N431 Care Plan # 1

Lakeview College of Nursing

Name: Christina Oakley

Demographics (3 points)

Date of Admission 9-20-22	Client Initials J.A.J	Age 82 years old	Gender Male
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Married	Allergies Lyrica (Gabapentin) Morphine Penicillin Sulfonamide antibiotics
Code Status DNAR	Height 5'10"	Weight 79.6 kg (175 lbs. 6.4 oz.)	

Medical History (5 Points)

Past Medical History: Abdominal aortic aneurysm, Acromioclavicular (joint) sprain, atherosclerosis of native arteries of the extremities with intermittent claudication, atherosclerotic heart disease of native coronary artery without angina pectoris, benign prostatic hyperplasic, coronary heart disease, chronic obstructive pulmonary disease, diabetes mellitus type II (uncontrolled), diverticulitis of con (without mention of hemorrhage), hypertension, hyperlipidemia, hypothyroidism, perforation of left tympanic membrane, peripheral arterial disease, and shortness of breath.

Past Surgical History: Abdominal aortic aneurysm repair, bronchoscopy, colon resection, colonoscopy, EDG/colonoscopy (multiple), femoral-popliteal bypass graft, hernia repair, left heart catheterization (multiple), phacoemulsion of cataract (left & right), PR oblit avm/ aneur/fistula-caver sinus, PR removal gallbladder, PTCA/stent (multiple), rotator cuff repair, and thromboendarterectomy (multiple).

Family History: Melanoma (brother) and cancer in father.

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

- **Smoking status: Former**

- **Packs/day: 2.00**
- **Years: 40 years**
- **Packs/year: 80.00**
- **Types: Cigarettes**
- **Quit date: 10/13/1995**
- **Smokeless tobacco: Never**
- **Vaping: Never**
- **Alcohol use: No**
- **Drug use: No**

Assistive Devices: N/a

Living Situation: Lives alone (lived with wife prior to his wife's hospital admission)

Education Level: High School Graduate

Admission Assessment

Chief Complaint (2 points): Weakness

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

Patient is an 82-year-old with a significant history of chronic hypoxic respiratory failure on 2.5-3.0 L home oxygen, severe chronic obstructive pulmonary disease, coronary artery disease, hypertension, hypothyroidism, benign prostatic hyperplasia, and type 2 diabetes. Patient has had a decrease po intake, increasing fatigue, dizziness, weakness, and difficulty waking himself. These symptoms started about a week ago as acute onset by the patient. Patient describes the fatigue and weakness as generalized and the dizziness as a loss of balance. Patient doesn't recall any associated, aggravating factors, or relieving factors. Patient reports that he has been taking care of his wife the past several weeks which has

caused him to feel "run down". Wife was admitted to ED on 9/18 and after wife's admission he hoped to be able to eat and feel better. No progress was shown so he called an ambulance and was taken to the ED. No treatment for weakness was made by patient prior to admission. Patient receiving treatment in the ED with IV fluids and food right after admission. Patient has reported feeling better since receiving treatment.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Weakness

Secondary Diagnosis (if applicable): N/a

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

Weakness is the loss of muscle strength that can either develop suddenly or gradually. Weakness is generally described in terms of a rejection in the neural drive or nerve-based motor command to working muscles that results in a decline in the force output. In the cerebral motor cortex, at the posterior aspect of the frontal lobe is where voluntary movement is initiated. The lower motor neurons transmit impulses to the neuromuscular junction to initial muscle contraction. Dysfunction of the upper and lower neurons, neuromuscular junction, and muscles. Upper motor neuron dysfunction disinhibits lower motor neurons, resulting in increased muscle stretch reflexes. Lower motor neuron dysfunction disrupts reflex arcs, causing hyporeflexia and decreased muscle, and may cause fasciculations; with time, muscles atropy. Peripheral polyneuropathies tend to be more noticeable in the longest nerves and produce signs of lower motor neuron dysfunction. Diffuse muscle dysfunction tended to be most noticeable in the largest muscle

groups. Patients experiencing weakness might experience fatigue, lack of energy, tiredness, and weariness. A complete blood count and urinalysis are common screening tests for weakness. An x-ray can also be used to diagnose chronic fatigue. A CBC was done on the patient that showed low levels of hemoglobin and hematocrit which are both due to diet deficiencies. The chemistry highlight showed low levels of sodium and that is linked to a dietary deficiency and high levels chloride which can be linked to dehydration. Treatment for weakness includes drinking water to stay hydrated, physical therapy, medication, and dietary changes.

