

N321 Care Plan # 1

Lakeview College of Nursing

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Professor Kristal Henry

February 8, 2023

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Demographics (3 points)

<u>Date of Admission</u> 02/04/2023	<u>Client Initials</u> M.B.	<u>Age</u> 58 y.o.	<u>Gender</u> Male
<u>Race/Ethnicity</u> Caucasian	<u>Occupation</u> Disabled	<u>Marital Status</u> Divorced	<u>Allergies</u> Metoprolol tartrate
<u>Code Status</u> Full Code	<u>Height</u> 6'2"	<u>Weight</u> 244 lbs	

Medical History (5 Points)**Past Medical History:**

- Atrial fibrillation (a-fib)
- Anxiety
- Post-traumatic stress disorder (PTSD)
- Pulmonary embolism (PE)
- Seizures
- Deep vein thrombosis (DVT)

Past Surgical History:

- Foreign body removal

Family History:

- Father- alcohol abuse

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- **Mother- stroke**

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

No history of tobacco, alcohol, or drug use.

Assistive Devices: No assistive devices

Living Situation: Client lives at home by himself.

Education Level:

- **Bachelor's- Criminal Science**
- **Bachelor's- Terrorism & Counterterrorism**
- **3 minors- Psychology, Sociology, & Political Science**

Admission Assessment

Chief Complaint (2 points): Heart palpitations

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

Client is a 58-year-old male who presented to the Emergency Department on 02/04/2023 with a complaint of heart palpitations. He reported that he has been seeing a Cardiologist since December 2022 and since then his medications have been switched with no relief of heart palpitations. Client reports that “it feels as though his heart is racing and causes chest pressure”. He reported that there were no relieving factors, so he came to the Emergency Department to seek treatment.

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Primary Diagnosis

Primary Diagnosis on Admission (2 points): atrial fibrillation with rapid ventricular response (afib with RVR)

Secondary Diagnosis (if applicable): NA

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

Atrial fibrillation (Afib) is an irregular heartbeat and is the most common encountered arrhythmia in the clinical setting. This means that the upper chambers of the heart beat irregularly because the electrical signals that control the heart are not functioning properly (Cunha, 2022). Afib with rapid ventricular rate (RVR) is an irregular heartbeat with a rapid ventricular rate. This means that the lower chambers of the heart, the ventricles, are beating too fast. Afib with RVR can be life threatening as some patients may not be symptomatic. Some mild symptoms of this heart disease are irregular heartbeats (arrhythmias), heart palpitations, racing heartbeat, chest tightness, pain, or discomfort, dizziness, lightheadedness, mild shortness of breath, weakness or lack of energy, and exercise intolerance. Severe symptoms are chest pain, difficulty breathing with and without exertion, fainting, and severe fatigue. Afib can cause thrombus formation and embolism to the brain. It is a frequent cause of ischemic stroke (Capriotti, 2020). Some expected findings in a patient with Afib are shortness of breath (dyspnea) with exertion, cough, pulmonary edema, paroxysmal nocturnal dyspnea (PND), and tachycardia may occur along with palpitations. An EKG and chest x-ray can detect atrial fibrillation. The chest x-ray may also reveal pulmonary congestion.

Risk factors associated with this heart disease are hypertension, heart failure, heart valve disease, heart attack, coronary artery disease (CAD), congenital heart defects, alcoholism, obesity, hyperthyroidism, sleep apnea, stimulants such as caffeine or nicotine, emphysema,

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chronic kidney disease, diabetes, asthma, viral infections, supraventricular tachycardia (SVT), or family history of atrial fibrillation (Cunha, 2022). Health Care Professionals will monitor thyroid, renal, and hepatic function by doing blood tests when a patient arrives at the emergency department with signs and symptoms of a cardiac issue.

Treatment for atrial fibrillation is electrical cardioversion (shocking of the heart back to normal rhythm), antiarrhythmic medications, or an ablation. Patients with atrial fibrillation will also begin anticoagulation therapy to keep from getting blood clots. Since the heart rate is irregular in patients with Afib they are at more increased risk for developing a thrombus (clot). This patient was having heart palpitation beginning December 2022 and was seen by a Cardiologist to control his palpitations which did not subside. This brought the patient into the emergency department where diagnostic tests and lab work were completed leading to a diagnosis of atrial fibrillation with RVR.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives* (2nd ed.). F.A. Davis.

