N431 Care Plan # 1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 1/19/2022	Patient Initials AR	Age 42	Gender Male
Race/Ethnicity Caucasian	Occupation Unemployed	Marital Status Single	Allergies Penicillin (Hives)
Code Status Full Code	Height 188 cm	Weight 121 kg	

Medical History (5 Points)

Past Medical History: Alcohol abuse disorder, Cocaine abuse disorder, gout, hypertension.

Past Surgical History: None

Family History: None

Social History (tobacco/alcohol/drugs): drink and smoke every day, using drugs every now and then

Assistive Devices: None

Living Situation: Living alone

Education Level: Associate degree

Admission Assessment

Chief Complaint (2 points):Patient experienced chest pain, headache, bloating, and legs swelling.

History of present Illness (10 points):A 42-year-old male with history of ETOH use disorder, cocaine use disorder, HTN with poor medication compliance presented to the ED with complaints of chest pain, abdominal bloating, legs swelling, and headache with no release for 3 days. His initial BP was 260/164 and EF of 20%. The patient was admitted for severe hypertensive and potential heart failure. Patient said that he used cocaine in the past 3 days to try relieving the symptoms.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute CHF

Secondary Diagnosis (if applicable):Hypertensive emergency

Pathophysiology of the Disease, APA format (20 points): When the heart muscle doesn't pump blood as well as it should, it causes heart failure, also known as congestive heart failure. When this happens, blood can back up in the lungs and fluid can build up, causing shortness of breath. Certain cardiac disorders, such as restricted arteries in the heart (coronary artery disease) or high blood pressure, cause the heart to weaken or stiffen over time, making it unable to effectively fill and pump blood. (Pamela, 2019). My patient lower extremities were swollen. Upon auscultated, crackle can be heard from lower lungs bilateral. Both of these signs show that there is fluid built up in the body and the lungs.

Proper treatment can help some people live longer by reducing the signs and symptoms of heart failure. Losing weight, exercising, limiting salt in your diet, and managing stress are all examples of lifestyle changes that can improve your quality of life. Heart failure, on the other hand, can be fatal. Heart failure can cause severe symptoms, and some people may require a heart transplant or a ventricular assist device (Capriotti,2018).

Heart failure can be chronic, or acute. Heart failure signs and symptoms may include shortness of breath with activity or when lying down, fatigue and weakness, swelling in the legs, ankles and feet, rapid or irregular heartbeat, reduced ability to exercise, persistent cough or wheezing with white or pink blood-tinged mucus, swelling of the abdomen, very rapid weight gain from fluid buildup, nausea and lack of appetite, difficulty concentrating or decreased

alertness, chest pain if heart failure is caused by a heart attack (Capriotti,2018). My patient chief compliant was chest pain, abdomen bloating, and edema which fit all the symptoms of heart failure

Risk factors for heart failure include coronary artery disease, heart attack, heart valve disease, high blood pressure, irregular heartbeats, congenital heart disease, alcohol use, smoking or using tobacco, certain medications such as nonsteroidal anti-inflammatory drugs (NSAIDs), anesthesia medications, and medications used to treat high blood pressure, cancer, blood conditions, irregular or abnormal heartbeats, nervous system diseases, mental health conditions, lung and urinary problems, inflammatory diseases, and infections. My patient is a high risk of having heart failure as he regularly smokes and drink alcohol. He also has history of HTN.

The key to preventing heart failure is to reduce the risk factors. Patients can control or eliminate many of the risk factors for heart disease by making healthy lifestyle changes and by taking the medications prescribed by the doctor. Lifestyle changes you can make to help prevent heart failure include not smoking, controlling certain conditions, such as high blood pressure and diabetes, staying physically active, eating healthy foods, maintaining a healthy weight, reducing, and managing stress. My patient is not very compliance with taking medication prescribed to him before. He will need to be educated carefully about lifestyle changed and the danger and potential complications of heart failure.

Pathophysiology References (2) (APA):

Capriotti, Theresa M. and Frizzell, Joan Parker, “Pathophysiology: Introductory Concepts and Clinical Perspectives” (2018). *Faculty Bookshelf 75.*

Pamela, Swearingen L. and Jacqueline, Wright D, “All-in-One Nursing Care Planning Resource” (2019). *Faculty Bookshelf 75.*

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	4.10 – 5.7	4.98	n/a	
Hgb	12.0 – 20.0	14.0	n/a	
Hct	37% - 51%	44.5%	n/a	
Platelets	140 – 400	183	n/a	
WBC	4.0 – 11.0	6.86	n/a	
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

