N311 Care Plan #2

Lakeview College of Nursing

Kelsy Marsh

Demographics (5 points)

Date of Admission 09/11/2022	Client Initials B.L.	Age 28	Gender Male
Race/Ethnicity White	Occupation Not Employed	Marital Status Single	Allergies Sulfa Antibiotics- Reaction: rash
Code Status Full	Height 5'11"	Weight 135 lbs.	

Medical History (5 Points)

Past Medical History: The patient has a history of alcohol abuse/anxiety.

Past Surgical History: Unknown history

Family History: Both of the patient's parents suffer from hypertension (HTN)

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

Smoking: The patient currently smokes cigarettes, and identifies this habit as being casual. The client's cigarette pack years are 0.50 pack/day.

Smokeless Tobacco: The patient stated that he has never used smokeless tobacco.

Alcohol: The client says that he currently drinks alcohol. The patient shared that he is a casual drinker. The patient did not specify whether the alcohol consumed was wine, beer or liquor.

Drug: The patient says that he has had previous drug use. The patient specified that the drug he would casually smoke was marijuana.

Vaping: The patient stated that he has never used any vape products.

Admission Assessment

Chief Complaint (2 points): Cardiac Arrest

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

A 28-year-old patient with past medical history of alcohol abuse presents to the ED. The patient was brought into the ED by emergency medical services (EMS) on 9/11/2022 **(Onset).** EMS found the patient in the park and the patient was found to be in asystole. Asystole represents the cessation of the mechanical activity of the heart. The patient was seen in the ER 2 days ago with nausea and vomiting, but left against medical advice (AMA) **(Location).** The patient received two rounds of epinephrine and developed a pulse. The patient was intubated upon presentation to the emergency room. It is known of how long that the patient had been on the ground and in asystole. The duration of CPR is also unknown **(Duration).** The patient describes to not be in any pain at resting. If the patient decides to move from his bed to the chair, then he has some pain in his legs. The family stated that he had the inability to maintain oral intake for several days. **(Characteristics).** The pain that the patient feels in his legs sometimes makes him tired. The patient also presented to the emergency room with coffee ground looking emesis **(Associated Manifestations).** The patient proceeds to say that especially after his physical therapy session is very painful for him **(Aggravating Factors).** The patient is taking various pills, and the patient says that it is helping him. The patient said that the best thing for him is to rest **(Relieving Factors).** Currently, the patient denies any headaches, visual disturbance, dyspnea, chills, chest or abdominal pain, dysuria, hematuria or leg swelling **(Characteristics).** This patient has been to the hospital before for this, but left AMA.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Cardiac Arrest, due to End-Stage renal disease on Hemodialysis (HCC)

Secondary Diagnosis (if applicable): Primary hypertension, Vitamin D deficiency, elevated lipase and hypokalemia

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

People with End-Stage renal disease (ESRD) are most at risk for several occurrences to happen to their body. For this particular patient with ESRD, comes with being on long-term dialysis therapy. "The cause of the mortality rate to be higher with ESRD patients, is due to predominantly cardiovascular causes". (Capriotti, 2020). Many different factors play a role in contributing to the cardiac arrest of this patient who's suffering from ESRD. "Some of the most common causes are: obstructive coronary artery disease, electrolyte shifts (in hemodialysis patients), left ventricular hypertrophy, and abnormal myocardial ultrastructure and function may all contribute to the vulnerability of ESRD patients to a sudden death". (Capriotti, 2020). End-stage renal disease is also called end-stage kidney disease. "End-stage renal disease occurs when chronic kidney disease – the gradual loss of kidney function – reaches an advanced state. In end-stage renal disease, your kidneys no longer work as they should to meet your body's needs". (Capriottti, 2020). The main goal of the kidneys is to filter the waste and excess fluids throughout the body. Once these excess fluids are filtered from your blood, they are then excreted into the urine. "The moment that the kidneys lose their ability to filter, is when the body reaches alarming levels of fluid, electrolytes and wastes can build up inside of the body". (Pagana, 2021). "With early chronic kidney disease, you might have no signs or symptoms. As this chronic disease progresses, the signs and symptoms might include: nausea, vomiting, changes in how much you urinate, difficulty sleeping, persistent itching, swelling of feet and ankles,

