

**Medications**

**Clopidogrel:**  
 Pharmacological class: P2Y12 platelet inhibitor (Jones & Bartlett, 2020).  
 Therapeutic Class: Platelet aggregation inhibitor (Jones & Bartlett, 2020).  
 The patient is taking this medication to reduce clotting (Jones & Bartlett, 2020).  
 Key Nursing interventions: Monitor for bleeding.

**Aspirin**  
 Pharmacological class: Salicylate (Jones & Bartlett, 2020).  
 Therapeutic Class: NSAID (Jones & Bartlett, 2020).  
 The patient is taking this medication prevent blood clotting (Jones & Bartlett, 2020).  
 Key nursing assessment: Monitor for bleeding.

**Enoxaparin**  
 Pharmacological class: Low-molecular-weight heparin (Jones & Bartlett, 2020).  
 Therapeutic Class: anticoagulant (Jones & Bartlett, 2020).  
 The patient is taking this medication to prevent blood clot formation (Jones & Bartlett, 2020).  
 Key nursing assessment: monitor for bleeding.

**Furosemide**  
 Pharmacological class: Loop diuretic (Jones & Bartlett, 2020).  
 Therapeutic Class: Antihypertensive, diuretic (Jones & Bartlett, 2020).  
 The patient is taking this medication to reduce blood pressure and prevent edema (Jones & Bartlett, 2020).  
 Key nursing assessment: monitor for hypokalemia, blood pressure, and weight gain.

**Rosuvastatin**  
 Pharmacological class: HMG-CoA reductase inhibitor (Jones & Bartlett, 2020).  
 Therapeutic Class: Antilipemic (Jones & Bartlett, 2020).  
 The patient is taking this medication to reduce the lipid levels in the blood and prevent stenosis or clotting (Jones & Bartlett, 2020).  
 Key nursing assessment: monitor lipid levels and creatinine.

**Demographic Data**

**Date of Admission: 10-19-22**  
**Admission Diagnosis/Chief Complaint: Congestive heart failure**  
**Age: 93 years old**  
**Gender: Male**  
**Race/Ethnicity: Caucasian**  
**Allergies: No known allergies**  
**Code Status: Do no resuscitate**  
**Height in cm: Not documented. Patient states, "I am about six foot tall."**  
**Weight in kg: 68.5 kilograms**  
**Psychosocial Developmental Stage: Integrity vs despair**  
**Cognitive Developmental Stage: Formal operational stage**  
**Braden Score: 18**  
**Morse Fall Score: 75**  
**Infection Control Precautions: N/A**

**Pathophysiology**

**Disease process:** Congestive heart failure is where the heart cannot pump enough oxygen-rich blood to meet the body's needs. Congestive heart failure can be classified as Left-side, right-side, or biventricular. Right-sided heart failure, the heart is too weak to pump enough blood to the lungs to get oxygen. Left-sided heart failure, the heart cannot pump enough oxygen-rich blood out (Mayo Foundation for Medical Education and Research, 2021).

**S/S of disease:** Congestive heart failure can present with shortness of breath, fatigue, weakness, edema in the lower extremities, tachycardia, irregular heartbeat, persistent cough or wheezing with white or pink blood-tinged sputum, acities, weight gain, nausea, lack of appetite, difficulty concentrating or decreased alertness, chest pain if heart failure is caused by a heart attack (Mayo Foundation for Medical Education and Research, 2021). This patient presents with shortness of breath and chest pain.

**Method of Diagnosis:** To diagnose congestive heart failure a blood test, chest X-ray, electrocardiogram (EKG), echocardiogram, stress test, cardiac computerized tomography (CT) scan, magnetic resonance imaging (MRI), coronary angiogram, or a myocardial biopsy may be performed (Mayo Foundation for Medical Education and Research, 2021). This patient is diagnosed by electrocardiogram, chest x-ray and CT.

**Treatment of disease:** Treatment may include angiotensin-converting enzyme (ACE) inhibitors, angiotensin II receptor blockers, beta blockers, diuretics, aldosterone antagonists, positive inotropes, and surgery or other procedures (Mayo Foundation for Medical Education and Research, 2021). The patient takes a variety of medications to reduce clotting and lipid levels.

**Lab Values/Diagnostics**

**BUN: 28 (7-25) elevated due to BPH.**

**Troponin I 0.724 ng/ml (0-0.03 ng/ml) elevated due to myocardial death.**

**RBC: 3.64 10<sup>6</sup>/mcl (4.28-5.56 10<sup>6</sup>/mcl) low due to anemia or kidney disease.**

**Hgb: 11.5 g/dL (13-17 g/dL) low due to anemia or kidney disease.**

**Hct: 33% (38.1-48.9%) low due to anemia or kidney disease.**

**Chest x-ray reveals ground glass opacities on 10-19-22. Can result form pulmonary edema.**

**Computerized tomography angiography of the chest with contrast reveals mild cardiac enlargement and bilateral lung opacities on 10-19-22. Cardiac enlargement due to CHF.**

**Electrocardiogram reveals multiple PVC's on 10-19-22.**

**Admission History**

The patient reports to the emergency department with increasing shortness of beath and chest pain. The patient reports choking on morning pills and shortness of breath followed throughout the day.

