

N431 Care Plan #1

Lakeview College of Nursing

Name: Kayla Wolpert

Demographics (3 points)

Date of Admission 1-25-22	Client Initials P.L.	Age 74	Gender Female
Race/Ethnicity Caucasian	Occupation Unemployed	Marital Status Married	Allergies Alendronate, Bactrim (sulfamethazine-trimethoprim), ciprofibrate, codeine, Cymbalta (duloxetine), Darvocet A500 (propoxyphene N-acetaminophen), gabapentin, Lyrica (pregabalin), penicillin, propoxyphene, ciprofloxacin, doxycycline, and latex.
Code Status FULL CODE	Height 5'5"	Weight 147lbs	

Medical History (5 Points)

Past Medical History: Patient (pt) past medical history include: actinic keratosis, unspecified allergic rhinitis, basal cell cancer of the skin, squamous cell carcinoma (SCC), C. diff post two surgeries, cataract, cervical spinal stenosis, unspecified chronic obstructive pulmonary disease (COPD), diverticulitis, diverticulosis of the left intestine without perforation or abscess without bleeding, lower right extremity deep vein thrombosis (DVT), fibromyalgia, gastro-esophageal reflux disease (GERD) without esophagitis generalized osteoarthritis in pt hand, malignant neoplasm of the thyroid, hiatal hernia, hyperlipidemia, hypertension (HTN), hypocalcemia,

hypokalemia, hypothyroid, irregular heartbeat, irritable bowel disease (IBS), lumbar disc disease, measles, mild intermittent asthma without complication, right neuroma digital nerve, occlusion and stenosis of bilateral carotid arteries, osteoarthritis, recurrent afebrile urinary tract infection (UTI), thyroid cancer, sciatica, macular degeneration, solitary pulmonary nodule, ventricular premature depolarization, and vitamin D deficiency.

Past Surgical History: Pt's past surgical history include appendectomy, unspecified arm and hand soft tissue procedure, arthrodesis, carotid endarterectomy, pt had two colonoscopy, femoral hernia repair, unspecified finger surgery, spigelian hernia repair two times, knee arthroscopy, thromboendarterectomy, pt had two partial thyroidectomy's, tubal ligation, ulnar nerve transposition, and umbilical hernia repair.

Family History: Pt's family history include mother who had breast cancer and passed at age 51, father who had a myocardial infarction (MI) onset of 55, sister has Crohn's disease and breast cancer, brother has drug and alcohol addiction, son and daughter are alive and well, paternal, and maternal grandparents are deceased with no medical history.

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Pt smoked a half pack of cigarettes for 30 years and quit in the year 2000. It has been 22 years since pt quit smoking tobacco. Pt stated, "I do use a vape some days", the vape she uses is a disposable that include CBC and THC. Pt states, "I have an occasional glass of wine" but not often. Pt does use drugs. Pt states, "I smoke marijuana, 2 times a week".

Assistive Devices: Pt wears glasses other than that pt does not have any.

Living Situation: Pt lives with her husband and no animals.

Education Level: Pt graduated high school but did not further her education.

Admission Assessment

Chief Complaint (2 points): Atrial Fibrillation (A-fib) with rapid ventricular response (RVR)

History of Present Illness – OLD CARTS (10 points):

Patient stated she noticed symptoms a day or so ago described as a sensation of her heart pounding, bouncing in her chest. She has some radiating pain towards her jaw. During her steroid injection earlier during the day she was found to have elevated heart rate around 140 beats per minute. She went home after a nap she woke up finding her heart rate to be 160 therefore she went to the convenient care had an EKG and was prompted to come to Carle emergency department. She already discussed her case with a cardiologist at Christie Clinic and has an appointment scheduled. In the emergency department, she was found to be in atrial fibrillation with a heart rate of 147, she was given Cardizem pushes 10mg two times with no improvement therefore she was placed on a Cardizem infusion which lead her to be admitted into the hospital.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): A-fib

Secondary Diagnosis (if applicable): n/a

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

Atrial fibrillation (A-fib) is an irregular and often very rapid heart rhythm (arrhythmia) that can lead to blood clots in the heart (Hinkle et al., 2014). A-fib increases the risk of stroke, heart failure, and other heart-related complications. During atrial fibrillation, the heart's upper chambers (the atria) beat chaotically and irregularly out of sync with the heart's lower chambers (the ventricles) (Hinkle et al., 2014). For many people, A-fib may have no symptoms. However, A-fib may cause a fast, pounding heartbeat (palpitations), shortness of breath, or weakness. Those who have atrial fibrillation symptoms may have signs and symptoms such as sensations of a fast, fluttering, or pounding heartbeat (palpitations), chest pain, dizziness, fatigue, lightheadedness, reduced ability to exercise, shortness of breath, and weakness. Atrial fibrillation may be occasional (paroxysmal atrial fibrillation), persistent, long-standing persistent, and permanent (Hinkle et al., 2014).

