

N431 Care Plan 2
Lakeview College of Nursing
Happy Kalavadia

Demographics (3 points)

Date of Admission 11/16/2021	Patient Initials KD	Age 59	Gender Male
Race/Ethnicity Caucasian	Occupation Farmer	Marital Status Not married	Allergies None
Code Status Full Code	Height 6 feet and 2 inches	Weight 324 lb	

Medical History (5 Points)**Past Medical History:**

- Atrial fibrillation
- Diabetes Mellitus type 2
- Coronary artery disease
- Deep Vein thrombosis
- Hypertension
- Sleep Apnea
- Pneumonia

Past Surgical History:

- CABG
- Cardiac catheterization
- Knee Surgery

Family History: Father- Heart disease and hypertension. Mother- Arthritis . Maternal grandfather – Lung disease.

Social History (tobacco/alcohol/drugs): No history of drug abuse. Drinks three beers a week.
History of smoking cigarettes- 54 pack year .

Assistive Devices: None

Living Situation: Lives by himself.

Education Level: High school diploma.

Admission Assessment

Chief Complaint (2 points): Patient states “ I am packed up on fluids and have difficulty breathing”. He also had generalized edema and shortness of breath on exertion.

History of present Illness (10 points): Patient presented to the ED with complains of shortness of breath and fluid overload as the patient stated, “ I feel I am packed up on fluids”. The onset of his symptoms started about 10 days ago. He had severe shortness of breath for 2 weeks and he felt very bloated as well. He further mentioned that the location of his pain was on his left chest. The duration of his pain is few seconds until his shortness of breath subsides with rest. His shortness of breath is decreased during rest periods and increased when he is exerting himself. The associated manifestations of his pain are it is decreased when he is leaning forward. He mentioned that his pain is decreased when he his head of bed is elevated. He said, “ I gained 20 lb in about two weeks”. He did not do any home treatment and directly came to ED because of his severity of his symptoms.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute on chronic systolic congestive heart failure (CHF)

Secondary Diagnosis (if applicable): None

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

Congestive heart failure (CHF) is a chronic condition that results from pulmonary vascular congestion and reduced cardiac output (Capriotti and Frizzell, 2017). Systolic heart failure results when the ventricles are unable to pump or eject the blood from its chamber (Capriotti and Frizzell, 2017). As a result, there is fluid back up in the body resulting in generalized edema in the body (Mayo Foundation, 2021). The signs and symptoms of patients with CHF is fluid overload as excess fluid backs up in body and lungs (Capriotti and Frizzell, 2017). In addition, there is evidence on pulmonary vascular congestion on chest x ray due to fluid backing up in the lungs (Capriotti and Frizzell, 2017). The marker for diagnosing CHF is elevation of brain natriuretic peptide (BNP) levels which is marker for CHF (Capriotti and Frizzell, 2017). Patient presented with edema and history of 20 lb weight gain in just 2 weeks (Capriotti and Frizzell, 2017). He mentioned that he started having edema before few months especially in his legs and scrotum (Capriotti and Frizzell, 2017). He further mentioned that he was not compliant taking medications and used to skip the doses (Capriotti and Frizzell, 2017). He also had history of atrial fibrillation and chronic hypertension. He was started on 3L of oxygen upon arrival to ED because he has shortness of breath with exertion. His chest x ray showed severe cardiomegaly and pulmonary vascular congestion. His symptoms improved when he was started on IV Lasix and lisinopril to control his hypertension. He also had history of DVT and hence he is prescribed Xarelto and aspirin to prevent blood clots. The nursing interventions of patient with CHF included strict daily weight, Intake and output measurements as well as placing the patient on semi- fowler's position. In addition, he was started on cardiac diet which had less saturated fats and sodium. Patient's condition is stable with the treatment and his goal of care is to reduce edema and provide proper teaching on compliance of his medications. The patient is on continuous CPAP machine and the rationale behind that is to create that positive pressure

ventilation which may limit the decrease in functional residual capacity, improve respiratory mechanics and oxygenation .

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2017). Pathophysiology: introductory concepts and clinical perspectives. Philadelphia: F.A. Davis Company.

Mayo Foundation for Medical Education and Research. (2021, July 21). *Heart failure*. Mayo Clinic. Retrieved November 17, 2021, from <https://www.mayoclinic.org/diseases-conditions/heart-failure/symptoms-causes/syc-20373142>.