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	138	137	
K+	3.5 – 5.1	4.3	3.8	
Cl-	98 – 107	106	99	
CO2	21 – 32	26	30	
Glucose	60 – 99	94	97	
BUN	7 – 18	24	22	Heart failure can reduce the blood flow to the kidneys, which can

				eventually cause kidney failure
Creatinine	**0.70 – 1.3**	**1.07**	**1.37**	**Heart failure can reduce the blood flow to the kidneys, which can eventually cause kidney failure**
Albumin	**3.4 – 8.0**	**3.8**	**3.4**	
Calcium	**8.5 – 10.1**	**8.9**	**9.6**	
Mag	**1.6 – 2.6**	**1.1**	**1.4**	
Phosphate				
Bilirubin				
Alk Phos				
AST				
ALT				
Amylase				
Lipase				
Lactic Acid				
Troponin	**<0.04**	**0.04**		**Sign of heart attack due to heart failure**
CK-MB				
Total CK				

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**0.8 – 1.1**	**1.1**		

PT	**11 – 13.5**	**13.4**		
PTT	**25 - 35**	**26.6**		
D-Dimer	**<250**			
BNP	**<100**	**2191.3**		**Sign of heart failure as BNP is a protein that increases in the presence of heart failure.**
HDL				
LDL				
Cholesterol				
Triglycerides				
Hgb A1c				
TSH				

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	**Yellow; clear**	**Yellow; clear**		
pH	**7.35-7.45**	**5.0**		
Specific Gravity	**1.005 – 1.030**	**1.005**		
Glucose		**Negative**		
Protein	**150**	**500+**		**Kidney damage leads to excessive protein elimination**
Ketones				
WBC	**0 – 5**	**4**		
RBC	**0 – 4**	**3**		
Leukoesterase		**Negative**		

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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). Mosby's diagnostic and laboratory test reference. St. Louis, MO: Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

XR Chest AP or PA only: mild cardiomegaly without cardiac decompensation

Heart catherization: ordered/no result yet

Diagnostic Test Correlation (5 points): purpose

XR Chest AP or PA only: the test is ordered to check for the condition of the heart, and to check for the potential of heart failure.

Heart catherization: the test is ordered to confirm heart failure.

Diagnostic Test Reference (1) (APA):

Mayo Clinic. (2018). *Chest X-rays.* Mayoclinic.org. https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494

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

Hospital Medications (5 required)

Brand/Generic	**Carvedilol/ COREG**	**Folic acid/FA-8**	**Furosemide/ Lasix**	**Metoprolol tartrate/ Lopressor**	**Senokot/ Senna**
Dose	**25mg**	**1mg**	**40mg**	**50mg**	**8.6mg**
Frequency	**Daily**	**Daily**	**Once**	**Daily**	**Daily**
Route	**Oral**	**Oral**	**IV**	**Oral**	**Oral**
Classification	**Non-cardioselective beta blockers**	**vitamin**	**Loop diuretics**	**Beta blocker**	**Laxatives**
Mechanism of Action	**affect the heart and circulation**	**produce and maintain new cells**	**prevents body from absorbing too much salt**	**Inhibit stimulation of beta**	**decreased colonic and jejunal water absorption**
Reason Client Taking	**treat heart failure and hypertension**	**Methanol poisoning**	**treat fluid retention (edema) with congestive heart failure**	**hypertension**	**treating occasional constipation**
Contraindications (2)	**asthma, bronchitis**	**Liver disease, epilepsy**	**kidney disease, enlarged prostate**	**Acute heart failure; cardiogenic shock**	**swelling or a blockage in digestive tract, Crohn's disease**
Side Effects/Adverse Reactions (2)	**Dizziness, diarrhea**	**Nausea, vomiting**	**Confusion, dizziness**	**Depression; confusion**	**rectal bleeding, low potassium level**
Nursing Considerations (2)	**Access ECG**	**Monitor allergic reaction**	**Observe for signs of an electrolyte imbalance**	**Access ECG**	**Observe for signs of an electrolyte imbalance**

Home Medications (5 required)

Brand/Generic	**Tylenol/ acetaminophen**	**Famotidine/Pepcid**
Dose	**325mg**	**20mg**
Frequency	**PRN**	**daily**
Route	**oral**	**oral**
Classification	**nonopioid**	**H2 antagonists**
Mechanism of Action	**Inhibit cyclooxygenase**	**decreasing the amount of acid the stomach produces**
Reason Client Taking	**pain**	**gout**
Contraindications (2)	**Hepatic impairment; liver disease**	**kidney disease; liver disease**
Side Effects/Adverse Reactions (2)	**Fever; headache**	**confusion, hallucinations**
Nursing Considerations (2)	**Hepatic impairment: dose based on patient weight**	**Monitor for seizure**

Patient only listed 2 medications that he is taking at home. He is not very compliance with taking prescribed medication.

Medications Reference (1) (APA):

Institute for Safe Medication Practice: ISMP Medication Safety Alert. http://www.ismp.org/.

