N321 Care Plan # 2

Lakeview College of Nursing

Brooke Valles

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
03/26/2022	M, L	72 years old	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Hispanic	Retired	Widowed	Bananas, shellfish, and cyclobenzaprine
Code Status	**Height**	**Weight**	
Full code	5’ 2”	106 lbs.	

Medical History (5 Points)

Past Medical History: Hypertension, Atrial fibrillation, Hyperlipidemia, and Congestive Heart Failure.

Past Surgical History: Cholecystectomy in 1995, Total Knee Replacement in 2009

Family History:

Mother- Diabetes

Brother- Diabetes

Father- Myocardial Infarction

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

The client states she has never smoked, done any drugs, or drunk any alcohol.

Assistive Devices: The client uses no assistive devices.

Living Situation: The client lives at the Oaks Manor Assisted Living Facility.

Education Level: The client has a GED.

Admission Assessment

Chief Complaint (2 points): Weight gain, swelling of the ankles

History of Present Illness – OLD CARTS (10 points): The patient is a 72-year-old female with a past medical history of hypertension, atrial fibrillation, hyperlipidemia, and congestive heart failure. The patient upon admission states that she has had a 12-pound weight gain over the last 4

days. The patient also complains of an increase in peripheral edema of the bilateral ankles and pedal areas. The patient states she weighs herself every morning and has noticed an increase in her weight each day. The patient states her ankle edema worsens with ambulation and improves with rest and elevation.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Congestive Heart Failure exacerbation

Secondary Diagnosis (if applicable): N/A

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

Heart failure, in simple terms, is when the heart has reduced contractility, which then produces a reduction in cardiac output (Parmley, 2019). This is caused by a failure in one of the heart's ventricles, disrupting the balanced workload the heart relies on. The heart is one big muscle that counts on all parts to work correctly together to distribute the workload evenly. The cardiac output becomes inadequate to meet the needs of delivering oxygenated blood to the body and the peripheral demands the body requires (Parmley, 2019).

As ventricular size increases, it requires more circulation from the existing coronary artery supply, and eventually, that coronary artery supply will not be able to sufficiently perfuse to the enlarged ventricle (Capriotti, 2020). The client suffers from a past medical history of hypertension, atrial fibrillation, and congestive heart failure. Chronic hypertension is a leading cause of left ventricular heart failure, so the client's past medical history is vital in congestive heart failure (Capriotti, 2020). Congestive heart failure can be explained as either right or left-sided heart failure early in the disease process. As the disease progresses, the originating cause is

less important because as heart failure worsens, both ventricles will begin to fail (Capriotti, 2020).

A weakness or defect in one side of the heart will affect the other side of the heart as the disease progresses. This causes mixed clinical presentations of symptoms. The client presents with symptoms of both-sided heart failure (Capriotti, 2020). The client displays dependent edema in the bilateral ankles and pedal areas, significant weight gain, and right-sided heart failure symptoms. Since the client is standing and actively ambulates, gravitational forces bring the dependent edema down towards the bottom of the legs (Capriotti, 2020). This is also explained by relieving the client's dependent edema when the legs are elevated. A client who gains two pounds or more a day is suffering from fluid retention (Capriotti, 2020). Other symptoms of right-sided heart failure include coughing, dizziness, reduced appetite, and an upset stomach (Capriotti, 2020).

The client displays pulmonary congestion with audible crackles in the bilateral bases of the lungs, which is a symptom of left-sided heart failure. When the left ventricle fails, there is a backup of backward pressure because the left ventricle cannot push this out as adequately as needed (Capriotti, 2020). This backup of pressure will then cause high hydrostatic pressure in the pulmonary veins that will build up further back to the pulmonary capillary bed (Capriotti, 2020). High hydrostatic pressure in the pulmonary capillary beds will cause a leakage of fluid into the interstitial spaces causing audible pulmonary congestion such as crackles (Capriotti, 2020). Other symptoms of left-sided heart failure include constant coughing, shortness of breath when ambulating, waking up short of breath, and fast or irregular heartbeat (Capriotti, 2020).