Pathophysiology References (2) (APA):

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

Levin, M. C. (2021). *Weakness - neurologic disorders*. Merck Manuals Professional Edition. https://www.merckmanuals.com/professional/neurologic-disorders/symptoms-of-neurologic-disorders/weakness

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	4.10-5.70 10^6/uL	3.80	N/a	Decreased amounts of RBC's can be due to the advanced cancer in the patient (Pagana & Pagana, 2018).
Hgb	12.0-18.0 g/dL	10.2	N/a	Patient is experiencing low hemoglobin due to nutritional deficiencies (Pagana & Pagana, 2018).

Hct	**37.0-51.0%**	**32.1**	**N/a**	**Patient is experienced low levels of hematocrit due to diet deficiencies (Pagana & Pagana, 2018).**
Platelets	**140-400 10^3/uL**	**149**	**N/a**	
WBC	**4.00-11.00 10^3/uL**	**7.91**	**N/a**	
Neutrophils	**1.60-7.70 10^3/uL**	**5.61**	**N/a**	
Lymphocytes	**1.00-4.90 10^3/uL**	**1.49**	**N/a**	
Monocytes	**0.00-1.10 10^3/uL**	**0.62**	**N/a**	
Eosinophils	**0.00-0.50 10^3/uL**	**0.10**	**N/a**	
Bands	**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-	**136-145 mmol/L**	**135**	**140**	**Decreased sodium levels could be due to deficient dietary intake (Panama & Panama, 2018).**
K+	**3.5-5.1 mmol/L**	**4.8**	**4.6**	
Cl-	**98-107 mmol/L**	**106**	**111**	**Increased levels of chloride could be due to dehydration (Panama & Panama, 2018).**
CO2	**22.0-29.0 mmol/L**	**18.0**	**19.0**	**Diabetic ketoacidosis can cause low levels of co2 in the blood (Panama & Panama, 2018).**
Glucose	**74-100 mg/dL**	**56**	**86**	**Skipping meals can cause a decrease in glucose levels (Panama & Panama, 2018).**
BUN	**8-26 mg/dL**	**17**	**13**	
Creatinine	**0.55-1.30 mg/dL**	**1.60**	**1.23**	**High levels of creatinine can be caused by poor kidney function due to dehydration (Panama & Panama, 2018).**

Albumin	**3.4-4.8 g/dL**	**3.3**	**N/a**	**Low albumin is caused by the body not absorbing enough nutrients due to poor food intake (Panama & Panama, 2018).**
Calcium	**8.9-10.6 mg/dL**	**8.5**	**8.2**	**Low levels of calcium can be caused by a poor diet (Panama & Panama, 2018).**
Mag	**N/a**	**N/a**	**N/a**	
Phosphate	**N/a**	**N/a**	**N/a**	
Bilirubin	**0.2-1.2 mg/dL**	**0.6**	**N/a**	
Alk Phos	**40-150 u/L**	**64**	**N/a**	
AST	**5-34 u/L**	**8**	**N/a**	
ALT	**0-55 u/L**	**14**	**N/a**	
Amylase	**N/a**	**N/a**	**N/a**	
Lipase	**8-78 u/L**	**12**	**N/a**	
Lactic Acid	**0.50-2.20 mmol/L**	**1.25**	**N/a**	
Troponin	**0.00-0.03 ng/mL**	**<0.01**	**N/a**	
CK-MB	**N/a**	**N/a**	**N/a**	
Total CK	**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	**0.9-1.1 ratio**	**N/a**	**2.1**	**A high INR can be caused by the patient taking warfarin (Panama & Panama, 2018).**
PT	**11.7-13.8 sec.**	**N/a**	**23.3**	**High levels of warfarin can cause**

				a high PT time (Panama & Panama, 2018).
PTT	**N/a**	**N/a**	**N/a**	
D-Dimer	**N/a**	**N/a**	**N/a**	
BNP	**0.0-100.0 pg/mL**	**540**	**N/a**	**BNP levels are generally higher in older patients (Panama & Panama, 2018).**
HDL	**N/a**	**N/a**	**N/a**	
LDL	**N/a**	**N/a**	**N/a**	
Cholesterol	**N/a**	**N/a**	**N/a**	
Triglycerides	**N/a**	**N/a**	**N/a**	
Hgb A1c	**4.0-7.0%**	**N/a**	**5.5**	
TSH	**0.350-4.940 U**	**0.021**	**N/a**	**Low TSH is caused by the patient's hypothyroidism (Panama & Panama, 2018).**