Cunha, J. P. (2022, April 8). *Is AFib With RVR Life-Threatening?* eMedicineHealth. Retrieved February 10, 2023, from https://www.emedicinehealth.com/is_afib_with_rvr_life-threatening/article_em.htm

Overbaugh, J.L.H.K.H.C. K. (2021). Lippincott CoursePoint Enhanced for Brunner & Suddarth's Textbook of Medical-Surgical Nursing (15th ed.). Wolters Kluwer Health.
<https://fadavisreader.vitalsource.com/books/9781975186722>

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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 mcL	4.70 mcL	4.66 mcL	NA
Hgb	12.0-15.8 g/dL	13.3 g/dL	13.4 g/dL	NA
Hct	36.0-47.0%	40.7%	40.6%	NA
Platelets	140-440 mcL	252 mcL	231 mcL	NA
WBC	4.00-12.00 mcL	5.00 mcL	6.10 mcL	NA
Neutrophils	47.0-73.0%	67.7%	73.4%	Increased neutrophil count d/t afib (Pagana et al., 2017).
Lymphocytes	18.0-42.0%	21.3%	15.8%	NA
Monocytes	4.0-12.0%	8.2%	8.1%	NA
Eosinophils	0.0-5.0%	1.1%	1.3%	NA
Bands	0-6%	NA	NA	NA

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-	136-145 mmol/L	136 mmol/L	138 mmol/L	NA
K+	3.5-5.1 mmol/L	4.3 mmol/L	4.6 mmol/L	NA

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Cl-	98-107 mmol/L	105 mmol/L	106 mmol/L	NA
CO2	22-30 mmol/L	21 mmol/L	22 mmol/L	NA
Glucose	70-99 mg/dL	102 mg/dL	100 mg/dL	Glucose levels increased d/t antidepressant medication (Pagana et al., 2017).
BUN	10-20 mg/dL	20 mg/dL	20 mg/dL	NA
Creatinine	0.60-1.00 mg/dL	1.56 mg/dL	1.41 mg/dL	Increased creatinine levels d/t dehydration from NPO status (Pagana et al., 2017).
Albumin	3.5-5.0 g/dL	3.8 g/dL	3.7 g/dL	NA
Calcium	8.7-10.5 mg/dL	9.0 mg/dL	9.0 mg/dL	NA
Mag	1.6-2.6 mg/dL	1.9 mg/dL	2.0 mg/dL	NA
Phosphate	2.8-4.5 mg/dL	NA	NA	NA
Bilirubin	0.2-1.2 mg/dL	4.1 mg/dL	3.0 mg/dL	Increased bilirubin levels d/t adverse reaction of client taking Eliquis (Jones & Bartlett Learning, 2021, p. 85).
Alk Phos	40-150 U/L	69 U/L	66 U/L	NA
AST	5-34 U/L	NA	NA	NA
ALT	0-55 U/L	NA	NA	NA
Amylase	25-125 U/L	NA	NA	NA
Lipase	8-78 U/L	NA	NA	NA
Lactic Acid	0.7-2.0 mmol/L	NA	NA	NA

Other Tests **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal	Value on	Today's	Reason for Abnormal
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	Range	Admission	Value	
INR	0.8-1.1	NA	2.6	INR levels increased d/t anticoagulant therapy (Pagana et al., 2017).
PT	10.1-13.1 sec	NA	1.8	PT levels increased d/t anticoagulant therapy (Pagana et al., 2017).
PTT	25-36 sec	NA	NA	NA
D-Dimer	0-622 ng/mL FEU	NA	NA	NA
BNP	0-100 pg/mL	NA	NA	NA
HDL	>40 mg/dL	NA	NA	NA
LDL	<130 mg/dL	NA	NA	NA
Cholesterol	<200 mg/dL	NA	NA	NA
Triglycerides	<150 mg/dL	NA	NA	NA
Hgb A1c	4.0-6.0%	NA	NA	NA
TSH	0.300-5.000 mIU/L	NA	1.963	NA

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	Clear, yellow	NA	NA
pH	5.0-9.0	5.0	NA	NA
Specific Gravity	1.003-1.030	1.015	NA	NA
Glucose	Neg	Neg	NA	NA
Protein	Neg	Neg	NA	NA
Ketones	Neg	Neg	NA	NA
WBC	Neg	Neg	NA	NA

