

N431 Care Plan # 2

Lakeview College of Nursing

Mallorie Mason

**Demographics (3 points)**

|                                      |                                 |                                  |                                                       |
|--------------------------------------|---------------------------------|----------------------------------|-------------------------------------------------------|
| <b>Date of Admission</b><br>11/11/21 | <b>Patient Initials</b><br>R.J. | <b>Age</b><br>75 years old       | <b>Gender</b><br>Male                                 |
| <b>Race/Ethnicity</b><br>Caucasian   | <b>Occupation</b><br>Retired    | <b>Marital Status</b><br>Married | <b>Allergies</b><br>Tetracycline containing compounds |
| <b>Code Status</b><br>Full           | <b>Height</b><br>170.18 cm      | <b>Weight</b><br>117 kg          |                                                       |

**Medical History (5 Points)**

**Past Medical History:** The patient's past medical history consists of arthritis, coronary artery bypass graft, coronary artery disease, chronic obstructive pulmonary disease, diabetes mellitus type II, hypertension, GERD, sleep apnea, spinal stenosis, and prostate cancer.

**Past Surgical History:** The patient's surgical history includes an appendectomy, prostatectomy, PCI, and coronary artery bypass graft.

**Family History:** Parental: Cardiovascular disease  
Mother: Cardiovascular disease

**Social History (tobacco/alcohol/drugs):** The patient denies the use of alcohol and drugs when asked. The patient is a former smoker. The patient states, "I stopped smoking in February of 1978".

**Assistive Devices:** The patient uses a cane, walker, and glasses.

**Living Situation:** The patient lives at home with his wife.

**Education Level:** The highest level of education the patient has received is a master levels.

**Admission Assessment**

**Chief Complaint (2 points):** Weakness

**History of present Illness (10 points):** A 75-year old male was admitted to Sarah Bush hospital on 11/11/2021 for weakness, malaise, and frequent falling. The patient states they have been falling more recently. The most recent fall was two days ago. The patient states, "I have been feeling completely run down and weak". The patient did not try anything to help or relieve the weakness. When asked what made him come to the hospital, his response was, "My wife blew a

fuse". After his recent last fall, his wife strongly encouraged him to come to the hospital. The patient states he falls when he tries to get up and goes to the bathroom. He cannot stand very long before he needs to start walking.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Acute Kidney Injury

**Secondary Diagnosis (if applicable):** Malaise/Lethargy

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

Acute Chronic Injury (AKI) is a rapid decrease in renal filtration function due to damage of the kidneys (Capriotti & Frizzell, 2020). The decline function of renal filtration causes waste products to accumulate into the body. There is four-phase of acute kidney injury. The initial phase is determined by the time of precipitating damage to the kidneys to the initial symptoms of AKI. It usually lasts hours or days. The oliguria phase is when the GFR decreases, and urine, potassium, sulfate, and creatinine are retained (Capriotti & Frizzell, 2020). Fluid volume overload and decreased urine output are seen in this phase. The diuresis phase is the start of the recovery of the insulted kidney. Fibrotic tissue will start forming in the areas of damaged nephrons. Urine output is high, but the urine is not concentrated or diluted, which means the kidneys are not yet excreting all the waste (Capriotti & Frizzell, 2020). The recovery phase is when urine starts increasing, and healthy nephrons make up for the damaged nephrons. Urine is the appropriate concentration, inflammation is diminished, and renal function test returns to normal. The nephrons demonstrate hyperfiltration and hypertrophic changes to perform normal clearance (Capriotti & Frizzell, 2020).

A patient with AKI will present critically ill and lethargic. The patient's skin and mucosa membranes may appear dry due to dehydration. Other symptoms include fatigue, confusion, weakness, chest pain, fluid retention, and decreased urinary output (Mayo Clinic, 2020). My patient exhibited signs of lethargy, loose skin turgor, fatigue, confusion, weakness, and decreased urinary output. A urinalysis, serum electrolytes, BUN, serum creatinine, arterial blood gases, and a complete blood count is used to diagnose acute kidney injury (Capriotti & Frizzell, 2020). The urinalysis will show low specific gravity. BUN and creatinine levels will both be increased. My patient's creatinine was elevated. Oliguria and anuria increase the risk of hyperkalemia, so high levels of potassium may occur in AKI. Decrease serum carbon dioxide levels and pH levels due to the progression of metabolic acidosis that occurs in the kidneys (Hinkle & Cheever, 2018). Anemia is a common laboratory finding of AKI because of reduced erythropoietin production.

The treatment of AKI will depend on the underlying cause; if the patient has symptoms of oliguria furosemide, a diuretic is prescribed (Capriotti & Frizzell, 2020). The patient was receiving the diuretic furosemide. Management will include maintaining fluid balance and avoiding fluid excess. Fluid balance measures daily body weights, central venous pressure, urine concentration, fluid losses, and blood pressure (Hinkle & Cheever, 2018).

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

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2<sup>nd</sup> ed.). F.A. Davis Company.

Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & suddarth's textbook of medical-surgical Nursing* (14<sup>th</sup> ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

Mayo Clinic. (2020). *Acute kidney failure*.