In diagnosing heart failure, many labs and diagnostic tests are run. These include serum electrolytes, brain natriuretic peptides, and a chest x-ray (Capriotti, 2020). Expected findings for

these tests in heart failure will display low sodium, low potassium, and elevated levels of brain natriuretic peptides (Capriotti, 2020). The chest x-ray will typically show a cardiac shadow and an enlarged heart with pulmonary congestion (Capriotti, 2020). The client got all of these tests and displayed low potassium, elevated brain natriuretic peptide, and an enlarged heart with pulmonary congestion.

Treatment of this disease may include lifestyle modification, pharmacological agents, and possibly intracardiac interventions (Capriotti, 2020). A lifestyle modification to exercising is consuming a low sodium and low-fat diet and should limit cholesterol and alcohol consumption (Capriotti, 2020). Pharmacological agents such as beta-blockers, angiotensin-converting enzyme inhibitors, diuretics, aldosterone antagonists, and synthetic natriuretic peptides are typical for the treatment of heart failure (Capriotti, 2020). Suppose lifestyle modifications and pharmacological agents are not adequate for heart failure. In that case, there is an option of intracardiac interventions such as pacemakers, an intra-aortic balloon pump, left ventricular assist devices, and cardiac transplantation (Capriotti, 2020).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Parmley, W. W. (2019). Pathophysiology of congestive heart failure. *The American Journal of Cardiology*, *56*(2). https://doi.org/10.1016/0002-9149(85)91199-3

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	F: 4.5-5 M: 4.5-6	N/A	N/A	N/A
Hgb	F: 12-15 M: 14-16	13.6	N/A	N/A
Hct	F: 42-52 M: 35-47	N/A	N/A	N/A
Platelets	150,000-400,000	N/A	N/A	N/A
WBC	4,500- 11,000	9.4	N/A	N/A
Neutrophils	45-75%	N/A	N/A	N/A
Lymphocytes	20-40%	N/A	N/A	N/A
Monocytes	1-10%	N/A	N/A	N/A
Eosinophils	<7%	N/A	N/A	N/A
Bands	<1%	N/A	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
Na-	135-145	138	N/A	N/A
K+	3.5-5.0	3.1	N/A	The constant cycling of the RAAS in heart failure, aldosterone causes potassium excretion from the kidneys, which can lead to hypokalemia (Capriotti, 2020).
Cl-	97-107	N/A	N/A	N/A
CO2	20-30	N/A	N/A	N/A
Glucose	70-110	94	N/A	N/A
BUN	10-20	24	N/A	Decreased renal perfusion caused by heart failure raises the levels of BUN (Capriotti, 2020).
Creatinine	0.7-1.4	2.8	N/A	Diminished renal blood flow causes an elevation in creatinine levels (Capriotti, 2020).
Albumin	3.5-5	N/A	N/A	N/A

Calcium	8.6-10.2	N/A	N/A	N/A
Mag	1.3-2.1	N/A	N/A	N/A
Phosphate	2.4-4.5	N/A	N/A	N/A
Bilirubin	0.3-1	N/A	N/A	N/A
Alk Phos	30-120	N/A	N/A	N/A
AST	0-35	N/A	N/A	N/A
ALT	4-36	N/A	N/A	N/A
Amylase	3-220	N/A	N/A	N/A
Lipase	0-160	N/A	N/A	N/A
Lactic Acid	0.5-1	N/A	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
INR	0.8-1.1	N/A	N/A	N/A
PT	11-12.5	N/A	N/A	N/A
PTT	30-40	N/A	N/A	N/A
D-Dimer	<0.4	N/A	N/A	N/A
BNP	<100	4,923	N/A	BNP is elevated in the bloodstream in heart failure as well as other conditions, particularly pulmonary disease (Capriotti, 2020).
HDL	>60	N/A	N/A	N/A
LDL	<130	N/A	N/A	N/A

