

N431 Care Plan # 1

Lakeview College of Nursing

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**Demographics (3 points)**

<b>Date of Admission</b> 2/19	<b>Client Initials</b> W.M	<b>Age</b> 89	<b>Gender</b> Male
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Retired	<b>Marital Status</b> Widowed	<b>Allergies</b> Adhesive bandage- Rash Bupropion-Dizziness
<b>Code Status</b> DNR	<b>Height</b> 168.5 cm	<b>Weight</b> 83.8 kg	

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

Anemia, benign prostatic hyperplasia, benign paroxysmal positional vertigo, coronary artery disease, prostate cancer, chronic A-fib, chronic diastolic congestive heart failure, chronic obstructive pulmonary disease, gastroesophageal reflux disease, hypothyroidism, hyperlipidemia, hypertension, lower gastrointestinal bleed, mild left ventricular systolic function, stage 3 chronic kidney disease, history of inferior wall myocardial infarction, dementia

**Past Surgical History:**

Colonoscopy, left sided cardiac catheter, coronary artery bypass surgery, appendectomy, cataract surgery, tonsillectomy

**Family History:**

Father- Cardiovascular disease, Myocardial infarction, Hypertension

**Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):**

2 packs per day for 28 years, quit when he was 40

No history of tobacco, alcohol, or drug use

**Assistive Devices:**

Patient uses eyeglasses and walker

**Living Situation:**

Patient lives in a long-term care facility in the memory care unit

**Education Level:**

Patient graduated high school

**Admission Assessment****Chief Complaint (2 points):**

Hematemesis

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

On February 19th, the patient experienced two episodes of hematemesis. The patient claims this was the first time this has happened, but a history of a lower GI bleed was noted in his chart. The patient was not a good historian of his health due to having dementia, and the chart didn't have many details as it was a second-hand account from the nursing home. He said that he felt a wave of dizziness come onto him before the hematemesis started. He claimed that nothing made it worse, but nothing was better either. The nursing home staff called EMS quickly after the incident happened.

**Primary Diagnosis****Primary Diagnosis on Admission (2 points):**

Gastrointestinal bleed

**Secondary Diagnosis (if applicable):**

Congestive heart failure

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

On February 19th, my patient presented to the emergency department with upper GI bleed manifestations. Upper gastrointestinal bleeds, UGIB, can be classified in two ways;

chronic or acute. An acute bleed is associated with a rupture, tear, or perforation in the esophageal or gastric lining. In contrast, a chronic bleed results from a small tear or opening in the GI tract that causes a gradual small amount of blood loss (Capriotti, 2020). My patient does not have a previous history of a lower GI bleed. Still, there was no documentation on his chart about the history of UGIB, nor did he verbalize that information. Several disorders, such as peptic ulcer disease, esophageal varices, Mallory-Weiss syndrome, Boerhaave syndrome, esophageal cancer, and hemorrhagic gastritis, can lead to a UGIB (Capriotti, 2020).

Patients with UGIB can present with hematemesis, melena, and occult blood (Capriotti, 2020). My patient did experience two episodes of hematemesis before arriving at the emergency room, so this is concurrent with the signs and symptoms of a UGIB. The presence of bright red blood in the vomitus indicates a current bleed, whereas dark, coffee ground vomitus suggests that the blood has mixed with the stomach's acid (Capriotti, 2020). The patient's H&P did not indicate the color of the hematemesis; therefore, it is not sure whether this was an older bleed or a newer bleed. These patients may also have anxiety, dizziness, weakness, shortness of breath, and a change in mental status (Capriotti, 2020).

Several lab tests can be completed to confirm the diagnosis of a UGIB. These patients will show decreased hemoglobin and hematocrit, reduced plasma volume due to fluid loss with bleeding, increased BUN caused by dehydration, and a positive fecal occult blood test (Capriotti, 2020). My patient's labs showed a decrease in hemoglobin and hematocrit and an increase in BUN. These are all concurrent with a diagnosis of a UGIB. There are also diagnostic tests that can be done to confirm the presence of a UGIB, such as an upper endoscopy, EGD, which may be performed to view the upper GI tract (Hinkle et al., 2022). My patient went down for an EGD at the time of my clinical, but the results weren't back by the time my clinical ended.

