To treat primary, secondary, or tertiary hypothyroidism (Jones, 2021)** | **When asking the client why she is taking this medication she responded by stating "I take it for swelling in my ankles and hands, since it's a mild diuretic"** | **N/A** | **N/A** |
| **Contraindications (2)** | **Creatinine clearance less than 10 mL/min and hypersensitivity to levocetirizine (Jones, 2021)** | **Hypersensitivity to levothyroxine or its components and uncorrected adrenal insufficiency (Jones, 2021)** | **Anuria and hypersensitivity to hydrochlorothiazide (Jones, 2021)** | **N/A** | **N/A** |
| **Side Effects/Adverse Reactions (2)** | **Palpitations and suicidal ideation (Jones, 2021)** | **Angina and MI (Jones, 2021)** | **Elevated cholesterol and triglycerides levels and hypotension (Jones, 2021).** | **N/A** | **N/A** |
| **Nursing Considerations (2)** | **Monitor intake and output closely, if urinary** | **Use levothyroxine cautiously in elderly and patients** | **Give in the morning to avoid nocturia and monitor blood pressure, daily** | **N/A** | **N/A** |

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| | **retention is suspected provider needs to be notified and monitor patient for thoughts of self harm (Jones, 2021)** | **with underlying cardiovascular disease. Overtreatment can increase cardiac contractility which can precipitate angina or arrhythmias and monitor thyroid function regularly for over or under treatment (Jones, 2021)** | **weight, fluid intake and output and serum electrolytes regularly (Jones, 2021)** | | |

**Hospital Medications (5 required)**

| **Brand/ Generic** | **Enoxaparin sodium/ Lovenox** | **Pantoprazole sodium/ Protonix** | **Lorazepam/ Ativan** | **Ondansetron/ Zofran** | **Nitroglycerin/ Go Nitro** |
|---|---|---|---|---|---|
| **Dose** | **40 mg<br>0.4 mL** | **40 mg<br>1 tab** | **0.5 mg<br>1 tab** | **4 mg<br>2 mL** | **0.4 mg<br>1 tab** |
| **Frequency** | **Daily** | **Daily** | **Q6H<br>PRN** | **Q6H<br>PRN** | **Q5M<br>PRN** |
| **Route** | **SQ<br>Injectable** | **PO** | **PO** | **IV push<br>Injectable** | **Sublingual<br>Tab-disintegrating** |
| **Classification** | **Low-molecular-weight heparin; Anticoagulant (Jones, 2021)** | **Proton pump inhibitor; Antiulcer (Jones, 2021)** | **Benzodiazepine; Anxiolytic (Jones, 2021)** | **Selective serotonin receptor antagonist; Antiemetic (Jones, 2021)** | **Nitrate; Antianginal (Jones, 2021)** |

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|---|---|---|---|---|---|
| **Mechanism of Action** | **Enoxaparin rapidly binds and inactivates clotting factors (Jones, 2021).** | **This medication decreases the amount of gastric acid produced by the stomach (Jones, 2021)** | **May increase the effects of gamma-aminobutyric acid and other neurotransmitters by binding to benzodiazepine receptors to help control emotional behavior (Jones, 2021)** | **Blocks serotonin receptors in the chemoreceptor trigger zone and at the intestinal vagal nerve terminals to reduce nausea and vomiting (Jones, 2021)** | **Reduces preload and afterload, decreasing myocardial workload and oxygen demand (Jones, 2021)** |
| **Reason Client Taking** | **To prevent ischemic complications of unstable angina and non-Q-wave MI (Jones, 2021)** | **To treat GERD - gastroesophageal reflux disease (Jones, 2021).** | **To treat anxiety (Jones, 2021)** | **To prevent feelings of nausea and vomiting that can be caused by medication administration or any other causes (Jones, 2021)** | **To treat acute angina pectoris (Jones, 2021)** |
| **Contraindications (2)** | **Major bleeding and allergies to pork products or enoxaparin components (Jones, 2021).** | **Rilpivirine-containing products or hypersensitivity to this product and its components (Jones, 2021)** | **Sleep apnea syndrome and hypersensitivity to lorazepam, other benzodiazepines or their components (Jones, 2021)** | **Concomitant use of apomorphine and hypersensitivity to ondansetron or its components (Jones, 2021)** | **Acute MI and hypotension (Jones, 2021)** |
| **Side Effects/ Adverse Reactions (2)** | **Hyperlipidemia and thrombosis (Jones, 2021)** | **Chest pain and hyperlipidemia (Jones, 2021)** | **Chest pain and palpitations (Jones, 2021)** | **Hypotension and chest pain (Jones, 2021)** | **Arrhythmias and hypotension (Jones, 2021)** |
| **Nursing Considerations (2)** | **Monitor potassium levels** | **No more than 90 mg should be given at any** | **Monitor patient's respirations** | **Monitor for signs and symptoms of** | **Have a nitroglycerin-free** |

