N311 Care Plan #2

Lakeview College of Nursing

Karlie Roberts

Demographics (5 points)

Date of Admission 10/05/22	Client Initials M.D.N	Age 07/25/65 (57)	Gender female
Race/Ethnicity White	Occupation English teacher	Marital Status married	Allergies **Duloxetine** severity unknown, “terrible side effects **Meloxicam** severity unknown, swelling hands after taking for three days **Nortriptyline** severity mot specified, SOB cough, increased BP, dry mouth **Tetanus-Diphtheria** severity unknown “swelling”
Code Status Full code	Height 5’6”	Weight 250lbs 8oz	

Medical History (5 Points)

Past Medical History: Covid-19 10/20/21, arthritis of right ankle (07/07/21), lumbar degenerative disc disease (04/10/19), lumbar radiculitis (09/14/15), dysthymic disorder (05/17/13), morbid obesity, depression, back pain, fibromyalgia, migranes, snoring, tobacco use disorder, GERD, steroid therapy (senior year high school)

Past Surgical History: tonsillectomy (01/01/88), colonoscopy, epidural injection (12/22/21)

Family History: diabetes (brother, mother, paternal grandfather), heart problems (brother father, mother, maternal grandfather), depression (mother)

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): history of smoking, but no longer a smoker, no alcohol or drug use

Admission Assessment

Chief Complaint (2 points): chest pain

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

M.D.N is a 57-year-old female who presented to the emergency department on 10/05/22 with left sided chest pain. The chest pain began about a day prior to coming to the emergency department and reports that the pain is on her left side which felt like pressure. The pain did not come from exertion or movement, and it was not relieved from resting. The pain comes can goes. The pain radiated to the left shoulder and neck, that feels like pressure, as well as radiating down to the left arm with tingling in the fingers of the left hand. No specific alleviating factors and the patient denies ever having this pain before. No reported aggravating symptoms and the patient has not been seen for chest pain before.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): chest pain

Secondary Diagnosis (if applicable): N/A

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

When a person comes in for chest pain, it is taken very seriously because of the type of pain and where it is located. Some risk factors that are associated with chest pain are male gender greater than 50 years of age, family history, diabetes, hypertension, smoking, etc. Signs and symptoms include pressure, fullness, burning, or tightness (Capriotti, 2020). A test that can identify this disease would be an Electrocardiogram (ECG or EKG). An ECG is where wires connect the electrodes to a computer, which displays the test results. An ECG can show if the heart is beating too fast, too slow, or not at all. You can also run an Echocardiogram. This is a noninvasive test that uses sound waves to create images of the heart's size, structure, and motion. A common imaging test that is run is a chest X-Ray. The X-ray images help a doctor see the condition of the lungs and heart. There are some blood tests that may be done to check for certain underlying causes of chest pain and to rule out heart damage, as from a heart

attack. Blood tests that may be done to rule out other conditions include a complete blood cell count CBC, troponin and creatine levels, prothrombin time (PT) and international normalized ratio (INR), sodium and potassium levels and thyroid function tests for hyperthyroidism. Chest pain, if not ruled a heart attack, can be self-treated. To prevent such rule out as heartburn for example, avoid lying down for at least two hours after eating. Avoid fats, chocolate, and citrus. You may also be able to use an OTC antacid medication to help ease symptoms (Phelps, 2020).

During the patient's admission, a chest X-Ray, an echocardiogram, and a stress test were completed to get a better understanding of the patient's chest pain when brought in on admission. The chest X-Ray, EKG, and the stress test were all negative and showed no abnormal findings. Since the tests were completed, the patient was awaiting to here from the physician on the next steps. The patient was put on Lovenox to prevent blood clots.