chest pain and high blood pressure". (Pagana, 2021). There are some diseases and conditions that can lead to kidney disease, and these include: type 1/type 2 diabetes, high blood pressure, polycystic kidney disease or other inherited kidney diseases and recurrent kidney infection, also called pyelonephritis". (Capriotti, 2020). There are certain risk factors that will progress the kidney disease quicker than usual, and these factors include: frequent use of medications that could be damaging to the kidneys, tobacco/alcohol use, diabetes with poor blood sugar control and family history of kidney failure. "Some complications that a lot of people have from kidney damage include: weak bones, decreased immune response, malnutrition, anemia, heart disease, irreversible damage to your kidneys and pericarditis". (Capriotti, 2020). "You can prevent or slow down the progression of the kidney disease by making healthy lifestyle choices, such as: be active most days, control your blood sugar level, get regular check ups, take your medications as prescribed, control your blood pressure and don't smoke or use tobacco products". (Capriotti, 2020). To be diagnosed with end-stage renal disease, your healthcare provider may ask about your family history and run certain tests. "These test may include: blood tests, urine tests, imaging tests and removing a sample of kidney tissue (biopsy)". (Pagana, 2021). Typically these tests are performed several times over certain duration of time so that your provider can follow the progress of your disease. "The treatment for end-stage renal disease include: kidney transplant, dialysis and supportive care". (Pagana, 2021). Currently, my patient is on the dialysis route of treatment. More specifically, my patient is undergoing hemodialysis, which is done at the hospital. With dialysis, it does some of the work that your kidneys usually do, when they can't do it themselves. This includes

removing extra fluids and waste products from the blood, restoring electrolyte levels and helping control the overall blood pressure of the body.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). Psychobiology of Behavioral Disorders. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives Second Edition* (page 180). F.A. Davis.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2021). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

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	4.40- 5.80	**2.01**	**2.01**	**Red blood cell count is lower than normal limits. This correlates with the patient's end-stage renal disease. (Capriotti, 2022)**
Hgb	13-16.5	**7.2**	**9.5**	**HGB was lower than normal limits. This indicates an inadequate number of red blood cells in the body, which can lead to Iron Deficiency. (Capriotti, 2022)**
Hct	**38-50**	**21.7**	**28.0**	**HCT was lower than the normal limits. This can indicate a lower amount of red blood cells. (Capriotti, 2022)**
Platelets	**140-440**	**695**	**493**	**Patient has high platelets, indicating blood clots can form in the blood vessels.**
WBC	4.0-12.0	**25.40**	**25.30**	**White blood cells were elevated, compared to the normal limits. Elevated white blood cells are a well-known predictor of chronic**

				kidney disease progression. (Capriotti, 2022)
Neutrophils	**40-68**	**82.4**	**80.1**	**Patient had high neutrophils indicating they were fighting an infection in their body. (Capriotti, 2022)**
Lymphocytes	19.0-49.0	**10.8**	**7.7**	**Lymphocytes were lower than the normal limits. Low lymphocytes can be a sign of a weak immune system or ones body is fighting infection. (Capriotti, 2022)**
Monocytes	3.0-13.0	**6.3**	**7.2**	**Monocytes were within the normal limits. If this range was not normal, it can be associated with a chronic or acute infection. (Capriotti, 2022)**
Eosinophils	**0.0-8.0**	**0.2**	**3.6**	**Eosinophils were within the normal range. If this range was not normal, this could mean that the patient has an excessive amount of cortisol. (Capriotti, 2022)**
Bands	**0-5**	**N/A**	**N/A**	**Bands were not found.**

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**	**127**	**136**	**The patient's sodium levels were slightly below normal limits. This could indicate a consumption of too many fluids or a possible kidney failure. (Capriotti, 2022)**
K+	**3.5-5.1**	**2.0**	**4.3**	**The patient's potassium levels were slightly below normal limits. This low level can be created from caffeine intake, medication side effects or inadequate dietary intake of potassium. (Capriotti, 2022)**
Cl-	**98-107**	**54**	**99**	**The patient's chloride levels were low. This could indicate heart failure or lung disease.**

