N321 Adult Health 1

Lakeview College of Nursing

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Professor Henry

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Demographics (3 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
01/28/2023	CDG	03/06/1928 (94)	female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Hispanic	Homemaker	Widowed	NKA
Code Status	**Height**	**Weight**	
DNR	4’9”	98 lbs. 14.4 oz	

Medical History (5 Points)

Past Medical History: age-related nuclear cataract of right eye (05/17/18), arthritis, atrial fibrillation, cataract of left eye (05/10/18), CHF, HTN, CKD Stage III

Past Surgical History: left cataract removal with implant (05/10/18), right cataract removal with implant (05/17/18), left joint knee replacement

Family History: patient unable to provide, family history is unknown

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Never used tobacco or smokeless tobacco, no alcohol use

Assistive Devices: walker for ambulation, interpreter for language barrier

Living Situation: lives with son and his family in a two-story home

Education Level: patient unable to provide, education is unknown

Admission Assessment

Chief Complaint (2 points): shortness of breath

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

C.D.G is a 94-year-old female who came to the emergency room on 1/28/2023 with shortness of breath. The shortness of breath started a couple days prior to admission and in the chest. The shortness of breath is constant and has characteristics of heart palpitations. The shortness of breath and heart palpitations are worse when lying down, but still happen at rest and during

exertion. There are no relieving factors. The patient recently has been treated for a pleural effusion and received a thoracentesis on (1/10/23). Her home medications have had no improvement with her symptoms. The severity was unable to be obtained due to the patient's language barrier.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): pleural effusion

Secondary Diagnosis (if applicable): CHF and A-Fib

Pathophysiology of the Disease, APA format (20 points): When someone has a pleural effusion that means there is fluid buildup in the space between the lung and the chest wall. This can be caused by pneumonia or complications from heart, liver, or kidney disease. Some risk factors include smoking and drinking alcohol and a history of any contact with asbestos. Signs and symptoms include chest pain, dyspnea, and dry cough (Capriotti, 2020). A diagnostic test that can identify a pleural effusion is a CT. A CT is available for differentiation of pleural collections or masses, detection of loculated fluid collections, demonstration of abnormalities in lung parenchyme, distinguishing empyema with air-fluid levels from lung abscess, identification of pleural thickening, evaluation of major and minor fissures, and distinguishing benign and malignant effusions. There are no blood tests to detect pleural effusion. If a patient has exudative effusion, cell counts and differential, glucose, adenosine deaminase (ADA), and cytologic analysis can be collected during the first thoracentesis. Diuretics and other heart failure medications are used to treat pleural effusion caused by congestive heart failure or other medical causes as well as the removal of fluid (thoracentesis) (Phelps, 2020). The patient is currently on furosemide.

When a person has atrial fibrillation, the normal beating in the upper chambers of the heart is irregular, and blood doesn't flow as well as it should from the atria to the lower chambers of the heart. Atrial fibrillation is caused by disorganized signals that make your heart's two upper chambers squeeze very fast and out of sync. They contract so quickly that the heart walls quiver or fibrillate. Damage to your heart's electrical system can cause atrial fibrillation (Phelps, 2020). Some risk factors that are associated with atrial fibrillation are age, heart disease, hypertension, and obesity. Signs and symptoms include palpitation, shortness of breath, and fatigue. 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 is no blood test that can confirm that a person has atrial fibrillation. However, blood tests may be done to check for certain underlying causes of atrial fibrillation 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. Atrial fibrillation can be treated by beta blockers, blood thinners, cardioversion (electrical shock), and minimally invasive surgery, an ablation. The patient is currently on Apixaban (Eliquis) which is to prevent serious blood clots from forming due to the irregular heartbeat (Capriotti, 2020).