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	4.38	4.10	RBC are within normal limits
Hgb	12.0-15.8	13.4	12.6	Hgb is within normal limits

Hct	36.0-47.0	39.8	36.9	Hct is within normal limits
Platelets	140-440	284	246	Platelets within normal limits
WBC	4.00-12.00	5.80	5.20	WBC are within normal limits
Neutrophils	47.0-73.0	50.6	**46.9**	**Neutrophils are higher than normal, can be due to stress (Jones & Bartlett Learning, 2022).**
Lymphocytes	18.0-42.0	35.4	38.0	Lymphocytes are within normal limits
Monocytes	4.0-12.0	8.4	9.9	Monocytes are within normal limits
Eosinophils	0.0-5.0	4.3	4.4	Eosinophils are within normal limits
Bands	N/A	N/A	N/A	Bands were not obtained

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-	133-144	139	140	Sodium is within normal limits
K+	3.5-5.1	3.9	3.9	Potassium is within normal limits
Cl-	98-107	105	**109**	**The chloride levels are higher than normal, can be due to dehydration (Jones & Bartlett Learning, 2022).**
CO2	21-31	25	23	CO2 is within normal limits
Glucose	70-99	85	**101**	**Glucose is higher than normal due to stress, illness, or infection (Jones & Bartlett Learning, 2022).**
BUN	7-25	14	14	BUN is within normal limits
Creatinine	0.50-1.00	0.80	0.75	Creatinine is within normal limits
Albumin	3.5-5.7	4.0	**3.4**	**Albumin levels are lower than normal, can be due to the body not absorbing enough nutrients (Jones & Bartlett Learning, 2022).**
Calcium	8.8-10.2	9.7	9.1	Calcium is within normal limits

Mag	1.6-2.6	2.0	2.0	Mag is within normal limits
Phosphate	34-104	82	74	Phosphate is within normal limits
Bilirubin	0.2-0.8	0.3	0.2	Bilirubin is within normal limits
Alk Phos	34-104	82	74	Alk Phos is within normal limits

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	Clear/yellow	N/A	N/A	Color & clarity were not obtained
pH	4.6-8.0	N/A	N/A	pH was not obtained
Specific Gravity	1.005-1.030	N/A	N/A	Specific gravity was not obtained
Glucose	Negative	N/A	N/A	Glucose was not obtained
Protein	Negative	N/A	N/A	Protein was not obtained
Ketones	Negative	N/A	N/A	Ketones were not obtained
WBC	Negative	N/A	N/A	WBC were not obtained
RBC	Negative	N/A	N/A	RBC were not obtained
Leukoesterase	Negative	N/A	N/A	Leukoesterase was not obtained

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	Negative <10,000 Positive >10,000	N/A	N/A	Urine culture was not obtained
Blood Culture	negative	N/A	N/A	Blood culture was not obtained

Sputum Culture	Normal URT	N/A	N/A	Sputum Culture was not obtained
Stool Culture	Normal intestinal flora	N/A	N/A	Stool Culture was not obtained

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):

Diagnostic Imaging Reference (1) (APA):

X-Ray Chest Single View Portable: for chest pain; **impression**: no acute lung disease, no cardiomegaly, right perihilar granuloma, no widened mediastinum, no acute pathology. The patient received the chest X-Rays due to the chest pain to rule out any heart problems, a collapsed lung, pneumonia, or broken ribs. The chest X-Ray showed no abnormal findings (Phelps, 2020).

EKG: for: chest pain; **impression**: normal sinus rhythm, no ectopy, PR interval is 176 milliseconds, QRS interval is 96 milliseconds, old inferior wall MI, NONSTEMI. The patient received the EKG to rule out any irregular heart rhythms, blocked, or narrowed arteries in the heart that could be causing the chest pain. The EKG showed no abnormal findings (Phelps, 2020).

Stress Test: for: assess blood and oxygen flow to the heart; **impression**: negative stress test. The patient received a stress test to evaluate the blood supply to the heart and how well the heart pumps. The stress test showed no abnormal findings (Phelps, 2020).