<https://www.mayoclinic.org/diseases-conditions/kidney-failure/symptoms-causes/syc-20369048>

### 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                                                                                                                                                                                         |
|--------------------|--------------|-----------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>RBC</b>         | 3.80-5.41    | 3.82 L          | 3.60 L        | The patient's acute kidney injury decreases the production of erythropoietin causes the red blood cells to be lower (Van Leeuwen & Bladh, 2021).                                                                  |
| <b>Hgb</b>         | 11.3-15.2    | 12.7 L          | 12.0 L        | Hemoglobin follows the trend of red blood cells. The kidneys are affected, which decreases the amount of erythropoietin. Erythropoietin stimulates the production of red blood cells (Van Leeuwen & Bladh, 2021). |
| <b>Hct</b>         | 33.2-45.3    | 39.1            | 36.3 L        | If hemoglobin is low, most likely hematocrit is low as well. The decrease in erythropoietin affects the red blood cell count, which lowers the hematocrit count (Van Leeuwen & Bladh, 2021).                      |
| <b>Platelets</b>   | 149-393      | 294             | 269           |                                                                                                                                                                                                                   |
| <b>WBC</b>         | 4.0-11.7     | 8.7             | 8.3           |                                                                                                                                                                                                                   |
| <b>Neutrophils</b> | 45.3-79.0    | 54.0            | 59.2          |                                                                                                                                                                                                                   |
| <b>Lymphocytes</b> | 11.8-45.9    | 30.8            | 25.9          |                                                                                                                                                                                                                   |
| <b>Monocytes</b>   | 4.4-12.0     | 10.2            | 10.5          |                                                                                                                                                                                                                   |
| <b>Eosinophils</b> | 0.0-6.3      | 4.5             | 3.7           |                                                                                                                                                                                                                   |
| <b>Bands</b>       | 0-10         | 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      | 142             | 138           |                                                                                                                                                                                                                                 |
| K+         | 3.5-5.1      | 4.1             | 4.5           |                                                                                                                                                                                                                                 |
| Cl-        | 98-107       | 107             | 104           |                                                                                                                                                                                                                                 |
| CO2        | 21-31        | 28              | 26            |                                                                                                                                                                                                                                 |
| Glucose    | 74-109       | 82              | 142 H         | The patient has a history of diabetes mellitus type II, which can elevate glucose levels (Van Leeuwen & Bladh, 2021).                                                                                                           |
| BUN        | 7-25         | 25              | 21            |                                                                                                                                                                                                                                 |
| Creatinine | 0.70-1.3     | 1.94 H          | 1.72 H        | The patient's creatinine is high due to the acute kidney injury because of decreased urinary excretion (Van Leeuwen & Bladh, 2021).                                                                                             |
| Albumin    | 3.5-5.2      | 4.0             | 3.8           |                                                                                                                                                                                                                                 |
| Calcium    | 8.6-10.3     | 9.7             | 8.7           |                                                                                                                                                                                                                                 |
| Mag        | 1.5-2.5      | N/A             | N/A           |                                                                                                                                                                                                                                 |
| Phosphate  | 2.4-4.5      | N/A             | N/A           |                                                                                                                                                                                                                                 |
| Bilirubin  | 0.3-1.0      | 0.5             | 0.6           |                                                                                                                                                                                                                                 |
| Alk Phos   | 34-104       | 129 H           | 130 H         | The patient's alkaline phosphate levels may be high due to the patient history of diabetes because of its effect on the liver or because the patient has a past medical history of prostate cancer (Van Leeuwen & Bladh, 2021). |
| AST        | 13-39        | 24              | 22            |                                                                                                                                                                                                                                 |
| ALT        | 7-52         | 13              | 14            |                                                                                                                                                                                                                                 |
| Amylase    | 60-100       | N/A             | N/A           |                                                                                                                                                                                                                                 |

|                    |         |                |     |                                                                                                                                                                                                                                                                                                                         |
|--------------------|---------|----------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Lipase</b>      | 0-160   | N/A            | N/A |                                                                                                                                                                                                                                                                                                                         |
| <b>Lactic Acid</b> | 0.5-2.2 | N/A            | N/A |                                                                                                                                                                                                                                                                                                                         |
| <b>Troponin</b>    | < 0.03  | <b>0.032 H</b> | N/A | An increased troponin level indicates damaged cardiac tissue. Troponins are released to damage skeletal or myocardial tissues (Van Leeuwen & Bladh, 2021). The elevated troponin levels and the patient exhibiting stroke symptoms lead the physician to believe this patient may have had a transient ischemic attack. |
| <b>CK-MB</b>       | 30-135  | N/A            | N/A |                                                                                                                                                                                                                                                                                                                         |
| <b>Total CK</b>    | 0       | N/A            | N/A |                                                                                                                                                                                                                                                                                                                         |

**Other Tests** **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

| <b>Lab Test</b>      | <b>Normal Range</b> | <b>Value on Admission</b> | <b>Today's Value</b> | <b>Reason for Abnormal</b> |
|----------------------|---------------------|---------------------------|----------------------|----------------------------|
| <b>INR</b>           | 2-3                 | N/A                       | N/A                  |                            |
| <b>PT</b>            | 10-12               | N/A                       | N/A                  |                            |
| <b>PTT</b>           | 30-45               | N/A                       | N/A                  |                            |
| <b>D-Dimer</b>       | ≤250                | N/A                       | N/A                  |                            |
| <b>BNP</b>           | <125                | N/A                       | N/A                  |                            |
| <b>HDL</b>           | >60                 | N/A                       | N/A                  |                            |
| <b>LDL</b>           | < 130               | N/A                       | N/A                  |                            |
| <b>Cholesterol</b>   | < 200               | N/A                       | N/A                  |                            |
| <b>Triglycerides</b> | < 150               | N/A                       | N/A                  |                            |
| <b>Hgb A1c</b>       | < 5.7               | N/A                       | N/A                  |                            |
| <b>TSH</b>           | 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 |
|----------------------------|--------------|--------------------|---------------|---------------------|
| <b>Color &amp; Clarity</b> | Yellow/Clear | Yellow<br>Clear    | N/A           |                     |
| <b>pH</b>                  | 5.0-8.0      | 7.0                | N/A           |                     |
| <b>Specific Gravity</b>    | 1.005-1.034  | 1.024              | N/A           |                     |
| <b>Glucose</b>             | Negative     | Normal             | N/A           |                     |
| <b>Protein</b>             | Negative     | Negative           | N/A           |                     |
| <b>Ketones</b>             | Negative     | Negative           | N/A           |                     |
| <b>WBC</b>                 | <=5          | Negative           | N/A           |                     |
| <b>RBC</b>                 | 0-3          | Negative           | N/A           |                     |
| <b>Leukoesterase</b>       | Negative     | Negative           | 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 |
|-------------------------|--------------|--------------------|---------------|-------------------------|
| <b>pH</b>               | 7.35-7.45    | N/A                | N/A           |                         |
| <b>PaO<sub>2</sub></b>  | 90-100       | N/A                | N/A           |                         |
| <b>PaCO<sub>2</sub></b> | 35-45        | N/A                | N/A           |                         |
| <b>HCO<sub>3</sub></b>  | 22-26        | N/A                | N/A           |                         |
| <b>SaO<sub>2</sub></b>  | 95-100       | 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):

