N441 Care Plan

Lakeview College of Nursing

Matthew Catlett

Demographics (3 points)

Date of Admission **10/31/21**	**Patient Initials** **GS**	**Age** **76**	**Gender** **Female**
Race/Ethnicity **Caucasian**	**Occupation** **Retired**	**Marital Status** **Widowed**	**Allergies** **NKA**
Code Status **Full Code**	**Height** **5'7" (170.2 cm)**	**Weight** **206 lbs (94.6 kg)**	

Medical History (5 Points)

Past Medical History: Left bundle branch block, decreased ejection fraction (<50%), sleep apnea, obesity, hypothyroidism, pancreatitis.

Past Surgical History: Cholecystectomy.

Family History: No known family history.

Social History (tobacco/alcohol/drugs): Occasional alcohol use (1-2 drinks every few weeks, 10 years), former smoker (1.5 ppd, 60 pack years).

Assistive Devices: No assistive devices.

Living Situation: The client lives alone in a single-story home.

Education Level: The client completed high school. No secondary education.

Admission Assessment

Chief Complaint (2 points): Dizziness and syncope related to reduced cardiac function.

History of present Illness (10 points): The client was admitted on 10/31/21 after complaints of syncopal episodes with dizziness. These symptoms have been occurring occasionally for the past 2 weeks. The client is unable to relieve the dizziness and syncopal episodes and finds these episodes do not correlate with any specific actions or movement. The client is being admitted for pacemaker placement by Dr. Broman upon approval.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Reduced ejection fraction (<50%), 2nd degree AV block.

Secondary Diagnosis (if applicable): N/A

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

In 2nd degree AV blocks, or Mobitz type II, the client's heart electrical pulse is blocked in the AV node of bundle of His. In 2nd degree heart blocks, the heartbeat may become slower and irregular. Heart blocks can lead to decreased ejection fraction, as seen in this client. This type of heart block can progress to a complete heart block, which can increase the client's chance of mortality.

2nd degree heart blocks are commonly seen in clients who are of older age, have heart disease, cardiomyopathy, valvular disease, or have experienced a heart attack. Symptoms of 2nd degree AV block include syncope, chest pain, shortness of breath, nausea, and palpitations, all of which this client has experienced.

To determine if a client has a 2nd degree AV block, the client will undergo an ECG to identify changes or abnormalities in electrical conductivity. The client may also have an implantable device placed, called a loop recorder, which will monitor the rhythm of the heart to help diagnose heart issues that are undiagnosed.

Treatment for 2nd degree AV blocks may not be necessary in client's who report no symptoms or do not experience difficulties throughout daily life. If the client wishes to seek treatment, a cardiologist or electrophysiologist will evaluate the client's health history and determine when a pacemaker can be placed.

Those who receive a pacemaker should be given education regarding things to avoid, such as magnets, magnetic devices, and cell phones near the pacemaker. The client should also provide information to TSA agents at airports, or any security personnel that may use metal detectors. The client should also carry a card on them that states that they have an implanted pacemaker device.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. F.A. Davis Company.

Heart block: Types, diagnosis, treatment, follow-up. Cleveland Clinic. (2021, May 28). Retrieved November 15, 2021, from https://my.clevelandclinic.org/health/diseases/17056-heart-block.

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	3.8-5.3	4.56	3.93	
Hgb	12-15.8	14.2	12.6	
Hct	36-47%	43.4%	37.1%	
Platelets	140-440	237	170	
WBC	4-12	11.8	8.1	
Neutrophils	1.6-7.7	6.2	5.7	
Lymphocytes	1.3-3.2	1.3	1.4	
Monocytes	0.2-1.0	0.5	0.8	
Eosinophils	0-0.4	0	0.2	
Bands	0-0.1	0	0.1	