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	**Aspirin**	**Atorvastatin (Lipitor)**	**bupropion (Wellbutrin SR)**	**Choxaparin (lovenox)**	**nitroGLYCERIN (MTROSTAT)**
Dose	**81 mg**	**40 mg**	**300mg**	**40 mg**	**0.4 mg**
Frequency	**Daily**	**Nightly**	**Every morning**	**Every 12H**	**Every 5 min prn**
Route	**Oral**	**Oral**	**Oral**	**Subcutaneous**	**sublingual**
Classification	**NSAIDS**	**Statin**	**Aminoketone**	**LMWH**	**Nitrates**
Mechanism of Action	**Inhibit synthesis of prostaglandins (Jones & Bartlett Learning, 2022).**	**Preventing the conversion of HMG-CoA to mevealonate (Jones & Bartlett Learning, 2022).**	**Dual inhibition of norepinephrine and dopamine reuptake (Jones & Bartlett Learning, 2022).**	**Binds and accelerates the activity of antithrombin III (Jones & Bartlett Learning, 2022).**	**Forms free radical NO to activate guanylate cyclase (Jones & Bartlett Learning, 2022).**
Reason Client Taking	**Thin blood Chest pain**	**High cholesterol Reduce risk of heart attack**	**Depression (seasonal)**	**Prevent blood clots**	**Chest pain**
Contraindications (2)	**Salicylate hypersensitivity NSAID hypersensitivity**	**Acute liver disease Unexplained persistent transaminase elevations**	**Seizure disorders or conditions that increase risk of seizures**	**Decreased platelets Increased risk of bleeding**	**Early MI Severe anemia**
Side Effects/Adverse Reactions (2)	**Upset stomach heartburn**	**Constipation Diarrhea**	**Headache Weight loss**	**Nausea diarrhea**	**Bloating Dizziness**

Medications Reference (1) (APA):

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

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Pt is alert and oriented to person, place, time, and situation. Pt is well groomed and in no acute distress.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 21** **Drains present: Y☐ N ☒** **Type:**	Skin is warm and dry upon palpation. No rashes, lesions, or bruising. Normal quantity, distribution, and texture of hair. Nails without clubbing or cyanosis. Skin turgor is normal mobility. Capillary refill is less than 2 seconds, fingers and toes bilaterally. **Braden Score: 21**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea midline without deviation, thyroid not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. Bilateral auricles no visible or palpable deformities, lumps, or lesions. Bilateral sclera white, cornea clear, conjunctiva pink, no visible drainage. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, red light reflex present bilaterally, EOM's intact. Septum midline, turbinate's are moist and pink without exudate, tonsils present +1, uvula midline. Dentition is good. .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	Clear S1 and S2 without murmurs, gallops, or rubs. PMI palpable at fifth intercostal space at MCL. Normal rate and rhythm.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Normal rhythm rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds are clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi

	noted.
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:**	Abdomen is soft, nontender, no organomegaly or masses noted upon palpation of all four quadrants. Bowel sounds are normoactive in all four quadrants. No CVA tenderness noted bilaterally. Last BM 10/04/22.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Urine is clear, yellow without foul odor, no reported, observed difficulties, or pain while voiding, no hematuria
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 9** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	All extremities have full ROM. Hand grips and pedal pushes and pulls demonstrate normal and equal strength. Balanced and smoot gait, pt ambulates independently with no assistive devices. **Fall Score: 9**
NEUROLOGICAL: **MAEW: Y ☐ N☐**	Patient is alert and oriented to person, place, time, and situation. Neck pain reported. PERRLA

PERLA: Y ☐ N☐ **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	bilaterally. Cranial nerves intact. Negative Romberg's. Speech is clear.
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):**	Pt is cooperative and accepting, watching tv with husband at bedside.

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	82	116/83	18	97.8	98% room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric rating pain scale	N/A	0	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 mL of water	1 void, to toilet, pt independent