Van Leeuwen, A. M., & Bladh, M. L. (2021). Davis's comprehensive manual of laboratory and diagnostic tests with nursing implications (9 th ed.). F.A. Davis.

### Diagnostic Imaging

**All Other Diagnostic Tests (5 points):** An EKG was performed on 11/11/2021. The findings included normal sinus rhythm, an abnormal T wave, and considered anterolateral ischemia.

A chest x-ray was performed on 11/11. The findings included no visual pneumothorax or pleural effusion- mild heart enlargement.

A CT of the brain/head without contrast was performed on 11/11. The findings of the CT concluded no acute intracranial abnormality.

An EKG was performed on 11/13/2021. The findings include sinus rhythm with premature atrial complexes.

A chest x-ray was completed on 11/13/2021. The findings included no cardiopulmonary abnormality.

**Diagnostic Test Correlation (5 points):** An EKG is performed to evaluate the electrical impulses generated by the heart during the cardiac cycle (Van Leeuwen & Bladh, 2021). The patient's EKG was performed because they presented with lethargy. A chest x-ray will assist in the evaluation of cardiac, respiratory, and skeletal structures of the lung cavity (Van Leeuwen & Bladh, 2021). The patient chest x-ray was performed due to lethargy and stroke symptoms. The CT of the brain/head visualizes and assesses internal organs/structures of the head and

brain (Van Leeuwen & Bladh, 2021). The CT of the brain/head was performed because the patient had frequent falls and hit his head the day before.

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

Van Leeuwen, A. M., & Bladh, M. L. (2021). Davis’s comprehensive manual of laboratory and diagnostic tests with nursing implications (9 th ed.). F.A. Davis.

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

**Home Medications (5 required)**

|                             |                                                                                                  |                                                                                                                                                                                              |                                                                                                                                                                                     |                                                                                                                                                    |                                                                                                                                          |
|-----------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Brand/Generic</b>        | Metoprolol<br>Lopresor                                                                           | Atorvastatin<br>Lipitor                                                                                                                                                                      | Clopidogrel<br>Plavix                                                                                                                                                               | Omeprazole<br>Prilosec                                                                                                                             | Gabapentin<br>Gralise                                                                                                                    |
| <b>Dose</b>                 | 50 mg                                                                                            | 80 mg                                                                                                                                                                                        | 75 mg                                                                                                                                                                               | 40 mg                                                                                                                                              | 600-900mg                                                                                                                                |
| <b>Frequency</b>            | Daily                                                                                            | Daily                                                                                                                                                                                        | Daily                                                                                                                                                                               | Daily                                                                                                                                              | BID                                                                                                                                      |
| <b>Route</b>                | PO                                                                                               | PO                                                                                                                                                                                           | PO                                                                                                                                                                                  | PO                                                                                                                                                 | PO                                                                                                                                       |
| <b>Classification</b>       | Selective beta-adrenergic blockers<br>Antihypertensive                                           | HMG-CoA reductase inhibitor<br>Antihyperlipidemic                                                                                                                                            | P2Y 12 platelet inhibitor<br>Platelet aggregation inhibitor                                                                                                                         | Proton pump inhibitor<br>Antiulcer                                                                                                                 | 1-amino-methyl cyclohexane acetic acid<br>Anticonvulsant                                                                                 |
| <b>Mechanism of Action</b>  | Metoprolol reduces blood pressure by decreasing renal release of renin (Jones & Bartlett, 2020). | Inhibits HMG-CoA reductase and cholesterol synthesis in the liver and increases the number of LDL receptor which reduces plasma cholesterol and lipoprotein levels (Jones & Bartlett, 2020). | Binds to adenosine diphosphate receptors of an activated platelets. Which will deactivate glycoprotein receptor and fibrinogen from attaching to receptor (Jones & Bartlett, 2020). | Interferes with gastric acid secretion by inhibiting hydrogen potassium adenosine triphosphate system or the proton pump (Jones & Bartlett, 2020). | Mechanism of action is unknown, but prevents exaggerate response to painful stimuli and pain-related responses (Jones & Bartlett, 2020). |
| <b>Reason Client Taking</b> | Hypertension                                                                                     | Coronary artery disease                                                                                                                                                                      | To prevent antiplatelet aggregation due to CAD.                                                                                                                                     | GERD                                                                                                                                               | Neuropathy/<br>nerve pain                                                                                                                |
| <b>Contraindications</b>    | 1)Pulse less                                                                                     | 1)Active hepatic                                                                                                                                                                             | 1)Active                                                                                                                                                                            | 1)Concurrent                                                                                                                                       | 1)Hypersensitivit                                                                                                                        |

