N311 Care Plan # 1

Lakeview College of Nursing

Karlie Roberts

Demographics (5 points)

Date of Admission	Client Initials	Age	Gender
9/17/22	J.A.W	8/26/40 (82)	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Retired	Widowed	Morphine: low severity, nausea, vomiting
Code Status	**Height**	**Weight**	
DNR	5'2"	228lbs 13.4oz **BMI** 41.85	

Medical History (5 Points)

Past Medical History: acute kidney injury (HCC), asthma, carpal tunnel syndrome, chronic renal disease stage III, COPD, cough with hemoptysis hydronephrosis with ureteropelvic junction obstruction (02/05/2020), hyperlipidemia, hypertension, infection of prosthetic knee joint, kidney stones, left ventricular diastolic function (03/02/2020), lumbar radiculopathy, pulmonary emphysema, pulmonary hypertension, shortness of breath, sleep apnea, urinary frequency, weak urinary system

Past Surgical History: hernia repair, appendectomy, cholecystectomy, hysterectomy, joint replacement, colonoscopy (03/08/07), trail sacral nerve stimulator (03/07/2022), upper gastrointestinal endoscopy (07/02/2022)

Family History: cancer in two brothers, heart disease in father and mother, kidney disease in mother

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

Never smoked or smoked smokeless tobacco. Previous alcohol and drug use. Patient not able to give any details of previous alcohol and drug use due to orientation.

Admission Assessment

Chief Complaint (2 points): atrial fibrillation

History of Present Illness – OLD CARTS (10 points): patient presented with chest pain, that was achy and jerky about a week ago. Patient unable to give any other details about HPI due to orientation.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): atrial fibrillation

Secondary Diagnosis (if applicable): chronic pain due to immobility

Pathophysiology of the Disease, APA format (20 points): When a person has atrial fibrillation, the normal beating in the upper chambers of the heart is irregular, and blood doesn't flow as well as it should from the atria to the lower chambers of the heart. Atrial fibrillation is caused by disorganized signals that make your heart's two upper chambers squeeze very fast and out of sync. They contract so quickly that the heart walls quiver or fibrillate. Damage to your heart's electrical system can cause atrial fibrillation (Phelps, 2020). Some risk factors that are associated with atrial fibrillation are age, heart disease, hypertension, and obesity. Signs and symptoms include palpitation, shortness of breath, and fatigue. Atrial fibrillation can be treated by beta blockers, blood thinners, cardioversion (electrical shock), and minimally invasive surgery, an ablation. The patient is currently on Apixaban (Eliquis) which is to prevent serious blood clots from forming due to the irregular heartbeat (Capriotti, 2020).

Pathophysiology References (2) (APA):

Phelps, L. L. (2020). In *Spark's & Taylor's Nursing Diagnosis Reference Manual* 11th ed. essay,

    Wolters Kluwer.

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical*

    Perspectives. 2nd ed., F.A. Davis, 2020.

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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	**3.80-5.30**	**3.05**	**2.95**	Chronic kidney disease
Hgb	**12.0-15.8**	**9.3**	**9.0**	Chronic kidney disease
Hct	**36.0-47.0**	**28.2**	**27.5**	Chronic kidney disease
Platelets	**140-440**	192	212	
WBC	**4.00-12.00**	10.50	5.6	
Neutrophils	**47.0-73.0**	**92.3**	**78.5**	Past infection of prosthetic knee joint
Lymphocytes	**18.0-42.0**	**3.2**	**10.7**	Chronic kidney disease
Monocytes	**4.0-12.0**	3.3	6.7	
Eosinophils	**0.0-5.0**	0.7	3.3	
Bands	**N/A**	**N/A**	**N/A**	

Chemistry <mark>Highlight All Abnormal Labs</mark>—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-	133-144	137	138	
K+	3.5-5.1	4.5	3.7	
Cl-	98-107	97	105	
CO2	21-31	28	25	
Glucose	70-99	101	91	
BUN	7-25	59	44	Acute on chronic kidney disease
Creatinine	0.50-1.00	3.73	2.02	Acute on chronic kidney disease
Albumin	3.5-5.7	4.4	3.7	
Calcium	8.8-10.2	9.6	9.1	
Mag	1.6-2.6	N/A	2.0	
Phosphate	34-104	72	67	
Bilirubin	0.2-0.8	0.5	0.5	
Alk Phos	34-104	72	67	

Urinalysis <mark>Highlight All Abnormal Labs</mark>—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal	Value on	Today's	Reason for Abnormal

	Range	Admission	Value	
Color & Clarity				
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

Comments: above information not obtained during this admission

Cultures <mark>Highlight All Abnormal Labs</mark>—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				
Blood Culture				
Sputum Culture				
Stool Culture				

Comments: above information not obtained during this admission

Lab Correlations Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). 2022 Nurse's Drug Handbook (20th ed.).

