N431 Care Plan #1

Lakeview College of Nursing

Harley Epley

Demographics (3 points)

Date of Admission 9-23-2022	**Client Initials** M.S.	**Age** 55 years old	**Gender** Male
Race/Ethnicity White	**Occupation** Self-employed	**Marital Status** Widowed	**Allergies** NKA
Code Status Full	**Height** 177.8cm	**Weight** 80.5kg	

Medical History (5 Points)

Past Medical History: CAD (6/3/2014), Depressive disorder, HTN.

Past Surgical History: PTCA/stent (6/5/2014).

Family History: Father: CAD- died at age 50 with massive MI.

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

Tobacco use: 1 pack daily for over 40 years, patient reports quitting on 9/25/2022. Marijuana: 3.5grams every 2 days for over 40 years, patient reports quitting on 9/25/2022. No alcohol use.

Assistive Devices: The patient uses a cane when arthritis is inflamed in the left knee.

Living Situation: Home alone.

Education Level: High School.

Admission Assessment

Chief Complaint (2 points): Shortness of breath.

History of Present Illness – OLD CARTS (10 points): The patient presented to the emergency department on 9/23/2022 complaining of SOB worsening since its first onset on 9/16/2022. On 9/16/2022 patient reported having a difference in breathing, but went away after a few days. Symptoms returned on 9/20/2022 and were worsened by day 7 (9/23/2022). The patient was unable to catch his breath and would have to sleep sitting up. Upon arrival at the ED, the patient

had to stop several times to catch his breath and reported mild chest pain. Symptoms continued to worsen at home even with rest. The patient presented to ED for treatment of SOB.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): NSTEMI (non-ST elevated MI)

Secondary Diagnosis (if applicable): CAD, HTN crisis, acute or chronic systolic CHF.

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

A non-ST-elevation myocardial infarction (NSTEMI) is a type of heart attack when the need for oxygen to the heart is not met. Since there were no significant changes in the patient's EKG, he was diagnosed as NSTEMI vs STEMI, in which there would be recognizable changes in the heart's electrical activity (Cleveland clinic, 2022). Both are considered life-threatening emergencies and need emergent care. Signs and symptoms of an NSTEMI include chest pain, shortness of breath, nausea or stomach discomfort, heart palpitations, lightheaded, dizziness, or passing out. An EKG is the most important diagnostic to diagnose a heart attack (Cleveland clinic, 2022). This determines the type of STEMI, and in this patient's case, they did not have elevated ST segments shown, therefore it is an NSTEMI. Troponin is a lab test to detect heart damage (Cleveland clinic, 2022). Other diagnostics include echocardiograms to determine how the heart functions with sound waves and give the ejection fraction, a CT scan to show plaque buildup or narrowing of the arteries, and an MRI to get a detailed image of the heart (Cleveland clinic, 2022). This patient had an EKG, CT, and echocardiogram performed as well as a chest x-ray. The results showed many blockages and a decrease in the ejection fraction of the heart. Treatment for NSTEMI would include the use of oxygen if needed, medications such as antiplatelet medications, anticoagulants, ACE inhibitors, beta-blockers, nitroglycerin, and statins

(Cleveland clinic, 2022). This patient was on anticoagulants, diuretics, beta-blockers, and nitrate for treatment. Other treatments depend on the severity and can include coronary artery bypass grafting (CABG), or percutaneous coronary intervention, also known as heart catheterization, to look at the amount of blockage on the heart (Cleveland clinic, 2022). This patient had a heart catheterization that showed multiple large blockages, and the plan is to schedule surgery for a CABG. Prevention and maintenance of this disease is to stay compliant with medications and lifestyle modifications, as well as smoking cessation.