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-clear**	**Yellow**	**N/a**	
pH	**pH**	**5.5**	**N/a**	
Specific Gravity	**1.000-1.030 arbitrary unit**	**1.015**	**N/a**	
Glucose	**Negative**	**Negative**	**N/a**	
Protein	**Negative**	**Trace!**	**N/a**	**Small amounts of protein is normal, larger amounts of protein in urine can be a sign of kidney disease (Panama & Panama, 2018).**
Ketones	**Negative**	**Negative**	**N/a**	
WBC	**0-25/uL**	**9**	**N/a**	

RBC	**0-20/uL**	**6**	**N/a**	
Leukoesterase	**Negative**	**Negative**	**N/a**	

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	**N/a**	**N/a**	**N/a**	
PaO2	**N/a**	**N/a**	**N/a**	
PaCO2	**N/a**	**N/a**	**N/a**	
HCO3	**N/a**	**N/a**	**N/a**	
SaO2	**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	**N/a**	**N/a**	**N/a**	
Blood Culture	**N/a**	**N/a**	**N/a**	
Sputum Culture	**N/a**	**N/a**	**N/a**	
Stool Culture	**N/a**	**N/a**	**N/a**	

Lab Correlations Reference (1) (APA):

Pagana, K. D. & Pagana, T. J. (2018). *Mosby's diagnostic and laboratory test reference* (6th ed.). Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest X-ray

Diagnostic Test Correlation (5 points): Chest X-rays produce images of the heart, lungs, blood vessels, airways, and the bones of the chest and spine. Chest X-rays can also reveal fluid in or around your lungs or air surrounding your lung. The findings of the X-ray showed heart enlargement, patchy small reticular pulmonary opacities seen in the mid to lower bilateral lungs which are slightly increased from prior of uncertain etiology. Multilevel degenerative change was also a finding.

Diagnostic Test Reference (1) (APA):

Mayo Foundation for Medical Education and Research. (2022). *Chest X-rays.* Mayo Clinic. https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494

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

Home Medications (5 required)

Brand/Generic	**Metformin (Glucophage) tablets**	**Metoprolol tartrate (Lopressor) tablets**	**Lisinopril (Zestril) tablets**	**Tamsulosin (Flomax) extended-release capsules**	**Omeprazole EC delayed-release tablets (Prilosec OTC)**
Dose	**1000 mg**	**25 mg**	**20 mg**	**0.4 mg**	**20 mg**
Frequency	**1 tablet two times daily**	**1 tablet two times daily**	**1 tablet daily**	**1 capsule daily**	**1 tablet daily**

Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Pharmacologic class: Biguanide Therapeutic class: Antidiabetic**	**Pharmacologic class: Beta1-adrenergic blocker Therapeutic class: Antianginal, antihypertensive**	**Pharmacologic class: Angiotensin-converting enzyme inhibitor Therapeutic class: Antihypertensive**	**Pharmacologic class: Alpha adrenergic antagonist Therapeutic class: Benign prostatic hyperplasia agent**	**Pharmacologic class: Proton pump inhibitor Therapeutic class: Antiulcer**
Mechanism of Action	**May promote storage of excess glucose as glycogen in the liver, which reduces glucose production. Metformin also may improve glucose use by adipose tissue and skeletal muscle by increasing glucose transport across cell membranes. This drug may increase the number of insulin receptors on cell membranes and make them more sensitive to insulin. Metformin modestly decreases blood total cholesterol and triglyceride levels.**	**Inhibits stimulation of beta1-receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand. These effects help relieve angina, minimize cardiac tissue damage from a myocardial infarction, and help relieve symptoms of heart failure. Metoprolol also helps reduce blood pressure by decreasing renal release of renin.**	**May reduce blood flow by inhibiting conversion of angiotensin 1 to angiotensin 2. Angiotensin 2 is a potent vasoconstrictor that also stimulates adrenal cortex to secrete aldosterone. Lisinopril may also inhibit renal and vascular production of angiotensin 2. Decreased release of aldosterone reduces sodium and water reabsorption and increases their excretion, thereby reducing blood pressure.**	**Blocks alpha1-adrenergic receptors in the prostate. This action inhibits smooth-muscle contraction in the bladder neck and prostate, prostatic capsule, and prostatic urethra, which improves the rate of urine flow and reduces symptoms of BPH.**	**This medication interferes with gastric acid secretion by inhibiting the hydrogen potassium adenosine triphosphate enzyme system, or proton pump, in gastric parietal cells. Normally, the proton pump uses energy from hydrolysis of adenosine triphosphate to drive hydrogen and chloride out of parietal cells and into the stomach lumen in exchange for potassium which leaves the stomach lumen and enters parietal cells. After exchange H+ and Cl- combine in the stomach to form hydrochloric acid. Omeprazole irreversibly blocks the exchange of intracellular H+ and extracellular K+.**
Reason Client Taking	**Patient is taking to lower blood glucose levels from type 2 diabetes mellitus.**	**Patient is taking to manage hypertension, alone or with other**	**Patient is taking to treat hypertension.**	**Patient is taking to treat benign prostate hyperplasia.**	**Patient is taking to treat symptomatic gastroesophageal reflux disease.**