When someone has congestive heart failure (CHF), it is caused by high levels of cholesterol and or triglycerides in the blood as well as high blood pressure. Some risk factors of

CHF include smoking, unhealthy diet, heavy alcohol use, and lack of physical activity. Signs and symptoms of CHF are shortness of breath, fatigue, weakness, and rapid or irregular heart rate (Phelps, 2020). Some diagnostic tests to detect CHF can include an EKG, stress test, or CT. A BNP blood test can be used to detect CHF. CHF can be treated with ACE inhibitors, angiotensin II receptor blockers and beta blockers (Capriotti, 2020). The patient is currently on Metoprolol Succinate and Diltiazem.

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 (15 points)

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 10 (6)/mcL	**3.53**	**3.45**	**RBCs are low due to the patient's chronic kidney disease (Jones & Bartlett Learning, 2022).**
Hgb	12.0-15.8 g/dL	**11.3**	**11.2**	**Hgb is low due to the patient's chronic kidney disease (Jones & Bartlett Learning, 2022).**
Hct	36.0-47.0%	**35.4**	**34.7**	**Hct is low due to the patient's chronic kidney disease (Jones & Bartlett Learning, 2022).**
Platelets	140-440 10(3)/mcL	270	263	Platelets are within normal limits.
WBC	4.00-12.00 10(3)/mcL	5.90	6.40	WBCs are within normal limits.
Neutrophils	47.0-73.0%	**78.7**	71.1	**Neutrophils were high upon admission due to the patient having a pleural effusion but is now within normal limits (Jones & Bartlett**

				Learning, 2022).
Lymphocytes	18.0-42.0%	**7.7**	**11.9**	**Lymphocytes are low due to the patient's chronic kidney disease (Jones & Bartlett Learning, 2022).**
Monocytes	4.0-12.0%	8.4	12.0	Monocytes are within normal limits.
Eosinophils	0.0-5.0%	3.7	4.1	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-	135-145 mmol/L	142	145	Sodium is within normal limits.
K+	3.5-5.0 mmol/L	4.0	4.3	Potassium is within normal limits.
Cl-	98-107 mmol/L	**111**	**108**	**Chloride is high due to the patient's CHF (Jones & Bartlett Learning, 2022).**
CO2	21-31 mmol/L	21	28	CO2 is within normal limits.
Glucose	80-120 mg/dL	106	83	Glucose is within normal limits.
BUN	7-25 mg/dL	**48**	**37**	**BUN is high due to the patient's chronic kidney disease (Jones & Bartlett Learning, 2022).**
Creatinine	0.50-1.00 mg/dL	**1.66**	**1.51**	**Creatinine is high due to the patient's chronic kidney disease (Jones & Bartlett Learning, 2022).**
Albumin	3.5-5.7 g/dL	**3.1**	**2.9**	**Albumin is low due to the patient's chronic kidney disease (Jones & Bartlett Learning, 2022).**
Calcium	8.8-10.2 mg/dL	9.0	9.3	Calcium is within normal limits.
Mag	1.6-2.6 mg/dL	2.2	N/A	Mag is within normal limits.
Phosphate	34-104 mg/dL	N/A	N/A	Phosphate was not obtained.
Bilirubin	0.2-0.8 mg/dL	0.4	0.5	Bilirubin is within normal limits.

Alk Phos	40-150 U/L	142	144	Alk Phos is within normal limits.
AST	10-30 U/L	19	17	AST is within normal limits.
ALT	10-40 U/L	13	10	ALT is within normal limits.
Amylase	60-120 U/L	N/A	N/A	Amylase is not obtained.
Lipase	0-160 U/L	N/A	N/A	Lipase is not obtained.
Lactic Acid	0.5-2.2 mmol/L	1.3	1.5	Lactic acid is within normal limits.