To understand A-fib, knowing how the heart typically beats may be helpful. The typical heart has two upper chambers (atria) and two lower chambers (ventricles) (Sorenson et al., 2019). Within the heart's upper right chamber (right atrium) is a group of cells called the sinus node (Sorenson et al., 2019). The sinus node is the heart's natural pacemaker. It produces the signal that starts each heartbeat. In atrial fibrillation, the movements in the heart's upper chambers are chaotic (Sorenson et al., 2019). As a result, the upper chambers shake (quiver). The AV node is then bombarded with signals to get through to the lower heart chambers (ventricles). This causes a fast and irregular heart rhythm. The heart rate in atrial fibrillation may range from 100 to 175 beats a minute (Sorenson et al., 2019). The normal range for a heart rate is 60 to 100 beats a minute (Sorenson et al., 2019).

Problems with the heart's structure are the most common cause of atrial fibrillation. Possible causes of atrial fibrillation include coronary artery disease, heart attack, a heart defect that you're born with (congenital heart defect), heart valve problems, high blood pressure, lung diseases, physical stress due to surgery, pneumonia or other illnesses, previous heart surgery, the problem with the heart's natural pacemaker (sick sinus syndrome), sleep apnea, thyroid diseases such as an overactive thyroid (hyperthyroidism) and other metabolic imbalances, use of stimulants, including certain medications, caffeine, tobacco and alcohol, and viral infections (Sorenson et al., 2019). Some atrial fibrillation people have no known heart problems or heart damage (Hinkle et al., 2014). Things that can increase the risk of atrial fibrillation (A-fib) include age, heart disease, high blood pressure, thyroid disease, chronic conditions, drinking, obesity, and family history. Blood clots are a dangerous complication of atrial fibrillation that can lead to stroke (Hinkle et al., 2014). In atrial fibrillation, the chaotic heart rhythm can cause blood to collect in the heart's upper chambers (atria) and form clots (Sorenson et al., 2019). If a blood clot in the left upper chamber (left atrium) breaks free from the heart area, it can travel to the brain and cause a stroke (Sorenson et al., 2019). The risk of stroke from atrial fibrillation increases as you grow in age. Other health conditions also may increase your risk of a stroke due to A-fib, including high blood pressure, diabetes, heart failure, and some valvular heart disease. Blood thinners are commonly prescribed to prevent blood clots and strokes in people with atrial fibrillation.

Healthy lifestyle choices can reduce the risk of heart disease and may prevent atrial fibrillation. Here are some essential heart-healthy tips eat a nutritious diet, get regular exercise, maintain a healthy weight, don't smoke, limit alcohol and caffeine, and manage stress, as intense stress and anger can cause heart rhythm problems (Hinkle et al., 2014). Some people are unaware that they have atrial fibrillation (A-fib). A-fib may be detected when a doctor is listening to the heart with a stethoscope during a physical exam for other

reasons. A doctor may order several tests to diagnose A-fib or exclude other conditions that can cause similar symptoms. Tests may include Electrocardiogram (ECG or EKG), blood test, Holter monitor, event recorder, echocardiogram, stress test, and chest X-ray (Sorenson et al., 2019). Treatment for atrial fibrillation depends on how long you've had A-fib, your symptoms, and the underlying cause of the heartbeat problem. The treatment goals are to: reset the heart rhythm, control the heart rate, and prevent blood clots that can lead to stroke (Hinkle et al., 2014). Atrial fibrillation treatment may involve medications, therapy to reset the heart rhythm (cardioversion), and surgery or catheter procedures. You may be prescribed medicines to control how fast your heart beats and restore it to a regular rate. Medications are also prescribed to prevent blood clots, a dangerous complication of A-fib. Medicines used to treat atrial fibrillation include Beta-blockers, calcium channel blockers, digoxin, anti-arrhythmic medications, and blood (Sorenson et al., 2019).

If a person with A-fib can't take blood-thinning medications, a doctor may recommend a catheter procedure to seal a small sac (appendage) in the left upper heart chamber, where most A-fib-related clots form (Hinkle et al., 2014). This procedure is called left atrial appendage closure. A closure device is gently guided through a catheter to the sac. Once the device is in place, the catheter is removed. The device is left permanently in place. Surgery to close the left atrial appendage is an option for some people already having heart surgery. A person with atrial fibrillation may also have a heart rhythm problem called atrial flutter. Although atrial flutter is a different arrhythmia, the treatment is similar to atrial fibrillation.

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

Hinkle, J. L., Brunner, L. S., Cheever, K. H., & Suddarth, D. S. (2014). *Brunner & Suddarth's textbook of Medical-Surgical Nursing*. Lippincott Williams & Wilkins.