		antihypertensives.			
Contraindications (2)	**Acute or chronic metabolic acidosis, including diabetic ketoacidosis with or without coma. Hypersensitivity to metformin or its components.**	**Hypersensitivity to metoprolol, other beta blockers, or their components. Cardiogenic shock heart block greater than first degree, overt cardiac failure, and sinus bradycardia.**	**Concurrent aliskiren use in patients with diabetes; hereditary or idiopathic angioedema or history of angioedema related to previous treatment with ACE inhibitors. Hypersensitivity to lisinopril or other ACE inhibitors.**	**Hypersensitivity to tamsulosin, quinazolines, or their components. Contraindicated for patients using to treat hypertension.**	**Concurrent therapy with rilpivirine-containing products and hypersensitivity to omeprazole, substituted benzimidazoles, or their components.**
Side Effects/Adverse Reactions (2)	**Headache and a metabolic taste.**	**Anxiety and confusion.**	**Arrhythmias and hyperglycemia.**	**Arrhythmia and back pain.**	**Dizziness and abdominal pain.**
Nursing Considerations (2)	**Know that metformin should never be given to a patient with severe renal impairment. Give metformin tablets with food, which decreases and slightly delays absorption, thus reducing risk of adverse GI reactions.**	**Use metoprolol with extreme caution in patients with bronchospastic disease who don't respond to or can't tolerate other antihypertensives. Use cautiously in patients with angina or hypertension who have congestive heart failure because beta blockers such as metoprolol can further depress myocardial contractility, worsening heart failure.**	**Be aware that lisinopril should not be given to a patient who is hemodynamically unstable after an acute MI. Use lisinopril cautiously in patients with fluid volume deficit, heart failure, impaired renal function, or sodium depletion.**	**Be aware that prostate cancer should be ruled out before tamsulosin therapy begins. Give drug about 30 minutes after the same meal each day.**	**Give omeprazole before meals, preferably in the morning for once-daily dosing. If needed, also give an antacid, as prescribed. If needed, open capsule and sprinkle enteric coated granules on applesauce or yogurt or mix with water and give immediately.**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Assess for allergy to metformin. Monitor urine or serum glucose levels.**	**Assess for history of sinus bradycardia and second- or third-degree heart block. Do a physical assessment of weight, skin**	**Assess for history of allergies to lisinopril, history of impaired renal function, and history of chronic heart failure. Do a physical assessment for**	**Assess for a history of allergies to bisphosphates, history of renal failure, and history of upper GI disease. Do a physical assessment of muscle tone,**	**Monitor serum magnesium prior to therapy. Assess for history of allergies to proton pump inhibitors.**

		condition, neurological status, and respiratory status.	**skin color, lesions, turgor, peripheral perfusion, and mucous membranes.**	**bone pain, and bowel sounds.**	
Client Teaching Needs (2)	**Do not discontinue medication without talking to provider prior. Avoid drinking alcohol while on this medication.**	**Report difficulty breathing, night cough, or swelling. Do not stop taking unless instructed by provider.**	**Take this drug once a day and with meals. Do not take this drug during pregnancy.**	**Take medication in the morning with a full glass of plain water. Report twitching, muscle spasms, dark-colored urine, and severe diarrhea.**	**Take omeprazole with food or on an empty stomach. Contact provider if experiencing stomach cramps, bloated feeling, and watery or severe diarrhea.**

Hospital Medications (5 required)

