

N311 Care Plan 1

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 07/02/2020	Client Initials BB	Age 81	Gender Female
Race/Ethnicity Caucasian	Occupation GE	Marital Status Widowed	Allergies Doxycycline (Throat Swelling), Heparin (Unknown), Metformin (Diarrhea), Penicillin (Anaphylaxis), sulfones (Unknown), and green beans (nasal congestion)
Code Status DNR	Height 152.4 cm	Weight 84.8 kg	

Medical History (5 Points)

Past Medical History: Covid 19, Chronic Obstructive Pulmonary Disease, Dysphagia, Weakness, Type 2 Diabetes Mellitus, Hyperlipidemia, Major Depressive Disorder, Anxiety Disorder, Obstructive Sleep apnea, Chronic pain syndrome, Primary Hypertension, Sick Sinus Syndrome, Peripheral Vascular Disease, Gastro-esophageal reflux disease, Paresthesia of skin, and the presence of a permanent pacemaker. Aortic ectasia at junction of aortoiliac graft 4.1 cm, Fall risk, Former smoker, Hypercholesterolemia, Incontinence, Lumbar radiculopathy, Myofascial pain, Overactive bladder, Peripheral artery disease, Recurrent UTI, and Shoulder pain

Past Surgical History: Esophagogastroduodenoscopy (10/14/2019), Esophagogastroduodenoscopy Foreign Body Removal (10/14/2019), Lumbar Facet Joint Denervation using Radiofrequency with Fluoroscopy (Left) (09/05/2019), Trigger Point Injections (1-2 Muscle Groups) (09/05/2019), Thoracic Vertebral Augmentation Kyphoplasty with Fluoroscopy (07/09/2019), Esophagogastroduodenoscopy Balloon Dilation (06/05/2019), and Shoulder Joint Injection with Fluoroscopy (Right) (10/31/2018)

Family History: Father: Tuberculosis.

Mother: Depression, Diabetes mellitus, Hearing problem, and vision disorder.

Sister: Diabetes mellitus and hypertension.

Sister: Hypertension.

Sister: Esophageal adenocarcinoma.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient denies past use of alcohol and recreational drugs. Patient stated she was a former tobacco smoker (1 pack a day) and quit more than 30 years ago.

Admission Assessment

Chief Complaint (2 points): Chest pain and general weakness

History of Present Illness – OLD CARTS (10 points): The 81-year-old Caucasian female presented to the nursing home on 07/02/2020 with chest pain, generalized weakness, and inability to care for herself independently at home. The patient states, “I have left-sided weakness radiating to my left foot for the past few days.” The patient mentions that her leg pain is sharp and aching, and

these symptoms frequently occur throughout the day. The patient states walking and standing up aggravates her pain, and laying down and utilizing her wheelchair relieves her pain. The patient states Advil helps relieve her pain.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Peripheral Vascular Disease

Secondary Diagnosis (if applicable): Primary Hypertension

Pathophysiology of the Disease, APA format (20 points): The formation of atherosclerosis primarily drives peripheral vascular disease. (Gul & Janzer, 2020). PVD affects the lower extremities vascular beds. (Gul & Janzer, 2020). Atherosclerosis starts with the accumulation of lipoprotein within the arteries, which leads to lipid oxidation and cytokine response which recruits macrophages and lymphocytes. (Gul & Janzer, 2020). The macrophages consume the oxidized lipids and form foam cells, leading to fatty streaks. (Gul & Janzer, 2020). These fatty streaks can then develop into plaque which consists of necrotic lipid cores and smooth muscle cells. (Gul & Janzer, 2020). Atherosclerotic plaque builds up in the vessel wall over decades. This accumulation of plaque results in venous stenosis and frequent vascular dilation. (Gul & Janzer, 2020). More plaque can accumulate when the vessel dilates, further constricting the already narrowing vessel obstructing the artery. (Gul & Janzer, 2020). Collateral circulatory beds form to preserve distal perfusion and tissue viability. (Gul & Janzer, 2020). Eventually, these pathways fail, and the blood flow distal to the occlusion is compromised, which causes intermittent claudication. (Gul & Janzer, 2020). Resulting in fixed oxygen delivery that is unable to meet oxygen demand. (Gul & Janzer, 2020). Signs and symptoms of PVD include changes in the skin, weak pulses in the legs and feet, gangrene,

hair loss on legs, impotence, wounds that will not heal over pressure points, numbness, weakness, or heaviness in muscles, pain at rest, paleness when the legs are elevated, reddish-blue discoloration of the extremities, and restricted mobility. (Johns Hopkins Medicine, 2019). My client exhibited wounds that will not heal over pressure points, heaviness in muscles, reddish-blue discoloration of the extremities, and restricted mobility. For PVD, the diagnostic testing would include a complete medical history and a physical examination. Other diagnostic tests include angiogram, ankle-brachial index, Doppler ultrasound flow studies, magnetic resonance angiogram, treadmill exercise test, photoplethysmography, pulse volume recording waveform analysis, and reactive hyperemia test. (Johns Hopkins Medicine, 2019). Labs that would evaluate the presence of PVD would be a complete blood cell count (CBC), blood urea nitrogen (BUN), creatinine, and electrolyte studies can be ordered to determine end-organ injury and for factors that may lead to worse peripheral perfusion. (Stephens, 2017). My client received echocardiography complete with contrast, showing mild left ventricular hypertrophy, mild mitral valve thickening and calcification, mild annular calcification, and mild tricuspid valve regurgitation. Treatments include lifestyle changes, medications to improve blood flow, vascular surgery, and angiograms. (Johns Hopkins Medicine, 2019). Treatments that my patient has used is medications to improve blood flow. My patient is on ELIQUIS which is a blood thinner.