**Medical History**

**Previous Medical History: Benin prostatic hypertrophy, hypertension, hypothyroidism, and congestive heart failure.**

**Prior Hospitalizations: N/A**

**Previous Surgical History: N/A**

**Social History: Previous alcohol consumption. Denise drug and tobacco use.**

**Active Orders**

**Turn every two hours to prevent fluid in the lungs. Ambulate three times daily to prevent fluid in the lungs. Do not resuscitate order. Up with two-person assistance because the patient is a high fall risk and does not have strong muscle control. Vital signs check every four hours for a change in condition. Feed assistance because the patient has difficulty swallowing. Minced and moist diet because the patient has difficulty swallowing.**

**Physical Exam/Assessment**

**General:** The client is alert and oriented times four and does not show any signs of distressed. The client is well groomed.

**Integument:** The client's skin appropriate for ethnicity and is dry and intact. The client's temperature is warm. The clients skin turgor is elastic with rash noted on the patient back. Bruises noted on patient's arms. No wounds noted. The Braden score is 18. No drains are present.

**HEENT:** The patient's head is normocephalic, the neck is supple, and no masses noted. The ears are symmetrical with no signs of drainage present. The pupils are equal and reactive to light. PERLA and EOM intact. The nares are patent with no signs of deviated septum. The gums are pink, moist, and intact. The teeth show no signs of dental carries. No masses or lesions noted.

**Cardiovascular:** The heart sounds auscultated with no murmurs present. S1 and S2 with normal sinus rhythm. +2 radial pulses noted bilaterally. The capillary refill less than three seconds noted in all extremities. No signs of neck vein distention or edema.

**Respiratory:** The patient showed no signs of accessory muscle being used. Anterior and posterior breath sounds auscultated clear and equal bilaterally.

**Genitourinary:** The patient's urine is red with clotting. The quantity of urine is voiding 400 ml and one incontinent episode. The patient reports no pain with urination. The patient is not receiving dialysis. The genitalia are clean, dry, and intact. No catheter is present.

**Gastrointestinal:** The patient's diet at home is regular and the current diet is minced and moist with a feed assistance. The patient has active bowel sounds in all four quadrants. The patient's abdomen is soft and nontender with no masses noted. There are no signs of distention, incisions, or wounds in the abdominal area. No ostomy is present. Nasogastric tube is not present. No feeding or PEG tubes are present.

**Musculoskeletal:** The neurovascular status is intact. The range of motion is intact active and passively. The patient utilizes a walker and gait belt with a two-person assistance. The patient has a strength 5/5 bilaterally. The fall score is 75 and the patient needs support to stand and walk.

**Neurological:** PERLA is intact. The strength is equal in arms and. The client is oriented times four. The patient's speech is clear. No sensory or LOC noted.

**Most recent VS (include date/time and highlight if abnormal):** 10-24-22 at 0945

**Heart rate:** 63 beat/minute, **Oxygen saturation:** 96%, **Blood pressure:** 102/60 mmHg, **Temperature:** 36.4°C, **Respiratory rate:** 16 breaths/minute

**Pain and pain scale used:**

Numerical 0/10

<p><b>Nursing Diagnosis 1</b>  <b>Impaired gas exchange related to lung insufficiency as evidenced by bilateral lung opacities (Phelps, 2020).</b></p>	<p><b>Nursing Diagnosis 2</b>  <b>Risk for bleeding related to insufficient knowledge of bleeding precaution as evidenced by treatment regimen (Phelps, 2020).</b></p>	<p><b>Nursing Diagnosis 3</b>  <b>Risk for falls related to difficulty with gait as evidenced by the use of assistive devices (Phelps, 2020).</b></p>
<p><b>Rationale</b>  <b>The patient Receiver a chest x-ray that reveals ground glass opacities.</b></p>	<p><b>Rationale</b>  <b>The patient has red urine output.</b></p>	<p><b>Rationale</b>  <b>The patient requires assistance for two-personnel, a walker and gait belt.</b></p>
<p><b>Interventions</b>  <b>Intervention 1: assess pulmonary status every four hours (Phelps, 2020).</b>  <b>Intervention 2: change patients position every two hours (Phelps, 2020).</b></p>	<p><b>Interventions</b>  <b>Intervention 1: Teach about adverse outcomes of medications (Phelps, 2020).</b>  <b>Intervention 2: Screen patient for bleeding (Phelps, 2020).</b></p>	<p><b>Interventions</b>  <b>Intervention 1: improve environmental safety factors (Phelps, 2020).</b>  <b>Intervention 2: Teach patient how to safely use assistive devices (Phelps, 2020).</b></p>
<p><b>Evaluation of Interventions</b>  <b>Goal met. Patient's lungs auscultated every four hours as well as oxygen saturation.</b>  <b>Goal met. Patient changed position every two hours throughout shift.</b></p>	<p><b>Evaluation of Interventions</b>  <b>Goal met. Patient educated on adverse effects of medication.</b>  <b>Goal met. Patient is screened for bleeding through the body.</b></p>	<p><b>Evaluation of Interventions</b>  <b>Goal met. Clutter is cleared from the floor for safe ambulation.</b>  <b>Goal met. Patient demonstrated how to safely use walker and gait belt.</b></p>

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

**Jones & Bartlett. (2020). *Nurse's drug handbook* (12th ed.). Jones & Bartlett Learning.**

**Mayo Foundation for Medical Education and Research. (2021, December 10). *Heart failure*. Mayo Clinic. Retrieved October 27, 2022, from <https://www.mayoclinic.org/diseases-conditions/heart-failure/diagnosis-treatment/drc-20373148>**

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