Brand/Generic	**Azithromycin (Zithromax) tablets**	**Clopidogrel (Plavix) tablets**	**Fluticasone (Breo Ellipta) inhaler**	**Levetiracetam (Keppra) tablets**	**Levothyroxine (Synthroid) tablets**
Dose	**250 mg**	**75 mg**	**200-25 mcg/dose**	**750 mg**	**125 mcg**
Frequency	**1 tablet every Monday, Wednesday, and Friday**	**1 tablet daily**	**1 puff daily**	**1.5 tablets twice daily**	**1 tablet daily**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Pharmacologic class: Macrolide Therapeutic class: Antibiotic**	**Pharmacologic class: P2Y12 platelet inhibitor Therapeutic class: Platelet aggregation inhibitor**	**Pharmacologic class: Corticosteroid Therapeutic class: Antiasthmatic, anti-inflammatory**	**Pharmacologic class: Pyrrolidine derivative Therapeutic class: Anticonvulsant**	**Pharmacologic class: Synthetic thyroxine (T4) Therapeutic class: Thyroid hormone replacement**
Mechanism of Action	**Binds to a ribosomal subunit of susceptible bacteria, blocking peptide**	**Binds to adenosine diphosphate receptors on the surface of activated**	**Inhibits cells involved in the inflammatory response of asthma, such as basophils,**	**May protect against secondary generalized seizure activity by preventing coordination of**	**Replaces endogenous thyroid hormone, which may exert its physiological effects by**

	translocation and inhibiting RNA-dependent protein synthesis. Drug concentrations in phagocytes, macrophages, and fibroblasts, which release it slowly and may help move it to infection sites.	**platelets. This action blocks ADP, which deactivates nearby glycoprotein IIb/ IIIa receptors and prevents fibrinogen, platelets can't aggregate and form thrombi.**	**eosinophils, lymphocytes, macrophages, mast cells, and neutrophils. Fluticasone also inhibits production or secretion of chemical mediators, such as cytokines eicosanoids, histamine, and leukotrienes.**	**epileptiform burst firing. Levetiracetam doesn't seem to involve inhibitory and excitatory neurotransmission.**	**controlling DNA transcription and protein synthesis. Levothyroxine has all the following actions of endogenous thyroid hormone. This drus increases energy expenditure. It accelerates the rate of cellular oxidation, which stimjulates body tissue growth, maturation, and metabolism. It regulares differentiation and proliferation of stem cells. Aids in myelination of nerves and development of synaptic processes in the nervous. It regulates growth. Decreases blood and hepatic cholesterol concentrations. Lastly, it enhances carbohydrate and protein metabolism and increases gluconeogenesis and protein synthesis.**
Reason Client Taking	**Using to treat a possible bacterial infection.**	**Using to reduce the rate of CVA and MI.**	**Client is taking to prevent asthma attacks, alone or with oral corticosteroids as maintenance therapy.**	**Client is taking to treat partial seizures.**	**Client is taking to treat hypothyroidism.**
Contraindications (2)	**History of cholestatic jaundice or hepatic dysfunction associated with prior use of azithromycin.**	**Active pathological bleeding, including intracranial hemorrhage and peptic ulcer. Hypersensitivity**	**Hypersensitivity to fluticasone or its components, or to milk proteins. Primary treatment of status asthmaticus or other acute**	**Hypersensitivity to levetiracetam or its components. Not recommended for clients with low levels of white blood cells.**	**Hypersensitivity to levothyroxine or its components, uncorrected adrenal insufficiency.**