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RBC	Neg	Neg	NA	NA
Leukoesterase	Neg	Neg	NA	NA

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	Neg	NA	NA	NA
Blood Culture	Neg	NA	NA	NA
Sputum Culture	Neg	NA	NA	NA
Stool Culture	Neg	NA	NA	NA

Lab Correlations Reference (1) (APA):

Jones & Bartlett Learning. (2021). *2022 Nurse's Drug Handbook* (Jones & Bartlett Learning, Ed.). Jones & Bartlett Learning.

Pagana, T. J., Pagana, K. D., & Pagana, T. N. (2016). *Mosby's Diagnostic and Laboratory Test Reference* (K. D. Pagana, T. J. Pagana, & T. N. Pagana, Eds.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Nuclear Medicine Spect. w/wall motion & ejection fraction- results pending; Adult Cardiovascular stress pharmacologic w/nuclear medicine- results pending.

Diagnostic Test Correlation (5 points):

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A cardiac perfusion scan measures the coronary blood flow at rest and during exercise (Pagana et al., 2017). This test is usually performed to justify the cause of chest pain and to check for blockages. Results are still pending.

An adult cardiovascular stress pharmacologic test is done when exercise testing is not advisable or the client is unable to exercise at a level adequate to stress the heart, chemical stress testing is recommended (Pagana et al., 2017). Results are still pending.

Diagnostic Test Reference (1) (APA):

Pagana, T. J., Pagana, K. D., & Pagana, T. N. (2016). *Mosby's Diagnostic and Laboratory Test Reference* (K. D. Pagana, T. J. Pagana, & T. N. Pagana, Eds.). Elsevier.

Current Medications (10 points, 1 point per completed med) *10 different medications must be completed*

Home Medications (5 required)

Brand Generic	Cardizem diltiazem	Zoloft sertraline	Eliquis apixaban	Pacerone amiodarone	Ultram tramadol
Dose	30mg	100mg	5mg	200mg	50mg
Frequency	Daily	Daily	BID	Daily	2 tablets TID
Route	Oral	Oral	Oral	Oral	Oral
Classification	-Calcium channel blocker - Antianginal - Antiarrhythmic - Antihypertensive (Jones & Bartlett Learning, 2021, p. 387)	-Selective serotonin reuptake inhibitor (SSRI) -Anti Anxiety -Antidepressant -Antiobsessant -Antipanic -Anti- PTSD -Premenstrual dysphoric	-Factor Xa inhibitor -anticoagulant (Jones & Bartlett Learning, 2021, p. 84)	-Benzofuran derivative -Class III antiarrhythmic (Jones & Bartlett Learning, 2021, p. 61)	-Opioid agonist -opioid analgesic (Jones & Bartlett Learning, 2021, p. 1325)

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		(Jones & Bartlett Learning, 2021, p. 1200)			
Mechanism of Action	Inhibits calcium movement into coronary and vascular smooth-muscle cells by blocking slow calcium channels in cell membranes. (Jones & Bartlett Learning, 2021, p. 389)	Inhibits reuptake of the neurotransmitter serotonin by CNS neurons, thereby increasing the amount of serotonin available in nerve synapses. (Jones & Bartlett Learning, 2021, p. 1201)	Inhibits free and clot-bound factor Xa and prothrombinase activity. Although apixaban has no direct effect on platelet aggregation, it does indirectly inhibit platelet aggregation induced by thrombin. (Jones & Bartlett Learning, 2021, p. 84)	Acts on cardiac cell membranes, prolonging repolarization and the refractory period and raising ventricular fibrillation threshold. (Jones & Bartlett Learning, 2021, p. 62)	Binds with Mu receptors and inhibits the reuptake of norepinephrine and serotonin, which may account for tramadol's analgesic effect. (Jones & Bartlett Learning, 2021, p. 1325)
Reason Client Taking	To treat afib RVR.	To treat anxiety and PTSD.	To prevent blood clots from forming due to a-fib.	To treat and prevent a-fib.	Pain management
Contraindications (2)	Acute MI and cardiogenic shock (Jones & Bartlett Learning, 2021, p. 388)	Concurrent use of disulfiram or pimozide; hypersensitivity to sertraline or its components. (Jones & Bartlett Learning, 2021, p. 1201)	Active pathological bleeding, severe hypersensitivity to apixaban or its components. (Jones & Bartlett Learning, 2021, p. 85)	Bradycardia that causes syncope, cardiogenic shock. (Jones & Bartlett Learning, 2021, p. 62)	Acute or severe bronchial asthma in the absence of resuscitative equipment or unmonitored setting, alcohol intoxication; excessive use of central-acting