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|---|---|---|---|---|---|
| | **because of renal impairment. Keep protamine sulfate near just in case of an overdose. (Jones, 2021)** | **one time because of increased risk for severe effects on the kidneys. Monitor the patient for hypocalcemia( Jones, 2021).** | **every 5 to 15 minutes and keep resuscitation equipment available and monitor for a decrease in consciousness including coma and sedation (Jones, 2021)** | **serotonin syndrome and hypokalemia and hypomagnesemia should be corrected before ondansetron is administered (Jones, 2021)** | **period for at least 10 hours each day to prevent tolerance and check vital signs before every dosage adjustment and often during therapy (Jones, 2021)** |

**Medications Reference (1) (APA):**

Jones, D. W. (2021). Nurse's drug handbook. (A. Barlett, Ed.) (20th ed.). Jones & Bartlett Learning.

## Assessment

**Physical Exam (18 points)**

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|---|---|
| **GENERAL (1 point):**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | Client was alert and oriented to person, place, time, and situation (x4). The client did not appear to be in any distress. The client was well groomed and had good hygiene. |
| **INTEGUMENTARY (2 points):**<br>**Skin color:**<br>**Character:**<br>**Temperature:**<br>**Turgor:**<br>**Rashes:**<br>**Bruises:**<br>**Wounds:** .<br>**Braden Score: 23**<br>**Drains present: Y☐ N ☒** | The client's skin was warm, pink, dry and intact. Skin turgor was elastic. The client had no rashes, bruises, or wounds present.<br>Braden score of 23.<br>The client had no drains present. |

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|---|---|
| **Type: N/A** | |
| **HEENT (1 point):**<br>**Head/Neck:**<br>**Ears:**<br>**Eyes:**<br>**Nose:**<br>**Teeth:** | The client's head and neck appeared midline, with no deviation. Her ears were intact with no drainage present. Client's eyes exhibited PERLA and were symmetrical. The client wears glasses. The client was able to hear well with no impairment noted. The client has all her teeth intact and no discoloration present. |
| **CARDIOVASCULAR (2 points):**<br>**Heart sounds:**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):**<br>**Peripheral Pulses:**<br>**Capillary refill:**<br>**Neck Vein Distention: Y ☐ N ☒**<br>**Edema Y ☐ N ☒**<br>**Location of Edema: N/A** | S1 and S2 heard upon auscultation. No murmurs click or rubs. Normal sinus rhythm. Pulses were palpable +2 radial bilateral, +2 pedal bilateral and carotid +2 bilateral. Capillary refills in less than three seconds. No edema or neck vein distention present. |
| **RESPIRATORY (2 points):**<br>**Accessory muscle use: Y☐ N ☒**<br>**Breath Sounds: Location, character** | No abnormal breath sounds auscultated anteriorly and posteriorly. Breath sounds were clear. Accessory muscles were not used. No chest deformities noted. |
| **GASTROINTESTINAL (2 points):**<br>**Diet at home:**<br>**Current Diet**<br>**Height: 157.5 cm**<br>**Weight: 70.7 kg**<br>**Auscultation Bowel sounds:**<br>**Last BM:**<br>**Palpation: Pain, Mass etc.:**<br>**Inspection:**<br>**Distention:**<br>**Incisions:**<br>**Scars:**<br>**Drains:**<br>**Wounds:**<br>**Ostomy: Y ☐ N ☒**<br>**Nasogastric: Y ☐ N ☒**<br>**Size: N/A**<br>**Feeding tubes/PEG tube Y ☐ N ☒**<br>**Type: N/A** | The Client's diet at home is low fat and low carb. Client states she "tries to be healthy and watch her sodium intake".<br>Current diet is heart healthy. No caffeine allowed.<br>Height 157.5 cm<br>Weight 70.7 kg<br>Clients' bowel sounds were normoactive 5-30 seconds in all four quadrants<br>Last bowel movement was yesterday (11/09/21)<br>No abdominal distension, drains, incisions, scars, or wounds present.<br><br>No ostomy, nasogastric or feeding tubes. |
| **GENITOURINARY (2 Points):**<br>**Color:**<br>**Character:** | Clients urine was yellow and clear.<br>Client voided 640 mL. Client did not report any |

