N431 Care Plan #1

Lakeview College of Nursing

Camryn Studer

Demographics (3 points)

Date of Admission 2/11/23	**Client Initials** M. L.	**Age** 72	**Gender** Female
Race/Ethnicity Hispanic	**Occupation** Retired	**Marital Status** Retired	**Allergies** Bananas, Shellfish, Cyclobenzaprine
Code Status Full Code	**Height** 5’ 2”	**Weight** 106 pounds	

Medical History (5 Points)

Past Medical History: Hypertension, Atrial Fibrillation, Hyperlipidemia, Congestive Heart Failure (CHF)

Past Surgical History: Cholecystectomy in 1995, Total Knee Replacement in 2009

Family History: Mother- Diabetes Brother- Diabetes Father- Myocardial Infarction (MI)

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Denies history of smoking or drug use, consumes occasional alcohol 1-2 times per month for the past 10 years.

Assistive Devices: Patient has no assistive devices.

Living Situation: Living at the Oaks Manor Assisted Living Facility

Education Level: Generalized Education Development (GED)

Admission Assessment

Chief Complaint (2 points): Weight gain, swelling of the ankles

History of Present Illness – OLD CARTS (10 points): Patient complains of a twelve-pound weight gain over the last four days with an increase of bilateral peripheral edema in the ankles and feet. Patient states that she has been monitoring her weight every morning and has noticed in increase in her weight every day. Patient states that her ankle edema worsens when ambulating and improves with rest and elevation.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): CHF exacerbation

Secondary Diagnosis (if applicable): N/A

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

"Congestive heart failure is a progressive condition characterized by the heart's inability to pump sufficient blood throughout the body" (Capriotti, 2019). Heart failure occurs when the heart is damaged by another medical condition, such as hypertension, cardiomyopathy, myocarditis, diabetes, and coronary artery disease (Hinkle & Cheever, 2018). When the heart is damaged, it will try and overcompensate, which results in further deterioration of the cellular function. These causes of heart failure are related to the patient because she has a history of hypertension which damages the heart and is a cause of heart failure.

Heart failure signs and symptoms typically depend on whether the patient has left or right-sided heart failure. Symptoms of left-sided heart failure are dyspnea, lung crackles, orthopnea, weakness, nocturnal paroxysmal dyspnea, tachycardia, cough, and weight gain (Hinkle & Cheever, 2018). Left-sided heart failure symptoms typically affect the respiratory system primarily. Right-sided heart failure symptoms include peripheral pitting edema, weight gain, jugular vein distension, fatigue, irregular heart rate, nocturia, and ascites (Hinkle & Cheever, 2018). These signs and symptoms are related to my patient because of the lung crackles and the 3+ pitting edema.

When a patient has developed heart failure, the myocardium secretes BNP, a standard diagnostic indicator confirming heart failure (Capriotti, 2019). Serum electrolytes will also be affected in someone who has heart failure. Potassium and sodium levels are usually abnormal,

especially if they are in fluid overload. My patient had a high BNP of 4,923, sodium of 138, and low potassium of 3.1. A chest x-ray confirms the diagnosis of heart failure by looking for cardiomegaly or enlargement of the ventricles. My patient's chest x-ray showed an enlarged heart with pulmonary vascular congestion. Another diagnostic test used in adjunction to test for heart failure is an electrocardiogram or EKG. An EKG shows the heart's electrical signals and how well it can pump blood. My patient's EKG showed atrial fibrillation with a heart rate of 88 beats per minute. Other diagnostic tests to confirm heart failure are an echocardiogram, stress test, computed tomography (CT scan), magnetic resonance imaging (MRI scan), and cardiac catheterization.

Treatment for heart failure typically differs depending on the type of heart failure and the patient's symptoms. Medications such as ace inhibitors, beta-blockers, diuretics, and aldosterone antagonists are the most common pharmacologic treatment (Capriotti, 2019). My patient takes these medications to help treat her heart failure. Though there is no cure for heart failure, treatment help alleviate the complications. Some surgeries could be used, such as coronary bypass surgery, heart valve replacement, and a heart transplant (Capriotti, 2019). Along with these treatments, patients with heart failure should be on a fluid restriction, low sodium, fat, and cholesterol diet, and exercise as tolerated. My patient is discharging to her assisted living facility on a heart failure, low sodium diet with a 1,000 mL fluid restriction along with the medications above.

