N321 Care Plan # 2

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 3-1-22	Client Initials P.S.	Age 32	Gender male
Race/Ethnicity mixed	Occupation Construction	Marital Status single	Allergies No known allergies
Code Status Full code	Height 6’	Weight 180lbs	

Medical History (5 Points)

Past Medical History: congestive heart failure, a-fib and a-flutter

Past Surgical History: none

Family History: mother has heart problems unknown exactly what they are. Patient states never meeting his maternal grandparents. Patient states also never knowing his father or his paternal grandparents.

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

Tobacco: patient states he smoked in high school but quit many years ago. States he smokes 1 pack a day.

Alcohol: patient states never drinking alcohol

Drugs: patient states smoking weed in high school but has since quit.

Assistive Devices: none

Living Situation: patient lives alone in single room apartment.

Education Level: high school diploma

Admission Assessment

Chief Complaint (2 points):shortness of breath and a cough

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

Patient present to the emergency department for a complaint of shortness of breath and a cough. Patient states having shortness of breath for 2 weeks. Patient states being seen at Carle 1 week ago for the same thing and was diagnosed with pneumonia and a pulmonary embolism. Patient states being admitted but still had shortness of breath throughout stay. Patient states he has shortness of breath in his cheat that feels like and elephant on him and he can't take a deep breath. Patient states it is constant and just stays in his chest. Patient states going outside or doing work makes it better and the only thing that makes it better is hot showers. Patient states taking over the counter cold medicine with no relief.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): congestive heart failure

Secondary Diagnosis (if applicable): new onset of liver disease

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

Congestive heart failure is defined as "physiologic states in which the heart cannot pump enough blood to meet the body's metabolic needs following any structural or functional impairment of ventricular filling or ejection of blood." (nurseslabs) in other terms the heart muscle is not able to pump and or work as hard as it should resulting in blood not getting pumped to the body as it should. Patients usually get diagnosed with congestive heart failure after going through a series of test such as an EKG, chest x-ray, and echocardiogram. As for my patient, he was diagnosed with congestive heart failure after undergoing an echocardiogram and learning that he has an ejection fraction of 15-20%. Patients also go through a series of lab test such as a BNP and a cardiac panel. Some symptoms patient experience when having congestive heart failure are shortness of breath, fatigue, weakness, swelling in legs ankles and feet and irregular heart rate. Although there is no cure for congestive heart failure there are steps patients can take to slow the

damage of the heart such as lifestyle changes. Some lifestyle changes that can help in slowing down congestive heart failure are to stop smoking and to eat healthy.

Pathophysiology References (2) (APA):

jones, D. steven. (n.d.). *Congestive heart failure: Prevention, treatment and research*. Johns Hopkins Medicine. Retrieved March 8, 2022, from https://www.hopkinsmedicine.org/health/conditions-and-diseases/congestive-heart-failure-prevention-treatment-and-research#:~:text=Congestive%20heart%20failure%20(also%20called,is%20about%20to%20stop%20working.

Wycliff, Phiri, M., Vera, M., Pokerani, Patience, Asia, pkemoi, N., gentle, C., Caleb, Neel, K., Jākobsone, I., Gina, & Rupa. (2022, January 14). *18 nursing diagnosis for heart failure nursing care plans*. Nurseslabs. Retrieved March 8, 2022, from https://nurseslabs.com/heart-failure-nursing-care-plans/

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	4.7-6.1	3.99	3.91	RBC may be decreased due to chronic congestive heart failure
Hgb	14-18	12.1	11.7	Hgb may be decreased due to chronic congestive heart failure.
Hct	37-47	36.8	35.5	Hct may be decreased due to chronic congestive heart failure.
Platelets	150-400	212	246	Within normal range
WBC	4.5-11.0	11.0	20.6	WBC may be increased due to pneumonia
Neutrophils	55-70	77.8	94.9	May be elevated due to new diagnosis of liver disease.
Lymphocytes	20-40	11.3	2.1	May be decreased due to pneumonia.
Monocytes	2-8	8	3.4	Within normal range
Eosinophils	1-4	1.3	1	Within normal range
Bands	NA	NA	NA	Within normal range