Sorenson, M., Quinn, L., & Klein, D. (2019). *Pathophysiology: Concepts of human disease*. Pearson Education.

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	4.2-6.1	*	4.97	
Hgb	12-18 g/dL	12.3	12.9	
Hct	Male: 40-52% Female: 36-47%	40.4	38.6	
Platelets	150-400 x 10 ⁹ /L	265	244	
WBC	5-10 x 10 ⁹ / L	6.18	8.45	
Neutrophils	55-70	3.81	6.7	Pt could have low neutrophils due to pt's dietary deficiency. There is a possibility it could be from an overwhelming bacterial infection (Pagana et al., 2021).
Lymphocytes	20-40	26.3	22.2	
Monocytes	2-8	7.1	5.6	
Eosinophils	1-4	1	0.9	

Bands	0.5-1	*Unable to obtain*	*	
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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 mEq/L	143	144	
K+	3.5-5 mEq/L	3.6	3.8	
Cl-	98-106 mEq/L	108	110	Pt could have low chloride due to dehydration, excessive infusion of normal saline, and possibly respiratory alkalosis (Pagana et al., 2021).
CO2	23-30 mEq/L	29	24	
Glucose	74-106 mg/dL	125	130	Pt could have increased glucose due to acute stress response, diuretic therapy, and possibly due to undiagnosed diabetes mellitus (Pagana et al., 2021). Pt could also have high glucose due to pt is taking pantoprazole sodium, which can increase ones glucose.
BUN	10-20 mg/dL	19	19	
Creatinine	0.5-1.1 mg/dL	1.0	0.89	

Albumin	3.5-5 g/dL	4.0	3.5	
Calcium	9-10.5 mg/dL	7.7	8.0	Pt could have low calcium due to a vitamin D deficiency, hypothyroid, and could be due to alkalosis (Pagana et al., 2021). Pt also has a past medical history of low calcium.
Mag	1.3-2.1 mEq/L	*Unable to obtain*	1.9	
Phosphate	3-4.5 mg/dL	*	6	Pt could have high phosphate due to low calcium (Pagana et al., 2021).
Bilirubin	0.3-1 mg/dL	0.4	0.4	
Alk Phos	30-120 U/L	59	60	
AST	0-35 U/L	27	24	
ALT	4-36 U/L	14	13	
Amylase	60-120 U/L	*	*	
Lipase	0-160 U/L	*	26	
Lactic Acid	0.3-2.2 mmol/L	*	1.08	
Troponin	Less than 0.1 ng/mL	*	0.01	
CK-MB	5-25 IU/L	56	*	Pt could have an increase in CK-MB due to having a possible inflamed heart muscle (<i>Patient Education on</i>

				<i>Blood, Urine, and Other Lab Tests Lab Tests Online, 2021).</i>
Total CK	22-198 U/L	*	56	

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	0.9-1.1	*Unable to obtain*	1.0	
PT	11.7-13.8	*	12.5	
PTT	22.4-35.9	29.4	107.0	Pt had a high PTT due to having heparin dip administered (Pagana et al., 2021).
D-Dimer	Less than 0.50	*	*	
BNP	Less than 100 pg/mL	*	*	
HDL	Less than 45 mg/dL	*	*	
LDL	313-618	*	567	
Cholesterol	More than 200 mg/dL	*	*	
Triglycerides	40-180 mg/dL	*	*	
Hgb A1c	Less than 5.7%	*	*	
TSH	0.35-4.94	6.32	7.379	Pt's TSH levels could be low due to

				her having hypothyroidism (Pagana et al., 2021).
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Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Clear, Amber/ Yellow	*Unable to obtain*	Yellow & clear	
pH	4.6-8 Average: 6	*	7.0	
Specific Gravity	1.005-1.03	*	1.005	
Glucose	50-300 mg/day	*	Negative	
Protein	0-8 mg/dL	*	Negative	
Ketones	negative	*	Negative	
WBC	0-4 per low-power field Negative for cast	*	7	Pt could have vaginal discharge in the urine contaminating the collection or the possibility of an infection (Pagana et al., 2021).
RBC	Less than or equal to 2 Negative for cast	*	1	
Leukoesterase	negative	*	Negative	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	7.310-7.410	7.493	*Unable to obtain*	
PaO2	75-120 mm Hg	120	*	
PaCO2	41.0-51.0 mm Hg	32.5	*	Pt could have a low PaCO2 due to hypoxia and anxiety (Pagana et al., 2021).
HCO3	22-28 mEq/L	24.4	*	
SaO2	94%-100%	95%	98%	

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

Test	Normal	Value on	Today's	Explanation of Findings
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	Range	Admission	Value	
Urine Culture	Negative: less than 10,000 per mm of U Positive: greater than 100,000 per mm of U	*	*Unable to obtain*	
Blood Culture	Negative	*	*	
Sputum Culture	Normal Upper RT	*	*	
Stool Culture	Normal intestinal flora	*	*	

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference*. St. Louis, MO: Elsevier.

