Medications

Diltiazem 60 mg PO Q12
- Pharmacological: Calcium channel blocker
- Therapeutic: Antianginal, antiarrhythmic, antihypertensive
- Patient is taking this medication for chest pain
- Assess the patient for signs and symptoms of heart failure.
- Expect to discontinue drug if adverse skin reactions occur.

Levofloxacin 750 mg PO Q24
- Pharmacological: Fluroquinolone
- Therapeutic: Antibiotic
- The reason is unknown
- Monitor blood glucose level
- Monitor EKG

Dicloxacillin 500 mg PO Q6
- Pharmacological: Penicillin
- Therapeutic: antibiotic
- The patient was taking this when he had an infection in his pressure ulcer.
- Notify provider if diarrhea develops
- Expect to obtain body fluid and tissue samples for culture.

Rivaroxaban 10 mg PO QPM
- Pharmacological: Factor Xa inhibitor
- Therapeutic: anticoagulant

Hydrocodone 5 mg PO Q6 PRN
Melatonin 3 mg PO PRN @ bedtime

Lab Values/Diagnostics

Creatinine: 0.66 (normal is 0.7 – 1.30 mg/dL)
The patient's creatinine might be low because it is often linked with muscle mass or the amount of muscle in the body which can decrease with age or illness.
WBC: 13.4 (normal is 4.0 – 11.7 K/mcL)
The patient's WBC is elevated because of the infection he endured from his stage 4 pressure ulcer prior to hospitalization.
Calcium: 7.8 (normal is 8.6 – 10.3 mg/dL)
Some symptoms of calcium deficiency can include chest pain, numbness, muscle cramps, and dry skin.
Glucose: 132 (normal is 74 – 109 mg/dL)
High glucose can be an indication of diabetes, some symptoms of pre-diabetes include chest pain.
RBC: 3.9 (normal is 3.9 – 4.98)
Hgb: 10.2 (normal is 13 – 17 g/dL)
May be low because there's a low level of oxygen in the blood which causes the heart to work harder to compensate which could cause pressure and pain.
Hct: 40 (normal is 38.1 – 48.9%)
Stress test: Negative
Echo w/o contrast: 60-65%
Chest x-ray: Clear, negative
The patient may undergo an exercise or pharmacologic stress test in which the heart is monitored continuously by an ECG, echocardiogram, or both. A chest x-ray is done to show images of the heart which show the size and shape.

Demographic Data

Date of Admission: 4/16/22
Admission Diagnosis/Chief Complaint:
Chest pain and SOB
Age: 87 years old
Gender: Male
Race/Ethnicity: White
Allergies: Brimonidine
Code Status: Full code
Height in cm: 173 cm.
Weight in kg: 81.1 kg.
Psychosocial Developmental Stage: No signs of delusions or hallucinations. Within expected range for age.
Cognitive Developmental Stage: Greater than the 5th grade level
Braden Score: 14
Morse Fall Score: 80
Infection Control Precautions: N/A

Admission History

The 87-year-old patient lives in the nursing home and was admitted to the ED because of chest pain and shortness of breath. The patient claims it started in the morning. The patient rated the pain a 5/10 when admitted and described the pain as dull and mild. Patient was admitted to manage the pain. The patient did not describe how he managed the pain prior to hospitalization.

Medical History

Previous Medical History: Glaucoma, HTN, DVT

Prior Hospitalizations: Carle and Heartland (Unknown dates). The patient was admitted into Heartland for long-term care. The patient was admitted to Carle for chest pain.

Previous Surgical History: Colonoscopy, IVC of inferior vena cava, versa jet, incision and drainage debridement of sacral wound

Social History: No alcohol, drug, or tobacco use

Pathophysiology

Disease process: Angina is usually caused by atherosclerotic disease and most often is associated with a significant obstruction of at least one major coronary artery. When demand increases, flow through the coronary arteries needs to be increased (Hinkle et al., 2022).
S/S of disease: Weakness, pain that radiates, numbness, shortness of breath, diaphoresis, dizziness, lightheadedness, nausea, vomiting (Capriotti, 2020). The patient was admitted for chest pain followed by shortness of breath.
Method of Diagnosis: ECG, stress test, cardiac enzymes (Hinkle et al., 2022).
Treatment of disease: Oxygen, pain medications, PCI procedures (if cardiovascular disease is involved), nitroglycerin, beta-blockers, etc. (Hinkle et al., 2022). The patient received pain medication, hydrocodone, for the chest pain.

Active Orders

Discharge follow up with cardiology and will have Cardizem 60 mg BID.

Urinary catheter order and urinary catheter care.

Wound care team screening.