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

X-Ray Chest: for atrial fibrillation; impression: infiltration/atelectatic changes noted in

right lower lobe, right diaphragm is elevated

X-Ray Hip Bilateral with AP Pelvis: for sacrum pain; impression: mild arthritic changes

noted in both hip joints

X-Ray Chest: for rule out infiltrates; impression: cardiomegaly, diffuse bilateral infiltrates

could be due to CHF, other causes could be pneumonic process

X-Ray Swallow: for possible aspiration; impression: TBD

Adult TTE: for lung artifact; impression: mild increase in left ventricular wall thickness,

left ventricular systolic function is hyperdynamic, estimated ejection fraction is greater

than 70%, mild hypertension

Diagnostic Imaging Reference (1) (APA):

Phelps, L. L. (2020). In *Spark's & Taylor's Nursing Diagnosis Reference Manual* 11th ed. essay,

Wolters Kluwer.

Current Medications (10 points, 2 points per completed med)

5 different medications must be completed

Medications (5 required)

Brand/Generic	Hydrocodon	Apixaban	Metoprolol	Nitroglycerin	Diltiazem

	e-acetaminophen (NORCO)	(Eliquis)	Tartrate (Lopressor)	(Nitrostat)	(Cardizem)
Dose	5-325mg/tab	2.5/tab	25mg/tab	0.4mg	30mg/tab
Frequency	Q6	2x daily	2x daily	Every 5 minutes prn	4x daily
Route	Oral	Oral	Oral	Sublingual	oral
Classification	Opioid Opioid Analgesic	Factor Xa Inhibitors	Beta Blockers	Nitrates, Angina	Antidysrhythmic, IV
Mechanism of Action	Binds to and activates Opioid receptors at sites in the periaqueductal and Periventricular grey matter to produce pain relief.	Inhibits free and clot bound factor XA and prothrombinase activity	Beta1-selective (cardioselective) adrenergic receptor blocker	forms free radical nitric oxide (NO) which activates guanylate cyclase, resulting in an increase of guanosine 3'5' monophosphate (cyclic GMP) in smooth muscle and other tissues	inhibits the inflow of calcium ions into the cardiac, smooth muscle during depolarization

Reason Client Taking	Moderate to severe pain	Atrial fibrillation	HTN/Chest pain	Chest pain	HTN/Chest pain
Contraindications (2)	Allergy Acute or severe asthma	Anaphylaxis Active pathological bleeding	Bradycardia Moderate to severe cardiac failure	Early MI Severe anemia	Hypotension patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker
Side Effects/Adverse Reactions (2)	Nausea Vomiting	Bleeding Nausea	Dizziness Drowsiness	Headache Lightheadedness	Weakness Constipation

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). 2022 Nurse's Drug Handbook (20th ed.).

Assessment

Physical Exam (18 points) – <mark>HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS</mark>

GENERAL: **Alertness:** times 2 **Orientation:** times 0	no fever, no chills, no generalized weakness

Distress: no acute distress **Overall appearance:** well-groomed	
INTEGUMENTARY: **Skin color:** white **Character:** dry **Temperature:** warm **Turgor:** slow to return to original state **Rashes:** N/A **Bruises:** yes **Wounds:** N/A . **Braden Score:** 17 **Drains present: Y**☐ **N** ☒ **Type:**	Sensory perception: 4 Occasionally moist: 3 Chairfast: 2 Slightly limited: 3 Adequate: 3 Potential problem: 2
HEENT: **Head/Neck:** WDL **Ears:** WDL **Eyes:** WDL **Nose:** WDL **Teeth:** WDL	H/N: Symmetrical, trachea midline, no swelling, rigidity, or reported tenderness EENT: tongue midline, no swelling or lesion, no reported sensitivity or difficulty swallowing, no reported or observed teeth loose
CARDIOVASCULAR: **Heart sounds:** heart sounds are regular **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** rhythm steady/normal **Peripheral Pulses:** radial pulse equal/bilat **Capillary refill:** less than 2 seconds **Neck Vein Distention: Y** ☐ **N** ☒ **Edema Y** ☐ **N** ☒ **Location of Edema:**	S1 and S2 hear, no murmur, no chest pain, no orthopnea, no PND, apical and radial pulse regular