Pathophysiology References (2) (APA):

Capriotti, T. (2019). *Davis advantage for pathophysiology (*2nd ed.). FA Davis.

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

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	F: 4.5-5 M: 4.5-6	N/A	N/A	N/A
Hgb	F: 12-15 M: 14-16	N/A	13.6	N/A
Hct	F: 42-52 M: 35-47	N/A	N/A	N/A
Platelets	150,000-400,000	N/A	N/A	N/A
WBC	4,500-11,000	N/A	9.4	N/A
Neutrophils	45-75%	N/A	N/A	N/A
Lymphocytes	20-40%	N/A	N/A	N/A
Monocytes	1-10%	N/A	N/A	N/A
Eosinophils	<7%	N/A	N/A	N/A
Bands	<1%	N/A	N/A	N/A

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	N/A	138	N/A
K+	3.5-5.0	N/A	3.1	Low potassium levels could be related to the patient taking furosemide which is a potassium wasting diuretic (Van & Bladh, 2017).
Cl-	97-107	N/A	N/A	N/A
CO2	20-30	N/A	N/A	N/A

Glucose	70-110	N/A	94	N/A
BUN	10-20	N/A	24	High BUN level could be related to the patient's prescription of metoprolol and lisinopril which both may increase BUN levels (Van & Bladh, 2017).
Creatinine	0.7-1.4	N/A	2.8	High creatinine levels could be the related the patient's prescription of lisinopril which may increase creatinine levels (Van & Bladh, 2017).
Albumin	3.5-5	N/A	N/A	N/A
Calcium	8.6-10.2	N/A	N/A	N/A
Mag	1.3-2.1	N/A	N/A	N/A
Phosphate	2.5-4.5	N/A	N/A	N/A
Bilirubin	0.3-1	N/A	N/A	N/A
Alk Phos	30-120	N/A	N/A	N/A
AST	0-35	N/A	N/A	N/A
ALT	4-36	N/A	N/A	N/A
Amylase	30-220	N/A	N/A	N/A
Lipase	0-160	N/A	N/A	N/A
Lactic Acid	0.5-1	N/A	N/A	N/A
Troponin	0-0.04	N/A	N/A	N/A
CK-MB	5-25	N/A	N/A	N/A
Total CK	22-198	N/A	N/A	N/A

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	N/A	N/A	N/A
PT	11-12.5	N/A	N/A	N/A
PTT	30-40	N/A	N/A	N/A
D-Dimer	<0.4	N/A	N/A	N/A
BNP	<100	N/A	4,923	A high BNP level indicates heart failure and its severity (Van & Bladh, 2017).
HDL	>60	N/A	N/A	N/A
LDL	<130	N/A	N/A	N/A
Cholesterol	<200	N/A	N/A	N/A
Triglycerides	<150	N/A	N/A	N/A
Hgb A1c	4-5.9%	N/A	N/A	N/A
TSH	0.4-4.0	N/A	N/A	N/A

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	Yellow and Clear	N/A	N/A	N/A
pH	5.0-8.0	N/A	N/A	N/A
Specific Gravity	1.005-1.035	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	<5	N/A	N/A	N/A
RBC	0-3	N/A	N/A	N/A
Leukoesterase	Negative	N/A	N/A	N/A

Arterial Blood Gas 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
pH	7.35-7.45	N/A	N/A	N/A
PaO2	80-100 mmHg	N/A	N/A	N/A
PaCO2	35-45 mmHg	N/A	N/A	N/A
HCO3	22-26 mEq/L	N/A	N/A	N/A
SaO2	95-100%	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	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A

Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Van, A. M., & Bladh, M. L. (2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications* (8th ed.). F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): The patient had a chest x-ray and an EKG.