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					analgesics, hypnotics, opioids, or other psychotropic drugs. (Jones & Bartlett Learning, 2021, p. 1325)
Side Effects Adverse Reactions (2)	Atrial flutter or AV block (Jones & Bartlett Learning, 2021, p. 388)	Cerebrovascular spasm or seizures (Jones & Bartlett Learning, 2021, p. 1202)	Hemorrhagic stroke or hypotension. (Jones & Bartlett Learning, 2021, p. 85)	Arrhythmias or bradycardia (Jones & Bartlett Learning, 2021, p. 62)	Seizures or serotonin syndrome (Jones & Bartlett Learning, 2021, p. 1326)
Nursing Considerations (2)	Assess patient for signs and symptoms of heart failure; watch for digitalis toxicity if patient takes digoxin and has an elevated serum digoxin level. (Jones & Bartlett Learning, 2021, p. 389)	Be aware that sertraline should not be given to patients with bradycardia, congenital long QT syndrome, hypokalemia, or hypomagnesemia, recent acute myocardial infarction, or uncompensated heart failure because of increased risk of prolonged QT interval and torsades de pointes. (Jones & Bartlett Learning, 2021, p. 1202)	Know that apixaban should not be given to patients with severe hepatic dysfunction. Drug should also not be given to patient with triple positive antiphospholipid syndrome because drug therapy has been associated with increased rates of recurrent thrombotic events. (Jones & Bartlett Learning, 2021, p. 85)	Dilute amiodarone in D ₅ W or normal saline solution and mix polyvinyl chloride, polyolefin, or glass containers except for Nexterone, which is already premixed. Use an in-line filter during IV administration. (Jones & Bartlett Learning, 2021, p. 63)	Be aware that tramadol shouldn't be given to patients with a history of anaphylactoid reactions to codeine or other opioids and avoid giving tramadol to patients with acute abdominal conditions because it may mask evidence and disrupt assessment of the abdomen. (Jones & Bartlett Learning, 2021, p. 1327)

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Hospital Medications (5 required)

Brand Generic	Circadin melatonin	TUMS calcium carbonate	Tylenol acetaminophen	Mucinex SR guaifenesin	Zofran ODT ondansetron
Dose	6mg	1000mg	650mg	600mg	4mg
Frequency	Nightly PRN	Every 8 hours PRN	Every 4 hours PRN	Nightly	Every 6 hours PRN
Route	Oral	Oral	Oral	Oral	Sublingually
Classification	-sedative -hypnotic (<i>Melatonin</i> (<i>Pineal Hormone</i> , <i>N-Acetyl-5-methoxytryptamine</i>) <i>Davis's Drug Guide</i> , n.d.)	-Calcium salts -antacid antihypermagnesium -antihyperphosphatemic -antihypocalcemic -calcium replacement -cardiotonic (Jones & Bartlett Learning, 2021, p. 190)	-Nonsalicylate -para-aminophenol derivative -antipyretic -nonopioid analgesic (Jones & Bartlett Learning, 2021, p. 10)	-allergy -cold & cough remedies -expectorant (<i>Guaifenesin</i> (<i>Alfen Jr, Altarussin</i>) <i>Davis's Drug Guide</i> , n.d.)	-Selective serotonin receptor antagonist -antiemetic (Jones & Bartlett Learning, 2021, p. 1000)
Mechanism of Action	A hormone secreted from the pineal gland in a 24-hour circadian rhythm, regulating the normal sleep/wake cycle. As a supplement, melatonin has both phase-shifting and	Increases levels of intracellular and extracellular calcium, which is needed to maintain homeostasis, especially in the nervous and musculoskeletal systems. (Jones & Bartlett Learning, 2021, p. 191)	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. (Jones & Bartlett Learning, 2021, p. 10)	Reduces viscosity of tenacious secretions by increasing respiratory tract fluid. (<i>Guaifenesin</i> (<i>Alfen Jr, Altarussin</i>) <i>Davis's Drug Guide</i> , n.d.)	Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine. (Jones & Bartlett Learning, 2021, p. 1002)