Pathophysiology References (2) (APA):

NSTEMI: Causes, symptoms, diagnosis, treatment & outlook. Cleveland Clinic. (2022). https://my.clevelandclinic.org/health/diseases/22233-nstemi-heart-attack

Troponin test: What it is and normal range. Cleveland Clinic. (2022). https://my.clevelandclinic.org/health/diagnostics/22770-troponin-test

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 (Carle database, 2022).	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.10-5.70	4.86	N/A	WNL
Hgb	12.0-18.0	15.7	N/A	WNL
Hct	37.0-51.0	43.9	N/A	WNL
Platelets	140-400	260	N/A	WNL
WBC	4-11	14.68	N/A	Potentially elevated due to inflammation, infection, trauma, or stress (Pagana, 2018).
Neutrophils	1.60-7.70	10.36	N/A	Potentially elevated due to stress, infection, trauma, or inflammation

				(Pagana, 2018).
Lymphocytes	1.00-4.90	3.11	N/A	WNL
Monocytes	0.00-1.10	0.95	N/A	WNL
Eosinophils	0.00-0.50	0.15	N/A	WNL
Bands	0	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** (Carle database, 2022).	**Admission Value**	**Today's Value**	**Reason For Abnormal**
Na-	136-145	135	N/A	WNL
K+	3.5-5.1	3.1	N/A	Potentially decreased due to the patient being on a diuretic (Pagana, 2018).
Cl-	98-107	101	N/A	WNL
CO2	22.0-29.0	21.0	N/A	Slightly decreased due to the patient being NPO (Pagana, 2018).
Glucose	74-100	179	N/A	Potentially elevated due to acute stress response, DM, or diuretic therapy (Pagana, 2018).
BUN	8-26	18	N/A	WNL
Creatinine	0.55-1.30	1.52	N/A	Potentially elevated due to an issue developing in the kidneys, or a possible UTI (Pagana, 2018).
Albumin	3.5-5.0	3.9	N/A	WNL
Calcium	8.9-10.6	9.1	N/A	WNL
Mag	1.6-2.6	2.0	N/A	WNL
Phosphate	3-4.5 mg/dL (Pagana, 2018).	N/A	N/A	WNL

Bilirubin	0.2-1.2	0.9	N/A	WNL
Alk Phos	40-150	92	N/A	WNL
AST	5-34	20	N/A	WNL
ALT	0-55	21	N/A	WNL
Amylase	60-120 units/dL (Pagana, 2018).	N/A	N/A	N/A
Lipase	0-160 units/ L (Pagana, 2018).	N/A	N/A	N/A
Lactic Acid	0.5-2.0 mmol/L	1.59	N/A	WNL
Troponin	0.00-0.03	0.70	N/A	Elevated due to myocardial injury and NSTEMI (Pagana, 2018).
CK-MB	20-200 (Pagana, 2018).	N/A	N/A	N/A
Total CK	20-200U/L (Pagana, 2018).	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** (Carle database, 2022).	**Value on Admission**	**Today's Value**	**Reason for Abnormal**
INR	0.9-1.1	1.1	N/A	WNL
PT	11.7-13.8	13.9	N/A	Slightly elevated due to potential Vitamin K deficiency (Pagana, 2018).
PTT	22.4-35.9	28.8	70.7	WNL
D-Dimer	<250 ng/mL (Pagana, 2018).	N/A	N/A	N/A

BNP	0.0-100.0	156.0	N/A	Elevated due to CHF, MI, systemic hypertension, or Cor pulmonale (Pagana, 2018).
HDL	Male: > 45mg/dL (Pagana, 2018).	N/A	N/A	N/A
LDL	<130 mg/dL (Pagana, 2018).	N/A	N/A	N/A
Cholesterol	<200mg/dL (Pagana, 2018).	N/A	N/A	N/A
Triglycerides	Male: 40-160mg/dL (Pagana, 2018).	N/A	N/A	N/A
Hgb A1c	95-98% (Pagana, 2018).	N/A	N/A	N/A
TSH	2-10 mU/L (Pagana, 2018).	N/A	N/A	N/A