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	130	134	May be decreased due to congestive heart failure
K+	**3.5-5**	4.3	4.3	Within normal range
Cl-	**98-106**	101	99	Within normal range
CO2	**23-30**	23	26	Within normal range
Glucose	**74-106**	99	100	Within normal range
BUN	**10-20**	20	28	May be increased due to congestive heart failure
Creatinine	**0.5-1.1**	1.03	1.1	Within normal range
Albumin	**3.5-5**	3.0	3.0	May be decrease due to pneumonia
Calcium	**4.5-5.6**	8.1	8.5	May be increased due to immobilization
Mag	**1.3-2.1**	2.1	1.8	Within normal range
Phosphate	**3.0-4.5**	NA	NA	Not completed on this admission
Bilirubin	**Total 0.3-1**	1.4	1	May be elevated due to cholestasis from drug use
Alk Phos	**30-120**	112	102	Within normal range
AST	**10-30**	312	88	May be increased due to liver disease
ALT	**10-40**	1090	687	May be increase due to liver disease
Amylase	**60-120**	NA	NA	Not completed on this admission
Lipase	**0-160**	NA	NA	Not completed on this admission
Lactic Acid	**0.5-2.2**	NA	NA	Not completed on this admission

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**0.8-1.1**	1.4	1.6	Increased due to liver disease
PT	**9.5-11.3**	16.1	18.2	Increased due to liver disease
PTT	**30-40**	NA	NA	Not completed on this admission
D-Dimer	**<250**	NA	NA	Not completed on this admission
BNP	**<100**	NA	NA	Not completed on this admission
HDL	**>60**	NA	NA	Not completed on this admission
LDL	**<130**	NA	NA	Not completed on this admission
Cholesterol	**<200**	NA	NA	Not completed on this admission
Triglycerides	**<150**	NA	NA	Not completed on this admission
Hgb A1c	**4%-5.9%**	NA	NA	Not completed on this admission
TSH	**2-10**	NA	NA	Not completed on this admission

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; yellow**	Clear, orange	NA	Within normal range
pH	**4.6-8**	5.0	NA	Within normal range
Specific Gravity	**1.005-1.030**	1.015	NA	Within normal range
Glucose	**Negative**	Neg	NA	Within normal range
Protein	**0-8**	2	NA	Within normal range
Ketones	**Negative**	Neg	NA	Within normal range

WBC	**Negative**	Neg	NA	Within normal range
RBC	**Negative**	Neg	NA	Within normal range
Leukoesterase	**Negative**	Neg	NA	Within normal range

Patient positive for meth and cocaine in urine toxicity screen.

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<10,000 Positive>100,000	NA	NA	Not completed on this admission
Blood Culture	Negative	Neg	NA	Within normal range
Sputum Culture	Normal URT	NA	NA	Not completed on this admission
Stool Culture	Normal internal flora	NA	NA	Not completed on tthis admission

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's diagnostic and laboratory desk reference* (14th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT chest with contrast (3-1-2022), x-ray of chest (3-1-2022), echocardiogram (1 month ago)

Diagnostic Test Correlation (5 points): patient had CT of chest to see the pulmonary embolism that patient was diagnosed with at previous hospital stay. CT was completed to see if the pulmonary embolism is still there and if it has moved. Patient had x-ray of chest to determine if patient still has pneumonia. Patient had an echocardiogram to determine the ejection fraction of his heart after getting a diagnosis of congestive heart failure and a-fib. Patient has an ejection fraction of 15%-20%.