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	<p>sleep-promoting properties. In addition to promoting sleep, physiologic roles of melatonin include regulation of the secretion of growth hormone and gonadotropic hormones. It also possesses antioxidant activity. (<i>Melatonin (Pineal Hormone, N-Acetyl-5-methoxytryptamine)</i> <i>Davis's Drug Guide</i>, n.d.)</p>				
Reason Client Taking	Improve sleep pattern	Provide antacid effect	Pain management	Persistent dry cough	To treat and prevent nausea.
Contraindications (2)	<p>Use cautiously in seizure disorders and hypertension . (<i>Melatonin (Pineal Hormone, N-Acetyl-5-methoxytryptamine)</i> </p>	<p>Cardiac resuscitation with risk of existing digitalis toxicity or presence of ventricular fibrillation or concurrent use of calcium supplements. (Jones & Bartlett Learning, 2021, p. 191)</p>	<p>Hypersensitivity to acetaminophen or its components, severe hepatic impairment, severe active liver disease. (Jones & Bartlett Learning, 2021, p. 10)</p>	<p>Some products contain alcohol; avoid in patients with known intolerance, use cautiously in cough lasting >1 week or</p>	<p>Concomitant use of apomorphine, hypersensitivity to ondansetron or its components. (Jones & Bartlett Learning, 2021, p. 1002)</p>

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	<i>Davis's Drug Guide, n.d.)</i>			accompanied by fever, rash, or headache (<i>Guaiifenesin (Alfen Jr, Altarussin) Davis's Drug Guide, n.d.)</i>	
Side Effects Adverse Reactions (2)	Hypotension and drowsiness. (<i>Melatonin (Pineal Hormone, N-Acetyl-5-methoxytryptamine) Davis's Drug Guide, n.d.)</i>)	Hypotension or irregular heartbeat (Jones & Bartlett Learning, 2021, p. 192)	Hypotension or stridor (Jones & Bartlett Learning, 2021, p. 10)	Dizziness or headache (<i>Guaiifenesin (Alfen Jr, Altarussin) Davis's Drug Guide, n.d.)</i>)	Hypotension or arrhythmias (Jones & Bartlett Learning, 2021, p. 1002)
Nursing Considerations (2)	Assess sleep patterns before and periodically throughout therapy. Monitor blood glucose, coagulation panel, hormone panel, and lipid panel periodically throughout therapy. (<i>Melatonin (Pineal Hormone, N-Acetyl-5-methoxytrypt</i>	Store at room temperature, and protect from heat, moisture, and direct sunlight. Don't freeze. Keep the patient in a recumbent position for 30 minutes after parenteral administration to prevent dizziness from hypotension. (Jones & Bartlett Learning, 2021, p. 192)	Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment. Know that before and during long-term therapy including parenteral therapy, liver	Instruct patients to cough effectively. Patient should sit upright and take several deep breaths before attempting to cough; inform the patient that the drug may cause dizziness so avoid driving or other activities requiring	Be aware that oral disintegrating tablets may contain aspartame which is metabolized to phenylalanine and must be avoided in patients with phenylketonuria. Know that if hypokalemia or hypomagnesemia is present, these electrolyte imbalances should be

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	<i>amine</i>) <i>Davis's Drug Guide</i> , n.d.)		function test results including AST, ALT, bilirubin, and creatinine levels, as ordered must be monitored because acetaminophen may cause hepatotoxicity. (Jones & Bartlett Learning, 2021, p. 11)	alertness until response to drug is known. (<i>Guaiifenesin (Alfen Jr, Altarussin)</i>) <i>Davis's Drug Guide</i> , n.d.)	corrected before ondansetron is administered because of increased risk for QT-interval prolongation, which could predispose the patient to develop torsades de pointes. (Jones & Bartlett Learning, 2021, p. 1003)
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Medications Reference (1) (APA):

Guaiifenesin (Alfen Jr, Altarussin) | *Davis's Drug Guide*. (n.d.). Davis's Drug Guide. Retrieved February 9, 2023, from <https://www.drugguide.com/ddo/view/Davis-Drug-Guide/51368/all/guaiFENesin>

Jones & Bartlett Learning. (2021). *2022 Nurse's Drug Handbook* (Jones & Bartlett Learning, Ed.). Jones & Bartlett Learning.