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-	133-144	144	141	
K+	3.5-5.1	3.8	3.5	
Cl-	98-107	109	110	Increased chloride may be caused

				by high intake of dietary salt, severe diarrhea, or kidney disease (Capriotti & Frizzell, 2016).
CO2	**21-31**	**24**	**25**	
Glucose	**70-99**	**147**	**96**	**Increased glucose levels in non-diabetics may be caused by surgery, stress, or Cushing's disease (Capriotti & Frizzell, 2016).**
BUN	**7-25**	**13**	**9**	
Creatinine	**0.5-1.2**	**0.8**	**0.64**	
Albumin	**3.5-5.7**	**3.7**	**3.5**	
Calcium	**8.6-10.3**	**8.6**	**8.8**	
Mag	**1.6-2.6**	**N/A**	**N/A**	
Phosphate	**34-104**	**N/A**	**N/A**	
Bilirubin	**0.2-0.8**	**0.5**	**0.7**	
Alk Phos	**34-104**	**100**	**79**	
AST	**13-39**	**54**	**28**	**Increased AST levels may be caused by liver damage, thyroid disease, or medications such as statins and acetaminophen (Capriotti & Frizzell, 2016).**

ALT	**7-52**	**43**	**25**	
Amylase	**0-130**	**N/A**	**N/A**	
Lipase	**11-82**	**N/A**	**N/A**	
Lactic Acid	**0.5-2.0**	**N/A**	**N/A**	
Troponin	**0-0.04**	**0.16**	**0.10**	
CK-MB	**0-7**	**N/A**	**N/A**	
Total CK	**30-135**	**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	**0.8-1.1**	**N/A**	**N/A**	
PT	**11-13 sec.**	**N/A**	**N/A**	
PTT	**25-36 sec.**	**66**	**N/A**	**The client's PTT is increased due to administration of enoxaparin (Capriotti & Frizzell, 2016).**
D-Dimer	**<300 ng/mL**	**N/A**	**N/A**	
BNP	**0-100**	**N/A**	**N/A**	

HDL	**40-59**	**N/A**	**N/A**	
LDL	**<100**	**N/A**	**N/A**	
Cholesterol	**<200**	**N/A**	**N/A**	
Triglycerides	**<150**	**N/A**	**N/A**	
Hgb A1c	**<7**	**N/A**	**N/A**	
TSH	**0.5-5.0**	**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-slightly yellow**	**Slightly yellow; clear**	**Slightly yellow; clear**	
pH	**5-9**	**N/A**	**N/A**	
Specific Gravity	**1.003-1.030**	**N/A**	**N/A**	
Glucose	**Negative**	**N/A**	**N/A**	
Protein	**Negative**	**N/A**	**N/A**	
Ketones	**Negative**	**N/A**	**N/A**	
WBC	**Negative**	**N/A**	**N/A**	

RBC	**Negative**	**N/A**	**N/A**	
Leukoesterase	**Negative**	**N/A**	**N/A**	

Arterial Blood Gas 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
pH	**7.35-7.45**	**N/A**	**N/A**	
PaO2	**75-100**	**N/A**	**N/A**	
PaCO2	**35-45**	**N/A**	**N/A**	
HCO3	**22-26**	**N/A**	**N/A**	
SaO2	**94-100%**	**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**	
Blood Culture	**Negative**	**N/A**	**N/A**	
Sputum Culture	**Negative**	**N/A**	**N/A**	
Stool Culture	**Negative**	**N/A**	**N/A**	

Lab Correlations Reference (1) (APA): Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): The client underwent fluoroscopy during the placement of the pacemaker and ECG upon admission and post-operative phase.

Diagnostic Test Correlation (5 points):

The surgeon uses fluoroscopy to visualize the leads within the heart and determine the correct placement of the leads. The ECG is used to confirm the diagnosis of 2nd degree heart block upon admission and the nurses use ECG to confirm that the pacemaker is pacing the heart effectively and at appropriate intervals.

Diagnostic Test Reference (1) (APA): *Pacemaker insertion*. Johns Hopkins Medicine. (n.d.). Retrieved November 15, 2021, from https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/pacemaker-insertion.