Patient Education on Blood, Urine, and Other Lab Tests | *Lab Tests Online*. (2021). Lab Test Online. <https://labtestsonline.org/>

Diagnostic Imaging

All Other Diagnostic Tests (5 points) & Diagnostic Test Correlation (5 points):

Chest X-rays are a common type of exam. A chest X-ray is often among the first procedures you will have if your doctor suspects heart or lung disease (Mayo Clinic Staff, 2020). A chest X-ray can also be used to check how you are responding to treatment. Chest X-rays can detect cancer, infection or air collecting in the space around a lung, which can cause the lung to collapse (Mayo Clinic Staff, 2020). They can also show chronic lung conditions, such as emphysema or cystic fibrosis, as well as complications related to these conditions (Mayo Clinic Staff, 2020). Pt had a chest x-ray; the impression was no acute abnormality.

An electrocardiogram records the electrical signals in your heart. It's a standard and painless test used to detect heart problems and quickly monitor your heart's health (Mayo Clinic Staff, 2020). An electrocardiogram is an easy, non-invasive way to help diagnose many common heart problems in people of all ages. Your doctor may use an electrocardiogram to determine or detect abnormal heart rhythm (arrhythmias), if blocked or narrowed arteries in your heart (coronary artery disease) are causing chest pain or a heart attack, whether you have had a previous heart attack or how well specific heart disease treatments, such as a pacemaker, are working (Mayo Clinic Staff, 2020). You may need an ECG if you have any of the following signs and symptoms: chest pain, dizziness, lightheadedness or confusion, heart palpitations, rapid pulse, shortness of breath, weakness, fatigue, or a decline inability to exercise (Mayo Clinic Staff, 2020). If your symptoms tend to come and go, they may not be captured during a standard ECG recording. In this case, your doctor may recommend remote or continuous ECG monitoring. An electrocardiogram is a safe procedure. There is no risk of electrical shock during the test because the electrodes used do not produce electricity (Mayo Clinic Staff, 2020). The electrodes only record the electrical activity of your heart. You may have minor discomfort, similar to removing a bandage when

the electrodes are removed. Some people develop a slight rash where the patches are placed. If your electrocardiogram is normal, you may not need any other tests. If the results show an abnormality with your heart, you may need another ECG or other diagnostic tests, such as an echocardiogram (Mayo Clinic Staff, 2020). Treatment depends on what's causing your signs and symptoms. Pt also had an EKG which showed an A-fib with RVR. At an undetermined age anterior infract occurred. Leading to an abnormal EKG.

Diagnostic Test Reference (1) (APA):

Mayo Clinic Staff. (2020, April 9). *Electrocardiogram (ECG or EKG)*. Mayo Clinic. Retrieved January 30, 2022, from <https://www.mayoclinic.org/tests-procedures/ekg/about/pac-20384983>

Mayo Clinic Staff. (2020, May 2). Mayo Clinic. <https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494>

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

Home Medications (5 required)

Brand generic	Rocaltrol calcitriol	Bentylol dicyclomine hydrochloride	ConZip tramadol hydrochloride	OS-Cal500 calcium carbonate	Zocor simvastatin
Dose	0.5 mcg	10mg	200mg TM24	500mg	20mg
Frequency	BID	PRN up to 4x daily	PRN daily	Daily	2 tablets once daily with evening meals
Route	PO	PO	PO	PO	PO

Classification	Antihypocalcemic	Anticholinergic	Opioid Agonist	Antacid	Antilipemic
Mechanism of Action	Binds to specific receptors on intestinal mucosa to increase calcium absorption from intestine. Drug may also regulate calcium ion transfer from bone to blood and stimulate calcium reabsorption in the distal renal tubules, making more calcium in the body (Jones & Bartlett Learning, 2020).	Inhibits acetylcholine's muscarinic actions at postganglionic parasympathetic receptors in CNS, secretory glands, and smooth muscle. These actions relax the smooth muscles and diminish and biliary, GI, and GU tract secretions (Jones & Bartlett Learning, 2020).	Binds with mu receptors and inhibits the reuptake of norepinephrine and serotonin, which may account for tramadol's analgesic effect (Jones & Bartlett Learning, 2020).	Increases levels of intracellular and extracellular calcium, which is needed to maintain hemostasis, especially in the nervous and musculoskeletal systems. Oral forms also help neutralize or buffer stomach acid to relieve discomfort caused by hyperacidity (Jones & Bartlett Learning, 2020).	Interferes with hepatic enzyme hydroxymethylglutaryl-coenzyme A reductase. This action reduces the formation of mevalonic acid, a cholesterol precursor, thus interrupting the pathway necessary for cholesterol synthesis (Jones & Bartlett Learning, 2020).
Reason Client Taking	To treat hypocalcemia and hypothyroid.	Severe abdominal pain or cramping, pt has IBS.	Pain management.	GERD and hypocalcemia.	To treat hyperlipidemia.
Contraindications (2)	Hypercalcemia, hypersensitivity to calcitriol or its components, and vitamin D toxicity.	GI obstruction, reflux esophagitis, and hypersensitivity.	Acute or severe asthma, alcohol intoxication, & hypersensitivity.	Hypercalcemia, hypophosphatemia, & hypersensitivity.	Active hepatic disease and hypersensitivity to simvastatin or its components.

