N431 Care Plan # 1

Lakeview College of Nursing

Name Brianna Lilly

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
9/13/22	JM	86	M
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired farmer	Widowed	Morphine and Thiazides
Code Status	**Height**	**Weight**	
Full	182.9 cms	87.2 kgs	

Medical History (5 Points)

Past Medical History: AFib, Acute metabolic syndrome, encephalopathy, BPH, HTN, GERD, Thrombocytopenia, rectal cancer, cataract, arthritis, altered mental status/visual hallucinations, hearing loss, hyperlipidemia, vitreous floaters

Past Surgical History: polypectomy, retinal detachment surgery, colostomy, cataract removal, colonoscopy, capsulotomy laser

Family History: Alzheimer's in mother, emphysema in father and sister died of massive stroke

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): formers 30 pack per year smoker for 30 years, drinks 6 cans of beer a day for "years", denies drug use

Assistive Devices: Dentures

Living Situation: Lives at home alone with frequent caregiver visiting

Education Level: High school graduate

Admission Assessment

Chief Complaint (2 points): SOB, Dizziness, Visual hallucinations

History of Present Illness – OLD CARTS (10 points): Pt suffered SOB upon excursion five days prior to admission. SOB was reported to be relieved by rest. Three days prior to admission pt reported feeling weak in the shower and hallucinating that his furniture had moved around. The patient continued to have 3 other similar episodes of hallucinations preceding admission. The caregiver had suggested he go to the hospital. On 9/12/22 pt had gone to the clinic and had his sodium levels checked. Sodium levels were 124 regardless of prescribed salt tablets. Patient's alteration in mental status thought by Dr. To be caused by SIADH hyponatremia likely secondary to CHF. Hospitalization was attempted to be avoided by his doctors by requests for Na infusion. However, the Patient arrived at Carle ER via ambulance on 9/13/22.

Primary Diagnosis

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

Secondary Diagnosis (if applicable): acute hypoxic respiratory distress (elevated BNP 499), and bilateral plural effusions due to acute HFPE exacerbation, assumed pneumonia

Pathophysiology of the Disease, APA format (20 points): In diastolic heart failure the heart has issues relaxing the ventricles (Capriotti, 2020). The ventricles can not fill full with blood to pump (Capriotti, 2020). Ventricles are stiff and less elastic (Capriotti, 2020). Left ventricle pumps more than half the preserved ejection fraction. Less cardiac output causes a decrease in arterial pressure (Capriotti, 2020). This results in low BP, and decreased blood circulation (Capriotti, 2020). Heart rate, peripheral arterial vasoconstriction, water reabsorption, and blood volume is increased in the body (Capriotti, 2020). Signs and symptoms include orthopnea, paroxysmal nocturnal dyspnea, confusion, headache,

memory loss, insomnia, disorientation, anxiety, insomnia, weakness, activity intolerance, nausea, and decreased GI perfusion (Capriotti, 2020). Patient suffered from SOB upon exception, dizziness, hallucinations and altered mental status. CHF is diagnosed with a chest X-Ray, BNP, serum electrolytes and an echocardiogram (Capriotti, 2020). Patient had a significant high BNP of 499, hypokalemia (124), and a chest X-ray showing cardiomegaly. Treatment includes life style modification limiting fluids, alcohol and salts, exercise, and smoking cessation (Capriotti, 2020). Pharmacological therapies include diuretics to enhance fluid loss, aldosterone antagonists, ACE inhibitors, beta blockers, synthetic natriuretic, neprilysin inhibitors, nitrates, arterial vasodilators, and inotropic agents (Capriotti, 2020). Patient is receiving diuretics, Beta blocker, and a proton pump inhibitor.

Pathophysiology References (2) (APA):

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

Laboratory Data (15 points)

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.10-5.70	NA	3.72	RBC levels diminished due to hemodilution related to CHF disease procesess (Leeuwen & Bladh, 2019).
Hgb	12-18	NA	11.0	Decreased level of HBG due to hemodilution related to CHF disease process (Leeuwen & Bladh, 2019).