Diagnostic Test Reference (1) (APA):

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

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

Home Medications (5 required) patient comes to the hospital on no home medications

Brand/Generic	Atorvastatin lipitor	Carvedilol Coreg	Pantoprazole sodium protonix	Rivaroxaban Xarelto	Albuterol sulfa Ventolin HFA
Dose	80 mg	6.25 mg	40 mg	15 mg	2.5 MG
Frequency	Daily	BID	daily	BID	PRN every 4 h for wheezing o SOB
Route	PO	PO	PO	PO	Nebulizer
Classification	Pharm: HMG-CoA reductase inhibitor Therapeutic: antihyperlipidemic	Pharm: nonselective beta blocker and alpha- 1 blocker Therapeutic: antihypertensive, heart failure treatment adjunct	Pharm: proton pump inhibitor Therapeutic: antiulcer	Pharm: factor Xa inhibitor Therapeutic: anticoagulant	Pharmacologic adrenergic Therapeutic: bronchodilator
Mechanism of Action	"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 and Bartlett 2021)	"Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload." (Jones and Bartlett 2021)	"Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphatase enzyme system, or proton pump, in gastric parietal cells." (Jones and Bartlett 2021)	"Selectively blocks the active site of factor Xa, which plays a central role in the cascade of blood coagulation." (Jones and Bartlett 2021)	"Albuterol attaches to beta receptors on bronchial cell membranes, w stimulates the intracellular enzyme adenyl cyclase to conv adenosine triphosphate to cyclic adenosin monophosphat (jones and Bart 2021)
Reason Client Taking	For congestive heart failure	For congestive heart failure	For GERD	Prevent blood clots	Asthma

Contraindications (2)	Active hepatic disorder, hypersensitivity to atorvastatin	Bronchial asthma or related bronchospastic conditions, severe bradycardia	Concurrent therapy with rilpivirine-containing products, hypersensitivity to pantoprazole, substituted benzimidazoles or their component	Active pathological bleeding hypersensitivity to rivaroxaban or its components	Hypersensitivi albuterol or its components
Side Effects/Adverse Reactions (2)	Arrhythmias, hypoglycemia	Bradycardia, hypoglycemia	Hepatic failure, pancreatitis	GI bleeding, excessive bleeding	Arrhythmias hypotension
Nursing Considerations (2)	"Be aware that atorvastatin may be used with colestipol or cholestyramine for additive antihyperlipidemic effects." "Use atorvastatin cautiously in patients who consume substantial quantities of alcohol or have a history of liver disease because atorvastatin uses increases risk of liver dysfunction." (Jones and Bartlett 2021)	"Know that if patient has heart failure, expect to also give digoxin, a diuretic and an ACE inhibitor" "Monitor patient's blood glucose level, as ordered, during carvedilol therapy because drug may alter blood glucose level." (Jones and Bartlett 20221)	"Know that proton pump inhibitors such as pantoprazole should not be given longer that medically necessary." "be aware that pantoprazole may result in false positive urine screening tests for tetrahydrocannabinol" (Jones and Bartlett 2021)	"Monitor patient closely for signs and symptoms of a hypersensitivity reaction because sever hypersensitivity reactions have occurred following rivaroxaban." "Expect rivaroxaban to be discontinued if acute renal failure occurs." (Jones and Bartlett 2021)	"Monitor serur potassium leve because albute may cause transient hypokalemia" "Be aware that drug tolerance develop with prolonged use. (Jones and Bar 2021)

Hospital Medications (5 required)