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|---|---|
| **Quantity of urine:**<br>**Pain with urination: Y ☐ N ☒**<br>**Dialysis: Y ☐ N ☒**<br>**Inspection of genitals:**<br>**Catheter: Y ☐ N ☒**<br>**Type: N/A**<br>**Size: N/A** | pain with urination<br>Client was not on dialysis.<br>Inspection of genitals: Dry and clean, appropriate for age<br>Client did not have a catheter in place |
| **MUSCULOSKELETAL (2 points):**<br>**Neurovascular status:**<br>**ROM:**<br>**Supportive devices:**<br>**Strength:**<br>**ADL Assistance: Y☐ N ☒**<br>**Fall Risk: Y ☒ N☐**<br>**Fall Score: 20**<br>**Activity/Mobility Status:**<br>**Independent (up ad lib) ☒**<br>**Needs assistance with equipment ☐**<br>**Needs support to stand and walk☐** | Neurovascular status was intact and in control.<br>Client had full active ROM in all extremities<br>Client uses glasses<br>Strength is equal, 5/5 in all extremities<br>Client did not need any assistance with ADL's<br><br>Client scored a 20 on the fall score, which makes her a low fall risk.<br><br>Client was independent (up ad lib). Did not need any assistance with equipment or to stand and walk. |
| **NEUROLOGICAL (2 points):**<br>**MAEW: Y X N☐**<br>**PERLA: Y ☒ N☐**<br>**Strength Equal: Y ☒ N ☐ if no -**<br>**Legs ☐ Arms ☐ Both ☒**<br>**Orientation:**<br>**Mental Status:**<br>**Speech:**<br>**Sensory:**<br>**LOC:** | Client can move all her extremities equally bilaterally.<br>Client exhibited PERLA.<br>Strength is equal in upper and lower extremities.<br>Oriented to person, place, time, situation.<br>Mental status is fully intact.<br>Speech is clear and audible<br>Sensory is intact<br>Level of consciousness is alert. |
| **PSYCHOSOCIAL/CULTURAL (2 points):**<br>**Coping method(s):**<br>**Developmental level:**<br>**Religion & what it means to pt.:**<br>**Personal/Family Data (Think about home environment, family structure, and available family support):** | The client copes by playing games on her phone, texts, and emails her clients. The client is Baptist and is very active in church. The client's developmental level is appropriate for her age. The client's husband visits her whenever he can. She has one daughter and a son. She has a good overall family support system. |

**Vital Signs, 2 sets (5 points)**

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| **0800** | **75 bpm** | **117/78** | **16 rpm** | **36.4 C** | **98 %** |

| | | | | | |
|---|---|---|---|---|---|
| | | **mmHg** | | | |
| **1030** | **74 bpm** | **109/74**<br><br>**mmHg** | **16 rpm** | **36.2 C** | **98 %** |

**Pain Assessment, 2 sets (2 points)**

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| **0800** | **0-10 Numeric** | **Chest** | **7** | **Dull, heaviness** | **Acetaminophen (Tylenol) 1000 mg Q6H, PRN** |
| **1030** | **0-10 Numeric** | **Chest** | **6** | **Dull, heaviness** | **Acetaminophen (Tylenol) 1000 mg Q6H, PRN** |

**IV Assessment (2 Points)**

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| **Size of IV:**<br>**Location of IV:**<br>**Date on IV:**<br>**Patency of IV:**<br>**Signs of erythema, drainage, etc.:**<br>**IV dressing assessment:** | Client has a 22 gauge IV in her cephalic vein on top of her right hand. IV was placed on 11/09/21. IV site is dry and intact. IV is patent. No signs of drainage, swelling, inflammation, warmth, or erythema. IV dressing was dry and intact. Saline locked. |

**Intake and Output (2 points)**

| Intake (in mL) | Output (in mL) |
|---|---|
| **Oral Intake- 480 mL**<br><br>**Client had sprite zero and water.** | **Void- 640 mL** |

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care:** Client care consisted of giving medication and making sure the client's needs were met. I was also able to assess the client through a head to toe assessment.