Brand/Generic	**Pepcid/ Famotidine**	**Anergan 25/ Promethazine**	**Tylenol/ Acetaminophen**	**Titrilac/ Calcium Carbonate**	**Protonix/ Pantoprazole**
Dose	**20 mg**	**25 mg**	**650 mg**	**1000 mg**	**40 mg**
Frequency	**Twice daily**	**Three times per day**	**PRN**	**PRN**	**Once daily**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Anti-ulcer agent**	**Antiemetic, antihistamine**	**Antipyretic, non-opioid analgesic**	**Calcium salts**	**Proton Pump Inhibitor**
Mechanism of Action	**This medication reduces hydrochloric acid formation in the stomach.**	**Antagonizes histamine effects by competing for histamine receptor sites.**	**Inhibits cyclooxygenase, which blocks prostaglandin production, interfering with pain impulses. Acetaminophen also acts directly on the temperature regulating center in the hypothalamus.**	**Increases levels of intra- and extra-cellular calcium.**	**Inhibits the proton pump system, inhibiting gastric secretions.**
Reason Client Taking	**The client is taking this medication to prevent gastric ulcers.**	**The client is taking this medication to treat nausea and vomiting.**	**The client is taking this medication for pain management and as needed**	**The client is taking this medication to**	**The client is taking this medication to treat heartburn or GERD.**

			fever reduction.	**treat hypocalcemia.**	
Contraindications (2)	**This medication should not be taken by those who suffer from severe chronic kidney disease or stomach cancer.**	**This medication should not be taken by clients who experience angle-closure glaucoma or bone marrow suppression.**	**Clients should not take this medication if they suffer from severe hepatic impairment or have a hypersensitivity to acetaminophen.**	**Contraindications include hypercalcemia, and ventricular fibrillation.**	**This medication should not be given to clients who have a hypersensitivity to pantoprazole or are currently taking midazolam.**
Side Effects/Adverse Reactions (2)	**Side effects include prolonged QT intervals and hepatitis.**	**Side effects include bradycardia and thrombocytopenia.**	**Side effects include hepatotoxicity and hypotension.**	**Side effects include hypotension and nausea and vomiting.**	**Side effects include pancreatitis and hypomagnesemia.**
Nursing Considerations (2)	**Shake oral suspension for 5 to 10 seconds before administering this medication.** **This medication should be diluted with normal saline**	**Use cautiously in elderly patients as effects may be more dramatic in these clients.** **Inject this medication slowly as a quick injection**	**Uses cautiously in clients with hepatic impairment.** **Monitor client for signs of nephritis, such as blood and albumin present in the urine.**	**The solution should be warmed to room temperature prior to administration.**	**The client's output should be measured during therapy as this drug can cause acute interstitial nephritis.** **This medication should not be given longer than necessary.**

	for IV injection solution.	**can cause a rapid decrease in blood pressure.**		**The client should be kept in a recumbant position to avoid dizziness.**	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Nursing assessments and labs include kidney function studies and liver function studies.**	**Patients should be assessed for signs of bleeding or infection.**	**The client's kidney and liver function studies should be evaluated prior to administration.**	**The client's calcium levels should be evaluate prior to administration.**	**The client's magnesium levels should be assessed before administration of this medication.**
Client Teaching needs (2)	**Store at room temperature and protect against freezing temperatures.** **Client should wait 30-60 minutes before or after administration**	**A calibrated measuring device should be used when administering this medication.** **The client should avoid alcohol or other CNS**	**Acetaminophen should be taken as prescribed.** **Teach the client about signs of hepatotoxicity, such as increased bleeding,**	**This medication should be taken 1-2 hours after meals.** **This**	**Instruct client to notify the provider if they experience diarrhea.** **Instruct client to notify the provider if there is a large decrease in the amount of urine voided.**

	of antacids when taking famotidine.	**depressants when taking this medication.**	**bruising, and malaise.**	**medication should avoid excessive use of tobacco, caffeine, and high fiber foods as these may lower calcium absorption.**	

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

Home Medications (5 required)

Hospital Medications (5 required)

