N311 Care Plan 2

Lakeview College of Nursing

Kelsey Bierman

Demographics (5 points)

Date of Admission 02/05/2019	Client Initials BS	Age 73	Gender Female
Race/Ethnicity Caucasian	Occupation ERBA	Marital Status Single	Allergies Baclofen (Acute Encephalopathy), Bactrim (Patient states this makes her go crazy), and Iodine (rash)
Code Status Full Code	Height 160 cm	Weight 106.5 kg	

Medical History (5 Points)

Past Medical History: Anemia, Atrial fibrillation, Cataracts, Cellulitis, Diabetic retinopathy, Obesity, Renal disease, Primary hypertension, Secondary hyperparathyroidism, and Type 2 Diabetes mellitus with diabetic nephropathy.

Past Surgical History: Cholecystectomy, Eye Laser (Right, 01/2016), Virectomy (06/07/2016, Bilateral), Phacoemulsion of cataract (Left, 1/26/2017), Arteriovenous fistula (11/10/2020), and Right heart catheterization (12/03/2021).

Family History: Father: Hypertension and Myocardial infarction.

Mother: Hypertension.

Brother: Hypertension and Enlarged heart.

Sister: Stroke.

Brother: Cancer and Type 2 Diabetes mellitus.

Sister: Cancer.

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

The patient denies past use of alcohol and recreational drugs. Patient stated that she was a former tobacco smoker (1/2 pack per day) and quite 10 years ago.

Admission Assessment

Chief Complaint (2 points): Lower back pain

History of Present Illness – OLD CARTS (10 points): The 73-year-old Caucasian female presented to the nursing home on 02/05/2019 with lower back pain and inability to care for herself independently at home. The patient states, “I have a lot of pain in my lower back and I have had this pain for a very long time.” The patient mentions that her back pain is dull and aching, and that these symptoms are chronic and that they never go away. The patient states that prolonged sitting in her wheelchair aggravates her pain and nothing helps alleviate her pain except for her medication. The patient states that hydrocodone helps relieve her pain. When I asked the patient the severity of her pain on a numeric pain scale of 0 to 10, 0 representing no pain and 10 being the most excruciating pain imaginable, she replied, “My pain is a 7 out of 10”.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): End-Stage Renal Disease

Secondary Diagnosis (if applicable): Acute on chronic systolic heart failure

Pathophysiology of the Disease, APA format (20 points): The decrease in kidney failure is gradual and may present asymptomatic in the early stages. (Benjamin & Lappin, 2019). The kidneys can maintain the total glomerular filtration rate (GFR) even though the nephrons are progressively degrading because the remaining normal nephrons develop hyperfiltration and compensatory hypertrophy, which means that in the early stages of the renal disease, the client can show normal creatinine levels and the disease can go undetected. (Benjamin & Lappin, 2019). However, over time the adaptive mechanism will start to cause damage to the glomeruli

of the remaining nephrons. (Benjamin & Lappin, 2019). At this point, antihypertensives such as Angiotensin-converting-enzyme inhibitors (ACEs) or angiotensin II receptor blockers (ARBs) may be beneficial in slowing the progress of the disease and preserving renal function. (Benjamin & Lappin, 2019). Plasma levels of substances such as urea and creatinine will show measurable increases only after total GFR has decreased 50%. (Benjamin & Lappin, 2019). The increased glomerular capillary pressure may damage the capillaries, leading to focal and segmental glomerulosclerosis (FSGS) and eventually to global glomerulosclerosis. (Benjamin & Lappin, 2019). Signs and symptoms of end-stage renal failure include nausea, vomiting, loss of appetite, fatigue, and weakness, changes in how much you urinate, chest pain, if fluid builds up around the lining of the heart, shortness of breath, if fluid builds up in the lungs, swelling of feet and ankles, hypertension that's difficult to control, headaches, difficulty sleeping, decreased mental sharpness, muscle twitches and cramps, persistent itching, and metallic taste. (Mayo Clinic, 2021). My client presented with edema in her feet and ankles, fatigue and weakness, and experienced changes in how much she urinates. The diagnostic testing would include ultrasound, magnetic resonance imaging (MRI), computed tomography scan (CT), and kidney tissue biopsy for end-stage renal disease. (Mayo Clinic, 2021). Labs done to support the diagnosis of end-stage renal disease include blood tests to measure the levels of the following: serum creatinine, total GFR, microalbumin, blood urea nitrogen (BUN), creatinine clearance (CCr), Hemoglobin (Hgb), hematocrit (Hct), urea reduction ratio (URR), Kt/V, Glycosylated hemoglobin test, and blood electrolyte levels. (DeVita Kidney Care, 2019). Treatment includes kidney transplants, dialysis, and supportive care. My client is receiving dialysis and supportive care. (Mayo Clinic, 2021)