Pathophysiology References (2) (APA):

Gul, F., & Janzer, S. F. (2020). *Peripheral Vascular Disease*. PubMed; StatPearls Publishing.

<https://www.ncbi.nlm.nih.gov/books/NBK557482/>

Johns Hopkins Medicine. (2019). *Peripheral Vascular Disease*. John Hopkins Medicine.

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/peripheral-vascular-disease>

Stephens, E. (2017, December 31). *Peripheral Vascular Disease Workup: Laboratory Studies, Imaging Studies, Other Tests*.

Emedicine.medscape.com. <https://emedicine.medscape.com/article/761556-workup>

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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				
Hgb				
Hct				
Platelets				
WBC				
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-				
K+				
Cl-				
CO2				
Glucose				
BUN				
Creatinine				
Albumin				
Calcium				

Mag				
Phosphate				
Bilirubin				
Alk Phos				

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				
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

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):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Diagnostic Imaging Reference (1) (APA):

Current Medications (10 points, 2 points per completed med)
5 different medications must be completed

Medications (5 required)

Brand/Generic					
Dose					
Frequency					
Route					

Classification					
Mechanism of Action					
Reason Client Taking					
Contraindications (2)					
Side Effects/Adverse Reactions (2)					

Medications Reference (1) (APA):

Assessment

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

GENERAL: Alertness: Orientation: Distress: Overall appearance:	
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y ☐ N ☐ Type:	
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	
CARDIOVASCULAR: 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:	
RESPIRATORY: Accessory muscle use: Y ☐ N ☐ Breath Sounds: Location, character	.
GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y ☐ N ☐ Nasogastric: Y ☐ N ☐ Size: Feeding tubes/PEG tube Y ☐ N ☐ Type:	.
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y ☐ N ☐ Dialysis: Y ☐ N ☐ Inspection of genitals:	

Catheter: Y ☐ N ☐ Type: Size:	
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y ☐ N ☐ Fall Risk: Y ☐ N ☐ Fall Score: Activity/Mobility Status: Independent (up ad lib) ☐ Needs assistance with equipment ☐ Needs support to stand and walk ☐	
NEUROLOGICAL: MAEW: Y ☐ N ☐ PERLA: Y ☐ N ☐ Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐ Orientation: Mental Status: Speech: Sensory: LOC:	
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):	

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1140	78 beats per minute	118/80 mmHg	18 breaths per minute	36.2 degrees Celsius (Temporal)	97% on room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0947	Numeric Pain Scale	Left side of body	0 out of 10	Radiating pain, Sharp, and aching	Wheelchair, laying down, and Advil

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • 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	Rationale • Explain why the nursing diagnosis was chosen	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1. Fluid Volume Excess is related to poor tissue perfusion as evidenced by bilateral leg edema. (Wayne, 2016)	This nursing diagnosis was chosen because the client had swelling in both extremities.	1.Elevate the client's lower extremities to increase venous return to the heart. (Wayne, 2016). 2..Monitor clients vital signs and evaluate pulses and administer medication, as ordered. (Wayne, 2016).	1. The client will have increased venous return to the heart and the edema will decrease.	Goal:This nursing diagnosis goal would be to have stable vital signs and the medication is effective if the circumference of the leg has decreased. Goal met: The patient’s medication is effective because the client’s vital signs were within normal ranges.
2. Impaired Physical Mobility related to limited range	This nursing diagnosis was chosen because the client was	1. Passive or active range of motion exercises, as ordered. (Wayne,	1. Passive and active range of motion will strengthen her lower extremities and help	Goal: The nursing diagnosis goal would be to have the client demonstrate measures to

"I have no pain today I feel pretty good."
 "I suffered from a stroke a few years ago and experience left sided weakness."
 "I am not able to walk."
 "I cannot put any weight on my left leg because I have a sore on my left heel"

Fluid Volume Excess related to poor tissue perfusion as evidence by bilateral leg edema
 Goal: The client will have increased venous return to the heart and the edema will decrease.
 Impaired Physical Mobility related to limited range of motion as evidence by pressure ulcer on left foot
 Goal: The client will demonstrate measures to increase mobility.

Vital Signs: 0947 Pulse: 78 beats/min
 Blood Pressure: 118/80 mm Hg
 Respiratory Rate: 18 Breaths/min
 Temperature: 97.1°F (TM)
 Diagnostic Tests: Echocardiography with contrast

Subjective Data

The client was a 81-year-old Caucasian female client.
 Past Medical History: Peripheral Vascular Disease and Primary Hypertension
 Esophagogastroduodenoscopy (10/14/2019), Thoracic Vertebral Augmentation Kyphoplasty with Fluoroscopy (07/09/2019), and Lumbar Facet Joint Denervation using Radiofrequency with

Nursing Diagnosis 1:
 Elevate the client lower extremities to increase venous return to the heart. (Wayne, 2016)
 Monitor clients' vital signs and evaluate pulses and administer medication, as ordered. (Wayne, 2016)
 Nursing Diagnosis 2:
 Assistive or active range of motion exercises as order. (Wayne, 2019)
 Give positive reinforcement during activity. Patients may be unwilling to move or initiate new activity because of fear of falling. (Wayne, 2019)

Nursing Diagnosis/Outcomes