CO2	**21-31**	**20**	**20**	**The CO2 level was slightly below the normal limit. The CO2 level was low due to the patient being in end-stage renal disease (ESRD). (Capriotti, 2022)**
Glucose	**70-99**	**241**	**97**	**Glucose levels are extremely elevated. This indicates several different things, including: decreased sensitivity to insulin, inadequate insulin secretion, and increased hepatic gluconeogenesis. (Capriotti, 2022)**
BUN	**7-25**	**44**	**79**	**BUN was higher than normal limits. This indicates a kidney problem. (Capriotti, 2022)**
Creatinine	0.5-1.20	**2.81**	**6.24**	**Creatine was slightly higher than normal. This may be because of the patient's end-stage renal disease. (Capriotti, 2022)**
Albumin	3.5-5.7	**3.3**	**2.5**	**Albumin levels are lower than the normal limit. This level is lower is caused by a combination of a reduced synthesis and an increased degradation of albumin. (Capriotti, 2022)**
Calcium	8.8-10.2	**9.0**	**8.5**	**Calcium levels are lower than the normal limit. These levels are lower due to the kidneys are less able to make active vitamin D. Without enough active Vitamin D, you absorb less calcium from the food you eat, then it becomes low in your blood. (Capriotti, 2022)**
Mag	**1.6-2.6**	**3.2**	**2.4**	**The patient's magnesium levels were slightly elevated. This could be an indication of Addison disease, kidney disease or dehydration. (Capriotti, 2022)**
Phosphate	**3.0-4.5**	**N/A**	**4.6**	**Phosphate levels were higher than the normal limit. This results from the loss of renal elimination of phosphate and continued obligatory intestinal absorption of dietary phosphate. (Capriotti, 2022)**

Bilirubin	**0.3-1**	**3.4**	**2.7**	**The bilirubin levels are higher than the normal limits. This is the result of the patient's end-stage renal disease. This indicates that the patient's liver is not functioning properly.**
Alk Phos	**34-104**	**136**	**312**	**Alkaline Phosphatase level was elevated from the normal limit. This is associated with the risk of adverse cardiovascular events in patients with kidney failure. (Capriotti, 2022)**

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**	**N/A**
pH	**5.0-9.0**	**N/A**	**N/A**	**N/A**
Specific Gravity	**1.003-1.030**	**N/A**	**N/A**	**N/A**
Glucose	**Negative**	**N/A**	**N/A**	**N/A**
Protein	**Negative**	**N/A**	**N/A**	**N/A**
Ketones	**Negative**	**N/A**	**N/A**	**N/A**
WBC	**Negative**	**N/A**	**N/A**	**N/A**
RBC	**Negative**	**N/A**	**N/A**	**N/A**
Leukoesterase	**Negative**	**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	Negative < 10,000 Postive > 100,000	**N/A**	**N/A**	**N/A**
Blood Culture	**Negative**	**Staphylococcus aureus**	**N/A**	**The presence of staphylococcus in the bloodstream can lead to the development of sepsis-a systemic inflammatory response to infection. (Capriotti, 2022)**
Sputum Culture	**Normal URT**	**Yeast**	**N/A**	**The presence of yeast was found. This can indicate a risk of pneumonia within immune compromised patients.**
Stool Culture	**Normal intestinal flora**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). Psychobiology of Behavioral Disorders. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives Second Edition* (page 180). F.A. Davis.

Diagnostic Imaging

The chest X-ray was done to see initially the intubation tube location. Then, once the patient developed a cough, a chest x-ray was ordered to see if the patient had pneumonia. After realizing that the patient then had end-stage renal failure, they took chest x-rays to show the pulmonary oedema progression, which is more than likely caused by a combination of cardiac disease and kidney disease.

All Other Diagnostic Tests (10 points):

Chest X-Ray: 10/01/2022. Pneumonia. The right dialysis catheter tip is in the region of the superior vena cava. Most of the bilateral pulmonary infiltrates seen on the earlier exam has cleared with a small amount of residual infiltrates in the left upper and right lower lungs. No pneumothorax or effusion is identified. The heart size and pulmonary vascularity's are within the normal limits. Bony thorax is unremarkable.

Diagnostic Imaging Reference (1) (APA):

Capriotti, T. (2020). Psychobiology of Behavioral Disorders. In *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives Second Edition* (page 180). F.A. Davis.