Pathophysiology References (2) (APA):

Benjamin, O., & Lappin, S. L. (2019, November 15). *End-Stage Renal Disease*. Nih.gov; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK499861/

DeVita Kidney Care. (2019) *Understanding your lab work*. Davita.com. https://www.davita.com/education/kidney-disease/symptoms/understanding-your-lab-work

Mayo Clinic. (2021, October 12) *End-stage renal disease - Diagnosis and treatment.* Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/end-stage-renal-disease/diagnosis-treatment/drc-20354538

Mayo Clinic. (2021, October 12). *End-stage renal disease - Symptoms and causes*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/end-stage-renal-disease/symptoms-causes/syc-20354532

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	**3.92-5.13**	**3.75**	**2.59**	When kidneys are damaged, they make less erythropoietin. Erythropoietin signals the bone marrow to make red blood cells. Therefore, less erythropoietin means less red blood cell formation. (Berns & Cavanaugh, 2020).

Hgb	**11.6-15**	**11.7**	**N/A**	N/A
Hct	**35.5-44.9**	**37**	**24.7**	The hematocrit is low because the client has a low red blood cell count. (Cleveland Clinic, 2018).
Platelets	**157-371**	**352**	**272**	N/A
WBC	**5-10**	**6.21**	**5**	N/A
Neutrophils	**50-81**	**N/A**	**71.4**	N/A
Lymphocytes	**N/A**	**N/A**	**N/A**	N/A
Monocytes	**2-8**	**11.4**	**14.8**	High monocyte levels are associated with atherosclerotic vascular disease, small vessel disease, and cross-sectional measures of renal function; a plausible working hypothesis is that the renal manifestations associated with higher monocyte counts are likely related to progression of vascular disease and subsequently, reduced kidney function. (Bowe et al., 2017).
Eosinophils	**0-6**	**2.4**	**4.8**	N/A
Bands	**0-5**	**N/A**	**0.3**	N/A

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**135-145**	**137**	**138**	N/A
K+	**3.5-5.5**	**4.1**	**4.5**	N/A
Cl-	**95-105**	**96**	**100**	N/A
CO2	**20-29**	**25.6**	**24**	N/A
Glucose	**70-110**	**109**	**107**	N/A
BUN	**7-20**	**33**	**32**	Because the kidneys are damaged they are unable to properly filter urea and remove waste products from the blood causing the BUN

				levels to be high. (Mayo Clinic, 2019).
Creatinine	**0.6-1.5**	**5.9**	**4.57**	The creatinine is high because the damaged kidneys are unable to filter creatinine out of the bloodstream and excrete it through the urine. (Mayo Clinic, 2018).
Albumin	**3.5-5**	**3.3**	**3**	A low level of albumin in your blood may be caused by not getting enough protein or calories from your diet. (National Kidney Foundation, 2017).
Calcium	**8.5-10.5**	**8.7**	**2.9**	In end stage renal disease, the kidneys are less able to make active vitamin D. Without enough active vitamin D, you absorb less calcium from the food you eat, so it then becomes low in your blood. (National Kidney Foundation, 2020)
Mag	**1.5-2.5**	**N/A**	**2**	N/A
Phosphate	**N/A**	**N/A**	**N/A**	N/A
Bilirubin	**0.3-1.2**	**0.4**	**0.5**	N/A
Alk Phos	**20-90**	**N/A**	**60**	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
Color & Clarity	**N/A**	**N/A**	**N/A**	**N/A**
pH	**N/A**	**N/A**	**N/A**	**N/A**
Specific Gravity	**N/A**	**N/A**	**N/A**	**N/A**
Glucose	**N/A**	**N/A**	**N/A**	**N/A**
Protein	**N/A**	**N/A**	**N/A**	**N/A**
Ketones	**N/A**	**N/A**	**N/A**	**N/A**