Cholesterol	<200	N/A	N/A	N/A
Triglycerides	<150	N/A	N/A	N/A
Hgb A1c	4-5.9%	N/A	N/A	N/A
TSH	0.4-4.0	N/A	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
Color & Clarity	Yellow and clear	N/A	N/A	N/A
pH	5.0-8.0	N/A	N/A	N/A
Specific Gravity	1.005-1.035	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A
Protein	Negative	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	<5	N/A	N/A	N/A
RBC	0-3	N/A	N/A	N/A
Leukoesterase	Negative	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	Negative	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Chest X-ray: Findings are consistent with an enlarged heart and pulmonary vascular congestion

Electrocardiogram: Test shows atrial fibrillation at a rate of 88 beats per minute

Diagnostic Test Correlation (5 points):

The client received a chest x-ray to visualize the heart and chest cavity. A *chest x-ray* is an imaging test that uses radiation to take pictures of the organs inside the chest (Van & Mickey Lynn Bladh, 2017). A chest x-ray is a prevalent diagnostic test whether it is used to diagnose a client's illness directly or rule out any aggravating or escalation of a diagnosis. The client benefited from this diagnostic test due to the discovery of an enlarged heart and pulmonary vascular congestion—the diagnostic test aided in the diagnosis of an exacerbation of congestive heart failure in the client.

The client then had an electrocardiogram performed to capture the electrical activity in her heart. The electrocardiogram showed signs of atrial fibrillation at eighty-eight beats per minute. An electrocardiogram was ordered due to the client's past medical history of hypertension, atrial fibrillation, congestive heart failure, and the symptoms of edema and significant weight gain. Electrodes are stuck onto the client's chest during an electrocardiogram to measure the electrical activity that makes the heartbeat (Van & Mickey Lynn Bladh, 2017).

Diagnostic Test Reference (1) (APA):

Van, A. M., & Bladh, M. L. (2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications.* F.A. Davis Company.

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

Home Medications (5 required)

Brand/ Generic	Lisinopril/ Zestril	Amiodarone / Cordarone	Aspirin/ acetylsalicylic acid	Atorvastatin/ Lipitor	Metoprolol
Dose	40 mg	200 mg	81 mg	40 mg	50 mg
Frequency	Daily	Daily	Daily	Daily at HS	BID
Route	PO	PO	PO	PO	PO
Classification	Pharmacologic: Angiotensin-converting enzyme inhibitor Therapeutic: Antihypertensive (Vallerand & Sanoski, 2021).	Pharmacologic: Benzofuran derivative Therapeutic: Class III antiarrhythmic (Vallerand & Sanoski, 2021).	Pharmacologic: Salicylate Therapeutic: NSAID (Vallerand & Sanoski, 2021).	Pharmacologic: HMG-CoA reductase inhibitor Therapeutic: Antihyperlipidemic (Vallerand & Sanoski, 2021).	Pharmacologic: Beta adrenergic blocker Therapeutic: Antianginal, antihypertensive (Vallerand & Sanoski, 2021).
Mechanism of Action	Reduces blood pressure by inhibiting conversion of angiotensin I to angiotensin II (Vallerand & Sanoski, 2021).	Acts on cardiac cells, prolonging repolarization and the refractory period and raising ventricular fibrillation threshold (Vallerand & Sanoski,	Blocks the activity of cyclooxygenase which is the enzyme needed for prostaglandin synthesis (Vallerand & Sanoski, 2021).	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase (Vallerand & Sanoski, 2021).	Inhibits stimulation of beta receptor sites located mainly in the heart (Vallerand & Sanoski, 2021).