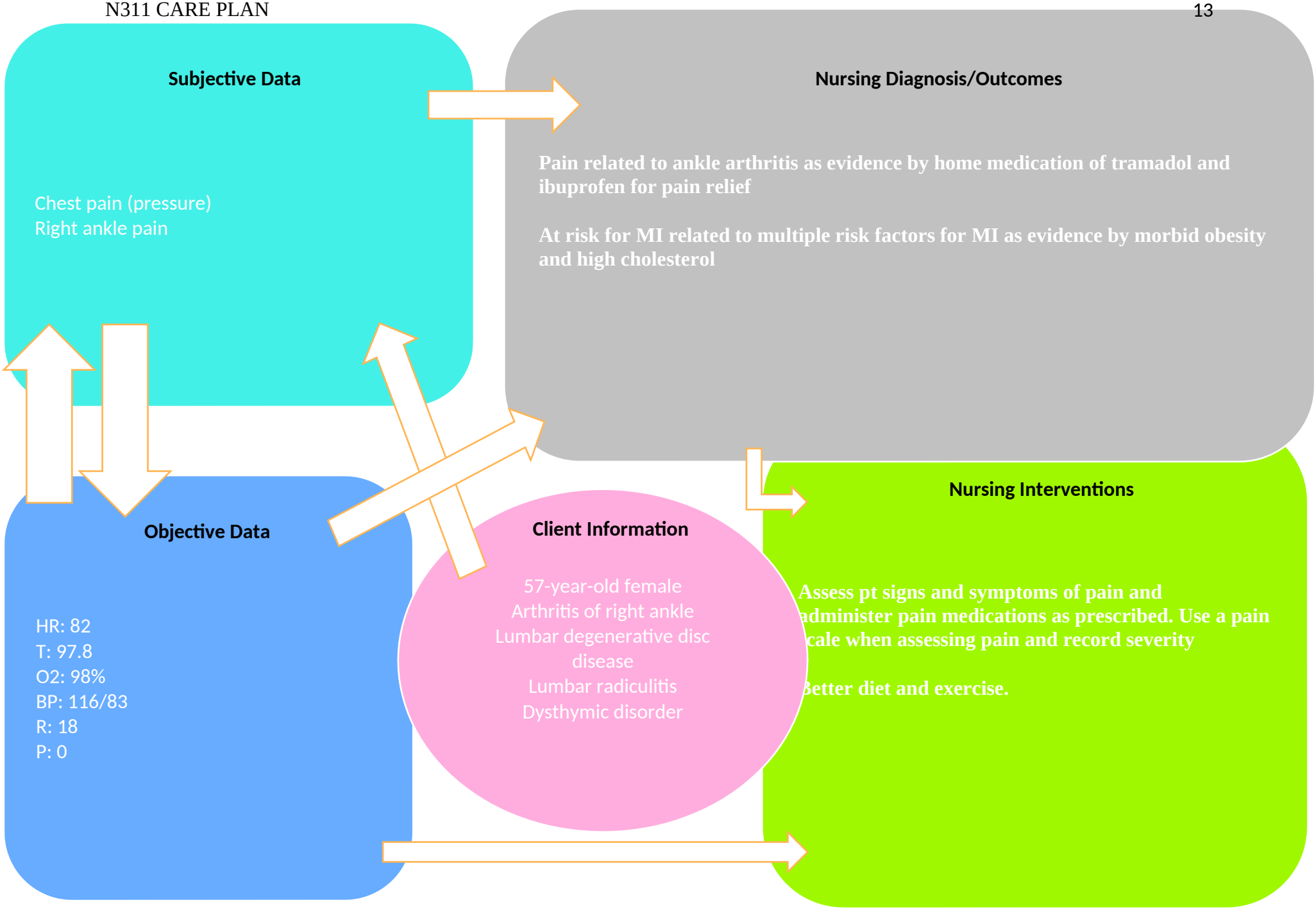
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full	Rationale • Explain why the	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the client/family

nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	nursing diagnosis was chosen			respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Pain related to ankle arthritis as evidence by home medication of tramadol and ibuprofen for pain relief	**Risk for pain**	**1. Assess pt signs and symptoms of pain and administer pain medications as prescribed** **2.Use a pain scale when assessing pain and record severity**	**1. maintain pain level**	**Patient states satisfaction with pain management regimen.**
2. At risk for MI related to multiple risk factors for MI as evidence by morbid obesity and high cholesterol	**Risk factors associated with MI's**	**1. Better diet** **2. Exercise**	**1. Pt to understand recommendation of losing weight to prevent risk factors for MI**	**Pt shows understanding and willingness to better her overall health.**

Other References (APA):

Concept Map (20 Points):


Subjective Data
Chest pain (pressure)
Right ankle pain
Nursing Diagnosis/Outcomes
Pain related to ankle arthritis as evidence by home medication of tramadol and ibuprofen for pain relief
At risk for MI related to multiple risk factors for MI as evidence by morbid obesity and high cholesterol
Objective Data
HR: 82
T: 97.8
O2: 98%
BP: 116/83
R: 18
P: 0
Client Information
57-year-old female
Arthritis of right ankle
Lumbar degenerative disc disease
Lumbar radiculitis
Dysthymic disorder
Nursing Interventions
Assess pt signs and symptoms of pain and administer pain medications as prescribed. Use a pain scale when assessing pain and record severity
Better diet and exercise.