|                                                                        |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                                                                                                                                                        |                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>(2)</b></p>                                                      | <p>than 45 beats/minute<br/>2) Hypersensitivity to metoprolol</p>                                                                                                                                                                                                                           | <p>disease<br/>2)Hypersensitivity to atorvastatin</p>                                                                                                                                                                                                          | <p>bleeding<br/>2)Hypersensitivity to clopidogrel</p>                                                                                                                                                               | <p>therapy with rilpivirine<br/>2)Hypersensitivity omeprazole</p>                                                                                                                                      | <p>y to Gabapentin<br/>2)Myasthenia gravis</p>                                                                                                                                                                                         |
| <p><b>Side Effects/Adverse Reactions (2)</b></p>                       | <p>1)Bradycardia<br/>2)Bronchospasm</p>                                                                                                                                                                                                                                                     | <p>1)Thrombocytopenia<br/>2)Hypoglycemia</p>                                                                                                                                                                                                                   | <p>1)Hypotension<br/>2)Unusual bleeding</p>                                                                                                                                                                         | <p>1)Abdominal pain<br/>2)Diarrhea</p>                                                                                                                                                                 | <p>1)Coagulation defects<br/>2)Apnea</p>                                                                                                                                                                                               |
| <p><b>Nursing Considerations (2)</b></p>                               | <p>1) Monitor glucose levels in a patient with diabetes because metoprolol can mask evidence of hypoglycemia (Jones &amp; Bartlett, 2020).<br/>2) When the drug is discontinued, taper the dose over one to two weeks and do not abruptly stop the dosage (Jones &amp; Bartlett, 2020).</p> | <p>1)Monitor diabetic patients' blood glucose levels because atorvastatin can affect blood glucose control (Jones &amp; Bartlett, 2020).<br/>2) Patients should follow a cholesterol-lowering diet before and during therapy (Jones &amp; Bartlett, 2020).</p> | <p>1)Place the patient on bleeding precautions and assess for bleeding (Jones &amp; Bartlett, 2020).<br/>2) Know that Clopidogrel therapy may be stopped five days before surgery (Jones &amp; Bartlett, 2020).</p> | <p>1)Give omeprazole before meals in the morning daily (Jones &amp; Bartlett, 2020).<br/>2)Monitor patients for osteoporosis with long-term use (Jones &amp; Bartlett, 2020).</p>                      | <p>1)Give the medication two hours after an antacid (Jones &amp; Bartlett, 2020).<br/>2)Understand that Gabapentin capsules can be opened and mixed with applesauce or pudding before administration (Jones &amp; Bartlett, 2020).</p> |
| <p><b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b></p> | <p>Assess the patient's blood pressure and pulse before administering the medication. Hold the dosage if the patient's pulse is less than 60 beats/minute (Jones &amp; Bartlett, 2020).</p>                                                                                                 | <p>Assess lipid levels two to four weeks after therapy starts to make certain lipid levels are in the desired range and the dose does not need adjusting—monitor liver function tests before medication therapy (Jones &amp; Bartlett, 2020).</p>              | <p>The nurse should assess for bleeding and obtain a blood cell count if signs show a hematologic problem (Jones &amp; Bartlett, 2020).</p>                                                                         | <p>Assess lab's magnesium, sodium, and glucose levels because omeprazole can decrease these labs (Jones &amp; Bartlett, 2020).</p>                                                                     | <p>Monitor renal function test and expected adjusted dose if needed. Monitor the patient for suicidal tendencies when therapy starts (Jones &amp; Bartlett, 2020).</p>                                                                 |
| <p><b>Client Teaching needs (2)</b></p>                                | <p>1) Educate the patient on how to take their blood pressure and pulse. Notify the provider if the pulse is less than 60 beats/minute.<br/>2)Educate the patient to take the medication at the same time every day.</p>                                                                    | <p>1)Educate the patient that atorvastatin does not replace a low cholesterol diet.<br/>2)Educate the patient to avoid alcohol.</p>                                                                                                                            | <p>1)Educate the patient to report any signs and symptoms of abnormal bleeding or bruising.<br/>2)Educate the patient to avoid or stay away from the use of NSAIDs which may cause potential bleeding.</p>          | <p>1)Educate the patient to avoid foods, aspirin, ibuprofen, or alcohol that increase gastric secretions.<br/>2)Educate the patient to take the medication in the morning 30 minutes before meals.</p> | <p>1) Educate the patient not to double the dose, which means educating them to take a missed dose as soon as they remember.<br/>2)Educate the patient to use good oral hygiene to prevent gingivitis.</p>                             |