Treatment for a UGIB will depend on the cause of the bleeding. Generalized treatment modalities include rapid fluid replacement, insertion of a nasogastric tube to prevent abdominal distention from the accumulation of blood, and administration of blood transfusions (Capriotti, 2020). My patient did have an IV inserted but was not getting any IV fluids at the time of my clinical. Other therapeutic endoscopic strategies can be used for hemostasis of a UGIB, such as injection of sclerosing agents, electrocoagulation, laser and argon coagulation, band ligation, and application of hemoclips. Insertion of a TIPS is usually recommended in those with esophageal varices. Transcatheter angiographic embolism is recommended for patients with peptic ulcer bleeding, and laparoscopy and surgical repair at the bleeding site are often done for acute episodes with large amounts of blood loss (Capriotti, 2020). At my clinical, my patient had not undergone any of these procedures. Medications such as omeprazole may be used for 4 to 8 weeks to decrease the amount of acid present in the stomach (Hinkle et al., 2022). My patient was on another PPI, Protonix, which reduces acid in the stomach.

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

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis.

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. J. (2022). *Brunner & Suddarth's textbook of Medical-Surgical Nursing*. Wolters Kluwer Health.

**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	4.4-5.8	2.98	2.90	I believe the reason my patient is

				presenting with a low RBC count is do to history of anemia and an upper GI bleed (M. & Bladh, 2021).
<b>Hgb</b>	12.0-15.8	9.1	9.0	I believe the reason my patient is presenting with a low Hgb count is do to history of anemia and an upper GI bleed (M. & Bladh, 2021).
<b>Hct</b>	36.0-47.0	27.3	26.4	I believe the reason my patient is presenting with a low Hct count is do to history of anemia and an upper GI bleed (M. & Bladh, 2021).
<b>Platelets</b>	140-440	183	149	
<b>WBC</b>	4.0-12.0	5.2	4.9	
<b>Neutrophils</b>	40-60	55	60	
<b>Lymphocytes</b>	19-49	25.6	30.5	
<b>Monocytes</b>	3.0-13.0	9.3	10.2	
<b>Eosinophils</b>	0-8.0	5.8	5.6	
<b>Bands</b>	3-5	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
<b>Na-</b>	135-145	136	138	
<b>K+</b>	3.5-5.1	4.4	3.9	
<b>Cl-</b>	98-107	99	100	
<b>CO2</b>	21-31	28	29	
<b>Glucose</b>	70-99	134	74	Blood glucose can be elevated in patients with CKD, which my patient has a history of, and acute stress reactions (M. & Bladh, 2021).
<b>BUN</b>	7-25	31	29	BUN levels can be elevated due to heart failure, and GI bleeding which my patient has a history of (M. & Bladh, 2021).
<b>Creatinine</b>	0.50-1.20	1.69	1.51	Creatinine levels can be increased

				due to heart failure, dehydration due to blood loss, and kidney disease which my patient has a history of (M. & Bladh, 2021).
<b>Albumin</b>	3.5-5.7	3.6	N/A	
<b>Calcium</b>	8.6-10.3	8.4	8.1	Calcium levels can be decreased due to CKD which my patient has a history of (M. & Bladh, 2021).
<b>Mag</b>	1.6-2.6	N/A	N/A	
<b>Phosphate</b>	2.5-4.5	N/A	N/A	
<b>Bilirubin</b>	0.3-1.0	0.5	N/A	
<b>Alk Phos</b>	30-120	78	N/A	
<b>AST</b>	0-35	12	N/A	
<b>ALT</b>	4-36	9	N/A	
<b>Amylase</b>	60-120	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>	<0.04	0.040	0.023	
<b>CK-MB</b>	3-5	N/A	N/A	
<b>Total CK</b>	22-198	N/A	N/A	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
<b>INR</b>	0.9-1.1	N/A	N/A	