**Procedures/testing done:** The client was having an ECHO done later in the day, results pending.

**Complaints/Issues:** The client's room was extremely warm and she was complaining about the heater. Maintenance was supposed to come and take a look at it. There were no other complaints or issues during my shift.

**Vital signs (stable/unstable):** Vital signs were stable upon both vital signs checks between 0800 and 1030.

**Tolerating diet, activity, etc.:** She was not able to have caffeine before her stress test. She was up in her chair, but she was not very active because her head was bothering her and she was in pain.

**Physician notifications: N/A**

**Future plans for the patient:** Future plans for this client would be to be free of chest pain.

**Discharge Planning (2 points)**

**Discharge location:** The client will be discharged home to her home with her husband and son.

**Home health needs (if applicable):** Client does not need home health care, but if wanted resources can be provided upon discharge.

**Equipment needs (if applicable):** No equipment needs at this time.

**Follow up plan:** She should follow up with her primary care physician.

**Education needs:** She should be educated on the pathophysiology of chest pain.

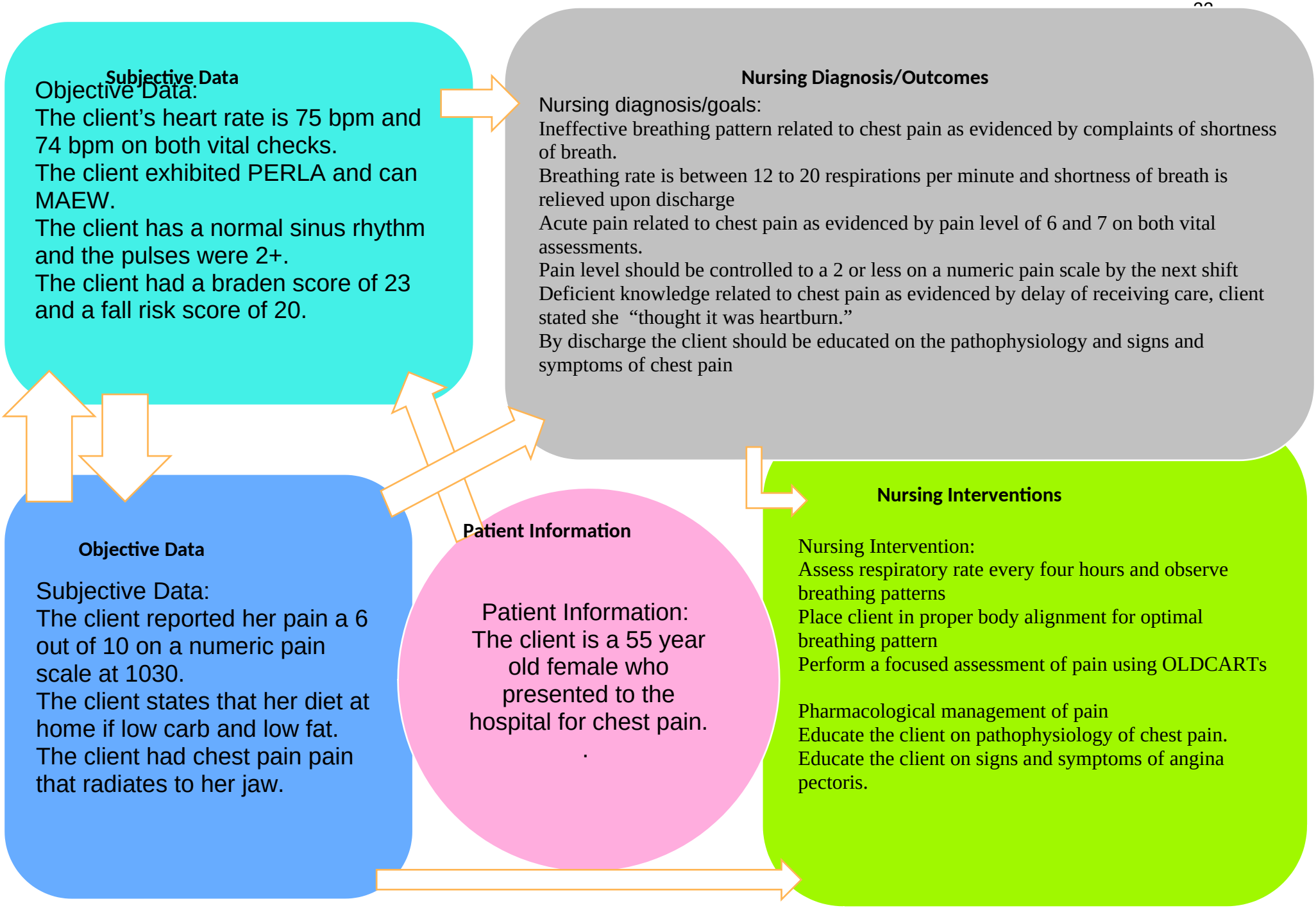
**Nursing Diagnosis (15 points)**
***Must be NANDA approved nursing diagnosis and listed in order of priority***

