

Medications; SEE ADDITIONAL PAGE AT THE END OF THE DOCUMENT PLEASE

Physical Exam/Assessment

Pathophysiology

Lab Values/Diagnostics

Integument: Patient's skin is warm, dry, and intact with no bruising.

HEENT: Reason abnormal; could be a sign of stress due to her recent episode of chest pain
 - RBC: 3.80, 5.30, 5.36
 Head and Neck are symmetrical, trachea midline, no deviation or JVD noted
 Reason abnormal; possible dehydration
 - EYES: bilateral sclera are white, conjunctivae are pink and clear with minimal drainage, Pupils are equal and reactive to light
 - MCV: 82.0-96.0, 79.4
 Nose: septum is midline and turbinates are moist and pink.
 Reason abnormal; possible anemia caused by her mouth
 Mouth/throat; pharynx is pink and moist, dentition is good, mucosa is pink and moist with no lesions

Date of Admission: 8/31/22
Admission Diagnosis/Chief Complaint: Angina pectoris
Admitting Diagnosis: Angina pectoris

Chief complaint: Chest Pain
Nursing Diagnosis 2

Cardiovascular: S1 and S2 are present, no murmurs are heard. Palpable peripheral pulses 3+, capillary refill < 2 seconds.
 Patient is experiencing an acute episode of angina pectoris, evidenced by report of pain, increase in blood pressure and changes in patient's pulse rate bilaterally with a regular depth and pattern.
 Reason abnormal; possible urinary infection

Age: 57 years old
Gender: Female
Race/Ethnicity: African American
Allergies: Oxyacodone, Metoprolol, Acetaminophen-Codeine
Code Status: FULL code
Height in cm: 167.6 cm
Weight in kg: 176.9 kg
Risk for infection-evidenced by bacteria in urinalysis

Respiratory: Result atious irregular and even without laboring. Respirations are regular at 20/minute. bilaterally with a regular depth and pattern.
Genitourinary: Urine is yellow and clear. Patient is not complaining of any urinary pain at this time.
Intervention 1: Monitor Vital Signs
Intervention 2: Instruct Patient to notify nurse if pain is increased or blood in the urine noted.
Gastrointestinal: Patient is on a normal diet at home and her current diet in the hospital is general with no restrictions.
Urinalysis 8/31: Trace of blood, Positive nitrites and many bacteria in the urine.

Psychosocial: Patient is experiencing some pain with her chest.
Cognitive/Developmental Stage: No cognitive impairment
Braeden Score: 2
Morse Fall Score: 0
Infection Control Precautions: Standard precautions

Musculoskeletal: Patient is a one assist with a walker when I went to check vital signs
Active Orders: Patient is on a normal diet at home and her current diet in the hospital is general with no restrictions.
Neurological: Patient is alert and oriented x 4 (person, place, time and situation). Speech is clear and no slurred words.

Intervention 1: Encourage increased fluid intake
Intervention 2: Manage Patient's pain with the afterload and afterload tablets soft, non-tender, and no tenderness noted.
Evaluation of Interventions

Neurological: Patient is alert and oriented x 4 (person, place, time and situation). Speech is clear and no slurred words.
Integument: Patient's skin is warm, dry, and intact with no bruising.
Respiratory: Result atious irregular and even without laboring. Respirations are regular at 20/minute. bilaterally with a regular depth and pattern.
Genitourinary: Urine is yellow and clear. Patient is not complaining of any urinary pain at this time.
Intervention 1: Monitor Vital Signs
Intervention 2: Instruct Patient to notify nurse if pain is increased or blood in the urine noted.
Gastrointestinal: Patient is on a normal diet at home and her current diet in the hospital is general with no restrictions.
Urinalysis 8/31: Trace of blood, Positive nitrites and many bacteria in the urine.