Other Tests 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
INR	0.8-1.1	**1.4**	N/A	**INR is high due to the patient being on Eliquis (Jones & Bartlett Learning, 2022).**
PT	9.5-11.3 seconds	**16.0**	N/A	**PT is high due to the patient being on Eliquis, potentially the wrong dose (Jones & Bartlett Learning, 2022).**
PTT	30-40 seconds	30	N/A	PTT is within normal limits.
D-Dimer	>250 mg/L FEU	N/A	N/A	D-Dimer was not obtained.
BNP	100-400 pg/mL	N/A	N/A	BNP was not obtained.
HDL	>60 mg/dL	N/A	N/A	HDL was not obtained.
LDL	<130 mg/dL	N/A	N/A	LDL was not obtained.
Cholesterol	<200 mg/dL	N/A	N/A	Cholesterol was not obtained.
Triglycerides	40-180 mmol/L	N/A	N/A	Triglycerides were not obtained.
Hgb A1c	<7 mg/dL	N/A	N/A	Hgb A1c was not obtained.

TSH	0.5-5.0 mIU/mL	N/A	N/A	TSH was not obtained.

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 and 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**	WBCs were not obtained.
RBC	Negative	**N/A**	**N/A**	RBCs 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 (5 points): XR Chest: cardiac borders are obliterated due to moderate to large PE, minimal right PE noted, visualized lungs are grossly clear.

CT Chest: There is marked improvement compared to previous study. Infiltration in the left upper lobe and left lower lobe has almost cleared completely. Large left pleural effusion noted. No significant change. Minimal right pleural effusion noted. Right pleural effusion is a new finding. Cardiomegaly noted. Hiatus hernia noted.

Diagnostic Test Correlation (5 points): The patient received the XR of her chest due to having shortness of breath upon admission.

The patient received the CT of her chest due to her having shortness of breath and a recent thoracentesis for a pleural effusion.

Diagnostic Test Reference (1) (APA):

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

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

Home Medications (5 required)

Brand/Generic	**Eliquis**	**Allopurinol (Zyloprim)**	**Furosemide (Lasix)**	**Diltiazem (Cardizem)**	**Spironolactone (Aldactone)**
Dose	2.5 mg	100 mg	20 mg	240 mg	25 mg
Frequency	2 times daily	Daily	Daily	Daily	Daily
Route	PO	PO	PO	PO	PO
Classification	Anticoagulant	Xanthine oxidase inhibitors	Diuretics	Calcium blockers	Diuretic

Mechanism of Action	Inhibits free and clot bound FXa and prothrombinase activity (Jones & Bartlett Learning, 2022).	Acts on purine catabolism without disrupting the biosynthesis of purines (Jones & Bartlett Learning, 2022).	Inhibits the luminal Na-K-Cl cotransporter (Jones & Bartlett Learning, 2022).	Inhibit the cellular influx of calcium ions during membrane depolarization of cardiac and vascular smooth muscle (Jones & Bartlett Learning, 2022).	Binding of receptors at the aldosterone-dependent sodium-potassium exchange site in the distal convoluted renal tubule (Jones & Bartlett Learning, 2022).
Reason Client Taking	Atrial fibrillation	Gout	Pleural effusion	HTN	HTN
Contraindications (2)	Active pathological bleeding Severe hypersensitivity	Chronic kidney disease stage 4 Chronic kidney disease stage 5	Severe renal impairment Hypokalemia	Second- or third-degree AV blocks Cardiogenic shock	Acute renal insufficiency Hyperkalemia
Side Effects/Adverse Reactions (2)	Rash Bleeding from cuts, nose, or gums	Drowsiness Abnormal renal function	Dry mouth Confused/dizzy	Weakness Constipation	Upset stomach Lightheadedness
Nursing Considerations (2)	Notify provider of red, black, or tarry stools Be careful with sharp objects (Jones & Bartlett Learning, 2022).	Take after meals Renal function (Jones & Bartlett Learning, 2022).	Monitor daily weight Monitor I/Os (Jones & Bartlett Learning, 2022).	Monitor BP Monitor for arrhythmias (Jones & Bartlett Learning, 2022).	Monitor fluid, electrolyte imbalances Monitor acid-base imbalances (Jones & Bartlett Learning, 2022).