Diagnostic Test Correlation (5 points): One of the most regularly carried out diagnostic imaging examinations is chest radiography, sometimes known as a chest x-ray. This analysis provides data on the heart, lungs, blood vessels, bones, and airways in the chest (Van & Bladh, 2017). On chest images, abnormalities such as fluid accumulation show up as opacities. A chest x-ray of the patient revealed an enlarged heart and pulmonary vascular congestion. To help in the identification of cardiac dysrhythmias, blockages, damage, or hypertrophy, an EKG is performed to assess the electrical impulses produced by the heart (Van & Bladh, 2017). The patient's EKG showed atrial fibrillation at a rate of 88 beats per minute.

Diagnostic Test Reference (1) (APA):

Van, A. M., & Bladh, M. L. (2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications* (8th ed.). F.A. Davis Company.

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

Home Medications (5 required)

Brand/Generic	B: Zestril G: Lisinopril	B: Nexterone G: Amiodarone	B: Lipitor G: Atorvastatin	B: Lopressor G: Metoprolol	B: Bayer Aspirin G: Aspirin
Dose	40 mg	200 mg	40 mg	50 mg	81 mg
Frequency	Daily	Daily	Once daily at night	BID	Daily
Route	PO	PO	PO	PO	PO
Classification	Therapeutic: Antihypertensive Pharmacologic: Ace inhibitor	Therapeutic: Antiarrhythmics (class III) Pharmacologic: N/A	Therapeutic: Lipid-lowering agents Pharmacologic: Hmg coa reductase inhibitors	Therapeutic: Antianginals Antihypertensives Pharmacological: Beta blockers	Therapeutic: Antiplatelet agents Antipyretics Nonopioid analgesics Pharmacologic: Salicylates
Mechanism of Action	Ace inhibitors block the conversion of angiotensin I to the vasoconstrictor angiotensin II, increase plasma renin levels, and decrease aldosterone levels resulting in systemic vasodilation (Vallerand & Sanoski, 2021).	Amiodarone prolongs action potential and the refectory period, inhibits adrenergic stimulation, slows the sinus rate, and decreases peripheral vascular resistance (Vallerand & Sanoski, 2021).	Atorvastatin inhibits HMG-CoA reductase, and enzyme which is responsible for catalyzing the synthesis of cholesterol which results in the lowering of total and LDL cholesterol and triglycerides (Vallerand & Sanoski, 2021).	Beta blockers block the stimulation of beta1-adrenergic receptors which decreases heart rate, blood pressure and the frequency of angina pectoris attacks (Vallerand & Sanoski, 2021).	Aspirin produces analgesia and reduces inflammation and fever buy inhibiting the production of prostaglandins (Vallerand & Sanoski, 2021).
Reason Client	Hypertensio	Atrial	Hyperlipide	Hypertension	Atrial

Taking	n.	Fibrillation.	mia.	/ management of heart failure.	Fibrillation.
Contraindications (2)	Hypersensitivity to lisinopril or its components. Concurrent use with sacubitril/ valsartan	Hypersensitivity to amiodarone or iodine. Bradycardia unless a pacemaker is in place.	Hypersensitivity to atorvastatin or its components. Active liver disease or unexplained persistent elevations in AST and ALT.	Uncompensated heart failure. Bradycardia, heart blocks or sick sinus syndrome.	Hypersensitivity to aspirin or other salicylates. Bleeding disorders or thrombocytopenia.
Side Effects/ Adverse Reactions (2)	Angioedema, and hypotension	Acute respiratory distress syndrome (ARDS) and bradycardia.	Rhabdomyolysis and drug-induced hepatitis.	Bradycardia and pulmonary edema.	GI bleeding and tinnitus.
Nursing Considerations (2)	Monitor weight and assess patients for resolution of fluid overload. Use cautiously in patients with renal impairment.	Use cautiously in patients with heart failure. Monitor ECG continuously during IV therapy or initiation of oral therapy.	Use cautiously in patients with a history or liver disease or alcoholism. Notify the provider if the patient develops muscle tenderness during therapy.	Monitor BP, ECG, and pulse frequently. Use cautiously in patients with renal and hepatic impairment.	Use cautiously in patients with renal and hepatic impairment. Do not crush enteric enteric coated tablets as it may cause gastric irritation.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor CBC, BUN, creatinine, and electrolytes periodically	Monitor liver and thyroid functions prior to therapy and	Monitor serum cholesterol. And triglyceride levels	Take the patients apical pulse rate prior to administration and hold	Withhold the medication if the patient develops tinnitus, headache,