**Hospital Medications (5 required)**

|                                           |                                                                                                                                                    |                                                                                                                                                                  |                                                                                                                                                                                                                   |                                                                                                                                                                                  |                                                                                                                                                              |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Brand/Generic</b>                      | Hydralazine<br>Apresoline                                                                                                                          | Furosemide<br>Lasix                                                                                                                                              | Heparin<br>Hepalean                                                                                                                                                                                               | Duloxetine<br>Cymbalta                                                                                                                                                           | Budesonide<br>Entocort                                                                                                                                       |
| <b>Dose</b>                               | 50 mg                                                                                                                                              | 20 mg                                                                                                                                                            | 5,000 units                                                                                                                                                                                                       | 100 mg                                                                                                                                                                           | 4 mL                                                                                                                                                         |
| <b>Frequency</b>                          | TID                                                                                                                                                | Daily                                                                                                                                                            | BID                                                                                                                                                                                                               | Daily                                                                                                                                                                            | BID                                                                                                                                                          |
| <b>Route</b>                              | PO                                                                                                                                                 | PO                                                                                                                                                               | Subcutaneous                                                                                                                                                                                                      | PO                                                                                                                                                                               | Nebulizer                                                                                                                                                    |
| <b>Classification</b>                     | Vasodilator<br>Antihypertensive                                                                                                                    | Loop diuretic<br>Antihypertensive,<br>diuretic                                                                                                                   | Pharmacological<br>and Therapeutic<br>class:<br>Anticoagulant                                                                                                                                                     | Selective<br>serotonin and<br>norepinephrine<br>reuptake<br>inhibitor<br>Antidepressant,<br>Neuropathic and<br>Musculoskeletal<br>pain reliever                                  | Corticosteroid<br>Antiasthmatic<br>anti-<br>inflammatory                                                                                                     |
| <b>Mechanism of Action</b>                | A peripheral<br>vasodilator that<br>relaxes arteriolar<br>smooth muscle<br>(Jones &<br>Bartlett, 2020).                                            | Inhibits sodium<br>and chloride<br>reabsorption in<br>the proximal and<br>distal tubules and<br>the ascending<br>loop of Henle<br>(Jones & Bartlett,<br>2020).   | Binds with<br>antithrombin II<br>and inactivates<br>the coagulation<br>enzymes<br>thrombin.<br>Inhibits factor<br>Va and prevents<br>conversion of<br>prothrombin and<br>thrombin (Jones<br>& Bartlett,<br>2020). | Inhibits<br>dopamine,<br>neuronal<br>serotonin, and<br>norepinephrine<br>reuptake to<br>potentiate<br>noradrenergic<br>and serotonergic<br>activity (Jones &<br>Bartlett, 2020). | Inhibits<br>inflammatory<br>cells and<br>mediators which<br>decrease influx<br>into nasal<br>passages and<br>bronchial walls<br>(Jones &<br>Bartlett, 2020). |
| <b>Reason Client Taking</b>               | Hypertension                                                                                                                                       | Acute kidney<br>injury/hypertension                                                                                                                              | DVT<br>prophylaxis                                                                                                                                                                                                | Nerve<br>pain/neuropathy                                                                                                                                                         | COPD                                                                                                                                                         |
| <b>Contraindications (2)</b>              | 1)Coronary<br>artery disease<br>2)Hypersensitivity                                                                                                 | 1)<br>Hypersensitivity<br>to furosemide<br>2) Anuria                                                                                                             | 1)<br>Hypersensitivity<br>to heparin<br>2)Uncontrolled<br>active bleeding                                                                                                                                         | 1)Chronic liver<br>disease<br>2)Hypersensitivity<br>to duloxetine                                                                                                                | 1)Hypersensitivity<br>to Budesonide<br>2) Recent septic<br>ulcers or nasal<br>trauma                                                                         |
| <b>Side Effects/Adverse Reactions (2)</b> | 1)Dizziness<br>2)Angina                                                                                                                            | 1)Hypokalemia<br>2)Arrhythmias                                                                                                                                   | 1)Heparin-<br>induced-<br>thrombocytopenia<br>2) Melena                                                                                                                                                           | 1)Orthostatic<br>hypertension<br>2)Sexual<br>dysfunction                                                                                                                         | 1)Dry mouth<br>2)Oral<br>candidiasis                                                                                                                         |
| <b>Nursing Considerations (2)</b>         | 1)Give tablets<br>with food to<br>increase<br>bioavailability<br>(Jones &<br>Bartlett, 2020).<br>2)Check the<br>patient blood<br>pressure while in | 1)Understand that<br>dosing is to be<br>given in the<br>morning once a<br>day, so the<br>patient's sleep<br>will not be<br>interrupted by the<br>urge to urinate | 1)Give heparin<br>only as a<br>subcutaneous<br>injection or I.V.<br>route and not an<br>I.M. injection<br>(Jones &<br>Bartlett, 2020).<br>2)Administer                                                            | 1)Avoid<br>stopping the<br>dosage abruptly,<br>instead taper<br>the dosage<br>(Jones &<br>Bartlett, 2020).<br>2)Closely watch<br>the patient for                                 | 1)Monitor<br>patients with<br>diabetes because<br>the medication<br>may increase<br>adverse effects<br>(Jones &<br>Bartlett, 2020).<br>2)Assess the          |

|                                                                 |                                                                                                                                                                       |                                                                                                                                                              |                                                                                                                                                                                            |                                                                                                                                                                                         |                                                                                                                                                                             |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                 | the lying, sitting, and standing position assess for the side effect of orthostatic hypertension (Jones & Bartlett, 2020).                                            | (Jones & Bartlett, 2020).<br>2) Monitor the patient for electrolyte imbalances (Jones & Bartlett, 2020).                                                     | subcutaneous heparin into the abdominal wall two inches away from the umbilicus (Jones & Bartlett, 2020).                                                                                  | suicidal tendencies (Jones & Bartlett, 2020).                                                                                                                                           | effectiveness of budesonide if the patient is being weaned from systemic corticosteroid (Jones & Bartlett, 2020).                                                           |
| <b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b> | Monitor the patient blood pressure, pulse rate, weight. Monitor ANA titer, CBC, and lupus erythematous cell preparation (Jones & Bartlett, 2020).                     | Assess the patient weight before and during furosemide therapy: Monitor blood pressure, BUN, creatinine, and electrolytes (Jones & Bartlett, 2020).          | Assess for bleeding and place the patient on bleeding precautions. Assess PTT labs before administering medication (Jones & Bartlett, 2020).                                               | Assess the patient's blood pressure before starting therapy and monitor for orthostatic hypotension: monitor sodium and hepatic function labs (Jones & Bartlett, 2020).                 | Assess the patient's respiratory status. Listen to the patient's lung sounds before and after administration (Jones & Bartlett, 2020).                                      |
| <b>Client Teaching needs (2)</b>                                | 1) Educate the patient to change position slowly, and that hot showers increase hypotension.<br>2) Educate the patient on how to take their blood pressure and pulse. | 1) Educate the patient on the importance of weight, diet, and sodium control.<br>2) Educate the patient to eat foods high in potassium to avoid hypokalemia. | 1) Educate the patient to monitor for signs and symptoms of bleeding and explain bleeding precautions.<br>2) Educate the patient on how to give themselves heparin subcutaneous injection. | 1) Educate the patient that the full therapeutic effect of the medication may take weeks to occur.<br>2) Educate the patient to avoid hazardous activities until CNS effects are known. | 1) Educate the patient that a budesonide inhaler is not a rescue inhaler.<br>2) Educate the patient that if symptoms persist or worsen in three weeks, call their provider. |