		2021).			
Reason Client Taking	Hypertension	Atrial fibrillation	Reduction in risk for heart attack	Hyperlipidemia	Hypertension
Contraindications (2)	Hereditary and idiopathic angioedema and history of angioedema related to previous treatment of an angiotensin-converting enzyme inhibitor (Vallerand & Sanoski, 2021).	Bradycardia that causes syncope, cardiogenic shock, and hypersensitivity to amiodarone (Vallerand & Sanoski, 2021).	Active bleeding or coagulation disorders, breastfeeding, and gastrointestinal ulcers (Vallerand & Sanoski, 2021).	Active hepatic disease and breastfeeding (Vallerand & Sanoski, 2021).	Cardiogenic shock, heart block greater than first degree, sinus bradycardia, and moderate to severe cardiac failure (Vallerand & Sanoski, 2021).
Side Effects/Adverse Reactions (2)	Pancreatitis, acute renal failure, neutropenia, and hemolytic anemia (Vallerand & Sanoski, 2021).	Arrhythmias, bradycardia, cardiac arrest, and QT prolongation (Vallerand & Sanoski, 2021).	Gastrointestinal bleeding, leukopenia, bronchospasm, and angioedema (Vallerand & Sanoski, 2021).	Arrhythmias, hypoglycemia, hepatic failure, and pancreatitis (Vallerand & Sanoski, 2021).	Arrhythmias, arterial insufficiency, cardiac arrest, and cardiogenic shock (Vallerand & Sanoski, 2021).
Nursing Considerations (2)	Lisinopril should not be given to a patient who is hemodynamically unstable after a myocardial infarction. Use lisinopril cautiously in patients with heart failure (Vallerand & Sanoski, 2021).	Use an in-line filter during intravenous administration of amiodarone and expect patient to be switched from intravenous therapy to oral therapy as quick as possible	Don’t crush timed release tablet and ask about tinnitus (Vallerand & Sanoski, 2021).	Use atorvastatin cautiously in patients who consume high levels of alcohol. Expect liver function tests to be performed before atorvastatin therapy starts (Vallerand & Sanoski, 2021).	Use metoprolol with extreme caution in patients with bronchospastic disease. Use cautiously in patients with angina (Vallerand & Sanoski, 2021).

		(Vallerand & Sanoski, 2021).			

Hospital Medications (5 required)

Brand/ Generic	Furosemide/ Lasix	Potassium Chloride	Acetaminophen/ Tylenol	Docusate sodium/ Colace	Morphine/ Astromorph PF
Dose	40 mg	40 mEq	650 mg	100 mg	1 mg
Frequency	BID	One dose	Q6H prn for pain/ fever	BID prn for constipation	Q4H prn for severe pain
Route	IV	PO	PO	PO	IV
Classification	Pharmacologic: Loop diuretic Therapeutic: Antihypertensive, diuretic (Vallerand & Sanoski, 2021).	Pharmacologic: Soluble salts Therapeutic: Antiurolithic, electrolyte replenisher (Vallerand & Sanoski, 2021).	Pharmacologic: Nonsalicylate, para-aminophenol derivative Therapeutic: Antipyretic, nonopioid analgesic (Vallerand & Sanoski, 2021).	Pharmacologic: Surfactant Therapeutic: Laxative, stool softener (Vallerand & Sanoski, 2021).	Pharmacologic: Opioid Therapeutic: Opioid analgesic (Vallerand & Sanoski, 2021).
Mechanism of Action	Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation (Vallerand & Sanoski, 2021).	Reverses symptoms of hypophosphatemia by replenishing the body's supply of phosphate (Vallerand & Sanoski, 2021).	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation (Vallerand & Sanoski, 2021).	Acts as a surfactant that softens stool by decreasing surface tension (Vallerand & Sanoski, 2021).	Binds with and activates opioid receptors in the brain and spinal cord to produce analgesia and euphoria (Vallerand & Sanoski, 2021).
Reason Client Taking	Edema caused by fluid	Potassium replenishment	Pain and fever	Opioid induced	Severe pain