Brand/Generic	**Vicodin/ Hydrocodone-acetaminophen**	**Milk of Magnesia/ Magnesium hydroxide**	**Zofran/ Ondansetron**	**Senokot/ Senna**	**Dextrose 50%**
Dose	**5 mg/325 mg**	**30 ml; 400 mg/5 ml**	**4 mg**	**8.6 mg**	**12.5 g**
Frequency	**Q4H PRN**	**Daily/PRN**	**PRN**	**2x daily/ PRN**	**PRN for low blood sugar**
Route	**Oral**	**Oral**	**IV**	**Oral**	**IV**
Classification	**Opioid analgesic**	**Antacid/ Laxative**	**Antiemetic**	**Laxative**	**Glucose elevating agent.**
Mechanism of Action	**Hydrocodone binds to the opioid receptors in the central nervous system and activates these receptors which decreased pain.**	**This medication draws water back to the intestines to soften the stool and promote gastric motility.**	**Blocks serotonin receptors in the vagal nerve of the intestines.**	**Senna contains sennosides, which irritate the lining of the gastrointestinal tracts which causes a laxative effect.**	**Increases blood glucose and accelerated the breakdown of glycogen in the liver.**
Reason Client Taking	**The client is taking this medication to decrease pain and reduce**	**The client is taking this medication to relieve constipation**	**The client is taking this medication to prevent nausea and vomiting.**	**The client is taking this medication to promote bowel motility.**	**The client is prescribed this medication in the event that the client**

	fever if present.	**caused by immobility and opioid use.**			**receives too much insulin or the client's blood sugar drop below a specified amount.**
Contraindications (2)	**This medication should not be given to clients experiencing respiratory depression.** **This medication should be used carefully in clients who have experienced head injury as this medication can increase cerebrospinal fluid pressure.**	**This medication should not be given to clients who have severe renal impairment.** **This medication should not be given to clients who suffer from an intestinal obstruction.**	**Contraindications include congenital long QT syndrome and concurrent use of apomorphine.**	**This medication should not be given to clients who suffer from a GI obstruction or ulcerative colitis.**	**This medication should not be used when intracranial hemorrhaging is present.** **This medication should not be given simultaneously with blood products as pseudo-agglutination can occur.**
Side Effects/Adverse Reactions (2)	**Side effects include sedation, nausea and vomiting, and lightheadedness.**	**Side effects include nausea, vomiting, diarrhea, and a decreased sense of taste.**	**Side effects include hypotension and cardiac arrhythmias.**	**Side effects include electrolyte abnormalities and abdominal pain.**	**Hyperglycemia and hyperosmolar syndrome may occur.**
Nursing Considerations (2)	**The client should be**	**The client should be assessed for**	**Electrolyte imbalances**	**Senna can cause**	**The nurse should monitor**

	assessed for constipation. **The client's vital signs should be monitored closely when administering or titrating this medication.**	**signs of dehydration and severer diarrhea during administration.** **The oral suspension should be thoroughly shaken before administration to distribute sediments completely.**	**should be corrected before administering this medication.** **Clients should be monitored closely for signs of serotonin syndrome, such as agitation, chills, and diaphoresis.**	**hypokalemia.** **The use of this medication can cause disturbances is gait and balance.**	**for signs of hypokalemia.** **The nurse should assess the client for history of renal and hepatic impairment before administration.**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**The client's kidney function should be evaluated before administering this medication as this medication is excreted by the kidneys.** **The client's liver function should also be assessed prior to administration**	**The client's bowel sounds should be assessed during treatment.** **The client's skin turgor and mucous membranes should be assessed during treatment.**	**The client should be assessed for signs of hypersensitivity upon administration.** **The client's gait and balance should be assessed when receiving this medication to reduce the risk of falls.**	**The client's electrolyte values should be evaluated before administering this medication.** **The client's EKG should be monitored during use of this medication as this medication can cause electrolyte**	**The client's blood sugar levels should be assessed before administration.** **The client's blood sugar should be assessed after administration to evaluate therapeutic effects.**