Brand/Generic	Ceftriaxone sodium	Furosemide Lasix	Losartan potassium cozaar	Methylprednisolone sodium succinate Solu- Medrol	Spironolactone aldactone
Dose	2g	40 mg	12.5 mg	4o mg	12.5mg
Frequency	daily	BID	daily	Every 8 hours	Daily
Route	IV	IV	PO	IV	PO
Classification	Pharm: third-generation cephalosporin Therapeutic: antibiotic	Pharm: loop diuretic Therapeutic: antihypertensive, diuretic	Pharmacological: angiotensin II receptor blocker Therapeutic: antihypertensive	Pharm: glucocorticoid Therapeutic: corticosteroid	Pharm: potassium-sparing diuretic Therapeutic: diuretic
Mechanism of Action	"Interferes with bacterial cell wall synthesis by inhibiting cross-linking of peptidoglycan strands." (Jones and Bartlett 2021)	"Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation." (Jones and Bartlett 2021)	"Blocks binding of angiotensin II to receptor sites in many tissues including adrenal glands and vascular smooth muscle." (Jones and Bartlett 2021)	"Binds to intracellular glucocorticoid receptors and suppresses inflammatory and immune responses by inhibiting accumulation of monocytes and neutrophils at inflammation sites, stabilizing lysosomal membranes" (Jones and Bartlett 2021)	"Spironolactone competes with aldosterone for receptors, thereby preventing sodium and water reabsorption and causing their excretion the distal convoluted tubules." (Jones and Bartlett 2021)
Reason Client Taking	Pneumonia	edema	For hypertension	Pneumonia	edema
Contraindications (2)	Hypersensitivity to ceftriaxone	Anuria, hypersensitivity to furosemide or its components	Concurrent aliskiren therapy, hypersensitivity to losartan or its components.	Hypersensitivity to cow's milk or other dairy products, systemic fungal infection	Addison's disease, hyperkalemia
Side	Seizures,	Arrhythmias,	Hypotension	Seizures,	Encephalop

Effects/Adverse Reactions (2)	pancreatitis	thromboembolism	Thrombocytopenia	hypotension	athy, hypotension
Nursing Considerations (2)	"Obtain culture and sensitivity results, if possible and as ordered, before giving drug." "Protect powder from light." (Jones and Bartlett 2021)	"Expect patient to have periodic hearing tests during prolonged or high- dose I.V. therapy" "Obtain patients weight before and periodically during furosemide therapy to monitor fluid loss." (Jones and Bartlett 2021)	"Monitor blood pressure and renal function studies, as ordered, to evaluate drug effectiveness" "Periodically monitor patients serum potassium level, as ordered, to detect hyperkalemia." (Jones and Bartlett 2021)	"Assess for possible depression or psychotic episodes during therapy." "Monitor blood glucose" (Jones and Bartlett 2021)	"Evaluate spironolactone's effectiveness by assessing blood pressure and presence and degree of edema." "do not interchange oral suspension for tablet form as the two formulations are not therapeutically equivalent."

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2021). 2021 Nurses Drug Handbook (20th ed.).

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Assessment

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

GENERAL: **Alertness:** A&O x's 4 **Orientation: :** oriented to person, place, time and event. **Distress:** patient noted to be in no distress at this time **Overall appearance:** patient is well groomed laying supine in bed with the head of the bed elevated. patient is pleasant.	*Patient is alert and oriented times 4. Patient appears to be in no apparent distress at this time. Patient is well groomed and is laying supine in bed with head of bed elevated. Patient is pleasant and answers all questions.*
INTEGUMENTARY: **Skin color:** pink, appropriate for ethnicity **Character:** dry **Temperature:** cool **Turgor:** rapid recoil **Rashes:** no rashes noted **Bruises:** no bruises noted **Wounds:** no wounds noted **Braden Score: 22** **Drains present: Y☐ N ☒** **Type:**	*Patient skin is pink, warm, dry, and appropriate for ethnicity. Patient noted to have rapid recoil when completing the turgor test. when completing a skin assessment patient noted to have no rashes, bruises, or wounds. Patient does not have any drains and has a Braden score of 22.*
HEENT: **Head/Neck:** normal cephalic, head and neck are symmetrical, trachea is midline without deviation. Thyroid is not palpable. Carotid pulses +1 bilaterally. **Ears:** auricle is moist, and pink noted to have no cerebrum build up. Patient dose not wear hearing aids. **Eyes:** PERRLA, pupils size 4 and dose not wear glasses **Nose:** sinuses are nontender upon palpitation, patient noted to have no drainage from both nostrils**.** **Teeth:** uvula is midline soft palate rises and falls symmetrical. Patient noted to have all teeth, oral mucosa is moist, pink and no lesions were seen or noted	Patient head is normal shape and size, head and neck are symmetrical, trachea is midline with no deviation. Thyroid in not palpable. Carotid pulse are +1 bilaterally. Ears are symmetrical, auricle is moist and pink, no cerebrum build up noted along with no drainage. Eyes are PERRLA pupils are a size 4 and patient dose not wear glasses. Sclera is white, conjunctiva is clear no drainage from eyes noted. Patient sinuses are nontender upon palpitation, patient noted to have no drainage from both nostrils. Patient mouth is moist and pink, patient has all teeth that are well maintained. Uvula is midline, soft palate rises and falls symmetrically. No lesions noted.
CARDIOVASCULAR: **Heart sounds**: heart sounds heard in all	*Patient heart sounds clear upon auscultation, S1 and S2 heard. Patient noted to have irregular*