	before and during therapy. Heart rate and blood pressure should be taken prior to administration and periodically during therapy.	every six months during therapy. Monitor chest x-rays and pulmonary function tests every three-six months and eye exams after six months and then annually.	before initiating therapy, after two weeks, and periodically after. Monitor liver function tests prior to initiating theory.	the medication if the heart rate is 50 or below. Monitor BUN, serum lipoprotein, potassium, triglycerides, and uric acid levels prior to and periodically throughout therapy.	hyperventilation, confusion, lethargy, diarrhea, and sweating as these are signs and symptoms of aspirin toxicity. Monitor hepatic and real function prior to therapy.
Client Teaching Needs (2)	The patient should check their blood pressure at home at least weekly to identify any significant changes. The patient should hold their medication if their systolic blood pressure is below 90 mmHG.	The patient should monitor their pulse daily and report and abnormalities to their health care provider. The patient should be advised to avoid drinking grapefruit juice during therapy.	The patient should be advised to avoid drinking grapefruit juice during therapy as it increases the risk for developing toxicity. The patient should be advised to use the medication in conjunction with a low fat and cholesterol diet, exercise, and smoking cessation.	The patient should check their pulse daily and blood pressure biweekly and report any abnormalities. The patient should be advised to changed positions slowly to minimize the risk of orthostatic hypotension.	The patient should take the medication with a full glass of water and remain in an upright position for 15-30 minutes after administration. The patient should report tinnitus, unusual bleeding of the gums, bruising, black tarry stools, or fever lasting longer than 3 days,

Hospital Medications (5 required)

Brand/Generic	B: Lasix G: Furosemide	B: Klor-Con G: Potassium Chloride	B: Tylenol G: Acetaminophen	B: Colace G: Docusate	B: Kadian G: Morphine
Dose	40 mg	40 mEq	650 mg	100 mg	1 mg
Frequency	Daily	Daily	Q6H PRN	BID PRN	Q4H PRN
Route	PO	PO	PO	PO	IV
Classification	Therapeutic: Diuretics Pharmacologic: Loop diuretic	Therapeutic: Pharmacologic:	Therapeutic: Antipyretics Nonopioid analgesics Pharmacologic: N/A	Therapeutic: Laxatives Pharmacologic: Stool softeners	Therapeutic: Opioid analgesics Pharmacologic: Opioid agonists
Mechanism of Action	Diuretics inhibit the reabsorption of sodium and chloride, and increases renal excretion of water, sodium, chloride, magnesium, and calcium (Vallerand & Sanoski, 2021).	Potassium chloride maintains acid-base balance, isotonicity, and electrophysiologic balance of the cells (Vallerand & Sanoski, 2021).	Acetaminophen inhibits the synthesis of prostaglandins that may serve as mediators of pain and fever in the central nervous system (Vallerand & Sanoski, 2021).	Docusate promotes incorporation of water into stool, resulting in a softer fecal mass (Vallerand & Sanoski, 2021).	Morphine binds to opiate receptors in the central nervous system, alters the perception of and response of painful stimuli while generating central nervous

					system depression (Vallerand & Sanoski, 2021).
Reason Client Taking	Edema/ hypertension.	Hypokalemia due to potassium wasting diuretic.	Pain/fever.	Constipation/ hard stool	Severe pain
Contraindications (2)	Hypersensitivity to furosemide or its components. Hepatic coma or anuria.	Hyperkalemia. Severe renal impairment.	Hypersensitivity to acetaminophen or its components. Severe hepatic impairment and active liver disease.	Hypersensitivity to docusate or its components. Abdominal pain, nausea, vomiting.	Hypersensitivity to morphine or its components. Significant respiratory depression.
Side Effects/Adverse Reactions (2)	Stevens-Johnson syndrome and agranulocytosis.	Arrythmias and abdominal pain.	Hepatotoxicity and Stevens-Johnson syndrome.	Throat irritation and diarrhea.	Respiratory depression and hypotension.
Nursing Considerations (2)	The patient's fluid status should be strictly assessed prior to and during therapy by daily weights, intake and output, abdominal girth, and vital sign changes. Use cautiously in patients with severe hepatic	Use cautiously in patients with renal impairment. Administer with or after meals to decrease GI irritation.	Use cautiously in patients with hepatic/renal disease. Assess the patient's alcohol use before administering.	Should not be used if prompt results are desired, results may take 3-5 days. Instruct patient to avoid straining (Valsalva maneuver) if they have cardiac issues.	Administer slowly at 2.5-15 mg over five minutes. Use cautiously in geriatric patients as they are at an increased risk of respiratory depression.