	Hypersensitivity to azithromycin, erythromycin, ketolide antibiotics, other macrolide antibiotics or their components.	**to clopidogrel or its components.**	**asthma episodes that require intensive measures.**		
Side Effects/Adverse Reactions (2)	**Hyperglycemia and ventricular tachycardia.**	**Hypotension and fatal intracranial bleeding.**	**Agitation and diarrhea.**	**Alopecia and rhinitis.**	**Seizures and tremors.**
Nursing Considerations (2)	**Azithromycin should not be used in patients with known QT prolongation, bradyarrhythmia, congenital long QT syndrome, uncompensated heart failure, or history of torsades de pointes. Monitor elderly patients closely for arrhythmias because they are more susceptible to drug effects on the QT interval.**	**Expect to give aspirin with clopidogrel in patient with acute coronary syndrome. Obtain blood cell count, as ordered, whenever signs and symptoms suggest a hematologic problem.**	**Monitor patient closely at start of therapy, especially if patient has severe allergy to milk. Know that if patient takes a systemic corticosteroid, expect to taper dosage by no more than 2.5 mg daily at weekly intervals, starting 1 week after fluticasone therapy begins.**	**Monitor patient for seizure activity during therapy. Monitor patient for bleeding, fever, recurrent infections, or significant weakness. Notify prescriber and expect to obtain a complete blood count to assess hematological status.**	**Be aware that levothyroxine therapy is not to be used for treatment of obesity or for weight loss. Use levothyroxine cautiously in the elderly and patients.**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess for history of hypersensitivity to azithromycin, erythromycin, or any macrolide antibiotic. Do a culture and sensitivity tests of infection and a urinalysis.**	**Assess for history of hypersensitivity to clopidogrel, prasugrel, and ticlopidine. Assess for a history of ulcers, bleeding in the brain, or any other condition that causes severe bleeding.**	**Assess respiratory status before administration. Assess for history of hypersensitivity.**	**The use of levetiracetam in neonates should be discussed with a pediatric neurologist. A renal function and full blood count should be taken and monitored.**	**Assess history of allergies to active or extraneous constituents of drug. Assess thyroid function tests.**
Client Teaching Needs (2)	**Take the full course as prescribed and don't take with antacids. Report severe or watery diarrhea, severe nausea or vomiting, rash or itching, and mouth sores.**	**Take clopidogrel at the same time every day. While using clopidogrel, if there's any kind of bleeding, it may take longer than usual to stop.**	**Should be used at the same time every day. Do not use fluticasone more often that prescribed.**	**Do not stop taking unless directed to do so by the doctor. Cam be taken with or without food or on a full or empty stomach.**	**If the dose is too high, irregular heartbeats or problems sleeping may occur. If the dose is too low, there may be symptoms of hypothyroidism like constipation, confusion, and**

					feeling sluggish or cold.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2022 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: **Alertness: A&O x4** **Orientation: A&O x4** **Distress: No distress** **Overall appearance: Patient had relaxed facial expressions**	**Patient was alert and oriented x4. No distress appeared to be present. Patient knew the person, place, and time. Patient opens eyes spontaneously and has relaxed facial expressions.**
INTEGUMENTARY: **Skin color: White/pale** **Character: Cool, dry, and intact** **Temperature: 98.1 F** **Turgor: Normal** **Rashes: No** **Bruises: No** **Wounds: No** **Braden Score: 20** **Drains present: Y☐ N X** **Type:**	**Skin is white and pale. Skin was cool, intact, and dry upon touch. Skin elasticity is quick with return to original state. Skin is without discoloration and pressure points without redness. Temperature was taken orally and was 98.1 F. Skin turgor was normal. No rashes, bruises or wounds present on body. Branden score was 20. No drains present on the body.**
HEENT: **Head/Neck: Symmetrical** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head/face/eyes/nose symmetrical at rest and with movement. Oral cavity was normal. Ears had decreased hearing in both right and left.**
CARDIOVASCULAR: **Heart sounds: Normal** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable): Regular** **Peripheral Pulses: Normal** **Capillary refill: Normal**	**Heart sounds are normal. Heart rate is within normal limits. Regular rhythm. Cap refill is normal. No present neck vein distention. No edema is present in the body. No chest pain noted by patient.**

Neck Vein Distention: Y ☐ N ☒ **Edema Y ☐ N ☒** **Location of Edema:**	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character: Unlabored breath sounds, clear in right and left upper lobes. Diminished in lower right and left lobes.**	**No accessory muscle use. Regular depth and pattern; unlabored; expansion symmetrical. Breath sounds are clear in the left and right upper lobes. Breath sounds are diminished in right and left lower lobes.**
GASTROINTESTINAL: **Diet at home: Normal** **Current Diet: Normal** **Height: 5'10"** **Weight: 79.6 kg** **Auscultation Bowel sounds: Equal** **Last BM: 9/21/22** **Palpation: Pain, Mass etc.: Normal; no pain** **Inspection:** **Distention: None** **Incisions: None** **Scars: None** **Drains: None** **Wounds: None** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	**Normal diet at home. Current diet is normal as well. Patient weighs 79.6 kg (175 lbs. 6.4 oz) and height is 5'10". Upon inspection, auscultation, and palpation, normal findings are present. Bowel sounds are equal, and the last bowel movement is on 9/21/22. No distention, incisions, scars, drains, or wounds. No ostomy, nasogastric, or feeding tubes.**
GENITOURINARY: **Color: Yellow** **Character: Clear** **Quantity of urine: Normal** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**No reported or observed difficulties with voiding; urine reported or observed as clear, yellow and without foul odor. Patient reports no pain while urinating. Patient does not have a foley catheter.**
MUSCULOSKELETAL: **Neurovascular status: Intact** **ROM: Yes** **Supportive devices: N/a**	**Neurovascular status is intact. Patient currently denies pain/discomfort. Patient doesn't report any paresthesia or paralysis. No noticeable pulselessness or pallor. Patient has**