Hct	**37-51%**	**NA**	**32.5**	**Decreased level of Act due to hemodilution related to CHF disease process (Leeuwen & Bladh, 2019).**
Platelets	**148-400**	**NA**	**105**	**Decreased level of platelets due to hemodilution related to CHF disease process (Leeuwen & Bladh, 2019).**
WBC	**4-11**	**NA**	**6.38**	**Findings within normal limits**
Neutrophils	**1.6-7.7**	**NA**	**4.68**	**Findings within normal limits**
Lymphocytes	**1.0-4.9**	**NA**	**0.88**	**Decreased level of lymphocytes due to hemodilution related to CHF disease process (Leeuwen & Bladh, 2019).**
Monocytes	**0-1.10**	**NA**	**0.57**	**Findings within normal limits**
Eosinophils	**0-0.5**	**NA**	**0.16**	**Findings within normal limits**
Bands	**0%-5%**	**NA**	**NA**	**NA**

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
Na-	**136-145**	**130**	**NA**	**Decreased level of sodium related to SIADH secondary to CHF (Leeuwen & Bladh, 2019).**
K+	**3.5-5.1**	**4.2**	**NA**	**Findings within normal limits**
Cl-	**98-107**	**98**	**NA**	**Findings within normal limits**
CO2	**22-29**	**22**	**NA**	**Findings within normal limits**
Glucose	**74-100**	**126**	**NA**	**Hyperglycemia in pt w/o diabetes mellitus related to pneumonia (Leeuwen & Bladh, 2019).**
BUN	**8-26**	**20**	**NA**	**Findings within normal limits**
Creatinine	**0.55-1.30**	**1.0**	**NA**	**Findings within normal limits**

Albumin	**3.4-4.8**	**3.3**	**NA**	**Low albumin levels related to pneumonia infection and CHF causing decreased circulation to kidneys (Leeuwen & Bladh, 2019).**
Calcium	**8.9-10.6**	**8.9**	**8.7**	**Low calcium levels related to CHF disease process on the kidneys (Leeuwen & Bladh, 2019).**
Mag	**1.6-2.6**	**NA**	**NA**	**NA**
Phosphate	**2.3-4.7**	**NA**	**NA**	**NA**
Bilirubin	**0.2-1.2**	**0.9**	**NA**	**Findings within normal limits**
Alk Phos	**40-150**	**94**	**NA**	**Findings within normal limits**
AST	**5-34**	**16**	**NA**	**Findings within normal limits**
ALT	**7-55**	**10**	**NA**	**Findings within normal limits**
Amylase	**40-140**	**NA**	**NA**	**NA**
Lipase	**0-160**	**NA**	**NA**	**NA**
Lactic Acid	**0.5-2.0**	**1.20**	**NA**	**Findings within normal limits**
Troponin	**0.00-0.10**	**0.00**	**NA**	**Findings within normal limits**
CK-MB	**0.5-3.6**	**NA**	**NA**	**NA**
Total CK	**35-232**	**NA**	**NA**	**NA**

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

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	**0.9-1.1**	**NA**	**0.9**	**Findings within normal limits.**
PT	**11.9-13.8**	**NA**	**NA**	**NA**
PTT	**22.4-35.9**	**NA**	**NA**	**NA**
D-Dimer	**<500**	**NA**	**NA**	**NA**
BNP	**0.00-100**	**499**	**NA**	**BNP levels elevated related to**

				CHF disease process (Leeuwen & Bladh, 2019).
HDL	**40-60**	**NA**	**NA**	**NA**
LDL	**<100**	**NA**	**NA**	**NA**
Cholesterol	**0-200**	**NA**	**NA**	**NA**
Triglycerides	**<150**	**NA**	**NA**	**NA**
Hgb A1c	**4-7**	**NA**	**NA**	**NA**
TSH	**0.350-4.94**	**NA**	**NA**	**NA**

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	**Colorless-yellow Clear**	**Dark yellow, clear**	**NA**	**Dark urine related to diminished kidney fuction related to CHF disease process (Leeuwen & Bladh, 2019)**
pH	**5-7**	**6.0**	**NA**	**Findings within normal limits**
Specific Gravity	**1.000-1.030**	**1.015**	**NA**	**Findings within normal limits**
Glucose	**Negative**	**Negative**	**NA**	**Findings within normal limits**
Protein	**Negative**	**Trace**	**NA**	**Trace protein detected due to diminished kidney function related to CHF disease process (Leeuwen & Bladh, 2019).**
Ketones	**Negative**	**Negative**	**NA**	**Findings within normal limits**
WBC	**0-25**	**6**	**NA**	**Findings within normal limits**
RBC	**0-20**	**23**	**NA**	**Elevated RBC detected in urine due to kidney function related to CHF disease process (Leeuwen & Bladh, 2019).**
Leukoesterase	**Negative**	**Negative**	**NA**	**Findings within normal limits**

Arterial Blood Gas 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
pH	7.35-7.45	NA	NA	NA
PaO2	35-45	NA	NA	NA
PaCO2	41-51	22	NA	Acute respiratory distress related to CHF disease process (Leewen & Bladh, 2019).
HCO3	21.5-25.5	NA	NA	NA
SaO2	95%-100%	83%	94%	Acute respiratory distress related to CHF disease process (Leewen & Bladh, 2019).