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	4.0-4.9 $10^6/uL$	N/A	4.52	Within normal range.
Hgb	12.0-16.0 g/dL	N/A	14.5	Within normal range.
Hct	37.0-48.0%	N/A	47.5	Within normal range.
Platelets	150-400 $10^3/uL$	N/A	232	Within normal range.
WBC	4.1-10.9 $10^3/uL$	N/A	5.29	Within normal range.
Neutrophils	1.50-7.70 $10^3/uL$	N/A	4.3	Within normal range.
Lymphocytes	1.00-4.90 $10^3/uL$	N/A	2.8	Within normal range.
Monocytes	0.00-0.80 $10^3/uL$	N/A	0.60	Within normal range.
Eosinophils	0.00-0.50 $10^3/uL$	N/A	0.04	Within normal range.
Bands	N/A	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-	136-145 mmol/L	N/A	145	Within normal range.
K+	3.5-5.1 mmol/L	N/A	3.3	Patient is on Furosemide, a loop diuretic which inhibits the absorption of potassium and hence his potassium levels are low (Capriotti and Frizzell, 2017).
Cl-	98-107 mmol/L	N/A	99	Within normal range.
CO2	21.0-32.0 mmol/L	N/A	38	Patient has decreased O2 levels and increased CO2 levels because there is CO2 retention as he cannot exhale effectively (Capriotti and Frizzell, 2017).
Glucose	60-99 mg/dL	N/A	89	Within normal range.
BUN	5-20 mg/dL	N/A	12	Within normal range.
Creatinine	0.5-1.5 mg/dL	N/A	0.85	Within normal range.
Albumin	3.4-5.4 g/dL	N/A	3.5	Within normal range.
Calcium	8.5-10.1 mg/dL	N/A	8.9	Within normal range.
Mag	1.6-2.6 mg/dL	N/A	1.9	Within normal range.
Phosphate	-N/A	N/A	N/A	N/A
Bilirubin	Less than 0.3	N/A	0.2	Within normal range.
Alk Phos	44-147 U/L	N/A	99	Within normal range.
AST	14-36	N/A	19	Within normal range.
ALT	0-35	N/A	14	Within normal range.

Amylase	N/A	N/A	N/A	N/A
Lipase	N/A	N/A	N/A	N/A
Lactic Acid	N/A	N/A	N/A	N/A
Troponin	0.00-0.04	N/A	0.04	Within normal range.
CK-MB	N/A	N/A	N/A	N/A
Total CK	N/A	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	Less than - or equal to 1.0	N/A	1.0	Within normal range.
PT	11 to 13.5 seconds	N/A	13.8	Patient has history of DVT and hence there is increased PT levels as the blood is hyper coagulated (Capriotti and Frizzell, 2017).
PTT	N/A	N/A	N/A	N/A
D-Dimer	N/A	N/A	N/A	N/A
BNP	Less than 100 pg/ml		568	In congestive heart failure, BNP levels are elevated and is an important diagnostic marker for CHF (Capriotti and Frizzell, 2017).
HDL	N/A	N/A	N/A	N/A
LDL	N/A	N/A	N/A	N/A
Cholesterol	N/A	N/A	N/A	N/A
Triglycerides	N/A	N/A	N/A	N/A
Hgb A1c	N/A	N/A	N/A	N/A

TSH	N/A	N/A	N/A	N/A
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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	Light yellow	N/A	N/A	N/A
pH	5.0-7.0	N/A	N/A	N/A
Specific Gravity	1.003-1.030	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	0-25 /ul	N/A	N/A	N/A
RBC	0-25/ul	N/A	N/A	N/A
Leukoesterase	negative	N/A	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	N/A
PaO ₂	80-100	N/A	N/A	N/A
PaCO ₂	35-45	N/A	N/A	N/A
HCO ₃	22-26	N/A	N/A	N/A

SaO2	92-100	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	N/A	N/A	N/A	N/A
Blood Culture	N/A	N/A	N/A	N/A
Sputum Culture	N/A	N/A	N/A	N/A
Stool Culture	N/A	N/A	N/A	N/A

Lab Correlations Reference **(1)** (APA):

Capriotti, T., & Frizzell, J. P. (2017). *Pathophysiology: introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Chest x ray showed cardiomegaly with prominent pulmonary vascularity. Interstitial infiltrate in the mid and lower lungs representing pulmonary edema. It also showed atelectasis in the left lower lungs.

U/S of scrotum revealed scrotal edema.

BNP levels are highly elevated revealing CHF.

Diagnostic Test Correlation (5 points): Chest x ray showed cardiomegaly and BNP is a marker for diagnosing CHF. In addition, patient has signs and symptoms of CHF and has severe edema in his legs as well as scrotum.

