Medications

Lasix- is used to pull fluids out of the body in situations where edema is present. Nursing assessments should be done: assess fluid status by weighing the client daily, and listen to lung sounds for fluids that should not be present

Dobutamine- used to improve cardiac tissue perfusion, the patient needs stronger blood flow with A fib to help regulate the blood. Nursing assessments include: monitoring cardiac output and also monitor urine output

Insulin- acts as a hormone the pancreas creates, he has type 2 diabetes therefore he is not producing the insulin the body creates. Nursing assessment: assess skin lesions, and monitor level of consciousness

Mucinex- a congestion medication to help thin secretions in the nasal and throat cavity. Nursing assessment should include monitoring persistent coughs, and should check for headaches that may develop

Levophed- to help the blood pressure rise when it pumps irregularly. The patient's cardiac flow is out of sync, therefore it needs to be regulated. Nursing assessment includes having patient report chest pain, and monitor blood pressure changes

Demographic Data

Date of Admission: 9/20/2022
Admission Diagnosis/Chief Complaint: Atrial Fibrillation
Age: 79
Gender: Male
Race/Ethnicity: Caucasian
Allergies: none
Code Status: Fill code
Height in cm: 182 cm
Weight in kg: 72.5
Psychosocial Developmental Stage: Appropriate to age level
Cognitive Developmental Stage: Appropriate to age level
Braden Score: 19
Morse Fall Score: 25
Infection Control Precautions: No precautions needed at the time

Pathophysiology

Disease process: In atrial fibrillation, the upper chambers of the heart misfire signals that travel to the ventricles causing a disruption of electric flow. As a result, the heart's signals are rapid and irregular. Risk factors may include advanced age, obesity, hypertension, diabetes,CKD, and smoking. With lack of blood flow the patient may experience edema in the lower extremities
S/S of disease: Irregular heart beat, shortness of breath, lightheadedness, fatigue, chest pain, heart palpitations
Method of Diagnosis: ECG/EKG
Treatment of disease: Blood thinners may help with blood flow through the heart as well as lifestyle changes like weight loss, smoking cessation, regular exercise, healthy cardiac diets, and medications that control heart rhythms

Active Orders

Lasix drip- needed to pull fluids from edema in legs

Levophed drip- this helps regulate his blood pressure when his heart isn't pumping efficiently

O2 nasal cannula- oxygen is needed to maintain oxygen flow when the blood is not circulating well enough

Ambulate 4 times daily- to help prevent pressure ulcers and keep the heart pumping

Dobutamine- this helps manage his low blood pressure

Hold eliquis due to HGB drip- we do not want to administer a blood thinner with the chance of lowering his Hgb any more than it is

Admission History

CK, a 79 year old male, came to the emergency room via ambulance, He was experiencing chest issues such as a pounding chest along with lightheadedness and shortness of breath. Patient said aspirin had not taken care of the issues after taking one. EKG tests indicated uncontrolled atrial fib, and he was given beta blockers. Patient had cardioversion performed to help stabilize the heart dysrhythmia.

Medical History

Previous Medical History: Hx of afib controlled, CAD, CHF, CKD, prostate cancer, Type 2 diabetes

Prior Hospitalizations: kidney disease and CAD
Previous Surgical History: No known surgeries
Social History: no smoking or drinking

Lab Values/Diagnostics

Troponin is used to help rule out any heart damage

Abnormal labs: GFR <60, this shows kidney disease if below 60. The patient has a history of CKD. HGB level of 4, this is because CKD impairs the hormone function that the bone marrow uses to produce RBC. Glucose level of 206, the patient has type 2 diabetes, and sodium 150, this could be due to the patient's dehydration status which can result in afib if not drinking enough water (Hinkle, 2018).

Diagnostic imaging: EKG is used to examine the heart rhythm, chest x-ray ordered to see the condition of the heart and lungs

Physical Exam/Assessment

General: Patient was alert and oriented x 4, eyes open and talkative, he performs ADL's by himself and vitals are all within normal range

Integument: warm and dry skin, bruises on both arms with edema around bilateral ankles and buttox/hips, temperature 97.5, no rash or skin breakdown noted from head to toe, skin turgor has rapid recoil indicating patient is hydrated, no clubbing of the fingers and skin around IV sites are free of redness or swelling

HEENT: head and neck symmetrical, pulses +2 bilateral arms/legs, PERRLA in both eyes, no discoloration of nasal or oral cavity, free of secretions, teeth white and in good shape

Cardiovascular: s1 and s2 heard, afib present but in controlled state, edema has shifted to legs and buttox, no neck vein distention ,

Respiratory: breath sounds clear and no labored breathing present, less than 20 respirations, no distress complaints

Genitourinary: yellow and at 35 ml output per hour, no foul odor or discoloration noted, urine cath inserted due to lasix medication

Gastrointestinal: bowels heard in all 4 quadrants, renal function is appropriate with evidence of urine output, free of pain in stomach, last BM was 9/19, diabetic diet ordered

Musculoskeletal: ROM active in all extremities, able to state where he is and what day it is, patient had orders to walk around the unit and ambulate to chair from bed, no supportive devices needed, pillows under legs, fall score is 25, independent and can walk by himself

Neurological: oriented to unit and environment around, all senses are intact and functioning well, able to speak and address needs or wants, strength equal in hands and feet, patient can see, touch, hear

Most recent VS (include date/time and highlight if abnormal): 7:30 a.m. -pain 3/10, respirations 18, BP 136/90, temp 97.5, pulse 87 11:00 a.m.- pain 3/10, respirations 17, temp 97.5, pulse 85

Pain and pain scale used: 3/10 numeric scale

Nursing Diagnosis 1 Risk for activity intolerance related to circulatory as evidenced by edema in the lower extremities	Nursing Diagnosis 2 Risk for ineffective tissue perfusion related to decreased cardiac outflow as evidenced by chest tightness	Nursing Diagnosis 3 Risk for deficient knowledge related to insufficient understanding of the disease as evidence of chronic health conditions
Rationale Without proper blood flow through the body, the patient can experience issues of hypoxia and fluid build up in the extremities, it is important to prevent further damage to tissues and/or lack range of motion activities	Rationale Withe too much fluid buildup the nurse should prepare for certain medications to help perfusion flow better, lasix will help decrease unwanted fluids that are visible through edema	Rationale The patient needs to understand why he is in the hospital and what happens in the heart during atrial fibrillation. If no understanding has been shown he may progress in cardiac issues or deal with recurring conditions
Interventions Intervention 1: perform baseline assessment to find out patient's normal condition Intervention 2: evaluate cardiopulmonary response before and after therapies are performed	Interventions Intervention 1: Assess mental status, level of consciousness and behavior of the patient Intervention 2: Assess blood pressure to prevent complications such as strokes from occurring	Interventions Intervention 1: Discuss what motivates the client with learning new material Intervention 2: Encourage positive reinforcement, nurse may utilize new teaching skills and rewards for clients reciting knowledge/understandance back to the nurse
Evaluation of Interventions Patient will ambulate multiple times daily and the patient will continue to show stable vitals upon assessments The patient will show signs of no fluid overload after administering lasix	Evaluation of Interventions Patient will understand the concept of a fib and be knowledgeable to state any adverse effects or unusual feelings Patient will be demonstrate increased perfusion as evidence from vitals taken	Evaluation of Interventions Patient will understand the severity and treatment plan of the disorder as well as comply with medications Patient will also demonstrate lifestyle changes such as exercising regularly and dietary modifications that reduce fatty buildup or coronary issues

Levi Hahne

Concept map Sept 29, 2022

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