<b>PT</b>	10.1-13.1	N/A	N/A	
<b>PTT</b>	25-35 seconds	N/A	N/A	
<b>D-Dimer</b>	<0.05	N/A	N/A	
<b>BNP</b>	>400	N/A	610	Increase BNP levels are elevated in those with CKD and heart failure which my patient has a history of (M. & Bladh, 2021).
<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>	0.5-5.0	N/A	N/A	
<b>TSH</b>	15-45	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>	Clear, yellow	N/A	N/A	
<b>pH</b>	5.0-9.0	N/A	N/A	
<b>Specific Gravity</b>	1.003-1.020	N/A	N/A	
<b>Glucose</b>	Negative	N/A	N/A	
<b>Protein</b>	Negative	N/A	N/A	
<b>Ketones</b>	Negative	N/A	N/A	
<b>WBC</b>	Negative	N/A	N/A	
<b>RBC</b>	Negative	N/A	N/A	
<b>Leukoesterase</b>	Negative	N/A	N/A	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	7.35-7.45	N/A	N/A	
PaO2	10.7-13.3	N/A	N/A	
PaCO2	35-45	N/A	N/A	
HCO3	22-26	N/A	N/A	
SaO2	92-100	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/AN	N/A	

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

M., V. L. A., & Bladh, M. L. (2021). *Davis's comprehensive manual of Laboratory and diagnostic tests with nursing implications*. F.A. Davis.

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):**

2/19: Electrocardiogram showed A-fib with slow ventricular response

2/19: Chest X-ray showed mild heart enlargement persistent with changes prior to CABG.

2/21: Echocardiogram; results were not back yet

2/21: Esophagogastroduodenoscopy; results were not back yet

**Diagnostic Test Correlation (5 points):**

EKGs are performed to evaluate the electrical impulses generated by the heart during the cardiac cycle to diagnose cardiac dysrhythmias, blocks, damage, infection, or enlargement (M. & Bladh, 2021). An EKG may have been ordered for my patient because he was experiencing nausea and vomiting, which is a sign of an MI. A chest x-ray may have been ordered to rule out the possible aspiration of vomit that could lead to aspiration pneumonia. Echocardiograms are used to assist in diagnosing cardiovascular disorders such as defects, heart failure, tumors, infection, and bleeding (M. & Bladh, 2021). My patient has a long history of cardiovascular disease and anemia, so this could have been the rationale behind ordering an echo. EGDs are ordered to visualize and assess the esophagus, stomach, and upper portion of the duodenum to assist in diagnosing bleeding, ulcers, inflammation, tumor, and cancer (M. & Bladh, 2021). My patient came in experiencing hematemesis, and an EGD will help visualize where the bleeding resides.

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

M., V. L. A., & Bladh, M. L. (2021). *Davis's comprehensive manual of Laboratory and diagnostic tests with nursing implications*. 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>	Atorvastatin/ Lipitor	Carvedilol/ Coreg	Losartan/ Cozaar	Donepezil/ Aricept	Nitroglycerin/ Gen-Nitro
<b>Dose</b>	40 mg	3.125 mg	25 mg	10 mg	0.4 mg
<b>Frequency</b>	Once daily	Once daily	Once daily	Once daily; HS	Q5 minutes for 15 minutes; PRN
<b>Route</b>	PO	PO	PO	PO	Sublingual
<b>Classification</b>	HMG-CoA reductase inhibitor  Antihyperlipide mic	Nonselective beta blocker and alpha-1 blocker  Antihypertensiv e/heart failure adjunct	Angiotensin II receptor blocker  Antihypertensiv e	Acetylcholinest erase inhibitor  Antidementia	Nitrate  Antianginal vasodilator
<b>Mechanism of Action</b>	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on the liver cells to enhance LDL uptake and break down (Jones and Bartlett, 2021).	Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral resistance which reduces blood pressure and cardiac workload (Jones and Bartlett, 2021).	Blocks binding of angiotensin II to receptors sites in many tissues. Angiotensin II is a potent vasoconstrictor that also stimulates the adrenal cortex to secrete aldosterone, The inhibiting effects of angiotensin II reduce blood pressure (Jones and Bartlett, 2021).	Reversibly inhibits acetylcholinest erase and improves acetylcholine concentration at cholinergic synapse. Raising acetylcholine level in the cerebral cortex may improve cognition (Jones and Bartlett, 2021).	Nitroglycerin is converted to nitric oxide which then is converted to a protein that causes smooth muscle relaxation, causing vasodilation. It dilates coronary arteries increasing blood flow to the heart. This increases the blood flow to the ischemic areas which relieves the pain associated with angina pectoris (Jones and Bartlett, 2021).
<b>Reason Client Taking</b>	To reduce risk of acute cardiovascular events such as	To control hypertension	To control hypertension	To treat mild to moderate Alzheimer’s	To treat anginal pain