Side Effects/Adverse Reactions (2)	Erythema multiforme, lip swelling, rash, & anaphylaxis.	Palpations, dry mouth, constipation, and heatstroke.	Anaphylaxis, respiratory depression, dry mouth & abdominal pain.	Hypotension, hypercalcemia, & N/V (nausea and vomiting)	Dizziness, UTI, edema, and fatigue.
Nursing Considerations (2)	Check to be sure pt receives enough calcium. Store drug at room temperature and protect from heat and direct light (Jones & Bartlett Learning, 2020).	Assess pt for tachycardia before giving. Don't give drug via IV because it major adverse reactions may occur (Jones & Bartlett Learning, 2020).	Monitor pt for respiratory depression due to it being life-threatening. Be aware that this medication can lead to abuse and addiction (Jones & Bartlett Learning, 2020).	Monitor serum calcium levels. Store at room temperature, and protect from heat, moisture, and direct light (Jones & Bartlett Learning, 2020).	Expect to obtain liver enzymes prior to initiation of simvastatin therapy and then thereafter, as needed. And use cautiously with elderly patients and those with hepatic or renal impairment (Jones & Bartlett Learning, 2020).
Key Nursing Assessment(s)/Lab(s) Prior to Administration					
Client Teaching Needs (2)	Warn pt not to take other forms of vit. D while taking this medication. Instruct pt to take missed dose as soon as possible.	Instruct pt to store in a tightly sealed container at room temperature, protected from moisture and direct light. Tell pt that it helps relieve symptoms, but	Do not stop taking abruptly. Warn pt not to consume alcohol or other benzodiazepine due to it could lead to respiratory depression and could lead to	Urge pt to chew tablet completely before swallowing. Take tablets 1-2 hours after meals and other forms of meals.	Urge pt to take medication in the evening. Urge pt to follow a low-fat, cholesterol-lowering diet.

		it is not a cure.	death.		
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Hospital Medications (5 required)

Brand generic	Coreg carvedilol	Protonix pantoprazole sodium	Heparin 100unit/ mL in 5% dextrose in water	Crestor rosuvastatin calcium	Xanax alprazolam
Dose	12.5mg	40mg	12mL/hr	40mg	0.5mg
Frequency	BID with meals	Daily with breakfast	Continuous	Every evening	PRN daily
Route	PO	PO	IV	PO	PO
Classification	Nonselective beta blocker and alpha-1 blocker, antihypertensive.	Proton pump inhibitor, antiulcer.	Anticoagulant	HMG-CoA reductase inhibitor, antilipemic.	Benzodiazepine, anxiolytic.
Mechanism of Action	Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload (Jones & Bartlett Learning, 2020).	Interferes with gastric acid secretions by inhibiting they hydrogen- potassium- adenosine triphosphatase enzyme system, or proton pump, in gastric parietal cells. It inhibits the gastric acid production (Jones &	Binds with antithrombin III, enhancing antithrombin III's inactivation of the coagulation enzymes thrombin and factors Xa and Xia. It inactivates thrombin, preventing fibrin formation and existing clots (Jones & Bartlett Learning, 2020).	Cholesterol and triglycerides circulate in the blood as part of the lipoprotein complexes. This inhibits the HMG-CoA reductase. This inhibition reduces the lipid levels by increasing the number of hepatic low- density	May increase effects of the GABA and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of the CNS (Jones & Bartlett Learning, 2020).