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	**No growth**	**No growth**	**NA**	**Findings within normal limits**
Blood Culture	**No growth**	**No growth**	**NA**	**Findings within normal limits**
Sputum Culture	**No growth**	**NA**	**NA**	**NA**
Stool Culture	**No growth**	**NA**	**NA**	**NA**

Lab Correlations Reference (1) (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2019). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implication* (8th ed.). F. A. Davis Company

Diagnostic Imaging
All Other Diagnostic Tests (5 points)/ Diagnostic Test Correlation (5 Points): CT CTA PE Chest 9/13/22 for acute chest pain. Findings: partially calcified mass at right lung base, mild to moderate pleural effusions.

Chest X-Ray 9/13/22 done post thoracentesis w/o compulsion to check lungs and status. Findings: left pleural effusion, pulmonary emphysema noted, IRUS thoracentesis bilateral technically successful. Cardiomegaly noted bilateral viral infiltrates, and borderline pulmonary vascular congestion.

Diagnostic Test Reference (1) (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2019). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implication* (8th ed.). F. A. Davis Company

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

Brand/Generic	**Amlodipine/ Norvasc**	**Furosemide /Lasix**	**Aspirin enteric**	**Metoprolol tartrate/Lopressor**	**Omeprazole/Prilosec**
Dose	**10mg**	**20mg**	**81mg**	**84mg**	**40mg**
Frequency	**1 daily**	**1 daily**	**1 daily**	**BID**	**1 daily**

Route	Oral	Oral	Oral	Oral	Oral
Classification	**Calcium channel blocker**	**Loop diuretic**	**Platelet aggergation inhibitors**	**Beta-adrenengic**	**Proton pump inhibitor**
Mechanism of Action	**Binds to myocardial smooth mucles cells to inhibit calcium flow relaxing vascular smooth muscles (Jones & Bartlett, 2021).**	**Inhibits sodium and water reabsorption and increases urine formation (Jones & Bartlett, 2021).**	**Blocks cyclooxyrgenase needed for prostaglandin synthesis which is a component in the inflammatory response causing vasodilation (Jones & Bartlett, 2021)**	**Inhibits beta-adrenic receptor sites resulting in decreased cardiac output and oxygen demand. Should help relieve angina, and relieve symptoms of CHF (Jones & Bartlett, 2021).**	**Inhibits proton pump interfering with gastric acid secretion (Jones & Bartlett, 2021).**
Reason Client Taking	**To control HTN**	**To reduce edema in CHF**	**To reduce risk of MI/clot**	**To control HTN/CHF symptoms**	**To Treat GERD symptoms**
Contraindications (2)	**Hypersensitivity, low BP (Jones & Bartlett, 2021).**	**Anuria, hypersensitivity (Jones & Bartlett, 2021).**	**Active bleeding, coagulation disorders (Jones & Bartlett, 2021).**	**Cardiogenic shock, severe cardiac heart failure (Jones & Bartlett, 2021).**	**Hypersensitivity, concurrent rilpivirine use (Jones & Bartlett, 2021).**

Side Effects/Adverse Reactions (2)	**Hypotension, arrhythmias (Jones & Bartlett, 2021).**	**Arrhythmia, thrombocytopenia (Jones & Bartlett, 2021).**	**GI bleeding, angioedema (Jones & Bartlett, 2021).**	**Cardiac arrest, bronchospasm (Jones & Bartlett, 2021).**	**Agitation, anemia (Jones & Bartlett, 2021).**
Nursing Considerations (2)	**Use cautiously in pts w CHF, assess frequently for chest pain (Jones & Bartlett, 2021)**	**Patients allergic to sulfa drugs may have sensitivities to this drug, give in the morning if given once a day (Jones & Bartlett, 2021)**	**Don't crush enteric coated aspirin, ask pt about tinnitus (Jones & Bartlett, 2021).**	**Give smaller doses to pts with bronchospasm, use caustionsly in pts with CHF (Jones & Bartlett, 2021).**	**Give before meals, drug can interfere with B12 absorption (Jones & Bartlett, 2021).**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor hepatic function, assess BP (Jones & Bartlett, 2021).**	**Pt weight, pt BP (Jones & Bartlett, 2021).**	**Assess for bleeding, assess for tinnitus (Jones & Bartlett, 2021).**	**Pulse (do not administer if <45 BPM), BP (systolic must be over 100) (Jones & Bartlett, 2021).**	**Magnesium levels, urine output (Jones & Bartlett, 2021).**