Cardiac monitoring telemetry.

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Physical Exam/Assessment

General: The patient is A/O x4, and is oriented to time, place, and person. The patient is not in any distress, besides the pain in his chest. Patient's overall appearance is within expected range under the circumstances.

Integument: Skin moist, red, no signs of wounds/rashes besides the stage 4 pressure ulcer on the patient's sacrum. The stage 4 ulcer is clean with no signs of purulent drainage or necrotic skin. Patient's skin turgor is elastic and shows no signs of abnormality. The patient's Braden score is 14. The patient currently has a wound vac.

HEENT: The patient is showing no signs of abnormality. Head/neck shows no sign of bruises, rashes, or wounds. Range of motion of head/neck are intact. The ears are showing no signs of excessive cerumen and patient does not complain of hearing loss or pain. The nose is equal bilaterally and is showing no signs of bleeding or excessive mucous. Nostrils are moist and patent. Patient's teeth are showing no signs of abnormality. No teeth are missing, and mucous membranes are moist, pink and intact.

Cardiovascular: Radial pulses are 2+. The S1 and S2 are present with no signs of S3, S4, or murmurs. The peripheral pulses are all 3+ which is within expected range. The patient isn't showing any signs of neck vein distention and edema.

Respiratory: Airway is patent with no signs of change in clinical course. Breathing is clear and equal bilaterally.

Genitourinary: The patient's urine is within expected range. The patient does not have any pain urinating, and the patient is currently not on dialysis. Patient also has a chronic catheter in place.

Musculoskeletal: The patient's neurovascular status is within expected range. The patient can move all extremities equally. The patient has a walker and gait belt to use if needed. The patient has a fall risk score of 80.

Neurological: The patient can move all extremities equally. The patient shows signs of PERLA. The patient has strength in all his extremities. The patient is A/O x4, denies any numbness or tingling. The patient's speech is not affected and is within expected range. The patient has his sensory motor skills and consciousness intact. The patient however does have a flat affect and may be indication of depressed mood or sadness.

Most recent VS (include date/time and highlight if abnormal):
4/18/22 @ 1400
T: 36.5 C
P: 90 beats per minute
R: 20 breaths per minute
BP: 112/61 mmHg
O2: 97% (Room air)

Pain and pain scale used: Mild dull pain rated 3/10 with the numeric scale

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Chest pain r/t stress in daily life as evidenced by "I've been under a lot of stress, that is probably why I'm in here."	Shortness of breath r/t chest pain and anxiety as evidenced by, "I don't want to be here I just want to go home."	Flat affect r/t depression as evidenced by patient talking in monotone with no signs of facial expression.
Rationale	**Rationale**	**Rationale**
The patient's chief complaint was chest pain and shortness of breath. According to the ABCs, this is a vital nursing diagnosis.	The patient's chief complaint was chest pain and shortness of breath. According to the ABCs, this is a vital nursing diagnosis.	Geriatric depression is a major public health problem and has an especially large effect on health when comorbid with a chronic medical condition (Zhang et al., 2018).
Interventions	**Interventions**	**Interventions**
Intervention 1: Do a pain scale assessment and give pain medication. **Intervention 2:** Ensure to check vitals every 4 hours and to ensure that the patient is on telemetry to monitor irregular heart patterns.	**Intervention 1:** Encourage deep breathing exercises such as deep breathing or an incentive spirometer. **Intervention 2:** Elevate the head of the bed at least 30 degrees to prevent aspiration.	**Intervention 1:** Use therapeutic communication skills with the patient and encourage the patient to open up about their feelings and emotions. **Intervention 2:** Suggest non-pharmacological therapies such as music, meditation, and guided imagery.
Evaluation of Interventions	**Evaluation of Interventions**	**Evaluation of Interventions**
The patient appreciated that the nurse frequently checked up on him to ensure that his pain has gone down after the administration of pain medication. The patient is notably looking a lot more comfortable prior to the administration.	The patient is breathing deeply and is showing improvement in breathing patterns. After the deep breathing exercises, the patient's respirations went down from a 20 to an 18.	The patient appreciated that the nurse took the time to ask him how he was feeling. The patient enjoyed the conversation he had with the nurse and is thinking of the different therapies that were suggested.

References (3) (APA):

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

Hinkle, J.L., Cheever, K.H., & Overbaugh, K. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Zhang, Y., Chen, Y., & Ma, L. (2018). Depression and cardiovascular disease in elderly: Current understanding. *Journal of Clinical Neuroscience: Official Journal of the Neurosurgical Society of Australasia*, *47*, 1-5. https://doi.org/10.1016/j.jocn.2017.09.022