		Bartlett Learning, 2020).		lipoprotein (LDL) (Jones & Bartlett Learning, 2020).	
Reason Client Taking	To help control hypertension.	GERD	A-fib, PT was high.	Hyperlipidemia	Anxiety
Contraindications (2)	Severe bradycardia, angioedema, or cardiogenic shock.	Hypersensitivity & concurrent therapy with rilpivirine-containing products.	Uncontrolled active bleeding, hypersensitivity to pork or heparins component, & history of heparin induced thrombocytopenia (HIT).	Active liver disease & hypersensitivity.	Acute angle-closure glaucoma & hypersensitivity to this medication,
Side Effects/Adverse Reactions (2)	Hypertension, depression, dizziness, UTI, elevated BUN and creatinine levels.	Hyperglycemia, hyperlipidemia, & generalized pain.	HIT, anaphylaxis, & chest pain.	UTI, hypertension, hyperglycemia, & myopathy.	Hypotension, palpitations, & hyperventilation.
Nursing Considerations (2)	Monitor patients' blood glucose level, as ordered, during carvedilol therapy because drug may alter blood glucose levels and know that if the patient	Flush IV line with D5W, normal solution, or lactated ringers' injection before and after administering the medication. Know that this	This medication can only be given subcutaneously or IV. Know that this pt has a higher risk for bleeding (Jones & Bartlett Learning, 2020).	Monitor serum lipoprotein level, as ordered, to evaluate the response to therapy. If ALT & AST levels increase to more than three times	Expect to give higher dosage if pt panic attacks occur unexpectedly. Plan to reduce medication slowly when being discontinued due

	has heart failure, expect to also give digoxin, a diuretic, and an ACE inhibitor (Jones & Bartlett Learning, 2020).	medication is not a long term and should only be used as prescribed (Jones & Bartlett Learning, 2020).		the normal range, then expect a dosage change (Jones & Bartlett Learning, 2020).	to it can cause dependency (Jones & Bartlett Learning, 2020).
Key Nursing Assessment(s)/Lab(s) Prior to Administration					
Client Teaching Needs (2)	Warn pt that this medication may cause dizziness, lightheadedness, and orthostatic hypotension. Alert pt to monitor glucose levels as this may increase them.	Instruct pt to swallow pill whole and do not chew or break pill. Tell pt it takes up to 2 weeks before they will notice the medication working.	Explain that it cannot be given orally. Inform pt they are at a higher risk for bleeding and to be cautious at activities.	Encourage pt to follow a low-fat, low-cholesterol diet. Wait at least 2hrs after taking this medication to take any antacids.	Warn pt not to consume alcohol with medication because it could cause respiratory depression. Do not stop medication abruptly because it can cause withdrawal symptoms.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2021 Nurse’s Drug Handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points) – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>Pt appears alert and oriented to person and place, time, and situation (A & O_{x4}), pt was well groomed, and no acute distress.</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>All extremities pink, warm, dry, and symmetrical. Pulses 2+ throughout bilaterally. Capillary refill less than 3 seconds in fingers and toes bilaterally. Normal skin turgor. No edema present in upper and lower extremities bilaterally. Epitrochlear lymph nodes nonpalpable bilaterally. Pt had a negative Homan's sign. Pt had no rashes, lesions, bruises, or wounds. Pt also scored a Braden Score of 20, which means the pt is not at risk for skin breakdown.</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck. No scars noted. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, red light reflex and Rosenberg 20/20 was unable to obtain due to not having proper equipment. EOMs intact bilaterally. Bilateral auricles moist and pink without lesions. Did not have proper equipment to be able to look in pt ear canals or in the</p>

	<p>septum. Septum is midline with no deviation, no bleeding noted and could not see polyps due to not being able to see inside septum. Bilateral sinuses are nontender to palpation. Oral mucosa overall is moist and pink without lesions and uvula is midline; soft palate rises and falls symmetrically. Pt has her own white teeth.</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>Clear S1 & S2 without murmurs, gallops, or rubs. PMI palpable at 5th intercostal space at MCL. Normal rate and rhythm. Pulses are 2+ throughout bilaterally. Capillary refill is less than 3 seconds in fingers and toes bilaterally. Pt had no edema in the lower and upper extremities. No neck vein distention as well.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Normal rate and pattern of respirations, respirations are symmetrical and non-labored, lungs sounded clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted.</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention:</p>	<p>Pt has a normal diet at home and pt was on a clear liquid diet in the hospital but changed to a regular diet at 1045. Pt's height is 5'5" and her weight is 147lbs. Abdomen is soft and nontender upon light palpation of all four quadrants. No organomegaly or masses noted in all four quadrants. No CVA tenderness. Bowel sounds are normoactive in all four quadrants, pt's last bowel movement was the night before. Pt had no scars, wounds, rashes, lesions, or drains noted.</p>

<p>Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Pt's urine is clear and yellow. Pt states, "I pee fine, and it doesn't hurt".</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: Morse Fall 20 Activity/Mobility Status: Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>All extremities have full range of motion (ROM). Hand grips and pedal pushes and pulls demonstrated normal and equal strength. Pt's balance was steady. Pt did not need assistance around; she does have glasses. PERRLA intact bilaterally. Pt had a fall score of 20 on the Morse Fall scale which means is not at risk for falls. She only has a fall score due to IV.</p>