	impairment.				
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor electrolytes, renal and hepatic function, serum glucose, and uric acid levels prior to and periodically during therapy. Monitor blood pressure and pulse before and during administration.	Monitor serum potassium levels before and periodically during therapy. Administer sodium bicarbonate if the patient shows signs of toxicity (slow irregular heart rate, fatigue, muscle weakness, confusion, abnormal ECG, and arrythmias).	Monitor hepatic, hematologic, and renal function before administering. Administer acetylcysteine if the patient shows signs of toxicity (abdominal pain, irritability, weakness, jaundice, nausea, vomiting, diarrhea, and convulsions.)	Do not give to patients with abdominal pain, nausea, vomiting, or fever. Long term therapy may cause electrolyte imbalance and dependence.	Assess risk for opioid addiction, abuse, or misuse prior to administration. Assess level of consciousness, bloop pressure, pulse, and respirations prior to and periodically during administration. Administer naloxone if patient shows signs of overdose. .
Client Teaching Needs (2)	Caution the patient that alcohol use, exercise during hot weather, or standing for long periods of time may increase the risk of orthostatic hypotension. Instruct the patient to take the medication as prescribed, take missed	Instruct the patient to avoid salt substitutes or low-sat milk or food. A missed does should be taken within 2 hours, if not, return to regular does at the next scheduled time (do not take double	Instruct the patient to hold the medication and notify a healthcare provider if they develop a rash. Advise the patient to avoid alcohol while taking the medication.	The patient should use other forms of bowel regulation in conjunction with the medication such as increasing fluid intake and increasing mobility. The patient can take the	The patient should not ambulate without assistance and should not drive. The patient should not drink alcohol or use any other central nervous system depressants

	doses as soon as possible, and do not double doses.	doses).		medication with a full glass of water or juice on an empty stomach for more rapid results.	with morphine.

Medications Reference (1) (APA):

Vallerand, A. H., & Sanoski, C. A. (2021). Davis's drug guide for Nurses. F.A. Davis Company

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is A&Ox4. Oriented to person, place, date, and time. Patient shows no signs of distress. Patient seen in hospital gown with an overall good appearance.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** .	Patients skin is pink, dry, and warm. She has a temperature of 36.8 degrees. Skin turgor is elastic. There are no signs of rashes bruises, or wounds. Patient has a Braden score of 20 and no drains present.

Braden Score: 20 **Drains present: Y☐ N ☒** **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patient's head is normocephalic, neck is supple, no signs of masses, no deviated trachea. Denies facial numbness or tingling. Ears are symmetrical, have a pearly gray tympanic membrane and show no signs of cerumen. Eyes are equal, round, reactive and accommodate to light. No deviated septum, nares are patent and shows no signs or polyps. Oral mucosa is pink and moist, and the patients' teeth are clean and intact. .
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:**	Heart sounds abnormal. S1 and S2 noted. Atrial fibrillation at a rate of 88 bpm. Peripheral pulses are 2+ bilaterally. Capillary refill is less than 3 seconds in all extremities bilaterally. Patient has no signs of neck vein distention. Patient has 3+ pitting edema to both feet.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Crackles notes in the base of the lungs bilaterally. Patient has no accessory muscle use. The patient has a high respiratory rate of 24 breaths per minute with an oxygen saturation of 97% on 2L via nasal cannula.
GASTROINTESTINAL: **Diet at home:** Heart failure, low sodium **Current Diet:** Heart failure, low sodium diet with a 1,000 mL fluid restriction **Height:** 5'2" **Weight:** 106 lbs **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:**	Patient is on a heart failure, low sodium diet both at home and at the hospital. While at the hospital the patient is also on a 1,000 mL fluid restriction which they will continue after discharge. The patient is 5' 2" and 106 pounds. Bowel sounds were active in all four quadrants. Patients last bowel movement was 01/13/2023. Abdomen is soft and nontender. There are no signs of distention, incisions, scars, drains, or wounds. Patient has no ostomy, NG tubes, or feeding tubes.