Strength: Equal **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 7** **Activity/Mobility Status: Independent** **Independent (up ad lib) x☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**full range of motion with no assistive devices. Patient started with a GAIT belt during admission and has progressed to independent with close monitoring. No muscle weakness, joint swelling, or tenderness in all extremities. Symmetrical movement of extremities bilaterally. Patient is a moderate fall risk with a score of 7. Patient is independent.**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation: Normal** **Mental Status: Normal** **Speech: Normal** **Sensory: Normal** **LOC: Alert and Oriented**	**Person was alert and knew the person, place, and time. Normal movement of all extremities. Normal PERLA. Equal strength in all extremities. Orientation, mental status, speech, and sensory are all within normal limits. Level of consciousness is alert and oriented.**
PSYCHOSOCIAL/CULTURAL: **Coping method(s): Praying** **Developmental level: Integrity vs. Despair** **Religion & what it means to pt.: Religious and goes to church** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**Patient is calm and cooperative. Patient is also accepting and participates in care. Behavior is appropriate to the situation. Patient states they are religious and uses religion for coping. Patient states they go to church. Patient's wife is admitted to Carle and comes and visits. Patient's children are aware of his hospitalization.**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1108	**67**	**107/57**	**16**	**98.7 F (oral)**	**95%**
1601	**82**	**122/73**	**18**	**98.1 F (oral)**	**93%**

Vital Sign Trends:

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1108	**0-10**	**Denies Pain/Discomfort**	**N/a**	**N/a**	**N/a**
0835	**0-10**	**Denies Pain/Discomfort**	**N/a**	**N/a**	**N/a**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 G **Location of IV: Right arm** **Date on IV: 9/20/22** **Patency of IV: Open/not blocked** **Signs of erythema, drainage, etc.: None** **IV dressing assessment: Clean, dry, intact**	**Peripheral IV on 9/20. The size of the IV is an 18 gauge. The location of the IV is on the anterior right lower forearm. IV is open, clean, dry, intact. Transparent dressing is in place.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
50 mL	**425 mL**

Nursing Care

Summary of Care (2 points)

Overview of care: Patient is being treated for weakness. Various labs are being done to assess the cause of weakness, which is determined to be poor nutritional intake. Patient met with physical therapy for evaluation and deemed patient to have optimal mobility.

Procedures/testing done: X-ray was done to assess the chest. Results showed an

Enlarged heart with patchy small reticular pulmonary opacities seen in the mid to lower bilateral lungs. Various laboratory tests were done as well including a CBC, Chemistry, Urinalysis, etc. Physical therapy. Physical therapy was also done the night before discharge. No other testing or procedures were done.

Complaints/Issues: Patient has no complaints or issues. He states that he misses his wife.

Vital signs (stable/unstable): Vital signs are currently stable.

Tolerating diet, activity, etc.: Patient is not on a specific diet and doesn't partake in activities because of his moderately high fall risk score.

Physician notifications: Physician requests for the patient to contact them in the future if they feel that they would benefit from occupational therapy services.

Future plans for client: Have patient monitor food and fluid intake to decrease the the chances of malnutrition and future hospital stays.

Discharge Planning (2 points)

Discharge location: Patient will be discharged back home.

Home health needs (if applicable): N/a

Equipment needs (if applicable): N/a

Follow up plan: Follow up for physical therapy services if needed by patient.

Education needs: Educate patient on the importance of receiving adequate fluid and food intake to minimize the chances of feeling fatigue and weakness.