Jones & Barlett Learning. (2020). 2020 Nurse's Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:**	**Alerted and oriented to person, place, time when awake** **No acute physical distress**

Distress: **Overall appearance:**	
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 22** **Drains present: Y☐ N ☒** **Type:**	**Skin is warm, dry, no rashes, or lesions on exposed skin, or bruise** **No palpable cervical or supraclavicular adenopathy bilaterally** **Normal turgor**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head atraumatic and normocephalic** **Neck supple** **Pupils equal bilaterally, no icterus, conjunctival exudate bilaterally** **No ear discharge, no facial swelling, no external otitis/rhinitis/pharyngitis/oral thrush** **Complain of headache** .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema: both legs**	**Clear S1&S2 sound, no murmurs, gallops, or rubs** **No chest pain** **Peripheral pulses are palpable** **Cap refill is less than 3 second** **Non pitting edema on both legs** **No cyanosis**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Clear lungs sound** **No cough, choking** **No distress in breathing**
GASTROINTESTINAL (2 points): **Diet at home: Regular** **Current Diet: NPO** **Height: 188cm** **Weight: 121kg** **Auscultation Bowel sounds: normal** **Last BM: 1/25/2022** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention: none** **Incisions: none**	**Abdomen is soft, nontender, normal bowel sounds, no hepatosplenomegaly** **No nausea, diarrhea**

Scars: none **Drains: none** **Wounds: none** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY (2 Points): **Color: yellow** **Character: clear** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Urine output adequate** **Voiding with no difficulty** **Urine is yellow, clear, no bad odor**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 8** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	**Negative for myalgias, joint swelling, and arthralgias** **Patient independent, standby assist** **Limbs independent**
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☒** **PERLA: Y ☐ N☒** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Alert, oriented** **No focal weakness, cranial nerves normal** **No seizures, or numbness** **Complain of headache** **Can communicate clearly** **Oriented x 3** **Speech clear**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:**	**Alcohol abuse, drug abuse** **Stay alone**

Religion & what it means to pt.: **Personal/Family Data (Think about home environment, family structure, and available family support):**	

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0745	**84**	**190/105**	**18**	**99.5 F** **Axillary**	**96**
1105	**81**	**195/110**	**18**	**98.9 F** **Oral**	**97**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0825	**3**	**Head**	**Mild**	**Dull**	**Rest**
1115	**3**	**Head**	**Mild**	**Dull**	**Rest**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22 **Location of IV: radial** **Date on IV: 1/19/2021 1300** **Patency of IV:** **Signs of erythema, drainage, etc.: None** **IV dressing assessment: dry/new/clean**	Normal saline

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
690 p.o. (before NPO for procedure)	**1370 void**

Nursing Care

Summary of Care (2 points)

Overview of care: heart failure care

Procedures/testing done: CBC, covid,

Complaints/Issues: head, chest, abdominal pain

Vital signs (stable/unstable): hypertension

Tolerating diet, activity, etc.: regular

Physician notifications: none

Future plans for patient: promote med compliance

Discharge Planning (2 points)