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

Lab Test	**Normal Range** (Carle database, 2022).	**Value on Admission**	**Today's Value**	**Reason for Abnormal**
Color & Clarity	Colorless/yellow & clear	Yellow and clear	N/A	WNL
pH	4.6-8 (Pagana, 2018).	6.5	N/A	WNL
Specific Gravity	1.000-1.030	1.015	N/A	WNL
Glucose	Negative	100	N/A	Elevated due to potential DM (Pagana, 2018).
Protein	Negative	30	N/A	Elevated due to potential DM or CHF (Pagana, 2018).
Ketones	Negative	Negative	N/A	WNL
WBC	0-25	8	N/A	WNL

RBC	0-20	0	N/A	WNL
Leukoesterase	Negative	Negative	N/A	WNL

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

Test	**Normal Range** (Pagana, 2018).	**Value on Admission**	**Today's Value**	**Explanation of Findings**
pH	7.35-7.45	N/A	N/A	N/A
PaO2	80-100mmHg	N/A	N/A	N/A
PaCO2	35-45 mmHg	N/A	N/A	N/A
HCO3	21-28 mEq/L	N/A	N/A	N/A
SaO2	95-100%	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	No growth (Pagana, 2018).	N/A	N/A	N/A
Blood Culture	No growth (Carle database, 2022).	No growth	N/A	WNL
Sputum Culture	Negative (Pagana, 2018).	N/A	N/A	N/A

Stool Culture	Negative (Pagana, 2018).	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Carle database (2022).

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's diagnostic and laboratory test reference* (14th ed.). Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Procalcitonin: 0.4ng/mL (normal <0.5ng/mL) (Carle database, 2022).

SARS COVID Rapid: negative.

CXR: Bilateral mild interstitial and airspace opacities. Differential considerations pulmonary edema and/or atypical pneumonitis. Trace effusions, hyperinflated lungs. The cardiac contour doesn't appear enlarged. No acute displaced fractures.

CT scan of the chest: No evidence of pulmonary embolism. Pulmonary edema and small pleural effusions, patchy mild bibasilar airspace disease. New small pulmonary nodules, mediastinal lymphadenopathy.

EKG 12 lead= Abnormal. Sinus tach with frequent PVCs. Marked ST abnormality. Possible left atrial enlargement.

Echocardiogram: Left ventricular systolic function severely reduced. Ejection fraction 15-20%, left atrium and ventricle mildly enlarged, right ventricle normal size, mild mitral regurgitation.

Left heart Cath: Results pending.

Diagnostic Test Correlation (5 points):

Procalcitonin is a biomarker released that would indicate an infection (Jiun-Lih, 2021).

SARS COVID Rapid was performed to rule out COVID.

CXR and CT scan of the chest were done due to SOB.

EKG 12 lead was performed due to SOB and chest pain upon arrival and history of CAD.

Echocardiogram was performed due to chest pain, SOB, and NSTEMI.

Left heart Cath was performed due to NSTEMI to evaluate the progression of CAD.

Diagnostic Test Reference (1) (APA):

Jiun-Lih Jerry Lin, M. B. B. S. (2021, October 22). *Procalcitonin (PCT): Reference range of procalcitonin, interpretation of procalcitonin levels, collection and panels*. Procalcitonin (PCT): Reference Range of Procalcitonin, Interpretation of Procalcitonin Levels, Collection and Panels. https://emedicine.medscape.com/article/2096589-overview#:~:text=Procalcitonin%20(PCT)%20is%20a%20biomarker,a%20role%20in%20antibiotic%20stewardship.

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

Home Medications (5 required): Patient reports no home medications; none listed in patient chart.