Client Teaching Needs (2)	**Tell pt to take a missed dose as soon as they remember, suggest taking medication with food (Jones & Bartlett, 2021).**	**Instruct to take same time each day, instruct to change positions slowly (Jones & Bartlett, 2021).**	**Teach client to avoid alcohol, educate pt on GI bleed s/s such as coffee ground emesis and dark tarry stools and instruct to stop medication and alert physical if seen (Jones & Bartlett, 2021).**	**Instruct to take same time a day with food, instruct to not stop drug abruptly (Jones & Bartlett, 2021)**	**Tell pt to take before eating, encourage pt to avoid alcohol (Jones & Bartlett, 2021).**

Home Medications (5 required)

Hospital Medications (5 required)

Brand/Generic	**Azithromycin/ zithromycin**	**Lovenox/ enoxaprin**	**miralax/ polyethylene glycol**	**Lipitor/ atorvastatin**	**Protonix/ pantoprazole**
Dose	**250mg**	**40mg**	**175mg**	**20mg**	**40mg**
Frequency	**Daily**	**Daily**	**Daily**	**Daily**	**Daily**
Route	**Oral**	**Subcutaneous**	**Oral**	**Oral**	**Oral**
Classification	**Macrolid antibiotic**	**Heparin & related preparations**	**Laxative & cathartics**	**Antihyperlipidemic reductase inhibitor**	**Proton pump inhibitor**

Mechanism of Action	**Binds to ribosomal unit of bacteria preventing it's reproduction killing off bacteria (Jones & Bartlett, 2021)**	**Binds with and inactivates clotting factors Xa and thrombin (Jones & Bartlett, 2021).**	**Increases water osmosis to colon and stimulates colon contraction(Jones & Bartlett, 2021)**	**Inhibits cholesterol synthesis in the liver (Jones & Bartlett, 2021).**	**Interfers with gastric acid secretion by inhibiting the proton pumping gastric parietal cells (Jones & Bartlett, 2021).**
Reason Client Taking	**Pneumonia**	**Due to decreased mobility related to hospitalization**	**Constipation**	**Hyperlipidemia**	**GERD**
Contraindications (2)	**Jaundice associated with prior use, hypersensitivity (Jones & Bartlett, 2021).**	**Active bleeding, hypersensitivity (Jones & Bartlett, 2021).**	**Diarrhea, bowel obstruction (Jones & Bartlett, 2021)**	**Active hepatic disease, unexplained resistance rise in serum transaminase level (Jones & Bartlett, 2021).**	**Hypersensitivities, concurrent rilpivitine use (Jones & Bartlett, 2021)**
Side Effects/Adverse Reactions (2)	**Hypotension, tachycardia (Jones & Bartlett, 2021)**	**CVA, Melena (Jones & Bartlett, 2021).**	**Diarrhea, blood in stool (Jones & Bartlett, 2021).**	**Hypoglycemia, arrhythmias (Jones & Bartlett, 2021).**	**C-diff diarrhea, hepatic failure (Jones & Bartlett, 2021).**

Nursing Considerations (2)	**Do not use in pts w uncompensated CHF, monitor elderly pts for arrhythmias (Jones & Bartlett, 2021)**	**Do not give via IM, watch for bleeding**	**Keep pt near bathroom after administration, promptly answer call light following administration (Jones & Bartlett, 2021).**	**Should not be used in pts taking cyclosporin, use cautiously in pts who consume substantial quantities of alcohol (Jones & Bartlett, 2021).**	**May cause false positive for THC, will be withheld 14 days before serum chromogranin A levels performed (Jones & Bartlett, 2021).**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess heart rhythm, obtain culture and sensitivity prior to administration (Jones & Bartlett, 2021)**	**PT, potassium serum level (Jones & Bartlett, 2021).**	**Assess bowel sounds, assess last BM (Jones & Bartlett, 2021).**	**Liver function tests, cholesterol tests (Jones & Bartlett, 2021).**	**Monitor magnesium levels, monitor urine output (Jones & Bartlett, 2021).**