	angina, CVA, or MI				
<b>Contraindications (2)</b>	Active hepatic disease, hypersensitivity to atorvastatin	Severe bradycardia, severe hepatic impairment	GFR lower than 60, hypersensitive to losartan or its components	Hypersensitive to donepezil, piperidine derivatives or their components	Acute MI, severe anemia
<b>Side Effects/Adverse Reactions (2)</b>	Arrhythmias, angioedema	Melena, unusual bleeding	Hypotension, vomiting	Seizures, abnormal ECG	Arrhythmias, syncope
<b>Nursing Considerations (2)</b>	Expect liver function tests to be performed before atorvastatin therapy starts and then thereafter as necessary.	Monitor blood glucose levels, know that if a patient has heart failure expect to give digoxin, a diuretic and ACE inhibitor	Know that losartan is more effect when given in 2 divided doses daily and may be used with other hypertensives, monitor blood pressure and renal function studies	Use cautiously in patients with COPD, know that if patient has a cardiac disease monitor heart rate and rhythm	Use nitro in cautiously in the elderly who are volume depleted or taking several medications because increased risks of falls and hypotension, place S.L. tablet under the tongue and make sure it fully dissolves
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	Monitor liver function test prior to administration and as clinically indicated	Take blood pressure and pulse prior to administration	Take blood pressure and pulse prior to administration	N/A	Check vitals before every dosage
<b>Client Teaching Needs (2)</b>	Tell patient to take this medication at the same time everyday to maintain its effects, instruct patient to take missed dose as soon as possible	Tell patient that this medication may cause dizziness, tell patient with heart failure to notify prescriber if they gain more the 5lbs in 2 days	Instruct patient to avoid potassium containing salt substitutes, avoid drinking excessive amounts of alcohol	Drug may be taken with or without food, avoid hazardous activities such as driving until drugs CNS effects are known	Teach patient to recognize signs and symptoms of anginal pain, instruct patient to remain in the sitting position when taking a S.L tablet

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	Levothyroxine/ Levo-T	Clonazepam/ Klonopin	Pantoprazole/ Protonix	Hydralazine/ Apresoline	Entocort/ Budesonide
<b>Dose</b>	50 mg	0.5 mg	40 mg = 10 mL	10 mg = 0.5 mL	0.5 mg = 2 mL
<b>Frequency</b>	Once daily	Once daily; HS	Q12	Q6; PRN	BID
<b>Route</b>	PO	PO	IVP	IVP	Nebulized
<b>Classification</b>	Synthetic thyroxine  Thyroid hormone	Benzodiazepine  Anticonvulsant, antipanic	Proton pump inhibitor  Antiulcer	Vasodilator  Antihypertensive	Corticosteroid  Antiasthmatic
<b>Mechanism of Action</b>	Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis (Jones and Bartlett, 2021).	Drug is thought to prevent panic and seizures by potentiating the effects of gamma- aminobutyric acid which is an inhibitory neurotransmitter (Jones and Bartlett, 2021).	Pantoprazole is a proton pump inhibitor (PPI) that suppresses the final step in gastric acid production by forming a covalent bond to two sites of the (H <sup>+</sup> ,K <sup>+</sup> )- ATPase enzyme system at the secretory surface of the gastric parietal cell (Jones and Bartlett, 2021).	Although the precise mechanism of action of hydralazine is not fully understood, the major effects are on the cardiovascular system. Hydralazine apparently lowers blood pressure by exerting a peripheral vasodilating effect through a direct relaxation of vascular smooth muscle (Jones and Bartlett, 2021).	Budesonide is a potent topical anti- inflammatory agent. It binds and activates glucocorticoid receptors (GR) in the effector cell (e.g., bronchial) cytoplasm that allows the translocation of this budesonide- GR complex in the bronchi nucleus, which binds to both HDCA2 and CBP (Jones and Bartlett, 2021).
<b>Reason Client Taking</b>	To treat mild hypothyroidism	To treat panic and agitation	To treat GERD	To manage hypertension	To decrease airway inflammation
<b>Contraindications (2)</b>	Acute MI, hypersensitivity to levothyroxine or its components	Hepatic disease, hypersensitivity to clonazepam or its components	Concurrent therapy with rilpivirine containing products	CAD, hypersensitivity to hydralazine or its components	Hypersensitivity to budesonide or its components, nasal surgery or trauma
<b>Side Effects/Adverse Reactions (2)</b>	Heart failure, MI	Suicidal ideations, respiratory depression	Hepatic failure, elevated creatinine level	Dyspnea, orthostatic hypotension	Rectal bleeding, bronchospasm
<b>Nursing Considerations (2)</b>	Monitor PT of patient who is on anticoagulants, Monitor blood glucose levels	Use cautiously in patients with renal failure, use cautiously in the elderly	Flush line with normal saline before and after giving drug, monitor PT INR levels for those	Monitor CBC during long term treatment, expect provider to withdraw gradually to avoid rapid	Monitor patients with conditions such as hypertension as medication may increase adverse effects,