Brand/Generic	N/A	N/A	N/A	N/A	N/A
Dose	N/A	N/A	N/A	N/A	N/A
Frequency	N/A	N/A	N/A	N/A	N/A
Route	N/A	N/A	N/A	N/A	N/A
Classification	N/A	N/A	N/A	N/A	N/A

Mechanism of Action	N/A	N/A	N/A	N/A	N/A
Reason Client Taking	N/A	N/A	N/A	N/A	N/A
Contraindications (2)	N/A	N/A	N/A	N/A	N/A
Side Effects/Adverse Reactions (2)	N/A	N/A	N/A	N/A	N/A
Nursing Considerations (2)	N/A	N/A	N/A	N/A	N/A
Key Nursing Assessment(s)/Lab(s) Prior to Administration	N/A	N/A	N/A	N/A	N/A
Client Teaching Needs (2)	N/A	N/A	N/A	N/A	N/A

Hospital Medications (5 required)

Brand/Generic	Bupropion BCL (Wellbutrin Sr)	Metoprolol succinate ER (Toprol-XL)	Isosorbide mononitrate ER (Monoket)	Heparin (Hepalean (CAN))	Furosemide (Lasix)
Dose	150mg	50mg	30mg	21mL/hr.	40mg
Frequency	BID	Daily	Daily	Continuous	BID
Route	PO	PO	PO	IV	ID
Classification	Pharmacologic class: Aminoketone.	Pharmacologic class: $Beta_1$-adrenergic	Pharmacologic class: Nitrate	Pharmacologic class: anticoagulant	Pharmacologic class: Loop diuretic

	Therapeutic class: Antidepressant, smoking cessation adjunct. (Jones et al., 2021).	blocker Therapeutic class: Antianginal, antihypertension (Jones et al., 2021).	Therapeutic class: Antianginal (Jones et al., 2021).	Therapeutic class: anticoagulant (Jones et al., 2021).	Therapeutic class: Antihypertensive, diuretic. (Jones et al., 2021).
Mechanism of Action	May inhibit dopamine, norepinephrine, and serotonin uptake by neurons, which significantly relieves evidence of depression (Jones et al., 2021).	Inhibits stimulation of $beta_1$-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 MI, and help relieve symptoms of heart failure. Metoprolol also helps reduce	May interact with nitrate receptors in vascular smooth-muscle cell membranes. By interacting with receptors' sulfhydryl groups, drug is reduced to nitric oxide. Nitric oxide activates the enzyme guanylate cyclase, increasing intracellular formation of cyclic guanosine monophosphate (cGMP). An increased cGMP level may relax vascular smooth muscle by forcing	Binds with antithrombin III, enhancing antithrombin III's inactivation of the coagulation enzymes thrombin (factor IIa) and factors Xa and Xia. At low doses, inhibits factor Xa and prevents conversion of prothrombin to thrombin; without fibrin, clots can't form. At high doses, heparin inactivates thrombin, preventing fibrin	Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation. As the body's plasma volume decreases, aldosterone production increases, which promotes sodium reabsorption and the loss of potassium and hydrogen ions. Furosemide also increases the excretion of calcium, magnesium, bicarbonate, ammonium, and phosphate. By reducing

		blood pressure by decreasing renal release of renin (Jones et al., 2021).	calcium out of muscle cells, causing vasodilation. This improves cardiac output by reducing mainly preload but also afterload. (Jones et al., 2021).	formation and existing clot extension. (Jones et al., 2021).	intracellular and extracellular fluid volume, the drug reduces blood pressure and decreases cardiac output. Over time, cardiac output returns to normal. (Jones et al., 2021).
Reason Client Taking	Depression	HTN	CAD	Prevention of blood clots	Hypertension
Contraindications (2)	Hypersensitivity to bupropion or its contents. Conditions that increase the risk of seizure. (Jones et al., 2021).	heart rates lower than 45 bpm. Systolic blood pressure less than 100 mm/Hg. (Jones et al., 2021).	Concurrent use of phosphodiesterase inhibitors. Hypersensitivity to isosorbide, other nitrates, or their components. (Jones et al., 2021).	History of thrombosis. Hypersensitivity to heparin, pork, or its components. (Jones et al., 2021).	Anuria Hypersensitivity to furosemide or its components. (Jones et al., 2021).
Side Effects/Adverse Reactions (2)	MI & HTN (Jones et al., 2021).	Heart failure Cardiac arrest (Jones et al., 2021).	Arrhythmias Tachycardia (Jones et al., 2021).	Thrombosis Chest pain (Jones et al., 2021).	Arrhythmias Thromboembolism (Jones et al., 2021).
Nursing Considerations	Assess the patient's	Use cautiously	Give drug 1 hour before	Bleeding precautions.	Patients allergic to