	as acetaminophen can be hepatotoxic.			**imbalances.**	
Client Teaching needs (2)	**Clients should not operate machinery while using this medication as it can cause mental or physical impairment.** **Clients should take this medication exactly as prescribed as hydrocodone is a habit forming drug.**	**This medication should be taken with 8 ounces of water.** **This medication should be stored at room temperature.**	**Report signs of hypersensitivity to the provider.** **Use a calibrated container when measuring oral solution.**	**Avoid taking this medication for more than two weeks as long-term use can lead to laxative dependence.** **Take this medication exactly as prescribed as high doses can be potentially harmful.**	**Check blood sugar 10-15 minutes after taking this medication to evaluate therapeutic effect.** **Store at room temperature away from light and moisture. mil**

Medications Reference (1) (APA): Jones & Bartlett Learning. (2020). *2020 Nurses drug handbook*.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Client is alert and oriented x4.** **The client appears to have no signs of distress.** **The client's overall appearance is appropriate for her condition.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 15** **Drains present: Y☐ N ☒** **Type:**	**Client's skin is pink, warm to the touch.** **Client has minor diaphoresis** **Client's skin turgor is <2 seconds at the clavicle.** **No bruises, rashes, or wounds present.** **The client has one incision present below the left clavicle from pacemaker placement.**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and neck are symmetrical.** **No tracheal deviation present.** **Tympanic membranes are pearly gray without inflammation.** **No discharge present from the ear canal.** **Sclera's are white without hemorrhage.**

	Nose is midline without septal deviation. **Oral mucosa is pink and moist. No sores present.**
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	**S1 and S2 heart sounds are audible.** **No S3, S4, or murmurs present.** **Peripheral pulses are present in upper extremities 2+.** **The peripheral pulses in the lower extremities are 1+.** **Capillary refill <2 seconds.** **Pacing is present upon assessment of ECG strip.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **ET Tube:** **Size of tube:** **Placement (cm to lip):** **Respiration rate:** **FiO2:** **Total volume (TV):** **PEEP:** **VAP prevention measures:**	**Client's breath sounds are clear bilaterally in all lobes.** **No wheezes, rhonchi, or crackles present.** **No ET tube present.**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:**	**Client's bowel sounds are normoactive in all four quadrants.** **Client follows a regular diet at home.** **Client is following a heart healthy diet within the hospital**

Auscultation Bowel sounds: **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	**Last bowel movement occurred on 11/2 at 0800.** **No incisions, scars, wounds, or drains present in the abdominal area.**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:** **CAUTI prevention measures:**	**Client's urine is yellow, but clear of sediment.** **The client is not experiencing any urgency, frequency, or incontinence.** **The client's genitals are intact without inflammation or sores present.** **The client does not have a catheter.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐**	**The client requires one person to assist with standing and ambulation.** **The client does not use a wheelchair, walker, or cane.** **The client has equal strength in all extremities.** **The client requires fall precautions, but no ADL assistance.**

Fall Score: 35 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	**The client is a low fall risk.**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**The client moves all extremities well.** **The client is alert and oriented x4.** **The client is not suffering from any speech impairment.**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	The client states that she is a Christian. The client states that she uses food and occasional alcohol to cope. The client's attitude and understanding are developmentally correct for her age. The client receives support from her friends and distant family.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0012	**74**	**144/73**	**22**	**97.6**	**97%**
0800	**76**	**145/74**	**24**	**98.3**	**97%**

Vital Sign Trends/Correlation: The client's vital signs should be assessed regularly, as this will determine if the client is experiencing any signs of bleeding, pain, or infection post-procedure.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0100	**Numeric**	**Chest**	**0**	**N/A**	**N/A**
0800	**Numeric**	**Chest**	**0**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge **Location of IV: Left metacarpal** **Date on IV: 10/31** **Patency of IV: The IV is patent and flushes well.** **Signs of erythema, drainage, etc.: N/A**	0.9% Normal Saline at 75 mL/hr

IV dressing assessment: Dressing is clean and intact.	
Other Lines (PICC, Port, central line, etc.)	
Type: **Size:** **Location:** **Date of insertion:** **Patency:** **Signs of erythema, drainage, etc.:** **Dressing assessment:** **Date on dressing:** **CUROS caps in place: Y ☐ N ☐** **CLABSI prevention measures:**	No other lines present.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
600 mL (IV) **200 mL (Oral)**	**250 mL (Loosely Recorded, Urine)**

Nursing Care

Summary of Care (2 points)

Overview of care: The client is being assessed frequently for signs of infection and given pharmacologic treatment to reduce and prevent pain.