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

Jones & Bartlett Learning. (2020). *2020 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

**Assessment**

**Physical Exam (18 points)**

|                                      |                                                                                               |
|--------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>GENERAL (1 point): Alertness:</b> | The patient is alert and responsive.<br>The patient is orientated to person, place, time, and |
|--------------------------------------|-----------------------------------------------------------------------------------------------|

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| <p><b>Orientation:</b><br/> <b>Distress:</b><br/> <b>Overall appearance:</b></p>                                                                                                                                                                                                                                                                                                                                                         | <p>situation.<br/>                 The patient was not in distress.<br/>                 The patient's appearance was appropriate and adequately clothed.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>INTEGUMENTARY (2 points):</b><br/> <b>Skin color:</b><br/> <b>Character:</b><br/> <b>Temperature:</b><br/> <b>Turgor:</b><br/> <b>Rashes:</b><br/> <b>Bruises:</b><br/> <b>Wounds:</b><br/> <b>Braden Score:</b><br/> <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Type:</b></p>                                                                                                | <p>The patient's skin color is usual for ethnicity.<br/>                 Under the folds of skin in the groin area and belly area were red.<br/>                 The character of the skin is dry; besides, in the fold of the patient's skin, the character is moist.<br/>                 The temperature is warm to the touch<br/>                 The patient's skin turgor was loose<br/>                 No rashes<br/>                 The patient has bruises all along his belly because of insulin injections. The patient has a bruise on his left foot from a previous fall.<br/>                 No wounds<br/>                 Braden Score: 15<br/>                 No drains</p>                                                                                                                                                                                                |
| <p><b>HEENT (1 point):</b><br/> <b>Head/Neck:</b><br/> <b>Ears:</b><br/> <b>Eyes:</b><br/> <b>Nose:</b><br/> <b>Teeth:</b></p>                                                                                                                                                                                                                                                                                                           | <p>The patient's head is symmetrical. There is no deformities or hematomas.<br/>                 The patient's neck was midline with no tracheal deviation.<br/>                 The neck moves freely without any difficulties. The thyroid and lymph nodes were not palpable.<br/>                 The patient's ears are symmetrical. The patient reports no problems with hearing. The external canal showed no signs of discharge or redness. The tympanic membrane was pearly grey.<br/>                 The patient's eyes were symmetrical. The patient states that they wear glasses. The sclera of the eyes was white with no conjunctiva or drainage.<br/>                 The patient's nose is midline to the face. The nose is patent. No deviated septum, polyps, redness, or drainage.<br/>                 The patient wears dentures. The oral mucosa was pink and moist.</p> |
| <p><b>CARDIOVASCULAR (2 points):</b><br/> <b>Heart sounds:</b><br/> <b>S1, S2, S3, S4, murmur etc.</b><br/> <b>Cardiac rhythm (if applicable):</b><br/> <b>Peripheral Pulses:</b><br/> <b>Capillary refill:</b><br/> <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Location of Edema:</b></p> | <p>The heart rhythm is sinus rhythm.<br/>                 The heart sounds were S1 and S2.<br/>                 The bilateral radial pulses are 3 + normal<br/>                 The bilateral dorsalis pedis pulses are 3 + normal<br/>                 Capillary refill in the upper and lower extremities was less than 3 seconds<br/>                 No neck vein distention<br/>                 No edema</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>RESPIRATORY (2 points):</b><br/> <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Breath Sounds: Location, character</b></p>                                                                                                                                                                                                                                                  | <p>The patient's respirations are regular, and no use of accessory muscles<br/>                 The respiratory pattern was regular<br/>                 The patient's breath sounds were auscultated anterior and posterity. Clear breath sounds were heard throughout all lobes. Lung aeration was equal.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>GASTROINTESTINAL (2 points):</b><br/> <b>Diet at home:</b><br/> <b>Current Diet</b></p>                                                                                                                                                                                                                                                                                                                                            | <p>The patient's diet at home is regular.<br/>                 The patient's diet at the hospital is 1,200 to 1,400 calories.<br/>                 Height: 170.18 cm</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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| <p><b>Height:</b><br/> <b>Weight:</b><br/> <b>Auscultation Bowel sounds:</b><br/> <b>Last BM:</b><br/> <b>Palpation: Pain, Mass etc.:</b><br/> <b>Inspection:</b><br/>         <b>Distention:</b><br/>         <b>Incisions:</b><br/>         <b>Scars:</b><br/>         <b>Drains:</b><br/>         <b>Wounds:</b><br/> <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/>         <b>Size:</b><br/> <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/>         <b>Type:</b></p> | <p>Weight: 117 kg<br/>         Active bowel sounds were heard in all four quadrants<br/>         Last BM: 11/4/21<br/>         There was no pain or masses felt upon palpation to the abdomen.<br/>         No distention<br/>         No Incisions<br/>         No scars<br/>         No drains<br/>         No wounds<br/>         No ostomy<br/>         No nasogastric<br/>         No feeding tube/PEG tube</p>                                                                                                                                                                                                                                                                                                                                       |
| <p><b>GENITOURINARY (2 Points):</b><br/> <b>Color:</b><br/> <b>Character:</b><br/> <b>Quantity of urine:</b><br/> <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Inspection of genitals:</b><br/> <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/>         <b>Type:</b><br/>         <b>Size:</b></p>                                                                                                                                                                       | <p>The patient's urine is yellow and clear.<br/>         The patient reports having no trouble urinating and no pain with urination<br/>         Inspection of the genitals was not performed<br/>         No dialysis<br/>         No catheter</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>MUSCULOSKELETAL (2 points):</b><br/> <b>Neurovascular status:</b><br/> <b>ROM:</b><br/> <b>Supportive devices:</b><br/> <b>Strength:</b><br/> <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input type="checkbox"/><br/> <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br/> <b>Fall Score:</b><br/> <b>Activity/Mobility Status:</b><br/> <b>Independent (up ad lib)</b> <input type="checkbox"/><br/> <b>Needs assistance with equipment</b> <input type="checkbox"/><br/> <b>Needs support to stand and walk</b> <input type="checkbox"/></p>                                                              | <p>The patient's nail beds color was appropriate for ethnicity and blanched when the nail bed was pressed on. The patient's skin is usual for ethnicity, dry and intact.<br/>         The patient can perform an active range of motion.<br/>         The patient uses a cane and a walker for supportive devices<br/>         The patient's strength is a five active motion against full resistance<br/>         The patient does not need help with ADLs<br/><br/>         Fall score: 65<br/>         The patient is up ad-lib with two people<br/>         The patient needs assistance with the equipment<br/>         The patient needs support to stand and walk. The patient is the weakest when he goes to stand and when he starts walking.</p> |
| <p><b>NEUROLOGICAL (2 points):</b><br/> <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br/> <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br/> <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -<br/> <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/><br/> <b>Orientation:</b><br/> <b>Mental Status:</b></p>                                                                                                                                                                     | <p>The patient is orientated to time, person, place, and situation<br/>         The patient's cognition is normal<br/>         The patient's speech is clear<br/>         The patient is alert, awake, and actively answering questions appropriately.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Speech:</b><br/> <b>Sensory:</b><br/> <b>LOC:</b></p>                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b><br/> <b>Coping method(s):</b><br/> <b>Developmental level:</b><br/> <b>Religion &amp; what it means to pt.:</b><br/> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p> | <p>The patient's coping method has his wife there at the hospital with him. The wife was at the hospital and very supportive. When the wife had to leave for a bit, the patient showed tremendous gratitude for being there for him.<br/>                 The patient can read and write when he has his glasses on. The patient can form full structured sentences.<br/>                 The patient religion is Christian<br/>                 The patient lives at home with his wife.</p> |