The signs and symptoms of patients as well as diagnostic tests has an positive correlation which concludes that patient has acute on chronic CHF.

Diagnostic Test Reference (1) (APA):

Capriotti, T., & Frizzell, J. P. (2017). Pathophysiology: introductory concepts and clinical perspectives. Philadelphia: F.A. Davis Company

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

Home Medications (5 required)

Brand/Generic	Lipitor/ Atorvast atin	Coreg/ Carvedilol	Tikosyn/ Dofetilide	Zestril/ Lisinopril	Xarelto/ Rivaroxabe n
Dose	40 mg	6.25 mg	500 mcg	10 mg	20 mg
Frequency	Once a day	Once a day	1 capsule every 12 hours	1 capsule every day	1 capsule every day
Route	Oral	Oral	Oral	Oral	Oral
Classification	Statins(Lipid lowering agents).	Beta blocker	Antiarrhythm ic drugs	ACE inhibitors	Anticoagul ants
Mechanism of Action	It lowers plasma cholester ol and LDL levels by increasin	It had properties of antagonizing beta receptors which are responsible	It blocks the delayed cardiac potassium channels and causes the refractory	It inhibits angiotensin enzyme preventing the conversion of	It inhibits factor X and prothromb in activity thus decreasing

	g uptake and catabolism of LDL cholesterol.	of vasoconstriction this lowering blood pressure due to its vasodilator properties.	period of atrial tissue to increase , thus preventing atrial fibrillation.	angiotensin 1 to angiotensin 2 thus lowering blood pressure.	formation of blood clots.
Reason Client Taking	Patient is morbidly obese and has high LDL levels.	Patient had severe systolic blood pressure	Patient had atrial fibrillation	Patient has hypertension .	Due to history of DVT
Contraindications (2)	Liver failure Alcoholism	Hypotension Hypersensitivity	Hypersensitivity Pacemaker	Hypotension Hyperkalemia	Bleeding Liver failure
Side Effects/Adverse Reactions (2)	Rash Steatorrhea	Dizziness Metallic taste	Chest pain Numbness	Diarrhea Sneezing	Nausea Bleeding
Nursing Considerations (2)	Take at the same time every day for maximal absorption. Give Lipitor with evening meals as it is highly absorbed in evening.	Take at the same time every day for maximal absorption. Give carvedilol with evening meals for maximal effectiveness.	Take at the same time every day for maximal absorption. Monitor oxygen saturation after giving this medication.	Take at the same time every day for maximal absorption. Monitor patient for hypotension .	Take at the same time every day for maximal absorption. Monitor patient for any bleeding episodes.
Key Nursing Assessment(s)/L	None	None	None	None	None

ab(s) Prior to Administration					
Client Teaching needs (2)	<p>Take the medication at the same time each day.</p> <p>Skip the missed dose and do not double the dose.</p>	<p>Take the medication at the same time each day.</p> <p>Skip the missed dose and do not double the dose as excess dose can lead to hypotension.</p>	<p>Take the medication at the same time each day.</p> <p>Take the exact dose and you have to be hospital for three days to monitor heart rhythm.</p>	<p>Take the medication at the same time each day.</p> <p>Take the exact dose and do not double the dose if missed.</p>	<p>Take the medication at the same time every day.</p> <p>Skip the missed dose and do not double the missed dose.</p>

Hospital Medications (5 required)

There were only 4 medication listed in epic charting system.

Brand/Generic	Zorprin/ Aspirin	Lasix/ Furosemide	Novolog/ Insulin aspart	Zestril/Lisinopril		
Dose	81 mg	40 mg	Depends on blood sugar levels	10 mg		
Frequency	1 tablet daily	Twice daily	Before and after meals	1 capsule every day		
Route	Oral	Iv push	Subcutaneous	Oral		
Classification	Anticoagulant	Loop diuretics	Insulins	ACE inhibitors		
Mechanism of Action	It inhibits platelet aggregation and thus decreasing formation of	Increase the excretion of water and Na by inhibiting the reabsorption	It decreases blood glucose levels by pushing glucose into cells.	It inhibits angiotensin enzyme preventing the conversion of angiotensin 1 to		