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

Medications (5 required)

Brand/Generic	**Allopurinol / Zyloprim**	**Alprazolam / Xanax**	**Amlodipine / Norvsc**	**Bacitracin Ointment**	**Hydrocodene-Acetaminophen / Norco**
Dose	**100mg**	**0.25mg**	**5mg**	**500 unit/g**	**5-325mg**
Frequency	**Daily**	**TID, PRN**	**Daily**	**PRN**	**TID, PRN**
Route	**Oral**	**Oral**	**Oral**	**Topical**	**Oral**
Classification	**Pharmacological class: Xanthine oxidase inhibitor Therapeutic class: Antigout (Jones & Bartlett**	**Pharmacologic class: Benzodiazepine Therapeutic class: Anxiolytic, antipanic Controlled substance schedule:**	**Pharmacologic class: Calcium channel blocker Therapeutic class: Antianginal, antihyperte**	**Antibiotic**	**Narcotic analgesics (pain medicines) (Jones & Bartlett Learning, 2022).**

	Learning, 2022).	**IV (Jones & Bartlett Learning, 2022).**	**nsive (Jones & Bartlett Learning, 2022).**		
Mechanism of Action	**Inhibits uric acid production by inhibiting xanthine oxidase, the enzyme that converts hypoxanthine and xanthine to uric acid. Allopurinol is metabolized to oxipurinol, which also inhibits xanthine oxidase. (Jones & Bartlett Learning, 2022).**	**May increase effects of gamma-aminobutyric acid (GABA) and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of the CNS. (Jones & Bartlett Learning, 2022).**	**Binds to dihydropyridine and nondihydropyridine cell membrane receptor sites on myocardial and vascular smooth-muscle cells and inhibits influx of extracellular calcium ions across slow calcium level. (Jones & Bartlett Learning, 2022).**	**Works by stopping the growth of bacteria.**	**To relieve severe pain.**
Reason Client Taking	**To treat secondary hyperuricemia caused by neoplastic disease (Jones & Bartlett Learning, 2022).**	**To control Anxiety disorders, relieve anxiety, or treat anxiety associated with depression.**	**To treat chronic stable angina and vasospastic angina; to reduce risk of hospitalization for angina**	**To treat the Occipital wound area**	**To treat any pain caused by the painful side effects of ESRD.**

			(Jones & Bartlett Learning, 2022).		
Contraindications (2)	**Avoid if you use ACE inhibitors.** **Avoid if you have enhanced bone marrow suppression** **(Jones & Bartlett Learning, 2022).**	**Acute angle-closure glaucoma.** **Hypersensitivity to alprazolam, its components, or other benzodiazepines; itraconazole or ketoconazole therapy** **(Jones & Bartlett Learning, 2022).**	**Hypersensitivity to amlodipine or its components** **Avoid if you have symptomatic hypotension.** **(Jones & Bartlett Learning, 2022).**	**Hypersensitivity to bacitracin and/or any of its drug components** **Hypersensitivity to neomycin may also be sensitive to bacitracin** **(Jones & Bartlett Learning, 2022).**	**Avoid if you use antihistamines or amiodarone** **Avoid if taking any cough medications, or if you have any ulcers** **(Jones & Bartlett Learning, 2022).**
Side Effects/Adverse Reactions (2)	**CNS: Chills, drowsiness, fever and headache** **CV: Vasculitis** **(Jones & Bartlett Learning, 2022).**	**EENT: Blurred vision, altered salivation, dry mouth, nasal congestion, tinnitus** **CNS: Agitation, akathisia, confusion, depression, dizziness, drowsiness and fatigue.** **(Jones &**	**CNS: Anxiety, dizziness, extrapyramidal disorder, tremor and lethargy** **EENT:Dry mouth, gingival hyperplasia** **(Jones & Bartlett Learning, 2022).**	**Nephrotoxic reactions (kidney toxicity)** **Skin rashes, itching** **(Jones & Bartlett Learning, 2022).**	**Stomach pain, dry mouth, tiredness, headache, back pain, muscle tightening and difficult, frequent and painful urination** **(Jones & Bartlett Learning, 2022).**

		Bartlett Learning, 2022).			