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

| Time | Pulse  | B/P    | Resp Rate                | Temp   | Oxygen |
|------|--------|--------|--------------------------|--------|--------|
| 1340 | 73 bpm | 125/67 | 18 breaths per<br>minute | 36.7 C | 94%    |
| 1545 | 73 bpm | 111/65 | 18 breaths per<br>minute | 36.6 C | 94%    |

**Vital Sign Trends:** The vital signs trend is stable throughout the clinical time. All vital signs are within normal ranges besides the oxygen saturation level. The patient has COPD, and 94% is a normal range for a COPD patient.

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

| Time | Scale | Location | Severity | Characteristics | Interventions                   |
|------|-------|----------|----------|-----------------|---------------------------------|
| 1340 | 0-10  | N/A      | 0/10     | N/A             | No interventions were performed |
| 1545 | 0-10  | N/A      | 0/10     | N/A             | No interventions were performed |

**IV Assessment (2 Points)**

| <b>IV Assessment</b>                                                                                                                                                                                                                                                                                            | <b>Fluid Type/Rate or Saline Lock</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Size of IV:</b> 18 gage<br><b>Location of IV:</b> Right AC<br><b>Date on IV:</b> 11/11/21<br><b>Patency of IV:</b> The IV flushed well and good blood return.<br><b>Signs of erythema, drainage, etc.:</b> No signs of erythema or drainage<br><b>IV dressing assessment:</b> The dressing is dry and intact | The IV was saline lock                |

**Intake and Output (2 points)**

| <b>Intake (in mL)</b> | <b>Output (in mL)</b>     |
|-----------------------|---------------------------|
| 255 mL oral           | 0 mL during clinical time |

**Nursing Care****Summary of Care (2 points)**

**Overview of care:** I administered insulin and hydralazine to the patient. I performed a head-to-toe assessment and took the patient's vital signs. The nurse and I helped move the patient up into bed. I cleaned the patient's skin folds and applied new powder inside the folds.

**Procedures/testing done:** There was no testing or procedures done during the clinical time, but the patient was supposed to receive an MRI later in the day.

**Complaints/Issues:** The patient had no complaints or issues.

**Vital signs (stable/unstable):** The patient's vital signs remained stable throughout the clinical time.

**Tolerating diet, activity, etc.:** The patient tolerated his diet. The patient ordered a salad for lunch and most of it. The patient appreciated when I cleaned out his skin folds and applied new powder and when the nurse and I moved him up into bed.

**Physician notifications:** The neurologist placed recommendations to perform an EEG or carotid duplex. The physician ordered an MRI without contrast and to discontinue telemetry.

**Future plans for patient:** The patient is to receive an MRI later in the day. Continue to figure out where the patient will go after he is discharged from the hospital.

**Discharge Planning (2 points)**

**Discharge location:** The patient is being discharged to a skilled nursing facility for rehabilitation. They are thinking odd fellows in Mattoon, IL.

**Home health needs (if applicable):** The patient does not need home health because he is going to a skilled nursing facility.

**Equipment needs (if applicable):** N/A

**Follow up plan:** The patient is to follow up with his point of care provider to let him know about his previous hospital stay and what he experienced prior to coming into the hospital.

**Education needs:** The patient needs educating on a medication regimen, diet, turning position slowly, and learning how to help reduce orthostatic hypotension.