<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>All extremities have full range of motion (ROM). Hand grips and pedal pushes and pulls demonstrated normal and equal strength. Pt’s balance was steady. Pt is A & O x4. PERRLA intact bilaterally. Pt was able to talk with me and others. Pt did not have sensory abnormalities and pt never LOC.</p>
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Pt states, “I am coping well at home”. She lives with her husband which helps her relax and pt likes to read. Developmental level, pt graduated from high school. Pt did state, “I am part of Church of Nazarene”. Pt also has two children, but they do not live close.</p>

Vital Signs, 2 sets (5 points) – **HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0730	97	94/61	18	98 F	95% Room air
0914	65	135/97	20	97.7 F	94% Room air

Vital Sign Trends:

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0730	0-10	n/a	0, pt denies any pain. Verbally and nonverbally.	n/a	n/a
0914	0-10	n/a	0, pt denies any pain. Verbally and nonverbally.	n/a	n/a

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment:	Pt had two IV's one in the left forearm and on one the right forearm. Pt's IV size for both were 20 gauge. Patients IV access is intact and clean with no redness or drainage noted at site. Flushes without difficulty. Date: 1-25-22

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
600mL	375mL

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Nursing Care

Summary of Care (2 points)

Overview of care: Made sure pt's call light was in reach. Monitored pt with fluids and dietary intake. Stood by to make sure pt could use the bathroom, which she could ambulate by herself without assistance.

Procedures/testing done: I helped the nurse administer a heparin IV drip and pass medications to pt.

Complaints/Issues: n/a

Vital signs (stable/unstable): Vital signs were stable in the beginning of the shift. Towards the end of the shift her blood pressure and respirations became elevated.

Tolerating diet, activity, etc.: Pt was on a clear liquid diet then it was changed to a regular diet.

Physician notifications: Dr. stated if PT came down then the patient could be discharged in the morning.

Future plans for client: For pt to maintain blood pressure and have a cardiologist appointment set.

Discharge Planning (2 points)

Discharge location: Pt plans on returning home with her husband.

Home health needs (if applicable): n/a

Equipment needs (if applicable): n/a

Follow up plan: Pt is to see a cardiologist.

Education needs: Pt is eager to learn about what is going on with atrial fibrillation and how to control it.

Nursing Diagnosis (15 points)

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

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components • Listed in order by priority – highest priority to lowest priority pertinent to this client 	<p>Rationale</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Interventions (2 per dx)</p>	<p>Outcome Goal (1 per dx)</p>	<p>Evaluation</p> <ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<p>1. Risk for bleeding as evidence by pt on heparin drip.</p>	<p>This diagnosis was chosen due to heparin therapy as well as the pt’s age.</p>	<p>1. Discuss precautions to patient to prevent bleeding complications.</p> <p>2. Assess the pt’s heart rate and blood pressure.</p>	<p>1. The patient will experience reduced episode of bleeding and hematomas.</p>	<p>Patient seemed compliant and understood her risks and demonstrated verbally what to do if she were to start bleeding. Maintain therapeutic levels of coagulation laboratory profiles (prothrombin, partial prothrombin time, fibrinogen, fibrin split products, bleeding time).</p>
<p>2. Risk for electrolyte imbalance related to patient on</p>	<p>This diagnosis was chosen due to patient being on heparin, but also due to heparin</p>	<p>1. Monitor heart rate and rhythm. Be aware that cardiac arrest can occur. Potassium excess can</p>	<p>1. Patient will display heart rate, blood pressure, and lab results within</p>	<p>Patient understood that there are possibilities of having increased risk of hyperkalemia due to heparin</p>

heparin drip.	can cause hyperkalemia and the patient was admitted due to heart problems.	progress to cardiac fibrillation. 3. Encourage the patient to take frequent rest periods. This can help with stress and generalized weakness.	normal limit.	and discussed how she would monitor her vitals.
4. Anxiety related to lack of knowledge regarding arterial fibrillation as evidenced by restlessness and apprehension.	This diagnosis was chosen due to patient is on anxiety medications due to having a-fib and not understanding what is going on.	1. Provide reassurance and comfort. 2. PRN medications may be indicated for high levels of anxiety.	1. Discuss feelings of anxiety, relaxation techniques to decrease anxiety levels.	Patient expressed that she will use some relaxation techniques to help reduce the anxiety.
5. Risk for infection related to COPD.	This diagnosis was chosen due to the pt's age and being diagnoses with COPD.	1. Observe for color, character, and odor of sputum changes. 2. Monitor pt's labs and vials.	1. Identifying interventions to prevent and reduce the risk of infections.	Patient verbalized the understanding of individual causative risk factors and will demonstrate techniques and lifestyle changes to promote a safe environment.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Pt states, "I pee fine, and it doesn't hurt".
Pt states, "I am coping well at home".
Pt did state, "I am part of Church of Nazarene".

