## Medications

- Bisacodyl 10 mg PRN daily
  - Laxative
  - Constipation
  - Assess for last BM
- Haloperidol 2mg IVP PRN q 2 hrs.
  - Opioid
  - Pain
  - Assess for expressions of pain
- Hydromorphone 0.4mg IVP PRN q 15 min
  - Opioid
  - Pain
  - Assess for expressions of pain
- Ativan 0.5 mg IVP PRN q 2 hrs.
  - Antianxiety
  - Restlessness
  - Assess for restlessness
- Ondansetron 8 mg sublingual PRN can repeat hourly up to 4 times
  - Antinausea
  - Nausea
  - Assess for nausea

## Lab Values/Diagnostics (CARLE 2022)

- Glucose 194
  - Normal Value= 70-100
- PT 32.3
  - Normal Value= 11.7-13.8
- INR 3.2
  - Normal Value= 0.9-1.1
- CA 5.9
  - Normal Value=8.9-10.6
- BUN 88
  - Normal Value= 10-22
- Creatinine 4.19
  - Normal Value=0.55-1.02
- AST 4,456
  - Normal Value= 5-34
- ALT 1976
  - Normal Value 0-55
- NA 127
  - Normal Value 135-145
- K 6
  - Normal Value 3.5-5.1
- CH 89
  - Normal Value 98-107
- CO2 19
  - Normal Value 22-29.0

All abnormal labs are related to the pt. dying and the organs are shutting down and no longer wanting to function properly. (Hinkle & Cheever, 2022)

## Demographic Data

**Date of Admission:**10/9/22
**Admission Diagnosis/Chief Complaint:** Acute exacerbation of CHF
**Age:**63
**Gender:** Female
**Race/Ethnicity:** White
**Allergies:** KNA
**Code Status:** PRN
**Height in cm:** 160
**Weight in kg:**46.86
**Psychosocial Developmental Stage:** appropriate for age
**Cognitive Developmental Stage:** appropriate for age
**Braden Score:** 14
**Morse Fall Score:** 13
**Infection Control Precautions:** Standard precaution

## Admission History

Patient had had a doctor's appointment and physician referred her to the emergency room. Patient arrived to the emergency room stating the above and complaining of SOB for 3 weeks and it has increasing gotten worse and nothing seems to be helping. Upon assessment client saturation level of oxygen was in 60's.

## Medical History

**Previous Medical History:** Obstructive sleep apnea, Type 2 diabetes, hypothyroidism, COPD

**Prior Hospitalizations:** Fayette County Hospital 10/7/22

**Previous Surgical History:** NA

**Social History:** Smokes ½ pack a day of cigarettes for as long as she can remember

## Pathophysiology

**Disease process:**

Heart failure is a clinical syndrome induced by structural or functional cardiac abnormalities that reduce the heart's ejection fraction (Arrigo et al., 2020).

**S/S of disease:**

Shortness of breath, weakness or fatigue, swelling in lower extremities, irregular or rapid heartbeat, and persistent cough or wheezing (Arrigo et al., 2020)

**Method of Diagnosis:**

Ultrasound measuring the ejection fraction (Arrigo et al., 2020)

**Treatment of disease:**

Beta-blockers, reduce sodium intake, heart healthy diet, maintain an active lifestyle, oxygen, and smoking cessation (Arrigo et al., 2020)

## Active Orders

Comfort care

Hospice consolation pending admission

Bed rest

Regular diet

O2 2-5L for dyspnea

Pain management

VS q 12hrs

Turn pt. q 2 hrs.

**Physical Exam/Assessment**

**General:** Mrs. R is a 63-year-old female. The client is groomed and is currently sleeping. The client weights 46.86 kg and is 160 cm tall. The client is lethargic when aroused and speaking to.

**Integument:** Skin is warm and dry upon palpation. Skin is dusky in color. Skin turgor is less than three seconds with normal mobility. Nails are without clubbing but are cyanotic. Clients' capillary refill is greater than 3 seconds between fingers and toes bilaterally. Braden score is a 13. IV located in the left AC. At 20 g and IV located in the right AC. at 20 g.