WBC	**N/A**	**N/A**	**N/A**	**N/A**
RBC	**N/A**	**N/A**	**N/A**	**N/A**
Leukoesterase	**N/A**	**N/A**	**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	**N/A**	**N/A**	**N/A**	**N/A**
Blood Culture	**Negative**	**N/A**	**Negative**	**N/A**
Sputum Culture	**N/A**	**N/A**	**N/A**	**N/A**
Stool Culture	**N/A**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points): My patient's other diagnostic tests were an electrocardiogram (ECG) and a chest radiograph (chest X-ray). An ECG records the electrical signals in the heart. Electrodes are placed on certain spots on the chest, arms, and legs. (John Hopkins Medicine, 2019). Natural electrical impulses coordinate contractions of the different parts of the heart to keep blood flowing the way it should. (John Hopkins Medicine, 2019). An ECG records these impulses to show how fast the heart is beating, the rhythm of the heartbeats, and the strength and timing of the electrical impulses as they move through the different parts of the heart. (John Hopkins Medicine, 2019). The ECG on my client showed that she was in atrial

fibrillation, which means her heart was beating at an irregularly fast rate. Chest X-rays produce images of your heart, lungs, blood vessels, airways, and the bones of your chest and spine. (Mayo Clinic Staff, 2018). Chest X-rays can also reveal fluid in or around your lungs or air surrounding a lung (Mayo Clinic Staff, 2018). Chest X-rays are a common type of exam. A chest X-ray is one of the first procedures done if the physician suspects heart or lung disease. (Mayo Clinic Staff, 2018). The chest X-ray on my client showed that my client has cardiomegaly (enlarged heart) with mild pulmonary edema (fluid in the lungs).

Diagnostic Imaging Reference (1) (APA):

John Hopkins Medicine. (2019). *Electrocardiogram*. Johns Hopkins Medicine Health Library. https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/electrocardiogram

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

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

Medications (5 required)

Brand/ Generic	**Aspirin/ acetylsalicylic acid, ASA (Jones & Bartlett Learning, 2021).**	**Atorvastatin calcium/Lipitor (Jones & Bartlett Learning, 2021).**	**Metoprolol tartrate/Lapresor (CAN) (Jones & Bartlett Learning, 2021).**	**Apixaban/ Eliquis (Jones & Bartlett Learning, 2021).**	**Hydrocodone-acetaminophen /Vicodin**
Dose	**81 mg**	**10 mg**	**25 mg**	**2.5 mg**	**5-325 mg**
Frequency	**1 tablet once a day**	**1 tablet once a night**	**0.5 tablet once a day every Tuesday, Thursday, Saturday, and Sunday.**	**1 tablet twice a day**	**1 tablet every 12 hours as needed**
Route	**P.O (chewable)**	**P.O**	**P.O**	**P.O**	**P.O**

Classification	**Pharmacologic class: Salicylate Therapeutic class: NSAID (anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic). (Jones & Bartlett Learning, 2021).**	**Pharmacologic class: HMG-CoA reductase inhibitor Therapeutic class: Antihyperlipidemic. (Jones & Bartlett Learning, 2021).**	**Pharmacologic class: Beta, - adrenergic blocker Therapeutic class: Antianginal, antihypertensive. (Jones & Bartlett Learning, 2021).**	**Pharmacologic class: Factor Xa inhibitor Therapeutic class: Anticoagulant. (Jones & Bartlett Learning, 2021).**	**Pharmacologic class: Full opioid antagonist Therapeutic class: Analgesics. (Jones & Bartlett Learning, 2021).**
Mechanism of Action	**Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. (Jones & Bartlett Learning, 2021). Prostaglandins, important mediators in the inflammatory response, cause local vasodilation with swelling and pain. (Jones & Bartlett Learning, 2021). With blocking of cyclooxygenase and inhibition of prostaglandins,**	**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 liver cells to enhance LDL uptake and breakdown. (Jones & Bartlett Learning, 2021).**	**Inhibits stimulation of beta, - receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand. (Jones & Bartlett Learning, 2021). These effects help relieve angina, minimize cardiac tissue damage from s myocardial**	**Inhibits free and clot-bound factor Xa and prothrombinase activity. (Jones & Bartlett Learning, 2021). Although apixaban has no direct effect on platelet aggregation, it does indirectly inhibit platelet aggregation induced by thrombin. (Jones & Bartlett Learning, 2021). By inhibiting factor Xa,**	**Binds to and activates opioid receptors at sites in the periaqueductal and periventricular gray matter, the ventromedial medulla, and the spinal cord to produce pain relief. (Jones & Bartlett Learning, 2021).**