Client Teaching Needs (2)	**Tak 1 hour before or 2-3 hours after food, take 1 hour before or 2-3 hours after antacid use (Jones & Bartlett, 2021)**	**Seek immediate help for SOB or neurological changes, teach how to recognize signs of bleeding and to immediately report them to provider (Jones & Bartlett, 2021).**	**Use once a day on empty stomach, Drink plenty of water with administration (Jones & Bartlett, 2021).**	**Educate that medication is an adjunct not substitute for a low fat diet, advise pt to monitor blood glucose closely (Jones & Bartlett, 2021).**	**Instruct pts to swallow not chew tablets, pts should expect relief within 2 weeks (Jones & Bartlett, 2021).**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2021 nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

GENERAL: **Alertness:**	Patient was alert and oriented x 4. Pt did not appear to be in any acute distress. Pt calm and

Orientation: **Distress:** **Overall appearance:**	compliant to assessment. Overall appearance appropriate.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Skin color appropriate for ethnicity. No lesions, rashes, bruising or wounds. Skin was excessively dry, warm and equal temperatures on extremities bilaterally. No drains present. Skin turgor sluggish > 3secs. Braden score of 13.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Patient's head is normocephalic. Pt demonstrated male pattern baldness and graying hairs on head. Neck is symmetrical. Trachea at midline. Ears are symmetrical and have no visible drainage. Patient had hearing difficulty but able to converse. Patient does not wear glasses and pupils were 3 mm and exhibited PERRLA. No ocular drainage. Conjunctiva was pink and moist. Nose was midline with no deviated septum and nares are symmetrical, patent with no polyps. Patient has dentures. Oral mucosa moist, pink and intact. Tonsils were 1+.
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:**	S1/2 audible with no S3/4 auscultated. Heart rate regular and rhythmic. Radial, brachial, dorsals pedis pulses palpable 2+ bilaterally. Capillary refill <2 secs, no neck vein distention, slight edema of the ankles bilaterally.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	No accessory muscle use in breathing. Regular rate and rhythm of breaths. Breath sounds were diminished in all lobes. Absence of cough.

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:**	Regular diet at home. Cardiac diet ordered in hospital. Height 182.9 cms Weight 87.2 Kgs. Bowel sounds auscultated regular rate, last BM 9/16/22. Abdomen non distended, non tender, no mass. No incisions, scars, wounds, drains, ostomy present. No NG or PEG tube present.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	Yellow urine with little redness, 1000ML emptied for external catheter, no pain with urination, no dialysis, external catheter in place. Genital inspection deferred.

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**	Patient experiences activity intolerance as he becomes hypoxic upon excursion. All extremities 5/5 strengths. Full range of motion, pt occasionally uses walker at home. No ADL assistance. Gait belt 1 assist in hospital. Did not need any physical assistance to stand or walk. Fall score 22.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Pt neurological status intact. Demonstrated MAEW, PERRLA and equal strengths bilaterally. Pt alter and oriented x 4. Pt responded comprehensively and was able to converse. Pt able to see, taste, hear (with some hearing loss) and sense sensations. No 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):**	Patient has caregiver whom he regularly socializes with. Patient also calls and has his children visit him frequently. Development level appropriate for age. Pt reports to be christian but does not attend church often. Religion is a way of life for the pt. Pt has good support system.

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

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
09:00	**67 BPM R** **Brachial**	**132/54 R** **arm lying**	**18 R p min**	**98.2 F oral**	**94% RA**

11:00	**65 BPM R Brachial**	**123/54 R arm lying**	**18 R p min**	**98.2 F Oral**	**93% RA**

Vital Sign Trends: Stable, 09:00 BP slightly elevated, O2 consistently slightly lower than 95% pt has pneumonia

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
09:00	**0-10**	**NA**	**0/10**	**NA**	**NA**
11:00	**0-10**	**NA**	**0/10**	**NA**	**NA**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	20g IV, Right anticubital 9/13/22, patent w/o erythema, drainage, redness. Dressing dry and intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
8 oz of coffee	**1000mL of urine emptied for external**

6 oz of ice cream **95% of meal biscuits and gravy with fruit**	**catheter. No BM**

Nursing Care

Summary of Care (2 points)

Overview of care: patient receive breakfast, and a physical assessment was done. Morning medications were administered. Walk test and peri hygiene completed. Bed sheets changed and room tidied.