	blood clots.	from proximal and distal tubules.		angiotensin 2 thus lowering blood pressure.		
Reason Client Taking	Due to DVT	Due to CHF	Type 2 DM	Patient has hypertension.		
Contraindications (2)	Bleeding Rash	Kidney failure Hypersensitivity	Kidney failure Hepatic dysfunction	Hypotension Hyperkalemia		
Side Effects/Adverse Reactions (2)	Heart burn Stomach cramps	Hypokalemia Muscle cramps	Hypoglycemia Dizziness	Diarrhea Sneezing		
Nursing Considerations (2)	Take aspirin at the same time everyday . Do not excess the dose as it can cause bleeding .	Lasix need to be pushed slowly as it causes hearing loss if pushed fast. Flush Lasix with normal saline before and after to prevent toxicity.	Rotate the injection sites to prevent the formation of hematoma. Give insulin 30 minutes after breakfast for maximal effect.	Take at the same time every day for maximal absorption. Monitor patient for hypotension .		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	None	None	None	None		
Client Teaching needs (2)	Take at the same time every day for maximal absorption. Skip the missed dose and do not double the prescribed dose.	It is normal to observe increase urinary output . The color of the urine is pale yellow and is normal .	Teach patient how to self-administer insulin by themselves when at home. Demonstrate proper technique of needle safety to patient in order to prevent any injury.	Take the medication at the same time each day. Take the exact dose and do no double the dose if missed.		

Medications Reference (1) (APA):

Jones & Bartless Learning. (2020). 2020 Nurse’s drug handbook (19th ed.). Burlington MA.

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p>	<p>Patient is alerted to place , person and time. He is pleasant to talk to and he is very well mannered and respects health care providers.</p>
<p>INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: 8 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Skin is pink and moist. Skin turgor is normal and is no evidence of rashes, bruises and wounds. There is edema in lower extremities due to fluid retention secondary to CHF.</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck symmetrical, trachea midline no deviation, thyroid palpable, no noted nodules. Bilateral carotid pulses palpable. Nose septum midline turbinate’s moist and pink. •Eyes bilateral sclera white, bilateral cornea foggy, conjunctive pink, slight drainage in left</p>

	<p>eye. Dentures noted upon oral examination.</p>
<p>CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema: Lower extremities and scrotum</p>	<p>. Clear S1 and S2 heard without gallops or rubs. Pt in normal sinus rhythm with PVC'S, Peripheral pulses palpable. Capillary refill less than 3sec. No murmur heard.</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Depth, rate, rhythm of respiration is normal. No use of accessory muscle noted. Patient has shortness of breath only on exertion.</p>
<p>GASTROINTESTINAL (2 points): Diet at home: Regular diet Current Diet- Cardiac diet Height: 6 feet 2 inches Weight: 146.9 kg Auscultation Bowel sounds: Last BM: 11/16/2021 Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Bowel sounds are present and normoactive in all four quadrants .Abdomen is soft, symmetric with no pain or tenderness. Aorta is midline with bruit or visible pulsation. No hepatomegaly or splenomegaly noted. Diet is cardiac diet with fluid restriction of 1500 calories per day.</p>
<p>GENITOURINARY (2 Points): Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Patient is on Lasix and hence urinates more frequently. Patient does not have any urgency or frequency and he uses urinal to void urine.</p>

<p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 8 Activity/Mobility Status: Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Patient is stable and independent to walk but he is afraid to fall and hence he requires assistance of persons to walk .</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Patient is stable but not independent to walk. She requires support of assistive devices and assistance with equipment.</p> <p>Patient is alert, awake and oriented to place ,person and time. Motor function is normal with muscle strength 5/5 bilaterally. Reflexes 2+ bilaterally. No gait abnormalities are noted.</p>
<p>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):</p>	<p>Patient lives by himself in his house. He mentioned that he is retired farmer and he loves his dog. He does not have family nearby and he is never married.</p>

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
08:00 am	73	211/127	24	97.8 F	95 % 3L of oxygen
10:30 am	81	161/84	16	98.3 F	94% 3L of oxygen

Vital Sign Trends:

Patient had high systolic and diastolic hypertension due to history of chronic hypertension .

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
08:00 am	Numeric scale 0	None	None	None	None
11:00 am	Numeric scale 0	None	None	None	None

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 Location of IV: Right Antecubital Date on IV: 11/16/2021 Patency of IV: Patent Signs of erythema, drainage, etc.: IV dressing assessment: Clear and Dry	Patient does not have any IV fluids because he is on fluid restriction. His IV is for Lasix push.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
75 ml – water 120 ml – Apple juice	800 ml voided

Nursing Care

Summary of Care (2 points)

Overview of care: The goal of patient care is to decrease his fluid volume and decrease in his blood pressure.

Procedures/testing done BNP is elevated which is a diagnostic marker of CHF.