Procedures/testing done: The client underwent a cardiac pacemaker procedure to treat the client's poor ejection fraction and 2nd degree AV block.

Complaints/Issues: The client has no complaints or issues at the moment.

Vital signs (stable/unstable): The client's vital signs remained stable throughout her stay.

Tolerating diet, activity, etc.: The client is tolerating the diet provided and is responding well to physical therapy.

Physician notifications: The physician notifies the nursing staff to place this client on telemetry to ensure proper use of pacemaker.

Future plans for patient: The client will be discharged home and will have a follow up appointment with Dr. Broman within the next month.

Discharge Planning (2 points)

Discharge location: The client will be discharged home.

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: The client will have a follow up appointment with Dr. Broman within the next month.

Education needs: The client received education about keeping magnets and other objects that may influence the pacemaker away from the chest.

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

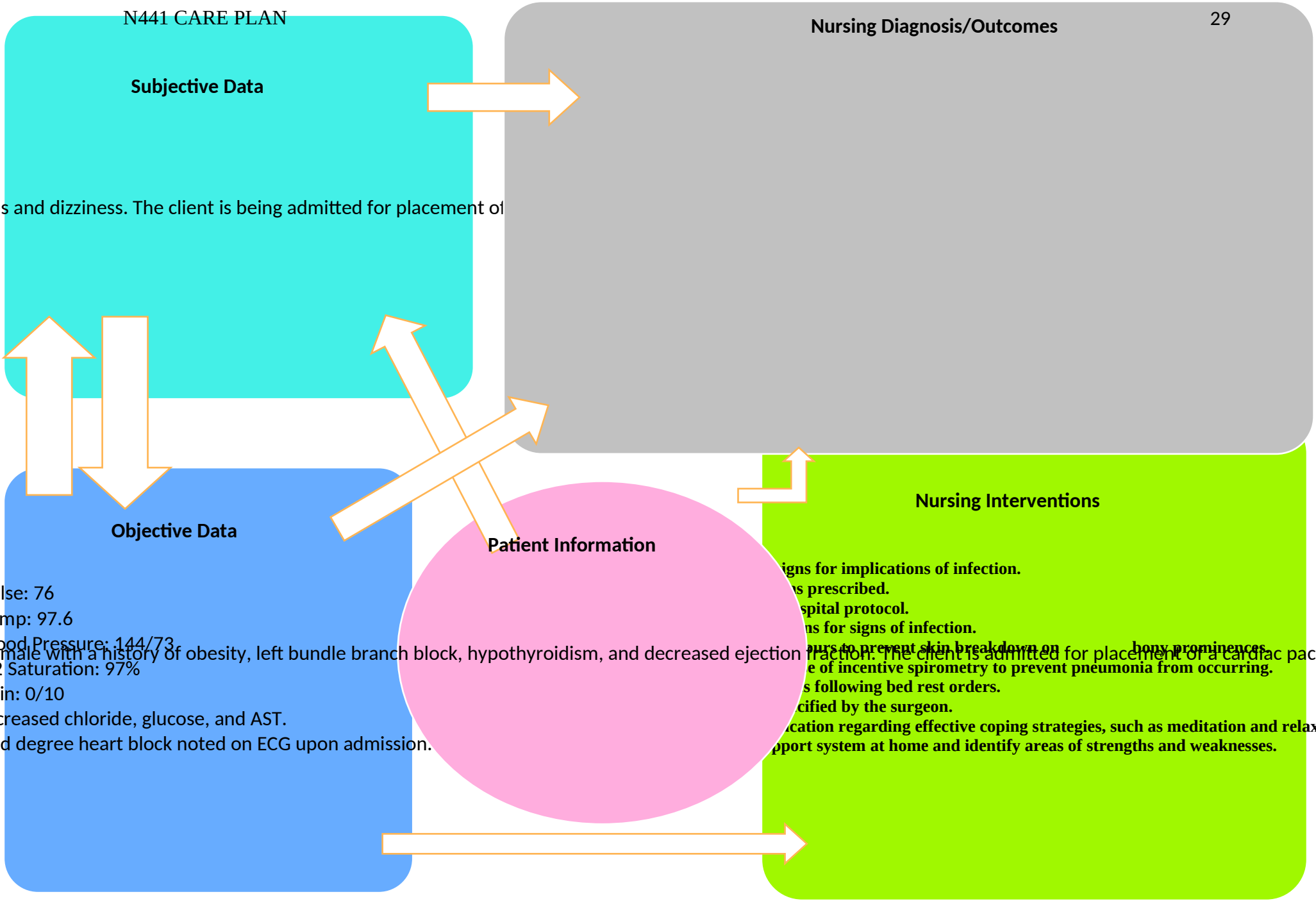
Nursing Diagnosis	**Rational**	**Intervention (2 per dx)**	**Evaluation**
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