	inflammatory symptoms subside. (Jones & Bartlett Learning, 2021). Pain is also relieved because prostaglandins paly a role in pain transmission from the periphery to the spinal cord. (Jones & Bartlett Learning, 2021).		**infarction, and help relieve symptoms of heart failure. (Jones & Bartlett Learning, 2021).**	**apixaban decerases thrombin generation and thrombus development. (Jones & Bartlett Learning, 2021).**	
Reason Client Taking	**Chronic atrial fibrillation**	**Hyperlipidemia**	**Primary Hypertension**	**Chronic atrial fibrillation**	**Moderate to severe pain**
Contraindications (2)	**Active bleeding or coagulation disorders and recent GI bleed or ulcers. (Jones & Bartlett Learning, 2021).**	**Active hepatic disease and unexplained persistent rise in serum transaminase level. (Jones & Bartlett Learning, 2021).**	**Cardiogenic shock and moderate to severe cardiac failure (Jones & Bartlett Learning, 2021).**	**Active pathological bleeding and sever hypersensitivity to apixaban or its components (Jones & Bartlett Learning, 2021).**	**Significant respiratory depression and known or suspected gastrointestinal obstruction. (Jones & Bartlett Learning, 2021).**
Side Effects/Adverse Reactions (2)	**Bronchospasms and angioedema (Jones & Bartlett Learning, 2021).**	**Back or muscle pain and arrythmias (Jones & Bartlett Learning, 2021).**	**Heart failure and peripheral edema (Jones & Bartlett Learning, 2021)/**	**Angioedema and thrombocytopenia (Jones & Bartlett Learning, 2021).**	**Hypokalemia and arthralgia (Jones & Bartlett Learning, 2021).**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2022 Nurse's Drug Handbook.* Jones & Bartlett Learning.

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
0914	**70 beats/minute**	**110/78 mm hg**	**20 breaths/minute**	**36.2°C (Temporal)**	**92% (on room air)**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions

0920	**Numeric pain scale**	**Lower back**	**7 out of 10**	**dull and achy**	**Hydrocodone**

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
120 mL of orange juice 240 mL of coffee Total= 360 mL	Client does not make urine due to client having end stage renal disease and is on dialysis.

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. Pain related to immobility as evidence by verbalization of pain.	This nursing diagnosis was chosen because the client's chief complaint	**1.**Allow patient to maintain a diary of pain ratings, timing, precipitating events, medications, treatments, and	**1.** Patient will use a combination of pharmacological and nonpharmacological pain relief strategies and will report pain at a	**Goal met**: The patient verbalizes an acceptable pain relief and is able to engage in desired activities

	was that she had bad back pain	what works best to relieve pain. (Wayne, 2017) **2.**Discuss to patient and family the advantages of using nonpharmacological pain management strategies such as acupuncture. (Wayne, 2017)	level less than 4 on a 0 to 10 pain rating scale by 03/16/2022.	without an increase in pain level.
2. Impaired skin integrity related to renal disease and immobility as evidence by a pressure ulcer on the left heel	This nursing diagnosis was chosen because the client has a stage 1 pressure ulcer and I want to keep the skin intact.	**1.** Implementation of a turning schedule, turn the client once at least every two hours. (Wayne, 2019) **2.**Use pillows or foam wedges to keep bony prominences from direct contact with each other. Keep pillows under the heels to raise off bed. (Wayne, 2019)	**1**. The client will be assisted with repositioning every 2 hours and the foam wedges will help keep the skin intact. The pressure ulcer will remain stage 1 and will not stage up for the duration of her stay at the healthcare facility.	**Goal met**: The client's integumentary status is normal, her circulation in her bony prominence is good, and there is no further skin breakdown. Her pressure injury does not get worse than stage 1.