**HEENT:** The client's head and neck are symmetrical and there are non-palpable lymph nodes and lobes. There is no visible abnormality of ears or palpable deformities. The sclera is white bilaterally. The client's cornea is clear b/l. Their conjunctiva is pink b/l with no mucus. Their EOMs are intact b/l and PERRLA b/l. The client's septum is midline. Client has good dentition.

**Cardiovascular:** Upon auscultation, there are clear S1 and S2 with murmurs. The client's PMI is palpable at the 5th intercostal space at the MCL. There is an abnormal rate of 121 and an abnormal rhythm of afib. Client removed from tele monitor after assessment.

**Respiratory:** Upon auscultation, the client's lung are diminished b/l throughout posterior and anterior. Respirations are labored, and shallow. Client is currently wearing a nasal cannula with oxygen going at 3L.

**Genitourinary:** The client catheter had 460mL of urine that was yellow and clear. The client has no complaints of urinary system. The clients' genitals have no abnormalities.

**Gastrointestinal:** Upon inspection, the client's abdomen flat. There are active and normal bowel sounds and no tenderness after palpation of all four quadrants. Last BM was on 10/12/22. The client does not currently follow a diabetic diet at home and is currently on a regular diet due to being on comfort care. There is no distention, incisions, scars, or wounds visible on the abdomen.

**Musculoskeletal:** The client shows no signs of muscular atrophy in limbs. The client's arm muscle strength is rated at a 1/5 and their hip muscle strength is rated at a 1/5. Client is currently on bed rest with a fall score of 13.

**Neurological:** Client is currently lethargic and is only alert to self and knows she is currently in a hospital. Upon assessment, PERRLA b/l. The client's strength is equal throughout. The client performed pedal pushes and hand grips with ease but was delayed in completing them

**Most recent VS (include date/time and highlight if abnormal):** T 97.7, P 121, R 18, O2 90% on 3L, B/P 146/83

**Pain and pain scale used:** Pain scale of 1-10 used. Pt. currently denies any pain currently.

| **Nursing Diagnosis 1** | **Nursing Diagnosis 2** | **Nursing Diagnosis 3** |
|---|---|---|
| At risk for pain related to dying process as evidenced by the abnormal labs. | Oxygenation impairment related to acute heart failure exacerbation as evidenced by poor tissue perfusion. | At risk for skin integrity related to bed rest as evidenced by poor circulation. |
| **Rationale** | **Rationale** | **Rationale** |
| This diagnosis was chosen due to the client being on comfort care and pending admission to hospice. | This diagnosis was chosen due to the client having poor tissue perfusion. | This diagnosis was chosen because the client is on comfort care and depends on nursing staff to be turned every 2 hrs. |
| **Interventions** | **Interventions** | **Interventions** |
| **Intervention 1:** Hydromorphone 0.4 mg PRN q 15 min<br>**Intervention 2:** Haloperidol 2 mg PRN q 2 hrs. | **Intervention 1:** Oxygen @ 2-4L<br>**Intervention 2:** Turning q 2 hrs | **Intervention 1:** Turning q 2 hours<br>**Intervention 2:** Pillow wedges |
| **Evaluation of Interventions** | **Evaluation of Interventions** | **Evaluation of Interventions** |
| Client is currently not displaying any signs of pain or expressing that she is in pain. | The client is currently on 3L of oxygenation to improve oxygenation saturation and client is tolerating turning q 2 hrs. to prevent breakdown of the skin. | The client is currently not experiencing any skin breakdown and is tolerating turning q 2 hrs. and pillow wedges underneath them. |

**References (3) (APA):**

Arrigo, M., Jessup, M., Mullens, W., Reza, N., Shah, A. M., Sliwa, K., & Mebazaa, A. (2020). Acute heart failure. *Nature Reviews Disease Primers*, *6*(1), 1-15.

Carle Database (2022)

Hinkle, J.L., & Cheever, K. H. (2022). *Brunner suddarth's textbook of medical-surgical nursing*

(15 th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.

Phelps, L.L. (2020). Sparks and Taylor's Nursing Diagnosis Reference Manual (11th ed.). Wolters Kluwer.