1. Risk of Infection related to pacemaker insertion as evidenced by fresh incision site.	**The client received a pacemaker and is at an increased risk of infection due to the invasive procedure.**	**1. Assess skin and vital signs for implications of infection.** **2. Administer antibiotics as prescribed.**	**The client has no signs of infection as of discharge from the unit and should continue to monitor for these signs of infection.**
2. Impaired skin integrity related to recent invasive procedure as evidenced by pacemaker placement.	**The client's skin has lost integrity around the surgical site.**	**1. Change dressings per hospital protocol.** **2. Assess skin and vital signs for signs of infection.**	**No signs of infection are visible, and the client's stiches are intact.**
3. Impaired physical mobility related to pain as evidenced by activity restrictions.	**Due to the client's recent cardiac surgery, and pain the client may experience, the client should refrain from strenuous activities.**	**1. Provide turns every 2 hours to prevent skin breakdown on bony prominences.** **2. Educate client on the use of incentive spirometry to prevent pneumonia from occurring.**	**The client has no signs of pressure wounds or infection upon discharge.**
4. Constipation related to immobility as	**The client's bowel patterns have changed**	**1. Perform ROM exercises following bed rest orders.**	**The client performs range of motion exercises and expects**

evidenced by change in bowel patterns.	**since admission.**	**2. Increase activity as specified by the surgeon.**	**to follow the plan given to her from Dr. Broman.**
5. Ineffective individual coping strategies related to food and alcohol use as evidenced by client stating that she uses alcohol and food to cope.	**The client suffers from obesity and states that she uses food and alcohol to cope.**	**1. Provide client with education regarding effective coping strategies, such as meditation and relaxation techniques.** **2. Assess the client's support system at home and identify areas of strengths and weaknesses.**	**The client understands that her coping strategies have caused some of her health issues and agrees to try effective coping mechanisms and reaching out to those in her friends and family for support.**

Other References (APA):

Concept Map (20 Points):


Subjective Data
s and dizziness. The client is being admitted for placement of
Nursing Diagnosis/Outcomes
Objective Data
lse: 76
mp: 97.6
ood Pressure: 144/73
2 Saturation: 97%
in: 0/10
creased chloride, glucose, and AST.
d degree heart block noted on ECG upon admission.
Patient Information
male with a history of obesity, left bundle branch block, hypothyroidism, and decreased ejection fraction. The client is admitted for placement of a cardiac pacemal
Nursing Interventions
igns for implications of infection.
s prescribed.
spital protocol.
ns for signs of infection.
ours to prevent skin breakdown on bony prominences.
e of incentive spirometry to prevent pneumonia from occurring.
s following bed rest orders.
cified by the surgeon.
cation regarding effective coping strategies, such as meditation and relaxation
pport system at home and identify areas of strengths and weaknesses.