Hospital Medications (5 required)

Brand/Generic	**Atorvastatin**	**Metoprolol Succinate**	**Ferrous Sulfate**	**Losartan (Cozaar)**	**Empagliflozin**

	(Lipitor)	**(Toprol-xi)**			**(Jardiance)**
Dose	40 mg	100 mg	325 mg	25 mg	10 mg
Frequency	Nightly	Daily	Daily	Daily	Daily
Route	PO	PO	PO	PO	PO
Classification	Lipid-Lowering Agent, Statins	Beta blockers	Iron products	Angiotensin II Receptor Antagonist	SGLT2
Mechanism of Action	Slows the productions of cholesterol in the body to decrease the amount of cholesterol that may build up on the walls of the arteries (Jones & Bartlett Learning, 2022).	Blocks beta 1 receptors with minimal effects on beta 2 receptors tissues (Jones & Bartlett Learning, 2022).	Iron combines with porphyrin and globin chains to form hemoglobin (Jones & Bartlett Learning, 2022).	Blocks the vasoconstrictor and aldosterone secreting effects of angiotensin II by selectively blocking the binding angiotensin II to the AT1 receptor found in many tissues (Jones & Bartlett Learning, 2022).	Inhibiting the sodium-glucose co-transporter-2 found in the proximal tubules in the kidneys (Jones & Bartlett Learning, 2022).
Reason Client Taking	High cholesterol	CHF	Iron deficiency anemia	HTN	Reduces blood sugar
Contraindications (2)	Liver disease Unexplained transaminase elevation	Cardiogenic shock Decompensated heart failure	Any anemia not related to iron deficiency Allergic reactions to iron supplements	Mild to moderate kidney impairment hyperkalemia	End stage renal disease Dialysis
Side Effects/Adverse	Headache Diarrhea	Chest pain Blurred vision	Loss of appetite	Muscle cramps	Bladder pain Joint pain

Reactions (2)			Dark/ Black stool	Insomnia	
Nursing Considerations (2)	Decreased cardiac output Ineffective tissue perfusion (Jones & Bartlett Learning, 2022).	Renal impairment Systolic blood pressure below 100 mm Hg (Jones & Bartlett Learning, 2022).	Avoid concurrent antacid use Take with food (Jones & Bartlett Learning, 2022).	Fatigue Numbness and tingling (Jones & Bartlett Learning, 2022).	Renal function HbA1c (Jones & 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, time, and situation. Patient is in no acute distress and well-groomed.
INTEGUMENTARY: **Skin color:** normal for ethnicity **Character:** warm and dry **Temperature:** **96.6** **Turgor:** quick to return **Rashes:** No rashes present **Bruises:** **bruising at old IV site** **Wounds:** No wounds present **Braden Score:** 22 **Drains present: Y☐ N ☒** **Type:**	Skin is normal for ethnicity, warm, and dry. There is some **bruising at old IV site** 20 G in right wrist, clean, dry, and intact
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Auricles are pink and moist with no lesions noted bilaterally. Bilateral pulses are palpable and 2+. PERRLA, EOMs intact. Sclera is white bilaterally, cornea clear bilaterally, conjunctiva pink bilaterally, lids are

	pink and moist without lesions. Septum is midline, turbinates are pink and moist bilaterally and no visible bleeding or polyps present. Frontal and maxillary sinuses are nontender to palpation bilaterally. **Teeth are missing**, oral mucosa is dry and pink with no lesions noted**.**
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. **Apical pulse irregular, radial pulse irregular, A-fib.** Capillary refill is less than three seconds.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Anterior lungs sounds diminished.** **Respiratory rate 22.**
GASTROINTESTINAL: **Diet at home:** regular **Current Diet:** regular **Height:** 4'9" **Weight:** 98 lbs. 14.4 0z **Auscultation Bowel sounds:** normoactive **Last BM:** 1/27/23 **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 nondistended, soft, and nontender to palpation. Patient showed no nonverbal indications of pain.
GENITOURINARY: **Color:** yellow **Character:** **Quantity of urine:** 1 void **Pain with urination: Y ☐ N ☒**	Patient has no pain with urination, gets up to the toilet with a walker. Patient had 1 void throughout the shift.