Procedures/testing done: walk test

Complaints/Issues: none

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: Tolerating diet and activity

Physician notifications: None

Future plans for the client: advance activity as tolerated, discharge home

Discharge Planning (2 points)

Discharge location: Home with caregiver visits

Home health needs (if applicable): caregiver visits

Equipment needs (if applicable): incentive spirometer, walker. Portable O2 for excursions

Follow up plan: follow up in clinic for blood testing, increase activity as tolerated to hopefully reduce the need for supplemental oxygen when pt walks.

Education needs: Exercises to increase activity tolerance, alcohol cessation/moderation.

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

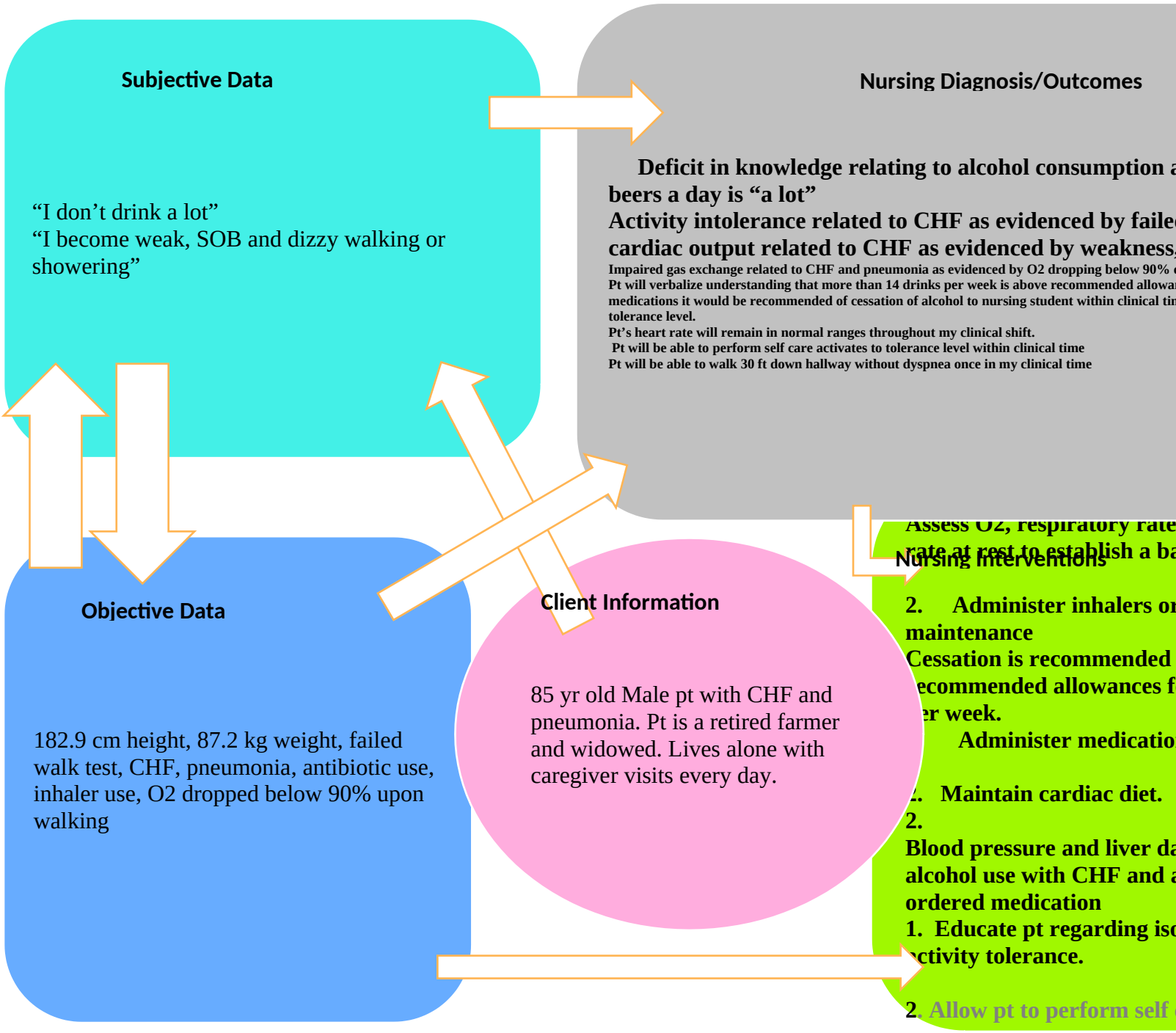
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 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. Impaired gas exchange related to CHF and pneumonia as evidenced by O2 dropping below 90% during walk test.	**Impaired gas exchange caused by the CHF seems to have caused most of the pt's symptoms such as SOB, and activity intolerance.**	**1. Assess O2, respiratory rate, breath sounds and heart rate at rest to establish a baseline** **2. Administer inhalers ordered for respiratory status maintenance**	**1. Pt will be able to walk 30 ft down hallway without dyspnea once in clinical time**	**Goal not met, pt was not able to walk 30ft wo experiencing dyspnea pt was cooperative with plan of care.**