fields s1 and s2 audible**.** Patient noted to have an irregular rhythm**.** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):NA** **Peripheral Pulses:** peripheral pulses are present in all fields +1 **Capillary refill:** less than 3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema:** lower legs +1 pitting edema	*rhythm. Peripheral pulses are present +1 in all fields. Capillary refill is less than three seconds in fingers and toes. Patient noted to have no neck vein distention. Patient has +1 pitting edema in bilateral lower legs.*
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** Lung sounds clear in all fields no wheezing or adventurous breath sounds noted.	patient has no accessory muscle use. lung sounds clear upon auscultation in all fields with no wheezing or adventurous breath sounds noted
GASTROINTESTINAL: **Diet at home:** regular **Current Diet** cardiac **Height:** 6' **Weight:** 180lbs **Auscultation Bowel sounds**: active in all 4 quadrants **Last BM: 3-3-2022** **Palpation: Pain, Mass etc.:** no pain or masses noted upon palpation **Inspection:** **Distention**: no distention noted **Incisions**: no incisions noted **Scars:** no scars noted **Drains:** no drains noted **Wounds:** no wounds noted **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Patient is on a cardiac diet with regular textures and normal liquids. Patient is 6 feet tall and weighs 180 pounds. Patient bowel sounds active in all 4 quadrants. Patient last bowel movement was today (3-3-2022). Patient denies any pain upon palpitation. No abnormalities found on palpation. Patient noted to have no distention, no incisions, no scars, no drains, and no wounds. Patient does not have an ostomy, nasogastric or feeding tube.
GENITOURINARY: **Color:** yellow **Character**: clear **Quantity of urine: voided 2 times** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒**	*Patient voided 2 times while on shift. Patient urine is pale yellow and clear. Patient denies pain with urination, patient is not a dialysis patient. Patient does not have a catheter and no need for inspections of genitals*

Inspection of genitals: NA **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** full range of motion in upper and lower extremities **Supportive devices:** patient does not use any supportive devices **Strength:** patient has equal strength in upper and lower extremities **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 4** **Activity/Mobility Status:** **Independent (up ad lib)** ☒ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	*Patient has full range of motion in upper and lower extremities. Patient does not use any assistive devices. Patient has equal strength in upper and lower extremities. Patient does not need assistance with daily activities and is independent.*
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** A&O x's 4 **Mental Status:** patient alert and oriented **Speech:** clear and audible **Sensory:** no sensory deficits **LOC:** alert	Patient moves all extremities well and eyes are PERRLA. Patient has equal strength in upper and lower extremities. Patient is alert and oriented to person, place, time and event. Patient's speech is clear and audible. No sensory deficits, patient is alert with no LOC currently.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** tattooing **Developmental level:** average developmental level appropriate for age **Religion & what it means to pt.: "I believe in God"** **Personal/Family Data (Think about home environment, family structure, and available family support**): has good friends	Patient is the average developmental level and appropriate for age. Patient states he likes to tattoo as a coping mechanism. When asked what religion meant patient stated, "I believe in God." Patient states he has good friends.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0729	**76**	**120/84**	**16**	**97.9**	**97% RA**