(2)	blood pressure before bupropion therapy begins and monitor periodically during because bupropion may cause HTN. Monitor depression closely for worsened depression and increased suicide risk, especially when therapy starts or dosage changes. (Jones et al., 2021).	in patients with angina or hypertensio n who have CHF because beta blockers can further depress myocardial contractility, worsening heart failure. Expect patients with acute MI who can't tolerate initial dosage or who delay treatment to start with maintenance dosage, as prescribed and tolerated. (Jones et al., 2021).	or 2 hours after meals. Patient may experience daily headaches from isosorbide's vasodilating effects. (Jones et al., 2021).	Give on by IV or SQ route, IM causes hematoma, irritation, and pain. (Jones et al., 2021).	sulfonamides may also be allergic to furosemide. Obtain weight before and periodically during furosemide treatment. (Jones et al., 2021).
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	The patient is in an HTN crisis. No documentati on or report of depression from the patient.	The patient presented with SOB, and chest pain, the diagnosis was NSTEMI, has a history of CAD,	SOB and chest pain upon admission.	History of CAD, chest pain, and SOB upon admission.	HTN crisis.

		and the patient is non-compliant with medications. Troponin levels were elevated at admission.			
Client Teaching Needs (2)	Swallow tablets whole, do not cut, crush, or chew them. Avoid alcohol consumption. (Jones et al., 2021).	Take with food at the same time each day. Notify prescriber if pulse rate falls below 60bpm or is significantly lower than usual. (Jones et al., 2021).	Recognize S&S of angina, including chest pain, fullness, or pressure. Do not chew or crush tablets. (Jones et al., 2021).	Inform the patient about the increased risk of bleeding. Report any abnormal signs or symptoms to the prescriber. (Jones et al., 2021).	Take at the same time each day to maintain a therapeutic effect. Take the last dose several hours before bedtime to avoid sleep interruption from diuresis. (Jones et al., 2021).

Medications Reference (1) (APA):

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

Assessment

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

GENERAL: **Alertness:**	Appears alert and oriented x4 to person, place, time, and situation. Appropriately groomed for

Orientation: **Distress:** **Overall appearance:**	situation, and appears to be in no distress.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 20** **Drains present: Y☐ N ☒** **Type:**	Skin color is white. Skin is warm and dry upon palpation. Normal quality, distribution, and texture of hair. Nails without clubbing or cyanosis. Skin turgor is normal mobility. Capillary refill less than 3 seconds fingers and toes bilaterally. Patient has vascular puncture on right wrist after heart catheter on 9/26/2022, scar noted on anterior right thigh from a previous injury, varicose vein on right lower leg, healing scab on medial lower leg. Patient has a Braden score of 20. No drains present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The Head and neck are symmetrical, the trachea is midline without deviation, the thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable 2+. No lymphadenopathy in the head or neck was noted. Ears: Bilateral auricles with no visible or palpable deformities, lumps, or lesions. Bilateral canals are clear with pearly grey tympanic membranes. Eyes: Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or drainage noted. PERRLA bilaterally, red light reflex, Rosemburg not assessed. EOMs were intact bilaterally. Nose: Septum is midline without deviation, turbinate's are moist and pink bilaterally, and no visible bleeding or polyps. Bilateral frontal sinuses are non-tender to palpation. Throat: Posterior pharynx and tonsils are moist and pink without exudate noted. Tonsils are size 2 and normal. The uvula is midline; soft palpate rises and falls symmetrically. Hard palpate intact. Dentition, missing several teeth, patient reports multiple cavities. Oral mucosa overall is moist and pink without lesions noted.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:**	Clear S1 and S2 without murmurs gallops or rubs. PMI palpable at 5th intercostal space at MCL. Normal sinus tachycardia noted with occasional PVCs noted on EKG. All extremities are pink, warm, dry, and symmetrical. Pulses 2+