Melatonin (pineal hormone, N-acetyl-5-methoxytryptamine) | *Davis's Drug Guide*. (n.d.). Davis's Drug Guide. Retrieved February 9, 2023, from <https://www.drugguide.com/ddo/view/Davis-Drug-Guide/109916/all/melatonin>

Assessment

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

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p><u>Alertness/Orientation:</u> Patient is alert to person, place, time, and situation. <u>Appearance:</u> Well- groomed, in appropriate hospital gown and shorts. <u>Distress:</u> No acute distress noted.</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type: NA</p>	<p><u>Skin color:</u> Skin color is pale, pink per ethnicity. <u>Character:</u> Skin is intact and dry. No bumps, bruises, or lesions noted. <u>Temperature:</u> Skin is warm and dry upon palpation. <u>Turgor:</u> Client’s skin is loose and elastic due to age. <u>Rashes:</u> No rashes notes. <u>Bruises:</u> No bruises noted. <u>Wounds:</u> No wounds noted. <u>Braden Score:</u> 24 <u>Drains present:</u> No drains present.</p>

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<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head: Symmetrical to neck. Hair is grey/white and evenly distributed. Small scars on right upper cheek and right side of chin from shrapnel. Neck: Neck is symmetrical to head and moves without difficulty. Trachea is midline without deviation, thyroid is nonpalpable. No noted nodules. Bilateral carotid pulses 2+ upon palpation. No lymphedema in head or neck noted. Ears: No bumps or deformities noted on bilateral auricles. Hearing within normal limits for patient. Eyes: Bilateral sclera white, bilateral corneas clear, bilateral conjunctiva light pink. No visible drainage noted bilaterally. Bilateral eyelids are moist, pink, without lesions or discharge. PERRLA bilaterally. EOMs intact bilaterally. Nose: Nose is midline to face, bilateral turbinates are moist and without drainage. Mouth/Teeth: Oral mucosa is pink, moist without bumps or lesions. Gums are pink and moist. Lips are dry and pink. Overall good dentition.</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>Heart Sounds: Clear S1 & S2 without murmurs, gallops, or rubs. Cardiac Rhythm: a-fib Peripheral Pulses: Peripheral pulses 3+ bilaterally. Capillary refill: Capillary refill less than 3 seconds fingers/toes bilaterally. Neck Vein Distention: No JVD noted. Edema: 0; No edema present.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>Respirations: Respirations are regular and unlabored. Pattern is regular and no use of accessory muscles noted. Breath Sounds: Breath sounds are clear anteriorly and posteriorly bilaterally. Slight cough due to air dryness.</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.:</p>	<p>Home Diet: Regular Current diet: Cardiac Height: 6'2" Weight: 244 lbs. Bowel Sounds: Bowel sounds were normoactive in all 4 quadrants upon auscultation. Last BM: 02/05/2023 Palpation: No pain upon palpation all 4</p>

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<p>Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>quadrants, no organomegaly noted, no rashes, lesions, masses, or lumps noted. Inspection: No abdominal distention noted, no incisions, scars, drains or wounds, noted. Ostomy: Patient does not have an ostomy. Nasogastric: No nasogastric tube noted. Feeding/PEG tubes: No feeding/PEG tubes noted.</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Size:</p>	<p>Color: yellow Character: clear, without foul odor Quantity: 300mL Pain with urination: No pain with urination noted. Dialysis: Patient is not on dialysis. Inspection of genitals: This SN did not perform due to patient being A&O x4. Catheter: No catheter present.</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Neurovascular status: Nail beds pink in all 4 extremities bilaterally. Extremities warm, dry bilaterally upper and lower. Small scar left knee. ROM: Active ROM all extremities bilaterally. No assistance required. Supportive devices: No supportive devices noted. Strength: Hand grips, pedal pushes/pulls showed normal and equal strength of 5/5. ADL Assistance: No ADL assistance needed. Fall Risk: No fall risk implemented. Fall Score: 22 Activity/Mobility: Patient is independent and able to do activity as tolerated. Needs Assistance/Support: Patient does not need assistance with equipment or support while standing or walking.</p>
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p>	<p>MAEW: Patient moves all extremities well. PERRLA: PERRLA bilaterally. Strength equal: Strength is equal in arms and legs bilaterally. Cognition/mental status: Patient is alert and</p>