Dialysis: Y ☐ N ☐ **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** walker **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 78** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk☒**	Patient has full range of motion. Hand grips and pedal pushes and pulls demonstrate normal and equal strength bilaterally. **Patient uses a walker.**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:** alert and oriented	Patient is alert and able to answers simple questions due to language barrier. Speech is clear and appropriate for age and situation.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Patient had family in earlier in the morning **Developmental level:** Older adulthood **Religion & what it means to pt.:** Catholic **Personal/Family Data (Think about home environment, family structure, and available family support):** Patient lives at home with her son and his family	Patient was calm, cooperative, and accepting. Care was explained and simple choices provided due to language barrier. Safe and supportive environment. Thoughts and feelings acknowledged.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	92 bpm	**145/68 mm Hg**	**24**	**96.7 degrees F**	100 % Room air

1500	82 bpm	**99/56 mm Hg**	**22**	**96.6 degrees F**	98% Room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1910 on 1/29/23	Numeric 0-10	N/A	0	N/A	N/A
1500	Numeric 0-10	N/A	0	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 G **Location of IV:** right wrist **Date on IV:** 01/28/23 **Patency of IV:** IV patent **Signs of erythema, drainage, etc.:** none noted **IV dressing assessment:** clean, dry, intact	Saline Lock present No fluids running currently

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
120 mL of water	1 void Up to toilet with walker, SBA

Nursing Care

Summary of Care (2 points)

Overview of care: I went into my patient's room around 1230 to introduce myself.

The patient had a relaxing afternoon. I completed my head-to-toe assessment and vitals at 1300. The patient's vitals were stable. The patient did not complain of any pain. The

patient had a bath earlier in the morning and was napping this afternoon. Before leaving I checked on my patient and asked if she needed anything. Patient had no needs.

Procedures/testing done: none

Complaints/Issues: none

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: tolerating a regular diet, up to toilet with walker, SBA

Physician notifications: none

Future plans for client: thoracentesis on 1/31/23

Discharge Planning (2 points)

Discharge location: home

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: see pulmonologist

Education needs: importance of maintaining daily weight and fluid restriction to avoid readmissions with CHF exacerbation