2. Decreased cardiac output related to CHF as evidenced by weakness, fatigue, activity intolerance	**Decreased cardiac output has appeared to cause the low sodium levels in the pt. It is important to keep electrolyte levels within normal ranges for mental and hydration status**	**1. Administer medications ordered.** **2. Maintain cardiac diet.**	**1. Pt's heart rate will remain in normal ranges throughout my clinical shift.**	**Goal met pt's heart rate was 67 and 65 BPM the two times I assessed his HR pt was cooperative with plan of care.**
3. Activity intolerance related to CHF as evidenced by failed walk test	**Pt was unable to walk down the hall without O2 dropping. Carrying around portable O2 is a hassle and preferably the pt can avoid long term O2 use for excursions or activity**	**1. Educate pt regarding isometric exercises to increase activity tolerance.** **2. Allow pt to perform self care activities**	**1. Pt will be able to perform self care activates to tolerance level within clinical time**	**Goal met, pt was cooperative with plan of care. Pt fed himself, brushed teeth and walked to bathroom.**

4. Deficit in knowledge relating to alcohol consumption as evidenced by denies 6 beers a day is "a lot"	**Pt is taking a variety of drugs and alcohol use at his level puts him at risk for significant liver damage.**	**1. Educate pt that with his condition alcohol cessation is recommended however even recommended allowances for men is less than 14 drinks per week.** **2. Blood pressure and liver damage can result from alcohol use with CHF and administration of his ordered medication.**	**1. Pt will verbalize understanding that more than 14 drinks per week is above recommended allowance for men, but with his condition and medications it would be recommended of cessation of alcohol to nursing student within clinical time**	**Goal met pt actively listen to education. Pt verbalized understanding that he drinks too much.**

Other References (APA):

Concept Map (20 Points):


Subjective Data
"I don't drink a lot"
"I become weak, SOB and dizzy walking or showering"
Nursing Diagnosis/Outcomes
Deficit in knowledge relating to alcohol consumption a
beers a day is "a lot"
Activity intolerance related to CHF as evidenced by faile
cardiac output related to CHF as evidenced by weakness
Impaired gas exchange related to CHF and pneumonia as evidenced by O2 dropping below 90% o
Pt will verbalize understanding that more than 14 drinks per week is above recommended allowa
medications it would be recommended of cessation of alcohol to nursing student within clinical ti
tolerance level.
Pt's heart rate will remain in normal ranges throughout my clinical shift.
Pt will be able to perform self care activates to tolerance level within clinical time
Pt will be able to walk 30 ft down hallway without dyspnea once in my clinical time
Objective Data
182.9 cm height, 87.2 kg weight, failed walk test, CHF, pneumonia, antibiotic use, inhaler use, O2 dropped below 90% upon walking
Client Information
85 yr old Male pt with CHF and pneumonia. Pt is a retired farmer and widowed. Lives alone with caregiver visits every day.
Nursing Interventions
Assess O2, respiratory rate
rate at rest to establish a ba
2. Administer inhalers or
maintenance
Cessation is recommended
ecommended allowances f
er week.
Administer medicatio
2. Maintain cardiac diet.
2.
Blood pressure and liver da
alcohol use with CHF and a
ordered medication
1. Educate pt regarding isc
ctivity tolerance.
2. Allow pt to perform self