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Orientation: Mental Status: Speech: Sensory: LOC:	oriented to person, place, time, and situation. Normal cognition noted. Patient does have PTSD. Speech: Speech is clear and hyperverbal. Sensory: Normal LOC: Patient is alert, awake, and answers questions appropriately.
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):	Coping Methods/Religion: Patient denies any religious connection. Patient enjoys reading, watching the History channel, and being active outdoors. Patient is involved in an exercise class and group therapy at the VA in Danville, IL. Developmental level: The patient has multiple degrees from college. Patient can read and write, full decision-making capabilities. Personal/Family Data: Patient lives at home by himself. Patient does have a sister that he has a close relationship with and a brother that he speaks to on a regular basis.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0735	103	126/76	20	97.1 F Temporal	95% via 2L nasal cannula
1104	106	126/85	20	97.5 F Temporal	97% via 2L nasal cannula

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0735	Numerical	Back, neck, bilateral hips	1	Dull, achy	No interventions needed.
1104	Numerical	Back, neck, bilateral hips	1	Dull, achy	No interventions needed.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
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Size of IV: 20 gauge Location of IV: right arm antecubital (AC) Date on IV: 02/04/2023 Patency of IV: Patent Signs of erythema, drainage, etc.: None IV dressing assessment: clean, dry, intact with no signs of infiltration, phlebitis, extravasation, or infection.	This Student Nurse flushed the saline lock in the patient's right AC to determine patency under the supervision of the Staff RN. Saline lock was patent and secure.
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Intake and Output (2 points)

Intake (in mL)	Output (in mL)
120 mL- water	300 mL urine
120 mL- apple juice	
100%- lunch	

Nursing Care**Summary of Care (2 points)**

Overview of care: Student RN arrived at the Medical/Surgical Telemetry unit, 4 East at approximately 0645. Student RN got information about the patient from EPIC while waiting for the Staff RN to arrive on the floor. Once the Staff RN arrived on the floor for a report from night shift, this Student RN joined in for a brief report on the patient for shift change. Patient was performing morning ADL's (teeth brushed, hair/face washed). Student RN then introduced herself to the patient and took his vital signs. Nuclear Medicine Tech came and administered medication for the nuclear medicine test.

Procedures/testing done: Patient was taken to Nuclear Medicine by transport and Student RN accompanied. Patient had a nuclear medicine spect. w/wall motion & ejection fraction and an adult cardiovascular stress pharmacologic w/nuclear medicine. In between tests,

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Student RN performed a head-to-toe assessment on the patient and established a greater nurse-client relationship.

Complaints/Issues: Patient had no complaints other than pain of 1/10 on the numerical scale in his back, neck, and bilateral hips. Patient stated that it is an ongoing issue that he has had for quite a while. No therapeutic measures needed.

Vital signs (stable/unstable): Vital signs were stable except the pulse was a little high due to afib. VS: T- 97.1 F temporal, P- 103, B/P- 126/76, RR- 20, O2 saturation- 95% via NC at 2L/min, and Pain- 1/10 numerical scale.

Tolerating diet, activity, etc.: Patient was NPO due to testing. Once both tests were finished Cardiology RN gave him a small, bottled water where he drank 120 mL. Once back on the unit, the Staff RN changed his diet in EPIC to a regular diet. Patient stated that he was not that hungry and only ordered toast with butter and jelly and apple juice where he ate 100% and drank 120 mL. Patient tolerated food without any signs of distress as well as the nuclear medicine test performed. Client urinated clear, yellow urine of 300 mL then rested in his bed. Pastoral Care visited the client where he was able to converse and say a prayer.

Physician notifications: Physician was not notified during Student RN clinical time.

Future plans for client: Client awaiting test results and discharge.

Discharge Planning (2 points)

Discharge location: Client is to discharge home.

Home health needs (if applicable): No home healthcare is needed.

Equipment needs (if applicable): No equipment is needed.