1100	**70**	**120/86**	**16**	**98.0**	**97% RA**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0729	**1-10**	**lungs**	**1**	**heavy**	**None currently**
1100	**1-10**	**lungs**	**0**	**none**	**"Inhaler helped"**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 Gauge **Location of IV: left hand** **Date on IV: 3-1-2022** **Patency of IV: good** **Signs of erythema, drainage, etc.: none** **IV dressing assessment: clean and dry**	Patient has a 20 gauge iv in his left hand that was placed on 3-1-2022. The IV is good and flushes well. Patient noted to have no abnormalities and the dressing is clean and dry. Patient does not have any fluids running currently.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
75% of breakfast **240 ML of water**	**2 urine voids unable to measure** **1 bowel movement**

Nursing Care

Summary of Care (2 points)

Overview of care: patient awake and eating breakfast at the beginning of shift, cardiologist at bed side. Patient tolerating pain and activities well throughout day. Patient up and independent with daily task. Patient's vitals stable throughout shift.

Procedures/testing done: patient has CBC and CMP drew in the AM.

Complaints/Issues: patient had no complaints or issues

Vital signs (stable/unstable): patient vitals remained stable throughout shift.

Tolerating diet, activity, etc.: patient tolerating diet and activities well.

Physician notifications: physician notified patient of need for cardiology follow up and assistance to get medications.

Future plans for client: patient expected to be discharged home and follow up with cardiology.

Discharge Planning (2 points)

Discharge location: patient expected to be discharged home.

Home health needs (if applicable): NA

Equipment needs (if applicable): NA

Follow up plan: patient to follow up with cardiology and a hepatologist.

Education needs: patient needing education on congest heart failure, liver disease and the effects of drug use on the body.

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as	**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

evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client				response, status of goals and outcomes, modifications to plan.
1. Decreased cardiac output related to congestive heart failure as evidence by ejection fraction of 15-20%.	Patient has decreased cardiac output due to congestive heart failure and having an ejection fraction of 15-20%	**1.** monitor for irregularities in heart rate, rhythm, and blood pressure. **2**.measure and record intake and output	**1.** patient will perform activities within limits of prescribed heart rate with no dyspnea, dizziness, or chest pain.	Pt agrees to be on a heart monitor during his stay to monitor for any arrythmias. Pt measure intake and output along with daily weights
2. Increased risk for infection related to pneumonia as evidence by cough and shortness of breath.	Patient is at an increased risk for infection due to recent diagnosis or pneumonia	**1.** have patient deep breath and cough every 4 hours. **2.**use sterile water for humidification or nebulizers	**1.** patients respiratory secretions remain clear and odorless.	Pt preforms breath exercises every 4 hours. Pt understands need for using sterile water and sterile technique.
3. Excess fluid volume related to congestive heart failure as evidence by pitting edema in legs.	Patient has excess fluid volume as evidence by bilateral pitting edema in legs	**1.**monitor vitals and breath sound every 4 hours and report any changes **2**. Administer diuretics to promotes fluid excretion.	**1.** patient will return to baseline weight.	Patient demonstrates skill in health-related behaviors, such as maintaining weight and monitoring intake and output. Patient will take diuretics as prescribed

Other References (APA):

Phelps, L. L. (2020). *Sparks & Taylor's Nursing diagnosis reference manual* (11th ed.). Wolters Kluwer

Concept Map (20 Points):

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