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:**	**Patient is alert and oriented to person place and time. Patient is in no distress. Patient is cooperative. The patient appears to be the states age. Patient is somewhat well groomed.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**The patient's temperature was 97.0. The patient's skin is warm and dry. Patient's turgor was quick to return. Patient has no rashes, bruises, wounds or lesions. The Braden score was a 12. The patient does not have any drains present.**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Patient's head and neck were symmetrical. Patient eyes were clear bilaterally. Patient ears or warm to the touch and had no deformities. Patient's nose was symmetrical with face. Patient's teeth were somewhat taken care of.**
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 ☐**	**Patient's rate and rhythm were both within normal limits. S1 and S2 were normal. No murmur, click, rub or gallop was heard. Patient's capillary refill time was less than 3-5 seconds. Peripheral pulse was not obtained. No neck vein distension was present. No edema was visible. The patient didn't have any chest pain, palpitations, or pedal edema.**

Location of Edema:	
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**Patient's breath sounds were clear. Patient was not using accessory muscles to breathe. No rhonchi or pleural friction rub. The patient does have some cough and chest congestion. The patient is not short of breath.**
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's diet was poorly at home. The patient's current diet is very good. The patients height is 5'11" and the patient's weight is 135 lbs. Bowel sounds were active within all four quadrants. Last BM was not obtained. The patient presents with no abdominal pain. The patient's abdomen was soft, and non-tender. Under inspection of the patient, there was no distension, incision, scars, drains, or wounds present on the patient. The patient did not have an ostomy. The patient did not have a nasogastric or feeding/PEG tube placed. The patient did not have any nausea, vomiting, constipation, diarrhea, or blood within the stool.**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**Patient's urine is a dark yellow. The patient is not experiencing any frequency, urgency, dysuria or hematuria. The patient has no pain with urination. Patient is on dialysis. The patient's genitals were intact bilaterally. The patient does not have a catheter placed.**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:**	**The patient has no deficits. Patient has full range of motion. Patient is a fall risk due to weak bones and atrophy. No equipment is needed to move the patient. Fall score is a 10. The patient has a walker that he uses during therapy and to ambulate throughout the room. The patient needs assistance with the equipment. The patient also needs support to stand and walk.**

Independent (up ad lib) ☐ **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**PERRLA is intact. PERRLA is intact. Strength is equal. Speech is clear. Patient is oriented to person place and time. MAEW: no. The patient does not have any obvious sensory deficits. The patient is awake and alert. The patient is not lethargic.**
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):**	**The patient has a sister and mother that are present and seem to be supportive of his decisions. The coping method was not obtained. The patient developmental level is within normal limits. The patient's religion was not obtained.**

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:54 am	**94**	**133/90**	**18**	**97.0**	**97%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:00 am	**0-10**	**Legs**	**1**	**Weak/Frail**	**Rest/Physical Therapy**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
340 mL	***The patient did not use the bathroom while I**

	was there with him, and nor did he want to use the bathroom while I was there.

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

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. Risk for fluid overload related to end stage renal disease as evidenced by receivi	**Aids in evaluating fluid status, especially when compared with weight.** **Hypertension and tachycardia between hemodialysis runs may result from fluid**	**1.Measure all sources of I&O. Weigh routinely.** **2.Monitor BP, pulse** **(Phelps, 2020)**	**1. Maintain "dry weight" within the patient's normal range.** **(Phelps, 2020)**	**The client/family is responding well to this action.** **The client is willing to work on whatever it takes to get better.**