Discharge location: home

Home health needs (if applicable): none

Equipment needs (if applicable): none

Follow up plan: lifestyle change

Education needs: home safety; healthy lifestyle; med compliance

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

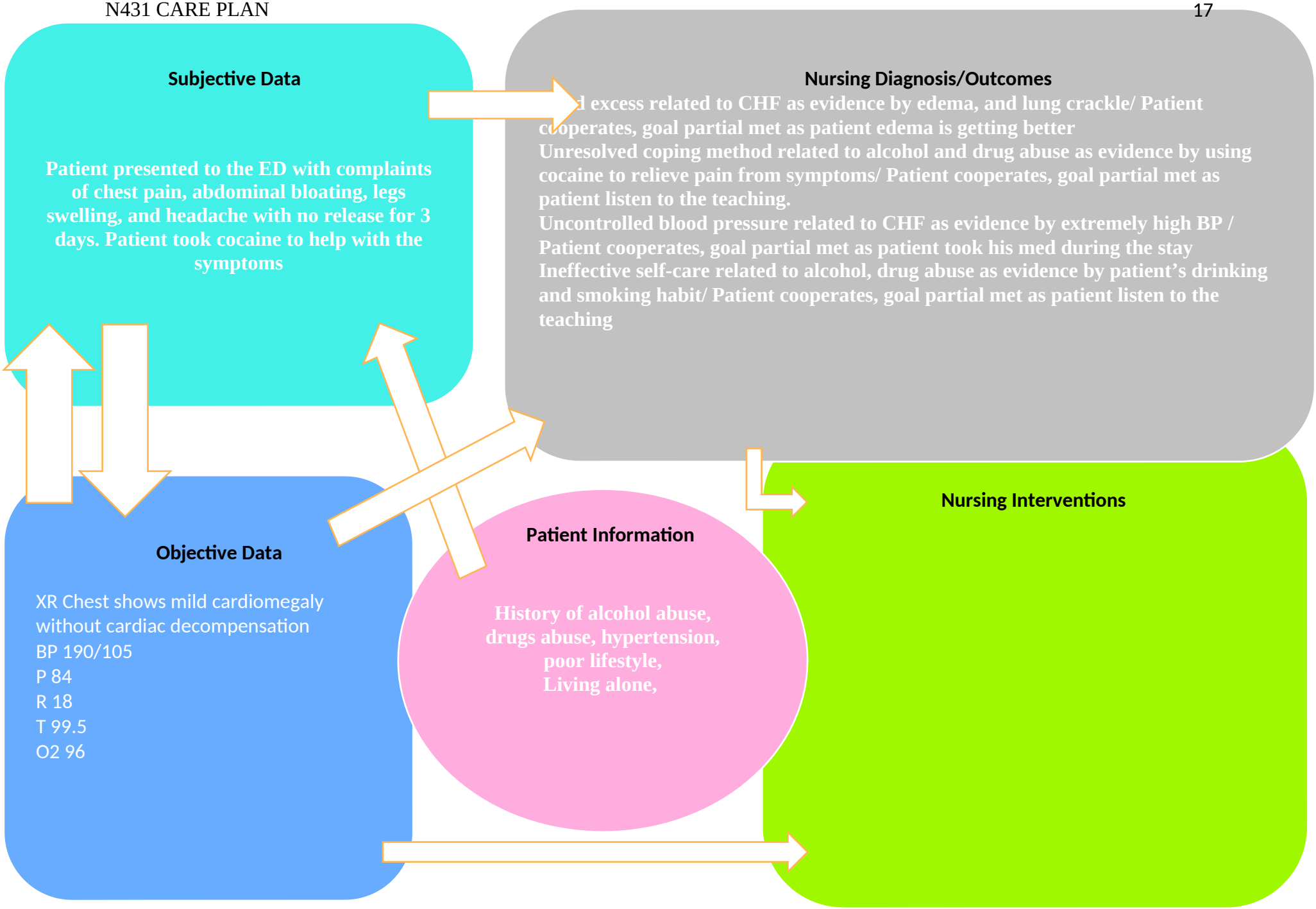
Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and

			outcomes, modifications to plan.
1. Fluid excess related to CHF as evidence by edema, and lung crackle	**This is patient chief complaints**	**1.Fluid restriction** **2.monitor I/O**	**Patient cooperates, goal partial met as patient edema is getting better**
2. Unresolved coping method related to alcohol and drug abuse as evidence by using cocaine to relieve pain from symptoms	**Patient has been to rehab many times but keep having relapse due to stress**	**1. teaching coping strategies** **2.promote self-care**	**Patient cooperates, goal partial met.**
3. Uncontrolled blood pressure related to CHF as evidence by extremely high BP	**Patient has history of poor med compliance, and did not take his BP med**	**1. educate on the importance of following through with med course** **2 reinforce the teaching frequently**	**Patient cooperates, goal partial met as patient took his med during the stay**
4. Ineffective self-care related to alcohol, drug abuse as evidence by patient's drinking and smoking habit	**Patient drinks and smokes every day, forgets to take his med regularly**	**1. Educate patient on the importance of self-care** **2. Getting patient ready for transition care.**	**Patient cooperates, goal partial met as patient listen to the teaching**

Other References (APA):

Pamela, Swearingen L. and Jacqueline, Wright D, "All-in-One Nursing Care Planning Resource" (2019). *Faculty Bookshelf 75.*

Concept Map (20 Points):


Subjective Data
Patient presented to the ED with complaints of chest pain, abdominal bloating, legs swelling, and headache with no release for 3 days. Patient took cocaine to help with the symptoms
Nursing Diagnosis/Outcomes
l excess related to CHF as evidence by edema, and lung crackle/ Patient cooperates, goal partial met as patient edema is getting better
Unresolved coping method related to alcohol and drug abuse as evidence by using cocaine to relieve pain from symptoms/ Patient cooperates, goal partial met as patient listen to the teaching.
Uncontrolled blood pressure related to CHF as evidence by extremely high BP / Patient cooperates, goal partial met as patient took his med during the stay
Ineffective self-care related to alcohol, drug abuse as evidence by patient's drinking and smoking habit/ Patient cooperates, goal partial met as patient listen to the teaching
Objective Data
XR Chest shows mild cardiomegaly without cardiac decompensation
BP 190/105
P 84
R 18
T 99.5
O2 96
Patient Information
History of alcohol abuse, drugs abuse, hypertension, poor lifestyle,
Living alone,
Nursing Interventions