Other References (APA):

Berns, J., & Cavanaugh, K. (2020, September). *Anemia in Chronic Kidney Disease | NIDDK*. National Institute of Diabetes and Digestive and Kidney Diseases. https://www.niddk.nih.gov/health-information/kidney-disease/anemia#:~:text=When%20your%20kidneys%20are%20damaged

Bowe, B., Xie, Y., Xian, H., Li, T., & Al-Aly, Z. (2017). Association between Monocyte Count and Risk of Incident CKD and Progression to ESRD. *Clinical Journal of the American Society of Nephrology*, *12*(4), 603–613. https://doi.org/10.2215/CJN.09710916

Cleveland Clinic. (2018). *Hematocrit (Red Blood Cells) Test | Cleveland Clinic*. Cleveland Clinic. https://my.clevelandclinic.org/health/diagnostics/17683-hematocrit

Linda Lee Philips. (2020). *Sparks & Taylor's Nursing Diagnosis Reference Manual.* (11th ed., pp. 471–474). Wolters Kluwer Medical.

Mayo Clinic. (2018). *Creatinine test - Mayo Clinic*. Mayoclinic.org. https://www.mayoclinic.org/tests-procedures/creatinine-test/about/pac-20384646

Mayo Clinic. (2019). *Blood urea nitrogen (BUN) test - Mayo Clinic*. Mayoclinic.org. https://www.mayoclinic.org/tests-procedures/blood-urea-nitrogen/about/pac-20384821

National Kidney Foundation. (2020, April 7). *Kidney Failure Risk Factor: Serum Calcium*. National Kidney Foundation. https://www.kidney.org/content/kidney-failure-risk-factor-serum-calcium

National Kidney Foundation. (2017, February 2). *Understanding your lab values*. National Kidney Foundation. https://www.kidney.org/atoz/content/understanding-your-lab-values

Wayne, G. (2017, September 23). *Chronic Pain – Nursing Diagnosis & Care Plan*. Nurseslabs. https://nurseslabs.com/chronic-pain/

Wayne, G. (2017, September 23). *Chronic Pain – Nursing Diagnosis & Care Plan*. Nurseslabs. https://nurseslabs.com/chronic-pain/

Concept Map (20 Points):

Subjective Data

"I have a lot of pain in my lower back, and I have had thi pain for a very long time."

"My pain is a 7 out of 10"

"I don't feel very good today."

"I am not able to walk."

"I am not able to reposition myself in bed."

Nursing Diagnosis/Outcomes

Pain related to immobility as evidence by verbalization of pain
Patient will use a combination of pharmacological and nonpharmacological pain relief strategies and will report pain at a level less than 4 on a 0 to 10 pain rating scale by 03/16/2022.
Impaired skin integrity related to renal disease and immobility as evidence by a pressure ulcer on the left heel
Goal: The client will be assisted with repositioning every 2 hours and the foam wedges will help keep the skin intact. The pressure ulcer will remain stage 1 and will not stage up for the duration of her stay at the healthcare facility.

Objective Data

Pulse: 70 beats/minute, Blood Pressure: 110/78 mm Hg, Respiratory Rate: 20 breaths/minute, Temperature: 36.2^{oc} (Temporal), and Oxygen: 92% (On room air)
Diagnostic Tests: ECG and a chest radiograph (chest X-ray)
Edema of lower extremities
Stage 1 pressure ulcer on left heel
Fistula on right upper arm
Bruit auscultated and thrill palpated

Client Information

The client is a 73-year-old Caucasian female.
Past medical history: Anemia, Atrial fibrillation, Renal disease, Primary hypertension, and Type 2 Diabetes mellitus.
Past surgical history: Arteriovenous fistula (11/10/2020) and Right heart catheterization (12/03/2021). The patient was a former tobacco smoker (1/2 pack per day) she quite 10 years ago.

Nursing Interventions

Nursing Diagnosis 1:
Allow patient to maintain a diary of pain ratings, timing, precipitating events, medications, treatments, and what works best to relieve pain. (Wayne, 2017).
Discuss to patient and family the advantages of using nonpharmacological pain management strategies such as acupuncture. (Wayne, 2017).
Nursing Diagnosis 2:
Implementation of a turning schedule, turn the client once at least every two hours. (Wayne, 2019).
Use pillows or foam wedges to keep bony prominences from direct contact with each other. Keep pillows under the heels to raise off bed. (Wayne, 2019).