Complaints/Issues: Patient is complaint at hospital but not at home as he does not take his medications regularly.

Vital signs (stable/unstable): Vital signs are unstable because his systolic and diastolic blood pressure is high.

Tolerating diet, activity, etc.- Patient is independent to walk and is tolerating normal diet and activity.

Physician notifications: Monitor for edema and hypertension.

Future plans for patient: Be complaint with his medications as he mentioned during his history “ I stopped taking medication for two years”.

Discharge Planning (2 points)

Discharge location: Urbana, IL

Home health needs (if applicable): CPAP machine

Equipment needs (if applicable): None

Follow up plan: None

Education needs: The patient needs to be educated on being complaint taking his medications because he stopped taking his medications for two years.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 		<ul style="list-style-type: none"> • How did the patient/ family respond to the nurse’s actions? • Client response,

by” components			status of goals and outcomes, modifications to plan.
<p>1. Ineffective breathing pattern related to patient’s shortness of breath while climbing stairs as evidenced by patient’s continuous requirement of CPAP machine as well as 3L of oxygen.</p>	<p>Patient had shortness of breath during his care on ED and he is on CPAP machine as well as 3L of oxygen.</p>	<p>1. Patient’s Head of bed was elevated to semi- fowler’s position.</p> <p>2. Patient is on continuous sp02 monitoring on his index finger to monitor him effectively.</p>	<p>Patient’s condition is stable and his SP02 is 98 percent .Patient’s calf tenderness had decreased, and he said, “ I am feeling fine now”.</p>
<p>2. Impaired blood circulation related to tenderness in patient’s calf muscles and evidenced by increased PT levels in blood .</p>	<p>Patient has DVT and has calf tenderness in both legs.</p>	<p>1. Patient’s was given SCD to prevent the formation of blood clots.</p> <p>3. Patient is on anticoagulants medications Xarelto to prevent blood clots.</p>	<p>Patient is compliant with the SCD and Patient’s calf tenderness has decreased. He said, “ I am feeling fine now”.</p>
<p>Fluid volume excess related to 20 lbs weight increase in 2 weeks as evidenced by increased scrotal and leg edema.</p>	<p>Patient had edema in both his lower extremity and scrotum.</p>	<p>1. Patient is on Lasix which is diuretic which causes decreased edema.</p> <p>2 Patient is on cardiac diet and strict I/O .</p>	<p>Patient is complaint and he mentioned that his symptoms are better now.</p>
<p>4. Impaired skin integrity</p>	<p>Patient has rash on his</p>	<p>1. Patient educated on</p>	<p>Patient is complaint and he agreed to the</p>

<p>related to tight patient identification band on patient's arm as evidenced by rash on his wrist.</p>	<p>wrist due to tight arm band.</p>	<p>turning the arm band more frequently.</p> <p>2. Barrier cream was applied on rash.</p>	<p>plan.</p>
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Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health. St. Louis, MO: Elsevier.

Concept Map (20 Points):

Subjective Data

Patient said " I feel by body is full of fluids and have difficulty breathing"
Patient has gain 20 lb weight in two weeks.
Patient says my calf muscles is tender when pressed.

Nursing Diagnosis/Outcomes

1. Ineffective breathing pattern related to patient's shortness of breath while climbing stairs as evidenced by patient's continuous requirement of CPAP machine as well as 3L of oxygen.
 2. Impaired blood circulation related to tenderness in patient's calf muscles and evidenced by increased PT .
- Fluid volume excess related to 20 lbs weight increase in 2 weeks as evidenced by increased scrotal and leg edema.
3. Impaired skin integrity related to tight patient identification band on patient's arm as evidenced by rash on his wrist.

Objective Data

Chest x ray showed cardiomegaly and atelectasis of lower lungs.
BNP levels are 568 which is marker for CHF.

Patient Information

Patient is 59 years old with edema in his lower legs and scrotum. He has shortness of breath on excretion and his BNP levels are 568 which is marker for CHF.

Nursing Interventions

1. Patient's Head of bed was elevated to semi- fowler's position.
2. Patient is on continuous spO2 monitoring on his index finger to monitor him effectively.
3. Patient's was given SCD to prevent the formation of blood clots.
- 4 Patient is on anticoagulants medications Xarelto to prevent blood clots.
- 5 Patient is on Lasix which is diuretic which causes decreased edema.
- 6 Patient is on cardiac diet and strict I/O .
- 7 Patient educated on turning the arm band more frequently.
- 8 Barrier cream was applied on rash to prevent itching.