	retention	from use of diuretic		constipation	
Contraindications (2)	Anuria and hypersensitivity to furosemide or its components (Vallerand & Sanoski, 2021).	Hyperkalemia, hypernatremia, hyperphosphatemia, hypocalcemia, and severe renal insufficiency (Vallerand & Sanoski, 2021).	Severe hepatic impairment, severe active liver disease, and hypersensitivity to acetaminophen (Vallerand & Sanoski, 2021).	Fecal impaction, hypersensitivity to docusate salts, and intestinal obstruction (Vallerand & Sanoski, 2021).	Acute or severe bronchial asthma, gastrointestinal obstruction, hypersensitivity to morphine sulfate, and significant respiratory depression within the last fourteen days (Vallerand & Sanoski, 2021).
Side Effects/Adverse Reactions (2)	Arrhythmias, thromboembolism, hepatocellular insufficiency, and pancreatitis (Vallerand & Sanoski, 2021).	Anxiety, confusion, dizziness, fatigue, seizures, and hyperkalemia (Vallerand & Sanoski, 2021).	Hypoglycemic shock, hemolytic anemia, leukopenia, and pulmonary edema (Vallerand & Sanoski, 2021).	Dizziness, syncope, palpitations, and abdominal cramps (Vallerand & Sanoski, 2021).	Increased intracranial pressure, seizures, bradycardia, intestinal obstruction, and leukopenia (Vallerand & Sanoski, 2021).
Nursing Considerations (2)	Patients who are allergic to sulfonamides may also be allergic to furosemide. Obtain patients weight before and periodically during	Monitor serum phosphorus level in a patient who receives phosphates. Monitor urine pH as ordered (Vallerand & Sanoski, 2021).	Use acetaminophen cautiously in patients with hepatic impairment. Monitor renal function in patient on long term	Expect excessive or long-term use of docusate to form a dependence on laxatives. Assess for laxative abuse	Be aware that morphine can lead to abuse or addiction. Ensure that before giving morphine, that there is oxygen

	furosemide therapy (Vallerand & Sanoski, 2021).		therapy (Vallerand & Sanoski, 2021).	syndrome (Vallerand & Sanoski, 2021).	equipment in the room in case of respiratory depression (Vallerand & Sanoski, 2021).

Medications Reference (1) (APA):

Vallerand, A. H., & Sanoski, C. A. (2021). Davis's drug guide for Nurses. F.A. Davis Company

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Client is alert and oriented x4 while displaying no signs of distress. Clients' overall appearance is well groomed with an appropriate affect.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	The clients skin color was appropriate for ethnicity and to the touch was dry, cool, and warm. The clients skin turgor was loose, and the patient displayed no rashes, wounds, or bruises across the body. The client has no drains present and a Braden score of 20.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The trachea was symmetrical at midline. The ears appeared symmetrical, no drainage was present, free from cerumen, and no pain upon palpitation. The pupils are round, equal, and reactive to light. Nostrils patent on each side, no deviated septum, polyps, or epistaxis present. The client has all teeth intact, and gums presented with no sores, cuts, or redness. The oral mucosa is pink and moist.
CARDIOVASCULAR:	S1 and S2 sounds were heard on the client.