			taking anticoagulants	increase in blood pressure	assess patient for effectiveness
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	Assess heart rate, ECG, and heart sounds prior to administration	N/A	Assess for IV patency if given IVP	Take orthostatic vitals	Assess lung sounds prior to administration
<b>Client Teaching Needs (2)</b>	Take medication with full glass of water to avoid choking, instruct patient to separate antacids and calcium or iron supplements at least 4 hours apart	Tell patient to take this drug exactly as prescribed, warn patient about possible drowsiness	Remind patient to notify all prescribes of protonix use and not to take any over the counter medication without discussing it with the provider, expect symptom relief in 2 weeks	Instruct patient to take this medication with food, caution that hot showers may increase hypotension	Advise patient to rinse their mouth if using an inhaler, caution against stopping medication abruptly

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

Jones & Bartlett Learning. (2021). *Nurse's Drug Handbook*.

**Assessment**

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

<b>GENERAL:</b> <b>Alertness:</b>	Alert to verbal and physical stimuli
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<p><b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p><b>A&amp;O x3</b>                  No distress noted. Patient resting comfortably                  Patient is well groomed and nourished and appears to look their stated age</p>
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b>  <b>Character:</b>  <b>Temperature:</b>  <b>Turgor:</b>  <b>Rashes:</b>  <b>Bruises:</b>  <b>Wounds:</b>  <b>Braden Score:</b>  <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p>Skin color appropriate for ethnicity                  Dry patches noted                  Warm                  Poor skin turgor                  No rashes noted                  Generalized bruising on arms and legs                  Generalized scabbing on lower extremities                  Wound on left lower leg  <b>Braden:17</b>                  No drains noted</p>
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>Head and neck symmetrical. No tracheal deviation. Thyroid rises and falls appropriately. Lymph nodes non-palpable.                  No hearing deficit noted with no drainage or pain noted.                  Pupils equal, round, reactive to light and accommodation. Symmetrical EOMs.                  Conjunctiva pink, no irritation noted. Sclera white.                  Septum intact and no plops noted.                  Patient did not have natural teeth but did have dentures. Patient’s mucous membranes appeared moist, pink, and intact.</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	<p>S1, and S3 sounds heard. No S3 or S4 sounds noted. <b>Patients heart sounds were displaced.</b>  <b>Patient in A-fib</b>                  Radial pulse +3, Dorsal pedis +1                  Capillary refill &lt;3 seconds                  No JVD                  No edema</p>
<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>Breathing is unlabored with no use of accessory muscles                  Respiratory pattern is regular                  Bronchovesicular breath sounds were heard in all lobes of the lungs                  Rise and fall of the chest are even on both sides</p>

<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>          <b>Distention:</b>          <b>Incisions:</b>          <b>Scars:</b>          <b>Drains:</b>          <b>Wounds:</b>  <b>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>          <b>Size:</b>  <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>          <b>Type:</b></p>	<p>No shortness of breath noted</p> <p>Patient was unsure of his diet at the nursing home  NPO  168.5 cm  83.8 kg  Bowel sounds heard in all 4 quadrants  Last bowel movement was 2/19  No pain or masses upon palpations</p> <p>No distention noted. Abdomen was soft and non-tender  No incisions noted  Scar from appendectomy noted  No wounds noted</p> <p>No ostomy's, NG/PEG tubes noted</p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Inspection of genitals:</b>  <b>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>          <b>Type:</b>          <b>Size:</b></p>	<p>Yellow  Clear, no sediment  <b>Scant amount</b>  No pain with urination noted  The patient doesn't receive dialysis</p> <p>Genitals appear normal and odor free. No masses or abnormalities noted.</p> <p>No catheter. Patient uses urinal or toilet with assistance</p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib) <input type="checkbox"/></b>  <b>Needs assistance with equipment <input checked="" type="checkbox"/></b>  <b>Needs support to stand and walk <input checked="" type="checkbox"/></b></p>	<p>Patient had no pain, pulses noted in all distal extremities, no pallor noted, no paresthesia or paralysis noted  Patient able to perform active ROM in all extremities  <b>Patient uses a 2 wheeled walker and gait belt</b>  <b>Patients strength is a +4 in all extremities</b>  <b>Patient does require ADL assistance of 1</b>  <b>Fall score: 95</b>  Patient is up with a walker and gait belt with an assist of 1</p>