Follow up plan: The client should make plans to follow up with Primary Care Physician at the VA and the Cardiologist at OSF.

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Education needs: Student RN briefly educated the client on continuing to be active in his movement class at the VA and to continue eating a healthy diet. Student RN also educated the client regarding keeping stress levels at a minimum when possible and in the event he continues to have heart palpitations to rest.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ● Explain why the nursing diagnosis was chosen 	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation <ul style="list-style-type: none"> ● How did the client/family respond to the nurse’s actions? ● Client response, status of goals and outcomes, modifications to plan.
1. Decreased cardiac output related to altered contractility as evidenced by atrial fibrillation (Taylor et al., 2017, p. 45).	1. The client already has a diagnosis of atrial fibrillation and was admitted for palpitations.	1. Monitor and record LOC, heart rate and rhythm, and blood pressure at least every 4 hours, or more often if necessary. 2. Auscultate for heart and breath sounds at least every 4 hours.	1. Client will exhibit no arrhythmias.	Client doesn’t exhibit arrhythmias during monitoring or physical examination.

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		Report abnormal sounds as soon as they develop.		
2. Risk for decreased cardiac tissue perfusion related to a decrease in cardiac circulation as evidenced by atrial fibrillation (Taylor et al., 2017, p. 369).	2. The client has uncontrolled atrial fibrillation.	1. Monitor cardiac rhythm for any irregularities. 2. Assess hemodynamic status, including blood pressure, heart rate, oxygen saturation, and respiratory rate for any abnormalities.	1. Client remains hemodynamically stable.	Client remained hemodynamically stable.
3. Anxiety related to situational crisis as evidenced by recent stressors (afib) (Taylor et al., 2017, p. 24).	3. The client has a history of anxiety and PTSD.	1. Spend at least 10 minutes with the client twice per shift. Convey a willingness to listen. Offer understanding and empathy. 2. Give client clear, concise explanations of anything that's about to occur.	1. The client will demonstrate a calm, relaxed demeanor.	Client reports being able to cope with current situation without experiencing severe anxiety.

Other References (APA):

Taylor, C. M., Ralph, S. S., & Phelps, L. L. (2017). *Sparks & Taylor's Nursing Diagnosis Reference Manual*. Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

The client’s chief complaint was, “I was having heart palpitations even after Patel changed my medications in December of 2022.”

Nursing Diagnosis/Outcomes

- **Decreased cardiac output related to altered contractility as evidenced by atrial fibrillation.**
Outcome: Client will exhibit no arrhythmias.
- **Risk for decreased cardiac tissue perfusion related to a decrease in cardiac circulation as evidenced by atrial fibrillation.**
Outcome: Client remains hemodynamically stable.
- **Anxiety related to situational crisis as evidenced by recent stressors (afib).**
Outcome: The client will demonstrate a calm, relaxed demeanor.

Objective Data

Temp: 97.1 F, Temporal
 Pulse: 103
 BP: 126/76
 RR: 20
 O₂: 95% 2L NC
 Pain: 1/10, dull & achy

Client Information

“58-year-old male with a history of Afib, anxiety, PTSD, PE, and DVT. Admitted to the medical surgical cardiac unit for atrial fibrillation with RVR.”

- Admission Date: 02/04/2023
- Initials: M.B.
- Gender: Male
- Race/ethnicity: Caucasian, non-Hispanic
- Occupation: Disabled
- Marital Status: Divorced
- Code Status: Full Code
- Height: 6’2”
- Weight: 244 lbs.
- Allergies: metoprolol tartrate

Nursing Interventions

- Monitor and record LOC, heart rate and rhythm, and blood pressure at least every 4 hours, or more often if necessary.
- Auscultate for heart and breath sounds at least every 4 hours. Report abnormal sounds as soon as they develop.
- Monitor cardiac rhythm for any irregularities.
- Assess hemodynamic status, including blood pressure, heart rate, oxygen saturation, and respiratory rate for any abnormalities.
- Spend at least 10 minutes with the client twice per shift. Convey a willingness to listen. Offer understanding and

- RBC: 4.66
- Hgb: 13.4
- Hct: 40.6%
- Platelets: 231
- WBC: 6.10
- Neutrophils: 73.4%
- Lymphocytes: 15.8%
- Monocytes: 8.1%
- Eosinophils: 1.3%