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: Both feet**	Cardiac rhythm was assessed at a normal sinus rhythm with a heart rate of 88 beats per minute. Peripheral pulses were palpable at all sites at +2 bilaterally. Capillary refill was less than 3. The client displayed no neck vein distention and displayed 3+ pitting edema in both feet.
RESPIRATORY: **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	The client has audible crackles in the base of the lungs bilaterally.
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:**	The client's diet at home was no restriction and is currently no restriction. Clients' current height is 5'2" and current weight is 106 lbs. All 4 quadrants of the bowel were auscultated presenting active sounds. The clients last bowel movement was at 1100 on 3/29/22. The client has no pain and no masses with palpation of abdomen. The client has no ostomy, nasogastric tube, or any kind of feeding tubes.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	The client's urine is yellow and clear and has voided 1750 ml of urine over 4 hours. The patient denies any pain with urination and does not have a catheter. An inspection of the genitals was not assessed.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:**	The client does not require ADL assistance, equipment, or support to stand or walk and shows active range of motion. Strength is equal

Supportive devices: **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 30** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	bilaterally in all extremities. Fall score is a 30.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The client moves all extremities well with equal strength bilaterally in all extremities. Upper extremities being at a +3 and lower extremities being at a +3. The client is oriented x4 with appropriate mental status, speech, and sensory. The client displays no loss of consciousness.
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):**	The psychosocial and cultural status of the patient was not accessed.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	88 bpm	152/68 mmHg	24 respirations per minute	36.5 Celsius	98% on 2L of O2 via nasal cannula
1100	68 bpm	138/62 mmHg	24 respirations per minute	36.8 Celsius	97% on 2L of O2 via nasal cannula

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	0/10	N/A	N/A	N/A	No intervention at this time
1100	1/10	Head	N/A	N/A	Tylenol administered

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 Gauge Location of IV: Left AC Date on IV: 03/28/2022 Patency of IV: Patent Signs of erythema, drainage, etc.: No signs of erythema, drainage, or redness IV dressing assessment: Dressing is clean, dry, and intact	Saline lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Tea PO 240 mL with breakfast Apple juice 120 mL with breakfast	Urine 1750 mL total voided in 4 hours Stool x2

Nursing Care

Summary of Care (2 points)

Overview of care: The client was admitted for a diagnosis of an exacerbation of heart failure. The client has been given furosemide and potassium chloride for fluid retention and replenishment of electrolytes. The client has orders for acetaminophen and morphine for pain control and docusate sodium for opioid induced constipation. A head-to-toe assessment was

completed along with labs being drawn. Diagnostic testing included a chest x-ray and an electrocardiogram to aide in the client's primary diagnosis.

Procedures/testing done: Diagnostic testing included a chest x-ray and electrocardiogram due to display of symptoms upon admission.

Complaints/Issues: The client has no pain or complaints at this time but did complain of a headache at 1100 that the client rated a 1/10 on a numeric scale. Acetaminophen 650 mg was given to relieve the pain.

Vital signs (stable/unstable): The client's pulse, temperature, and oxygen saturation are all stable and within normal range. The clients blood pressure and respirations have been elevated with the latest set of vital being a blood pressure of 138/62 mmHg and respirations being 24 breaths per minute.

Tolerating diet, activity, etc.: The client is tolerating diet and activity adequately.

Physician notifications: There are no physician notifications at this time.

Future plans for client: The client has requested a one-time visit from a Care Coach and will follow up with her primary care provider in a week.

Discharge Planning (2 points)

Discharge location: The client will discharge back to her assisted living facility upon discharge.

Home health needs (if applicable): The client is requesting a one-time visit from a Care Coach.

Equipment needs (if applicable): N/A

Follow up plan: The client will follow up with her primary care provider 1 week following her discharge.

Education needs: The client needs to be educated on a diet suitable for heart failure such as a low sodium diet or a low-fat diet. The client should also be educated on the ways to manage symptoms of edema and weight gain as well as educating her on any new medications that will be sent with her upon discharge.