Capillary refill: **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	throughout bilaterally. Capillary refill less than 3 seconds fingers and toes bilaterally. No edema was inspected or palpated in all extremities. No JVD noted. Epitrochlear lymph nodes are nonpalpable bilaterally. Homan's sign is negative bilaterally.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Normal rate and rhythm of respirations, respirations symmetrical and non-labored, lungs sound clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted. No use of accessory muscles.
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:**	The patient is on a regular diet at home, NPO status at the hospital until 9/26/2022 at 0930 when he was placed on a cardiac diet. The patient's height is 177.8cm and weight is 80.5kg. The abdomen is soft, and nontender, no organomegaly or masses were noted upon palpation of all four quadrants. Bowel sounds are normoactive in all four quadrants. No CVA tenderness was noted bilaterally. The last BM was 9/26/2022 AM and was normal color and consistency. No distention, incisions, scars, drains, or wounds were noted. No ostomy, NG tube, or feeding tube present.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine is yellow and clear. Patient had two urine outputs during the time of the clinical of 200 mL and 425mL. No pain noted with urination, no dialysis. Patient states genitals are normal with not deformities. No catheter in use.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:**	All extremities have full ROM. Hand grips and pedal pushes and pulls demonstrate normal and equal strength. Balanced smooth gait. Patient uses a cane on occasion when arthritis flares up in his left knee. Patient is at a low fall risk of 4.

ADL Assistance: Y☐ N ☒ **Fall Risk: Y ☒ N☐** **Fall Score: 4** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	Patient is independent and can get up ad lib.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is alert and oriented x4 to person, place, time, and situation. PERRLA, MAEW. Strength is equal bilaterally in both arms and legs. Cranial Nerves I-XII intact. Patient appears appropriate for age, speech is clear and understandable. Senses appear intact.
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 states that he does not have any coping methods, he usually bottles them up and then explodes. Developmental level is appropriate for age. Patient is a Baptist. Patient is very close with his sister and also his best friend of 20 years who is at the bedside with him today.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0938	76 bpm	128/100 mmHg	18rpm	97.7F	98%
1136	80 bpm	147/106 mmHg	19rpm	97.8F	93%

Vital Sign Trends: Patient has a secondary diagnosis of HTN crisis which is shown on the vital sign trend here. All other VS are WNL.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0938	0	N/A	N/A	N/A	N/A
1136	0	N/A	N/A	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20G x 2 **Location of IV:** Right antecubital and left forearm. **Date on IV:** Both on 9/23/2022 **Patency of IV:** good patency, flushes well. **Signs of erythema, drainage, etc.:** No signs of erythema, drainage, or swelling. **IV dressing assessment:** Dry and intact.	.9% NaCl at 50mL/hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Milk 120mL Coffee 100mL IVF 104mL	200mL urine at 0938 450mL urine at 1150

Nursing Care

Summary of Care (2 points)

Overview of care: Patient is independent and is eager to start the education and management of the progression of his disease. Patient plans to follow a medication regimen and smoking cessation.

Procedures/testing done: CBC, chemistry, chest x-ray, CT scan of chest, echocardiogram, 12 lead EKG, heart cath, troponin levels.

Complaints/Issues: No complaints by the patient.

Vital signs (stable/unstable): Vital signs were stable other than elevated blood pressure.

Tolerating diet, activity, etc.: Patient was NPO, and then switched to a cardiac diet which he tolerated well. Patient was in bed the whole time while in clinical.

Physician notifications: Advance to cardiac diet, continue heparin infusion and IVF, cardiology referral.

Future plans for client: Planning to schedule a CABG procedure.

Discharge Planning (2 points)

Discharge location: Discharge home to sister after the procedure.

Home health needs (if applicable): None.