Evaluation of Interventions
 Patient was on continuous ECG monitoring and was compliant when I went to check vital signs
 Patient is on a normal diet at home and her current diet in the hospital is general with no restrictions.
 Patient denies any radiating pain to her arms, any shortness of breath, or headaches. She stated that she had recently stopped taking her medications because she was asked to stop but has bacteria identified for now, we should focus on managing the patient's pain. Patient's pain has been managed with the use of nitrates and aspirin.

Most recent VS (include date/time and highlight if abnormal):
 9/1/22 @ 1100
 BP 175/89 Left Arm Ear 100, Right Arm Ear 100
Pain and pain scale used:
Pain Scale: Numeric Location: Lower Back
Characteristics: Constant, Ache

Medical History: Chronic back pain, asthma, hypertension, and hypothyroid
Prior Hospitalizations: none noted in patient's chart
Previous Surgical History: No past surgical history
Social History: Patient lives at home alone.
Respirations: 20
Pulse: 71 bpm. O2: 99% Room Air.

Disease process: Angina results from an imbalance between the myocardial oxygen supply and the myocardial oxygen demand. Four main factors contribute to a person's oxygen demand; heart rate, systolic blood pressure, myocardial wall tension, and myocardial contractility. When the body is in a state of stress or illness we rely on the body's ability to regulate the myocardial oxygen appropriately. The four main factors that contribute to myocardial oxygen supply are coronary artery diameter, collateral blood flow, perfusion pressure and heart rate. When the myocardial oxygen demand exceeds the myocardial oxygen supply this is usually when angina symptoms present (Gillen & Goyal, 2021).
S/S of disease: Patient's experience angina typically report retrosternal chest discomfort and use terms such as pressure, squeezing, or heaviness or describe the sensation. Classic chest pain is characterized by a crushing sensation felt on the left side of the chest that radiates to the left shoulder and down the arm. However, cardiac pain may radiate into the jaw, back, neck, right arm, or epicanthic region. Symptoms occurred to as angina equivalents that may occur instead of classic angina symptoms in women are lightheadedness, dyspnea, dizziness, and pain in the jaw or epicanthic region (Capriotti, 2020).
Method of Diagnosis: Angina pectoris can be diagnose through the use of blood pressure measurements, testing a patient's total blood cholesterol, low density lipoprotein, HDL, and triglycerides. Additional tests such as ECG monitoring, C-reaction protein, cardiac enzymes, and a troponin level can help diagnose angina. In angina pectoris, the patient's ECG should show ST elevations to depressions (Capriotti, 2020)
Treatment of disease: Angina pectoris can be treated with the use of nitrates and aspirin. Nitrates are vasodilators that open the coronary arteries to deliver optimal circulation back to the cardiac muscles while also reducing preload and after-load. Beta-adrenergic blockers and ACE inhibitors have also been recommended in the treatment of angina pectoris as they reduce blood pressure and lower resistance against the heart (Capriotti, 2020).

Medications;