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 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. Risk for decreased cardiac output related to alterations in heart rhythm and altered myocardial contractility as evidenced by atrial fibrillation and hypertension.	This diagnosis was chosen	1. Assist the patient to a high fowlers position. 2.Provide a restful environment and encourage rest and sleep.	1. The client will have a clear airway with no altered breathing patterns or oxygen saturation. 2. The client will get adequate rest and sleep to control symptoms of heart failure.	The client responded well to the nurses' interventions and is getting adequate rest. The client has no altered breathing or sleeping patterns.
2. Risk for excess fluid volume	This diagnosis was chosen	1. Weigh the patient daily and compare to the	1. The client will display no major	The client responded well to the nurses'

related to reduced glomerular filtration rate as evidenced by dependent edema of the ankles and feet, weight gain, and crackles in the bilateral bases of lungs.	due to the active fluid retention the client is suffering from.	previous measurement. 2.Change patients position frequently and elevate feet when sitting.	weight changes while the nurse monitors daily weights. 2. The client will experience little to no edema of the ankles and pedal areas.	interventions and is compliant with daily weight checks. The client understands the importance of monitoring for fluid retention and rotates her position often while elevating her lower extremities.
3. Risk for ineffective tissue perfusion related to decreased cardiac output as evidenced by bipedal pitting edema.	This diagnosis was chosen due to the decreased perfusion the client suffers from as a result of her hypertension and heart failure.	1. Provide oxygen and monitor oxygen saturation as ordered. 2 Elevate the head of the bed and assist the patient to a comfortable position.	1. The client will have adequate oxygen delivery and will maintain a stable oxygen saturation. 2. The position of the client will promote adequate chest expansion and oxygenation.	The client responded well to the nurses' interventions and is rotating positions often for optimal oxygenation. The client has adequate chest expansion with a good oxygen saturation.

Other References (APA):

Concept Map (20 Points):

Subjective Data

The patient presented to the hospital with a complaint of sudden weight gain and dependent edema of her ankles and pedal areas bilaterally. The client weighs herself every morning and stated that there has been a steady weight gain over the past four days. The client states the edema of her lower extremities is relieved by elevation and rest but worsens with ambulation.

Objective Data

Chest x-ray: Shows findings consistent with an enlarged heart
Electrocardiogram: Shows atrial fibrillation at 88 beats per minute
Vital signs: Pulse-68 beats per minute, blood pressure- 138/62 mmHg, Respirations- 24, temperature- 36.8 degrees Celsius, oxygen saturation- 97% on 2L nasal cannula
Abnormal labs: Elevated brain natriuretic peptide, BUN, and creatinine. Decreased levels of potassium.

Client Information

The client is a 72-year-old female that presented to the emergency department with complaints of sudden weight gain and dependent edema. The client has a past medical history of hypertension, atrial fibrillation, hyperlipidemia, and heart failure. Past surgeries include a Cholecystectomy in 1995 and a total knee replacement in 2009. The client is allergic to bananas, shellfish, and cyclobenzaprine. Primary diagnosis is an exacerbation of heart failure.

Nursing Diagnosis/Outcomes

Risk for decreased cardiac output related to alterations in heart rhythm and altered myocardial contractility as evidenced by atrial fibrillation and hypertension.
The client responded well to the nurses' interventions and is getting adequate rest. The client has no altered breathing or sleeping patterns.
Risk for excess fluid volume related to reduced glomerular filtration rate as evidenced by dependent edema of the ankles and feet, weight gain, and crackles in the bilateral bases of lungs.
The client responded well to the nurses' interventions and is compliant with daily weight checks. The client understands the importance of monitoring for fluid retention and rotates her position often while elevating her lower extremities.
Risk for ineffective tissue perfusion related to decreased cardiac output as evidenced by bipedal pitting edema.
The client responded well to the nurses' interventions and is rotating positions often for optimal oxygenation. The client has adequate chest expansion with a good oxygen saturation.

Nursing Interventions

1. Assist the patient to a high fowlers position.

2.Provide a restful environment and encourage rest and sleep.
1. Weigh the patient daily and compare to the previous measurement.

2.Change patients position frequently and elevate feet when sitting.
Provide oxygen and monitor oxygen saturation as ordered.

2 Elevate the head of the bed and assist the patient to a comfortable position.