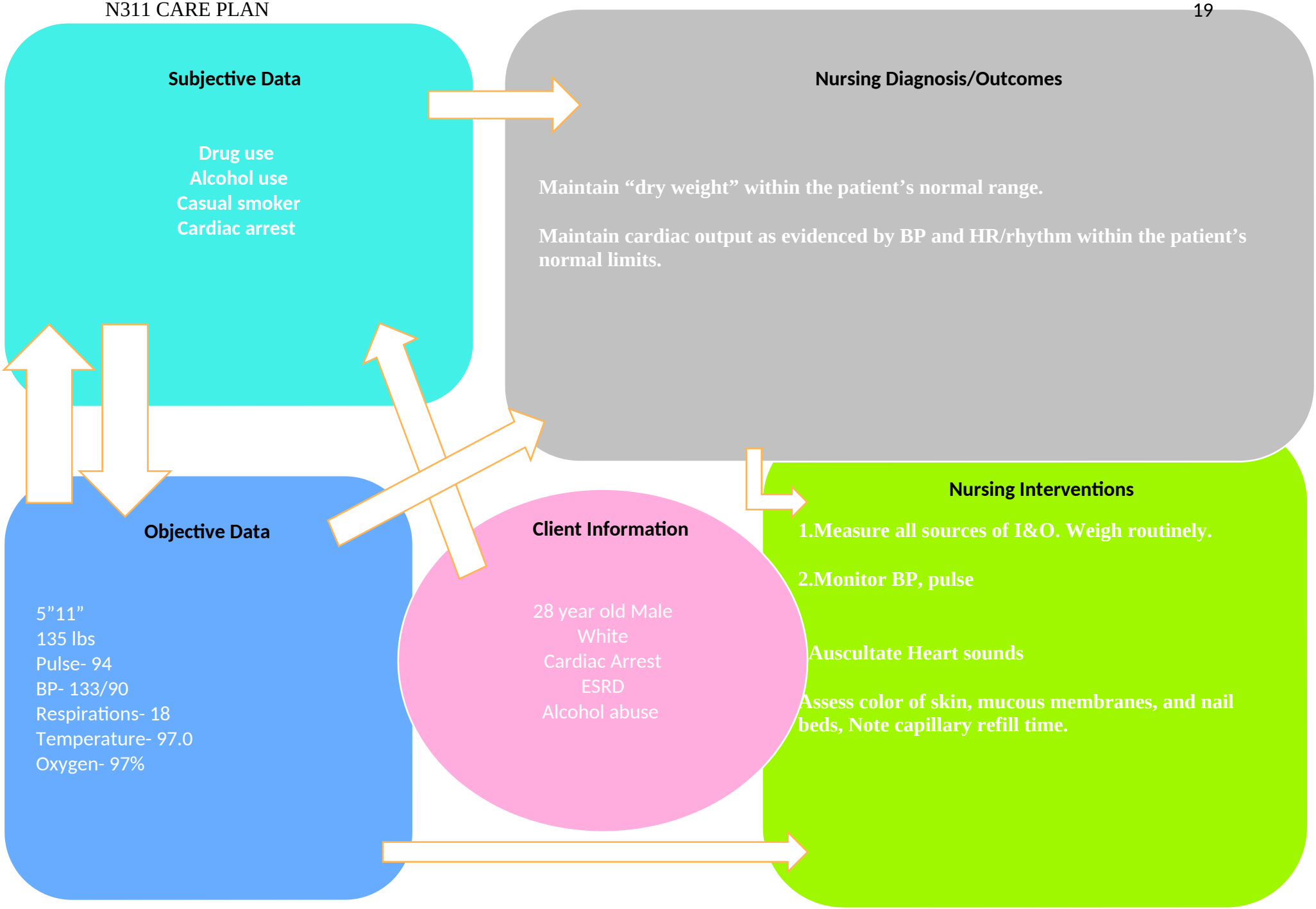
ng dialysis.	**overload and/or HF.** **(Phelps, 2020)**			
2. Risk for decreased cardiac output related to cardiac arrest as evidenced by having an asystole.	**Development of S3/S4 is indicative of failure. Pericardial friction rub may be only manifestation of uremic pericarditis, requiring prompt intervention.** **Pallor may reflect vasoconstriction or anemia. Cyanosis is a late sign and is related to pulmonary congestion and/or cardiac failure.**	**1. Auscultate Heart sounds** **3. Assess color of skin, mucous membranes, and nail beds, Note capillary refill time.** **(Phelps, 2020)**	**1. Maintain cardiac output as evidenced by BP and HR/rhythm within the patient's normal limits. (Phelps, 2020)**	**The client/family is responding well to this action.** **The client is willing to work on whatever it takes to get better.**

Other References (APA):

Phelps, L. L. (2020). In *Sparks & Taylor's nursing diagnosis reference manual* (11th ed.).

Essay, Wolters Kluwer.

Concept Map (20 Points):


Subjective Data
Drug use
Alcohol use
Casual smoker
Cardiac arrest
Nursing Diagnosis/Outcomes
Maintain "dry weight" within the patient's normal range.
Maintain cardiac output as evidenced by BP and HR/rhythm within the patient's normal limits.
Objective Data
5"11"
135 lbs
Pulse- 94
BP- 133/90
Respirations- 18
Temperature- 97.0
Oxygen- 97%
Client Information
28 year old Male
White
Cardiac Arrest
ESRD
Alcohol abuse
Nursing Interventions
1.Measure all sources of I&O. Weigh routinely.
2.Monitor BP, pulse
Auscultate Heart sounds
Assess color of skin, mucous membranes, and nail beds, Note capillary refill time.