**Nursing Diagnosis (15 points)**

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

| <p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul> | <p><b>Rational</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>                                                                                                 | <p><b>Intervention (2 per dx)</b></p>                                                                                           | <p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1.</b> Ineffective renal perfusion related to decrease glomerular function as evidence by elevated creatinine levels</p>                                        | <p>The patient is diagnosed with acute kidney injury. Acute kidney injury is when the kidneys are damaged, and it decreases the renal filtration function. Creatine will increase as glomerular function decreases.</p> | <p><b>1.</b>Administer furosemide as prescribed.</p> <p><b>2.</b>Monitor the patient’s renal function test and electrolytes</p> | <p>The patient understands that both nursing interventions are vital in treating his acute kidney injury. The patient understands he needs low potassium and low salt diet to prevent further complications. The patient understands what other complications can arise from an acute kidney injury.</p> |
| <p><b>2.</b> Risk for impaired skin integrity related to moisture</p>                                                                                                 | <p>I chose this nursing diagnosis because the patient is at risk for</p>                                                                                                                                                | <p><b>1.</b> Apply powder as prescribed to the patient skin folds.</p>                                                          | <p>The patient was grateful that the nurse and I cleaned his skin folds and applied</p>                                                                                                                                                                                                                  |

|                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                               |
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| <p>in the patient's skin folds as evidence by redness in skin folds.</p>                                                                        | <p>skin breakdown. The patient has skin folds around the abdomen and the groin. When pulling up the skin folds and assessing underneath, I noticed it was moist and reddened. The skin is moist, and the rubbing of the skin can cause skin breakdown.</p>                                                     | <p><b>2.</b> Keep skin folds clean and pat dry.</p>                                                                                                          | <p>new powder. The patient states it was feeling uncomfortable down there. The nurse explained ways to help when it starts to feel uncomfortable and explained that the best thing to do is keep that area as dry as possible.</p>                                                                                                                                            |
| <p><b>3.</b> Risk for falls related to weakness as evidence by a high fall score of 65</p>                                                      | <p>I chose this nursing diagnosis because this is one of the main reasons why the patient came in. When the patient stands up, he is very weak and tends to fall. The patient fell two days before coming into the hospital and fell at the hospital.</p>                                                      | <p><b>1.</b> Ambulate the patient with two or more people<br/><br/><b>2</b> Activate bed and chair alarms and place the patient's call light when reach.</p> | <p>The patient responds well to the fall precautions. The patient understands that he cannot get up without assistance, and if he does, an alarm will go off. The patient is made aware of all ways he calls the nurse or the tech into the room. The patient likes when the call light is right next to him.</p>                                                             |
| <p><b>4.</b> Risk for bleeding related to deep vein thrombosis prophylaxis as evidence by administering heparin to the patient twice a day.</p> | <p>When observing the patient's abdomen, I noticed much bruising. Bruising can indicate bleeding. The patient is on heparin for a deep vein thrombosis prophylactic. Heparin is an anticoagulant that thins the blood, increasing the risk for bleeding, and the patient is receiving heparin twice a day.</p> | <p><b>1.</b> Monitor the patient's PTT times and platelet counts.<br/><br/><b>2.</b> Assess for signs and symptoms of bleeding</p>                           | <p>The patient understands the reasoning for heparin and agrees and wants a deep vein thrombosis prophylaxis. The patient knows to monitor for signs and symptoms of bleeding. When asked where he prefers his insulin, he stated he wanted it in his arm. The patient understands to give his abdomen a break from all the injections and not to keep injecting bruises.</p> |

**Other References (APA):**

**Concept Map (20 Points):**

**Subjective Data**

**Nursing Diagnosis/Outcomes**

1. Ineffective renal perfusion related to decrease glomerular function as evidence by elevated creatinine levels. Goal: The patient understand and complies with the treatment of an acute kidney injury. Goal was met the patient complies and understand the treatment of acute kidney injury.
2. Risk for impaired skin integrity related to weakness. The patient has in folds as evidence by skin folds. Goal: Patient does not develop skin breakdown or ulcers. The goal is partial met the patient does have redness in the skin fold now this isn't skin breakdown but it could be the start of it.
3. Risk for falls related to weakness as evidence by frequent falls. The patient states he falls when he tries to get up and goes to the bathroom. He cannot stand very long before he needs to start walking. Goal: The patient understands fall precautions. The goal is met. The patient understands fall precautions, and that he needs assistance if he wants to get up. The patient did not fall during the clinical time.
4. Risk for bleeding related to deep vein thrombosis prophylaxis as evidence by administering heparin to the patient twice a day. Goal: The patient knows how to report signs and symptoms of bleeding. The goal was met the patient understands what to look for when it comes to signs and symptoms of bleeding.

The patient states they have been falling more recently. The most recent fall was two days ago. The patient states, "I have been feeling completely run down and weak". The patient has in folds as evidence by skin folds. When asked what made him come to the hospital, his response was, "My wife blew a fuse". After his recent last fall, his wife strongly encouraged him to come to the hospital. The patient states he falls when he tries to get up and goes to the bathroom. He cannot stand very long before he needs to start walking.

**Objective Data**

**Patient Information**

**Nursing Interventions**

1. Apply powder as prescribed to the patient skin folds.
2. Keep skin folds clean and dry.
3. Ambulate the patient with two or more people.
4. Activate bed and chair alarm and place call light within patient reach.
5. Monitor PPT and distal perfusion area and belly area were red.
6. Assess for signs and symptoms of bleeding.
7. Administer furosemide as prescribed.
8. Monitor the patient's pulse, full range of motion, and electrolytes.

Vitals  
 BP: 125/62 mmHg  
 HR: 97  
 RR: 18 breaths per minute  
 Temp: 36.5 C  
 SpO2: 97%  
 Pain: 0/10 on numeric scale  
 The patient was admitted to Sarah Reynolds Hospital of South Florida for weakness, frequent falls, and acute kidney injury. The patient has a past medical history of coronary artery disease, chronic obstructive pulmonary disease, diabetes mellitus type II, and osteoarthritis. The patient is on the patient's phosphate, danazol. The patient lives at home with his wife and relies on her for his patient's insulin injections. The patient has a bruise on his left foot from a previous fall. The patient had decreased RBCs 3.82 and 3.60, Hct of 12.7 and 12.0, and Hgb of 36.3. The patient's glucose is high 142. The patient creatinine is high 1.94 and 1.72. A high alkaline phosphate 129 and 130. The patient had a high troponin level of 0.032.