Equipment needs (if applicable): None.

Follow up plan: Surgery follow-up, no other plans discussed yet, patient not ready for discharge.

Education needs: Smoking cessation, procedure information, home care, lifestyle modifications, and medication regimen.

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

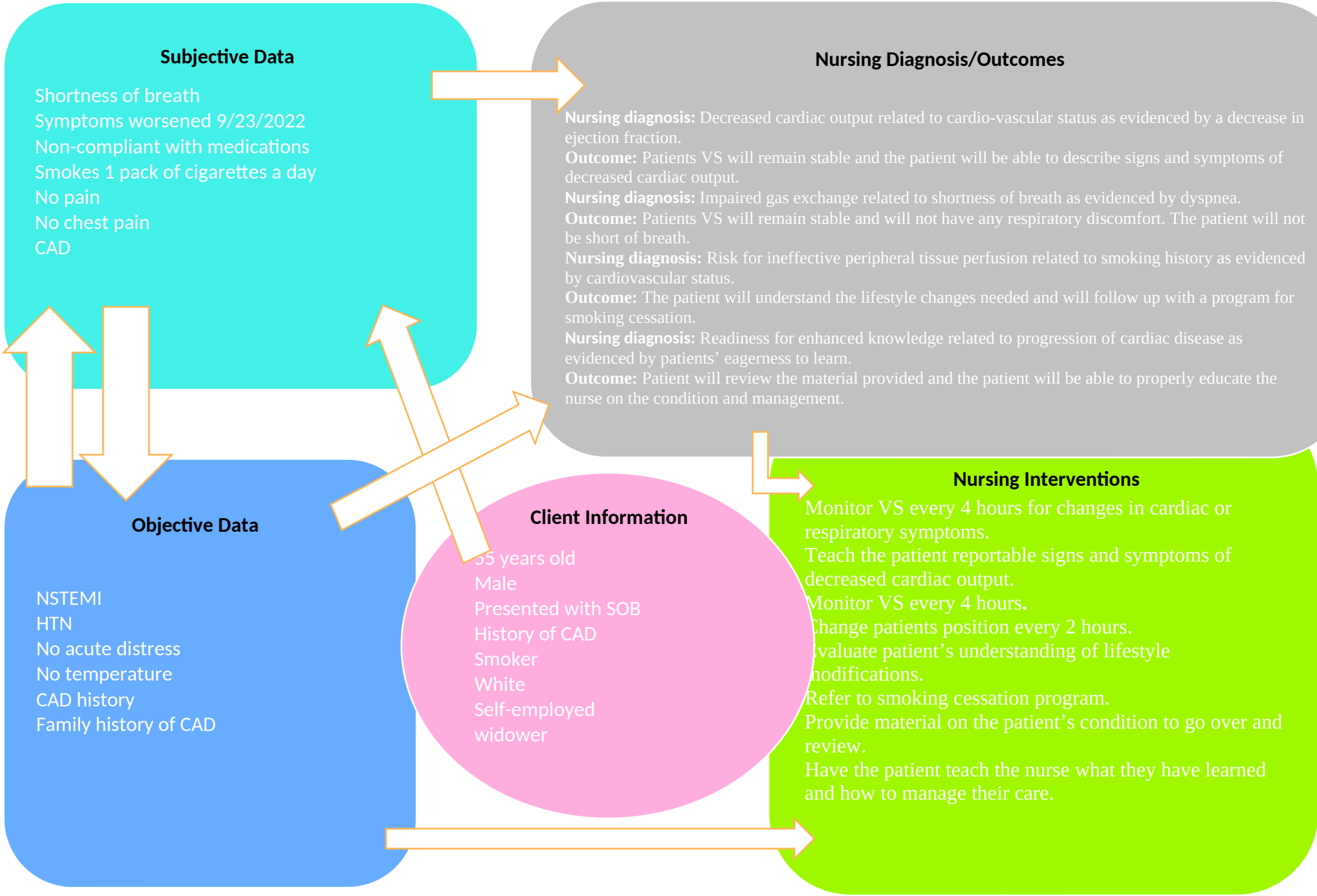
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 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. Decreased cardiac output related to cardiovascular status as evidenced by a decrease in ejection fraction.	The patient presented to the hospital with SOB, which was diagnosed as NSTEMI. After the patient had an echocardiogram done, the ejection fraction was 15-20%	**1.** Monitor VS every 4 hours for changes in cardiac or respiratory symptoms. **2.** Teach the patient reportable signs and symptoms of decreased cardiac output.	**1.** Patients VS will remain stable and the patient will be able to describe signs and symptoms of decreased cardiac output.	Patient was understanding of the frequent vital checks and was eager to learn what to watch for.
2. Impaired gas exchange related to shortness of breath as evidenced by dyspnea.	The patient's chief complaint was SOB.	**1.** Monitor VS every 4 hours**.** **2.**Change patients position every 2 hours.	**1.** Patients VS will remain stable and will not have any respiratory discomfort. The patient will not be short of breath.	Patient was understand of the frequent VS and agreed to re-position every 2 hours to help maintain respiratory status.
3. Risk for ineffective peripheral tissue perfusion related to	The patient reported smoking tobacco for over 40 years.	**1.**Evaluate patient's understanding of lifestyle modifications.	**1.** The patient will understand the lifestyle changes needed and	The patient was eager to learn lifestyle modifications. The patient is already reporting