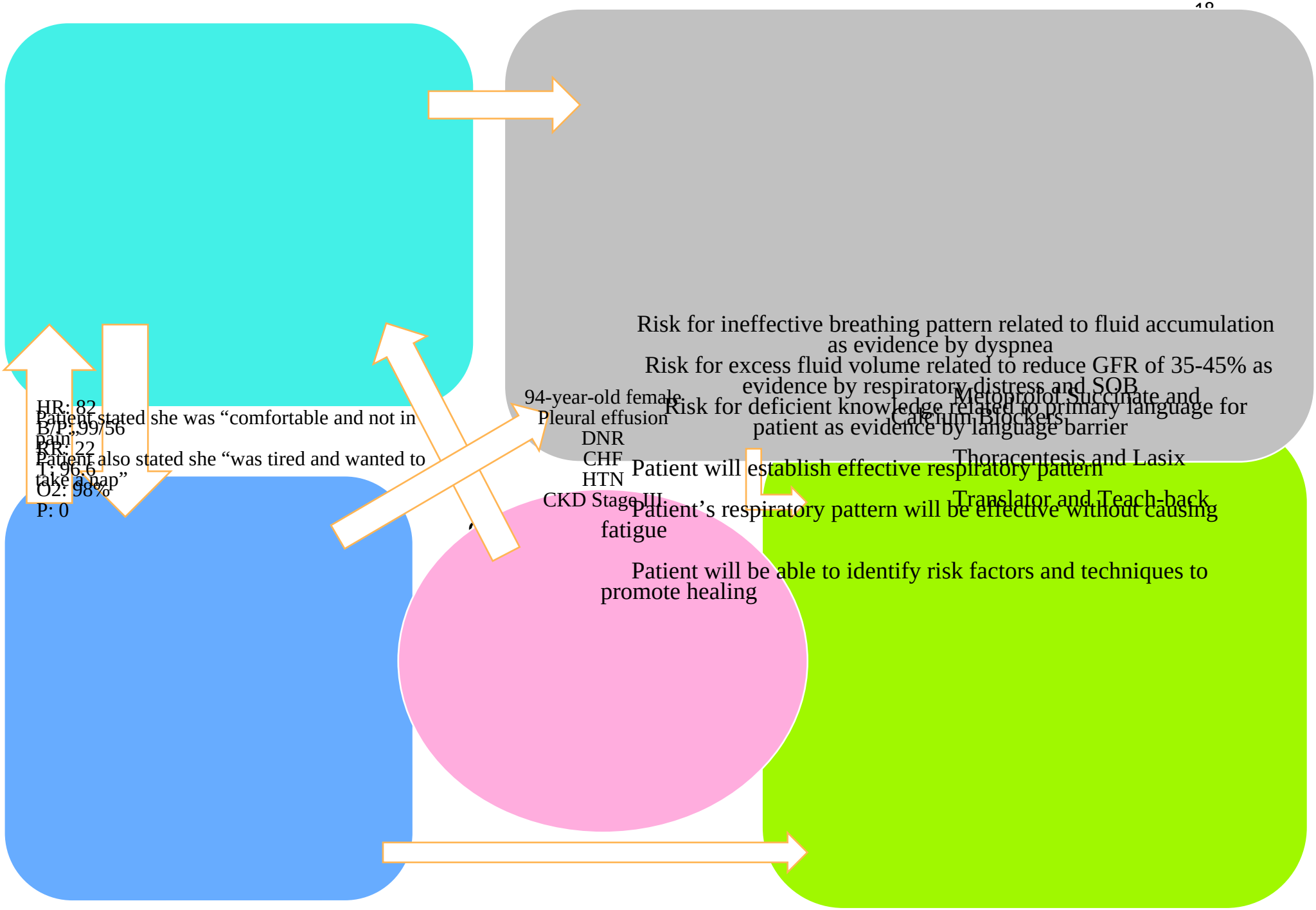
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
● Include full nursing diagnosis with "related to" and "as evidenced by" components ● Listed in order by priority – highest priority to lowest priority pertinent	● Explain why the nursing diagnosis was chosen			● How did the client/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications

to this client				to plan.
1. Risk for ineffective breathing pattern related to fluid accumulation as evidence by dyspnea	I chose the diagnosis d/t the patient's respirations and SOB	1. Metoprolol Succinate 2. Calcium Blockers	1. Patient will establish effective respiratory pattern	Patient exhibits improved respirations and SOB.
2. Risk for excess fluid volume related to reduce GFR of 35-45% as evidence by respiratory distress and SOB	I chose this diagnosis because heart failure results in poor perfusion of the kidneys and can lead to fluid overload	1. Thoracentesis 2. Lasix	1. Patient's respiratory pattern will be effective without causing fatigue	Patient exhibits decreased fluid volume.
3. Risk for deficient knowledge related to primary language for patient as evidence by language barrier	I chose this diagnosis d/t the patient's primary language being Spanish	1. Translator 2. Teach-back	1.Patient will be able to identify risk factors and techniques to promote healing	Patient exhibits understanding through a translator.

Other References (APA):

Concept Map (20 Points):


HR: 82
B/P: 99/56
RR: 22
T: 96.6
O2: 98%
P: 0
Patient stated she was “comfortable and not in pain”
Patient also stated she “was tired and wanted to take a nap”
94-year-old female
Pleural effusion
DNR
CHF
HTN
CKD Stage III
Risk for ineffective breathing pattern related to fluid accumulation as evidence by dyspnea
Risk for excess fluid volume related to reduce GFR of 35-45% as evidence by respiratory distress and SOB
Risk for deficient knowledge related to primary language for patient as evidence by language barrier
Metoprolol Succinate and Calcium Blockers
Thoracentesis and Lasix
Translator and Teach-back
Patient will establish effective respiratory pattern
Patient’s respiratory pattern will be effective without causing fatigue
Patient will be able to identify risk factors and techniques to promote healing