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

Nursing Diagnosis	**Rationale**	**Interventions (2 per dx)**	**Outcome Goal**	**Evaluation**
• Include full	• Explain			• How did the

nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	why the nursing diagnosis was chosen		**(1 per dx)**	client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Fluid volume deficit related to inadequate fluid intake as evidenced by feelings of dizziness and weakness.	**This diagnosis was chosen because of the patient stating that he's had poor intake of fluids by mouth.**	**1. Insert an IV catheter and maintain IV flow rate of fluid.** **2.Urge the patient to drink the prescribed amount of fluid.**	**1. The outcome goal if for the patient to drink more liquids to prevent dehydration.**	**The client and wife responded appropriately to the nursing actions. The wife was very supportive about the IV treatment. The outcome was as expected. Patient received more fluids from IV and drank the prescribed amount of fluids to help prevent dehydration. No modifications were needed.**
2. Imbalanced nutrition: Less than Body requirements related to loss of appetite as evidenced by feelings of fatigue and weakness.	**This diagnosis was chosen because the patient stated that they have had trouble with eating since wife has been admitted to the hospital.**	**1.Ascertain healthy body weight for age and height.** **2.Encourage family members to bring food home to the hospital.**	**1. The outcome goal is for the patient to obtain adequate nutrition and increase foods and liquids in their diet.**	**The client responded in a positive manner to the nursing actions. Wife was also very supportive. The client has children that are able to bring food to the hospital if needed. The wife's presence helps encourage the client to eat more. No modifications were needed.**
3. Activity	**This diagnosis**	**1. Evaluate**	**1.The**	**The client and wife**

intolerance related to generalized weakness as evidenced by shortness of breath.	**was chosen because the patient isn't able to be active due to feeling weak. He states having shortness of breath due to having COPD.**	**the need for additional help at home.** **2 Establish guidelines and goals of activity with the patient and/or SO.**	**outcome goal for the patient is to improve activity tolerance. We want the patient to be able to do more exercises without feeling shortness of breath.**	**were very supportive of the interventions and goals. The patient agrees that help at home is necessary. He will have his children help him on a daily basis. The wife and patient are aware of the guidelines and goals of activity from the physician that would help with activity intolerance. No modifications were needed.**
4. Disturbed sleep pattern related to lifestyle disruptions as evidenced by reports of difficulty waking up.	**This diagnosis was chosen because the patient has reported having difficulty waking up from sleep ever since his wife was admitted to the hospital. Patient is not receiving adequate sleep.**	**1. Assess the patients sleeping pattern and help develop a sleeping plan.** **2. Establish and adhere to a regular sleep time and wake time for the client based on their patterns and needs.**	**1. The patient will verbalize that they are able to easily fall asleep and be able to easily wake up in the morning.**	**The patient and his wife were very supportive of the nursing actions. The patient is aware of how important sleep is and the importance of waking up at an adequate time. The sleeping pattern was assessed, and patient has had a regular sleeping pattern since admitted. A regular sleep time and wake time was very helpful for the patient to develop a routine. The patient also states that they can sleep easier because he's closer to his wife being in the**

				hospital. No modifications were needed.

Other References (APA):

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

Concept Map (20 Points):

Subjective Data

Patient states that they feel weakness, fatigue, and dizziness.
Patient states that they are not in pain.

Objective Data

Pulse: 82
Blood pressure: 122/73
O2 saturation:93%
Respirations: 18
Temperature: 98.1 F
Patient is alert and oriented x4.

Client Information

Admitted: 7-20-22
Initials: J.A.J.
Age: 82 years
Height: 5'10"
Weight: 79.6 kg
Male
White/Caucasian
Retired
Married
Allergies: Lyrica, Morphine, Penicillin, and Sulfonamide antibiotics
DNAR

Nursing Diagnosis/Outcomes

Fluid volume deficit related to inadequate fluid intake as evidenced by feelings of dizziness and weakness.
Imbalanced nutrition: Less than Body requirements related to loss of appetite as evidenced by feelings of fatigue and weakness.
Activity intolerance related to generalized weakness as evidenced by shortness of breath.
Disturbed sleep pattern related to lifestyle disruptions as evidenced by reports of difficulty waking up.

1. The outcome goal if for the patient to drink more liquids to prevent dehydration.
2. The outcome goal is for the patient to obtain adequate nutrition and increase foods and liquids in their diet.
3. The outcome goal for the patient is to improve activity tolerance. We want the patient to be able to do more exercises without feeling shortness of breath.
4. The patient will verbalize that they are able to easily fall asleep and be able to easily wake up in the morning.

Nursing Interventions

1. 1. Insert an IV catheter and maintain IV flow rate of fluid. Urge the patient to drink the prescribed amount of fluid.

2. Ascertain healthy body weight for age and height. Encourage family members to bring food home to the hospital.

3. Evaluate the need for additional help at home. Establish guidelines and goals of activity with the patient and/or SO.

4. Assess the patients sleeping pattern and help develop a sleeping plan. Establish and adhere to a regular sleep time and wake time for the client based on their patterns and needs.