- o **Acetaminophen; Dose; 650mg Route; Oral Frequency; Every 4 hours PRN**
 - **Pharmacological Class; Nonsalicylate, paraminophenol derivative**
 - **Therapeutic Class; Antipyretic, non-opioid analgesic**
 - **Patient is taking to manage pain**
 - **Key nursing assessment prior to administration;**
- o **Aspirin: Dose; 81mg Route; oral Frequency; Daily**
 - **Pharmacological class; Salicylate**
 - **Therapeutic class; NSAID (anti-inflammatory, anti-platelet, antipyretic, non-opioid analgesic)**
 - **Patient is taking to manage and relieve pain**
 - **Key Nursing Assessment prior to administration;**
- o **Atenolol: Dose; 50mg Route; Oral Frequency; Daily**
 - **Pharmacological class; Beta- adrenergic blocker**
 - **Therapeutic class; Antianginal, antihypertensive**
 - **Patient is taking to treat angina pectoris and hypertension**
 - **Key nursing assessment prior to administration; Blood pressure and heart rate; should be stopped or held if the patient develops bradycardia or hypotension**
- o **Calcium Carbonate; Dose; 1000mg Route; Oral Frequency; Every 8 hours PRN**
 - **Pharmacological class; Calcium Salts**
 - **Therapeutic class; Antacid, antihypermagnesmic, antihyperphosphatemic, antihypocalcemic, calcium replacement, cardiogenic**
 - **Patient is taking to help relieve heartburn and indigestion**
 - **Key nursing assessment prior to administration; Monitor Blood pressure; do not administer if blood pressure is low**
- o **Diazepam; Dose; 5mg Route; Oral Frequency; Every 12 hours PRN**
 - **Pharmacological class; Benzodiazepine**
 - **Therapeutic Class; Anticonvulsant, anxiolytic, sedative-hypnotic, skeletal muscle relaxant**
 - **Patient is taking to provide muscle relaxation due to chronic back pain**
 - **Key nursing assessment; vitals and medication interactions, this medications interacts with another medication that the patient is taking, calcium carbonate, which can cause decreased absorption.**
- o **Enoxaprin; Dose; 40mg Route; Subcutaneous Frequency; Every 24 hours Daily**
 - **Pharmacological class; Low molecular weight heparin**
 - **Therapeutic class; Anticoagulant**
 - **Taking to prevent complications of unstable angina**
 - **Key nursing assessment prior to administration; Vitals, Monitor for bleeding and any shortness of breath**

- o **Hydralazine; Dose; 25mg Route; Oral Frequency; Twice a day**
 - **Pharmacological class; Vasodilator**
 - **Therapeutic class; Antihypertensive**
 - **Patient is taking to manage hypertension**
 - **Key nursing assessment prior to administration; Blood pressure and pulse rate**
- o **Levothyroxine; Dose; 25mcg Route; oral Frequency; Daily before breakfast**
 - **Pharmacological class; Synthetic Thyroxine (T4)**
 - **Therapeutic class; Thyroid hormone replacement**
 - **Patient is taking to treat hypothyroidism**
 - **Key nursing assessment prior to administration; Monitor Blood Glucose levels, vitals and for signs of shortness of breath**
- o **Verapamil; Dose; 120mg Route; Oral Frequency; Twice a day**
 - **Pharmacological class; Calcium channel blocker**
 - **Therapeutic Class; antianginal, anti-arrhythmic, antihypertensive**
 - **Patient is taking to treat angina pectoris**
 - **Key nursing assessment prior to administration; Maintain continuous ECG monitoring, assess for bradycardia and hypotension**
- o **Pregabalin; Dose; 50mg Route; Oral Frequency; Daily**
 - **Pharmacological class; Gamma-aminobutyric acid (GABA) analogue**
 - **Therapeutic class; Analgesic, anticonvulsant,**
 - **Patient is taking to relieve neuropathic pain**
 - **Key nursing assessment prior to administration; Pain assessment and vitals**
- o **Venlafaxine XR; Dose; 150mg Route; oral Frequency; Daily with breakfast**
 - **Pharmacological class; Selective serotonin and norepinephrine reuptake inhibitor (SSNRI)**
 - **Therapeutic class; antidepressant**
 - **Patient is taking to treat and manage anxiety and depression**
 - **Key nursing assessment prior to administration; Vital signs and monitor for electrolyte imbalances**

COMPLETED IN THE ER PRIOR TO ADMISSION;

- o **Nitroglycerin 2% ointment; Dose; apply 0.5 inch Route: Topical Frequency; ONCE**
 - **Pharmacological class; Nitrate**
 - **Therapeutic class; Antianginal, Vasodilator**
 - **Patient was taking the medication to treat angina pectoris**
 - **Key nursing assessment prior to administration; Vital signs**
- o **Clonidine; Dose; 0.1mg Route; oral Frequency; ONCE**
 - **Pharmacological class; Centrally acting alpha antagonist**
 - **Therapeutic Class; analgesic, antihypertensive, behavior modifier**
 - **Patient was taking to manage hypertension**

- **Key nursing assessment prior to administration;** Vital signs (Blood pressure and heart rate)

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