| **Nursing Diagnosis**<br>● Include full nursing diagnosis with "related to" and "as evidenced by" components | **Rational**<br>● Explain why the nursing diagnosis was chosen | **Intervention (2 per dx)** | **Evaluation**<br>● How did the patient/family respond to the nurse's actions?<br>● Client response, status of goals and outcomes, modifications to plan. |
|---|---|---|---|
| **1. Ineffective breathing pattern related to chest pain as evidenced by complaints of shortness of breath.** | **Stress can cause chest pain which can lead to shortness of breath upon exertion.** | **1. Assess respiratory rate every four hours and observe breathing patterns**<br><br>**2. Place client in proper body alignment for optimal breathing pattern** | **Goal met: Respiratory rate and breathing patterns were assessed twice in the five hours during care.**<br><br>**Goal met: Client was sitting upright in the chair during the time I was there.** |
| **2. Acute pain related to chest pain as evidenced by pain level of 6 and 7 on both vital assessments.** | **This is the clients chief complaint and it is not getting better** | **1. Perform a focused assessment of pain using OLDCARTs**<br><br>**2. Pharmacological management of pain** | **Goal met: I performed a focused assessment of her pain while giving care.**<br><br>**Goal not met: Client did not request any pain medication while I was caring for her.** |
| **3. Deficient knowledge related to chest pain as evidenced** | **This was chosen due to the client delaying care because she was unaware of the** | **1. Educate the client on pathophysiology of chest pain.** | **Goal not met: Client still needs to be educated. There was not enough time during my shift to educate her.** |

| | | | |
|---|---|---|---|
| **by delay of receiving care, client stated she "thought it was heartburn".** | **risks and unable to identify symptoms.** | **2. Educate the client on signs and symptoms of angina pectoris.** | **Goal met: I was able to educate her on some of the signs and symptoms that she should look out for like diaphoresis, weak pulse and paleness.** |

**Other References (APA):**

**Concept Map (20 Points):**


Subjective Data
Objective Data:
The client's heart rate is 75 bpm and 74 bpm on both vital checks.
The client exhibited PERLA and can MAEW.
The client has a normal sinus rhythm and the pulses were 2+.
The client had a braden score of 23 and a fall risk score of 20.
Nursing Diagnosis/Outcomes
Nursing diagnosis/goals:
Ineffective breathing pattern related to chest pain as evidenced by complaints of shortness of breath.
Breathing rate is between 12 to 20 respirations per minute and shortness of breath is relieved upon discharge
Acute pain related to chest pain as evidenced by pain level of 6 and 7 on both vital assessments.
Pain level should be controlled to a 2 or less on a numeric pain scale by the next shift
Deficient knowledge related to chest pain as evidenced by delay of receiving care, client stated she "thought it was heartburn."
By discharge the client should be educated on the pathophysiology and signs and symptoms of chest pain
Objective Data
Subjective Data:
The client reported her pain a 6 out of 10 on a numeric pain scale at 1030.
The client states that her diet at home if low carb and low fat.
The client had chest pain pain that radiates to her jaw.
Patient Information
Patient Information:
The client is a 55 year old female who presented to the hospital for chest pain.
.
Nursing Interventions
Nursing Intervention:
Assess respiratory rate every four hours and observe breathing patterns
Place client in proper body alignment for optimal breathing pattern
Perform a focused assessment of pain using OLDCARTs
Pharmacological management of pain
Educate the client on pathophysiology of chest pain.
Educate the client on signs and symptoms of angina pectoris.