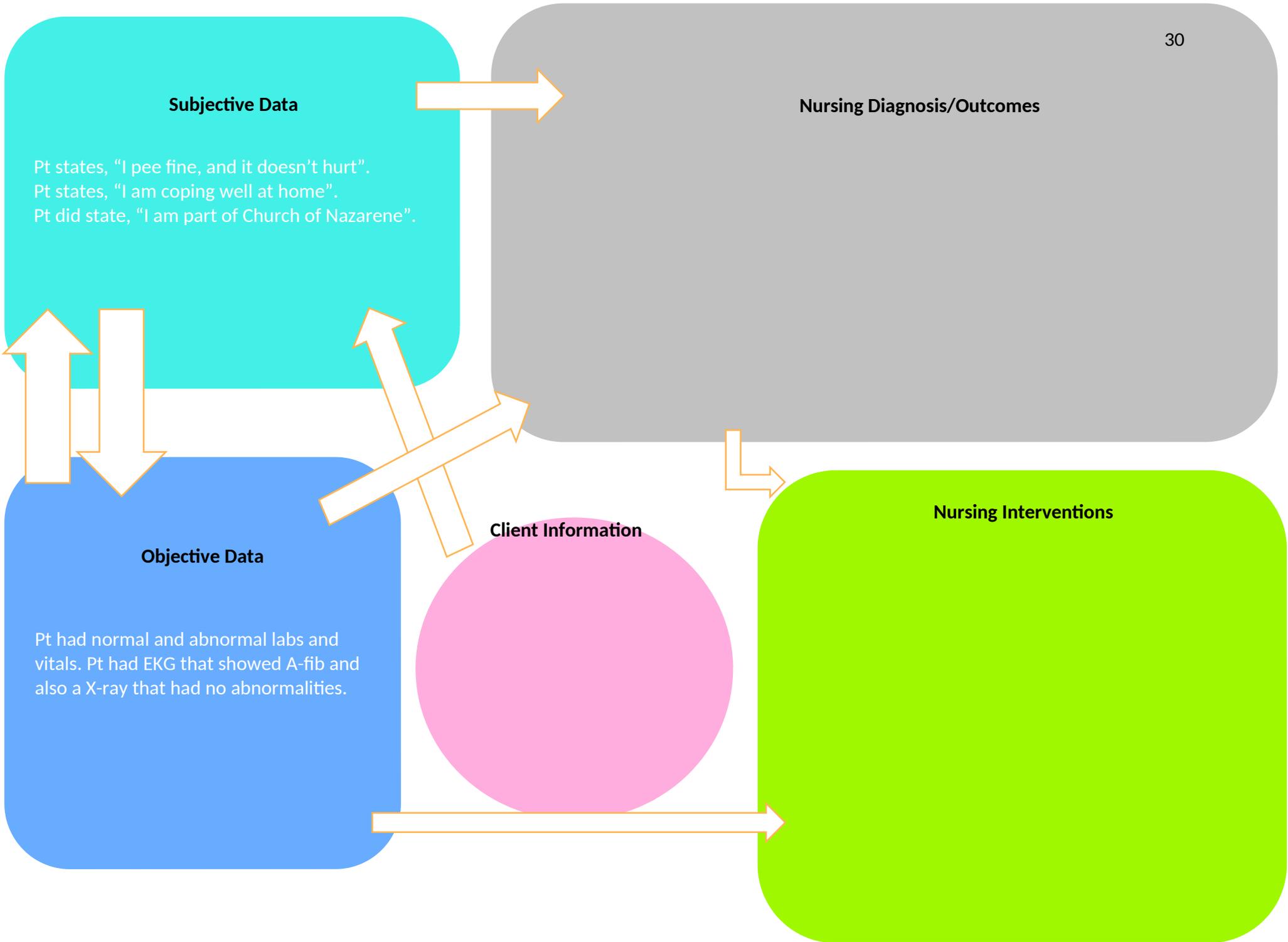
Nursing Diagnosis/Outcomes

Objective Data

Pt had normal and abnormal labs and vitals. Pt had EKG that showed A-fib and also a X-ray that had no abnormalities.

Client Information

Nursing Interventions



Date of Admission 1-25-22	Client Initials P.L.	Age 74	Gender Female
Race/Ethnicity Caucasian	Occupation Unemployed	Marital Status Married	Allergies Alendronate, Bactrim (sulfamethazine-trimethoprim), ciprofibrate, codeine, Cymbalta (duloxetine), Darvocet A500 (propoxyphene N-acetaminophen), gabapentin, Lyrica (pregabalin), penicillin, propoxyphene, ciprofloxacin, doxycycline, and latex.
Code Status FULL CODE	Height 5'5"	Weight 147lbs	

A-fib
Lives with husband