<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input checked="" type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>Patient moves all extremities well without assistance                  Pupils were round and reactive to light and accommodation                  Strength equal in all extremities                  Patient is A&amp;O X3                  Normal cognition: patient is forgetful at times                  Speech is clear                  Sensory perception is WNL                  Full consciousness; awake and alert</p>
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>Patient has 3 children who live near by that come to visit him. Patient stated, "I like it when my grandchildren come to see me".                  Patient can read, write, and formal a full structed sentence.                  Patient stated, "I like to go to the catholic church when I can".                  Patient says he is okay with living at the LTC facility but said "sometimes it stinks there".</p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0742	60 bpm	133/58 mm Hg	18 breaths per minute	36.9 C	92% RA
1046	47 bpm	138/68 mm Hg	18 breaths per minute	36.9 C	90% RA

**Vital Sign Trends:**

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

Time	Scale	Location	Severity	Characteristics	Interventions

0742	Numerical	N/A	0/10	N/A	N/A
1130	Numerical	N/A	0/10	N/A	N/A

**IV Assessment (2 Points)**

IV Assessment	Fluid Type/Rate or Saline Lock
<b>Size of IV:</b> <b>Location of IV:</b> <b>Date on IV:</b> <b>Patency of IV:</b> <b>Signs of erythema, drainage, etc.:</b> <b>IV dressing assessment:</b>	20 gauge Left AC 2/19 IV patent No signs of erythema, or drainage Dressing is dry and intact

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
NPO, no IV fluids given	1 void and 1 BM

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care:**

The patient had an uneventful day. Patient’s medications were passed in the morning, ADLs were performed, and he went down for his EGD round 1145.

**Procedures/testing done:**

Patient had an echocardiogram while on the floor and was scheduled for an EGD later on in the afternoon.

**Complaints/Issues:**

The only true complaint the patient had during my clinical rotation was that he had to remain NPO until his procedure. After he came back and was able to eat and he was much happier.

**Vital signs (stable/unstable):**

Vital signs were relatively stable, but his heart rate was in the 40s several time during my rotation.

**Tolerating diet, activity, etc.:**

Patient was NPO at the beginning of my clinical but then was advanced to a mechanical soft diet. He seemed to be tolerating it well. The patient tolerated activity well but would be short of breath with exertion.

**Physician notifications:**

There were no physician notifications while I was on my clinical rotation, nor did we have to reach out to them for anything.

**Future plans for client:**

The future plan of care will depend on what the EGD results said which were not back yet during my clinical rotation.

**Discharge Planning (2 points)**

**Discharge location:**

The patient will discharge back to the LTC facility he came from.

**Home health needs (if applicable):**

N/A

**Equipment needs (if applicable):**

N/A

**Follow up plan:**

The follow up plan will depend on the results of the EGD but I anticipate the patient will need routine coagulation labs done and possible another colonoscopy.

**Education needs:**

Education needs will be given to the nurse at the LTC facility, and they will carry them out.