smoking history as evidenced by cardiovascular status.		2.Refer to smoking cessation program.	will follow up with a program for smoking cessation.	smoking cessation as of 9/25/2022.
4. Readiness for enhanced knowledge related to progression of cardiac disease as evidenced by patients' eagerness to learn.	The patient understand that his condition is worsening and is ready to take action. Patient is eager to stop smoking and to improve lifestyle.	**1.**Provide material on the patient's condition to go over and review. **2.** Have the patient teach the nurse what they have learned and how to manage their care.	**1.** Patient will review the material provided. The patient will be able to properly educate the nurse on the condition and management.	The patient was eager to learn new information about their condition. The patient learned a lot from this method of teaching.

Other References (APA):

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

Concept Map (20 Points)


Subjective Data
Shortness of breath
Symptoms worsened 9/23/2022
Non-compliant with medications
Smokes 1 pack of cigarettes a day
No pain
No chest pain
CAD
Nursing Diagnosis/Outcomes
Nursing diagnosis: Decreased cardiac output related to cardio-vascular status as evidenced by a decrease in ejection fraction.
Outcome: Patients VS will remain stable and the patient will be able to describe signs and symptoms of decreased cardiac output.
Nursing diagnosis: Impaired gas exchange related to shortness of breath as evidenced by dyspnea.
Outcome: Patients VS will remain stable and will not have any respiratory discomfort. The patient will not be short of breath.
Nursing diagnosis: Risk for ineffective peripheral tissue perfusion related to smoking history as evidenced by cardiovascular status.
Outcome: The patient will understand the lifestyle changes needed and will follow up with a program for smoking cessation.
Nursing diagnosis: Readiness for enhanced knowledge related to progression of cardiac disease as evidenced by patients' eagerness to learn.
Outcome: Patient will review the material provided and the patient will be able to properly educate the nurse on the condition and management.
Objective Data
NSTEMI
HTN
No acute distress
No temperature
CAD history
Family history of CAD
Client Information
55 years old
Male
Presented with SOB
History of CAD
Smoker
White
Self-employed
widower
Nursing Interventions
Monitor VS every 4 hours for changes in cardiac or respiratory symptoms.
Teach the patient reportable signs and symptoms of decreased cardiac output.
Monitor VS every 4 hours.
Change patients position every 2 hours.
Evaluate patient's understanding of lifestyle modifications.
Refer to smoking cessation program.
Provide material on the patient's condition to go over and review.
Have the patient teach the nurse what they have learned and how to manage their care.