RESPIRATORY: **Accessory muscle use: Y**☐ **N** ☒ **Breath Sounds: Location, character**	WDL except for breath sounds Diminished breath sounds dyspnea

GASTROINTESTINAL:
 	
Diet at home: regular
 	
Current Diet: mechanical thin liquids
 	
Height: 5'2"
 	
Weight: 228 pounds and 13.4 oz
 	
Auscultation Bowel sounds: WDL
 	
Last BM: 9/20/22
 	
Palpation: Pain, Mass etc.:
 	
Inspection:
 	
   Distention: nondistended
 	
   Incisions: N/A
 	
   Scars: N/A
 	
   Drains: N/A
 	
   Wounds: N/A
 	
Ostomy: Y ☐   **N** ☒
 	
Nasogastric: Y ☐   **N** ☒
 	
   Size:
 	
Feeding tubes/PEG tube   Y ☐   **N** ☒
 	
   Type:
	No nausea, vomiting, abdominal pain,
	
	constipation, or diarrhea, nondistended umbilical
	
	bulge

GENITOURINARY: **Color:** yellow **Character:** normal **Quantity of urine:** **Pain with urination: Y** ☐ **N** ☒ **Dialysis: Y** ☐ **N** ☒ **Inspection of genitals:**	No dysuria, no urgency no frequency no hematuria WDL except with voiding ability

Catheter: Y ☐   N ☒
 	
   Type:
 	
   Size:	

MUSCULOSKELETAL: **Neurovascular status:** WDL **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 11** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Lower extremities normal, AROM: shoulder flexion, left arm 40 degrees, right arm 60 degrees WDL except with mobility, generalized weakness Use of wheelchair, walker, and grab bar Pt is at baseline for assistance Fall Risk: 11
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation: times 0** **Mental Status:** pt confused **Speech:** clear, spontaneous **Sensory:** N/A **LOC:** N/A	No headache, lightheadedness, or facial weakness PERRLA EOM's intact bilaterally
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home**	No anxiety or depression Cooperative and accepting

environment, family structure, and available family support):	

Vital Signs, 1 set (5 points) – <mark>HIGHLIGHT ALL ABNORMAL VITAL SIGNS</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	84	108/47	20	97.4	97%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0825	Numeric rating pain scale	back	3	Aching	Pain medication

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240mL of water	0

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related	• Explain why the nursing diagnosis was			• How did the client/family respond to the nurse's

to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	chosen			actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for impaired skin integrity related to immobility as evidenced by Braden score/ mobility deficits	Patient has immobility problems	1. Turn patient every two hours 2. Ensure the patient stays dry	1. Patient will not exhibit skin breakdown	Patient will continue effective measures to keep skin integrity
2. Acute pain related to immobility as evidence by taking hydrocodone	Patient is on strong pain medication, states that pain meds work	1. Assess patient signs and symptoms of pain and administer pain medications as prescribed.	1. Patient able to identify effective pain relief	Patient states satisfaction with pain management regimen.

		2. Use a pain scale when assessing pain and record severity.		

Other References (APA):

Concept Map (20 Points):

Subjective Data

Shortness of breath (can't catch breath)
Back pain (achy)

Nursing Diagnosis/Outcomes

Risk for impaired skin integrity related to immobility as evidence by braden score/mobility deficits
Patient will not exhibit skin breakdown or pain.
Pain associated atrial fibrillation as evidence by chest pain, 3/10.

Objective Data

HR: 84
T: 97.4
O2: 97
BP: 108/47
R: 20
P:3

Client Information

82 year old female
Chronic kidney disease
Atrial fibrillation
COPD
OSA
Acute chronic dyspnea

Nursing Interventions

Ensure patient is dry due to incontinence
Assess patient's vital signs and symptoms of pain and administer pain medication as prescribed.
Use a pain scale when assessing pain and record severity.