**Nursing Diagnosis (15 points)**

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

Nursing Diagnosis	Rationale • Explain	Interventions (2 per dx)	Outcome Goal	Evaluation • How did the
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<ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<p>why the nursing diagnosis was chosen</p>		<p><b>(1 per dx)</b></p>	<p>client/family respond to the nurse’s actions?</p> <ul style="list-style-type: none"> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p>1. Decreased cardiac output related to congestive heart failure as evidenced by A-fib</p>	<p>The patient has a long history of cardiac issues as well as CHF which can both decrease cardiac output</p>	<p>1. Teach patient about chest pain and other reportable symptoms</p> <p>2. Plan patients activities to avoid fatigue and increased myocardial workload</p>	<p>1. Patient doesn’t verbally or through their behavior, indicate chest pain, dyspnea, fatigue or other forms of discomfort after activity</p>	<p>The patient understood that ADLs may take longer than normal to complete and knows to ask the nursing staff for help when needed</p>
<p>2. Risk for bleeding related to upper GI bleed as evidence by decrease hemoglobin and hematocrit</p>	<p>The patient presented to the ER with hematemesis and has decreased hemoglobin and hematocrit levels</p>	<p>1. Continue to monitor lab trends</p> <p>2. Explain to the patient that they are a fall risk due to their risk for bleeding. Verbalized that they need to call for help when getting up</p>	<p>1. Patients labs will continue to trend upwards and patient will call for help when they need to get up</p>	<p>Patient understood that they need to call when they get up so they do not injure themselves and cause the bleeding to be worse</p>
<p>3. Risk for deficient fluid volume related to</p>	<p>I chose this diagnosis because having bleed anywhere in</p>	<p>1. Administer IV fluids as ordered</p> <p>2. Monitor patients vital</p>	<p>1. Patient will be normovolemic as evidenced by blood</p>	<p>Patient understood the importance of his IV access and Q4 vitals</p>

<p>upper GI bleed as evidenced by elevated BUN levels</p>	<p>the body can lead to hypovolemia</p>	<p>signs and observe blood pressure and heart rate for signs of orthostatic changes</p>	<p>pressure greater than or equal to 90 mm Hg, heart rate greater than 60 to 100 beats/minute, urine output great than 30/ mL/hr and normal skin turgor</p>	
<p>4. Risk for falls related to impaired physical mobility as evidenced by loss of muscle strength</p>	<p>I chose this diagnosis because my patient needs assistance from nursing staff for ADLs and uses a walker</p>	<p>1. Place call light, and all personal belongings within reach  2. Keep patients' bed in the lowest position and locked at all times</p>	<p>1. Patient will remain free of falls during the durations of their hospital stay</p>	<p>Patient understood that he must call for help and cannot get up on his own</p>

**Other References (APA):**

**Concept Map (20 Points):**

### Subjective Data

Patient rates pain a 0/10  
 Patient stated "I like it when my grandchildren come to see me".  
 Patient says he is okay with living at the LTC facility but said "

Decreased cardiac output related to congestive heart failure as evidenced by A-fib  
 Patient doesn't verbally or through their behavior, indicate chest pain, dyspnea, fatigue, or other forms of discomfort after activity  
 Risk for bleeding related to upper GI bleed as evidence by decrease hemoglobin and hematocrit  
 Patient's labs will continue to trend upwards and patient will call for help when they need to get up  
 Risk for deficient fluid volume related to upper GI bleed as evidenced by elevated BUN levels  
 Patient will be normovolemic as evidenced by blood pressure greater than or equal to 90 mm Hg, heart rate greater than 60 to 100 beats/minute, urine output great than 30/mL/hr and normal skin turgor  
 Risk for falls related to impaired physical mobility as evidenced by loss of muscle strength  
 Patient will remain free of falls during the durations of their hospital stay

### Nursing Diagnosis/Outcomes

### Objective Data

Most recent vital signs:  
 Pulse- 47 beats per minute  
 B/P- 138/68 mm Hg  
 RR- 18 breaths per minute  
 Temp- 36.9 C  
 O2 sat- 90% RA  
 Most recent abnormal labs:  
 RBC- 2.90  
 Hct- 26.4  
 Hgb- 9.0  
 BUN- 29  
 Creatinine- 1.51  
 Calcium- 8.1  
 Diagnostic testing:  
 Echocardiogram  
 EGD  
 Chest X-ray

### Client Information

On February 19<sup>th</sup>, a 89 year old male client with a history of anemia and lower Gi bleeding arrived at the Sarah Bush Lincoln ER due to having 2 episodes of hematemesis.

### Nursing Interventions

1. Teach patient about chest pain and other reportable symptoms
2. Plan patients' activities to avoid fatigue and increased myocardial workload
3. Continue to monitor lab trends
2. Explain to the patient that they are a fall risk due to their risk for bleeding. Verbalized that they need to call for help when getting up
  1. Administer IV fluids as ordered
  2. Monitor patients vital signs and observe blood pressure and heart rate for signs of orthostatic changes
1. Place call light, and all personal belongings within reach
  2. Keep patients' bed in the lowest position and locked at all times