Drains: **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	The patient's urine is clear and yellow with no foul odor. The patient voided 1750 mL in 4 hours. Patient denies pain upon urination. They patient is not on dialysis and does not have a catheter. Genitals were not assessed.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) Y ☐ N☒** **Needs assistance with equipment Y ☒ N☐** **Needs support to stand and walk Y ☒ N☐**	The patient shows active range of motion with strength equal bilaterally in upper and lower extremities. The patient needs assistance ambulating. Assistive devices are necessary with fall score of 75 which is a high risk.
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is able to move all extremities well. Patient's pupils are equal, round, reactive and accommodating to light. Patient is oriented to date, place, time, and situation. Patient's speech is clear. Patient is A&Ox4.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:**	Patients coping methods include being around her friends at her assisted living facility and seeing her children and grandchildren.

Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):	Developmental level is appropriate for the patient's age. She is a practicing Catholicism and feels safe in her home with the support of the assisted living staff.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	68 bpm	152/68 mmHG	24 breaths per minute	36.5˚C	98% on 2L of oxygen via nasal cannula
1100	68 bpm	138/62 mmHG	24 breaths per minute	36.8˚C	97% on 2L of oxygen via nasal cannula

Vital Sign Trends: The patient's pulse, temperature, and oxygen levels are all within normal limits. The patients blood pressure is elevated and trending downward. The high blood pressure is most likely due to the patient's history of hypertension. We can conclude that the medications such as lisinopril, metoprolol, and furosemide administered to the patient are doing their job by lowering the blood pressure. The patient's respiratory rate is elevated which is a common in patients with fluid overload from congestive heart failure.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric	N/A	0/10	N/A	No interventions done at this time.

1100	Numeric	Headache	2/10	Dull/aching	Acetaminophen administered.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 G **Location of IV:** Left AC **Date on IV:** 01/13/2023 **Patency of IV:** No complications, flushes easily. **Signs of erythema, drainage, etc.:** There are no signs of erythema or drainage. **IV dressing assessment:** Dry clean and intact.	Saline lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Tea PO 240 mL Apple juice 120 mL	Urine 1750 mL voided in 4 hours Stool x2

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was admitted due to a CHF exacerbation with crackles, edema, and is receiving diuretics to remove excess fluid off the body. A fully body assessment was performed on the patient.

Procedures/testing done: A chest x-ray and EKG were performed on the patient.

Complaints/Issues: The patient complained of a headache with a pain score of 2/10 which she was given pain medication for. The patient had no other complaints or issues during this clinical time.

Vital signs (stable/unstable): The patient's pulse, temperature, and oxygen saturation were all within normal limits. The patients blood pressure was high and trending downward after hypertension medication administration. The patient had a high respiratory rate of 24 with a 97% oxygen saturation on 2L nasal cannula.

Tolerating diet, activity, etc.: The patient is on a heart failure, low sodium diet with a 1,000 mL fluid restriction. The patient seems to be tolerating both diet and activity well.

Physician notifications: The physician did not see the patient during this clinical time.

Future plans for client: The patient is discharging back to her assisted living facility and will continue with her diet and fluid restrictions. The patient will follow up with her PCP in one week.

Discharge Planning (2 points)

Discharge location: Oaks Manor Assisted Living Facility

Home health needs (if applicable): The patient requested a one-time visit from a care-coach.

Equipment needs (if applicable): The patient needs no additional equipment at home.

Follow up plan: The patient will get a one-time home visit from a care-coach and follow up with her PCP in one week.

Education needs: The patient will receive education on any new medications and her diet/fluid restrictions.

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	• Explain why the nursing diagnosis			• How did the client/family respond to the nurse's actions?

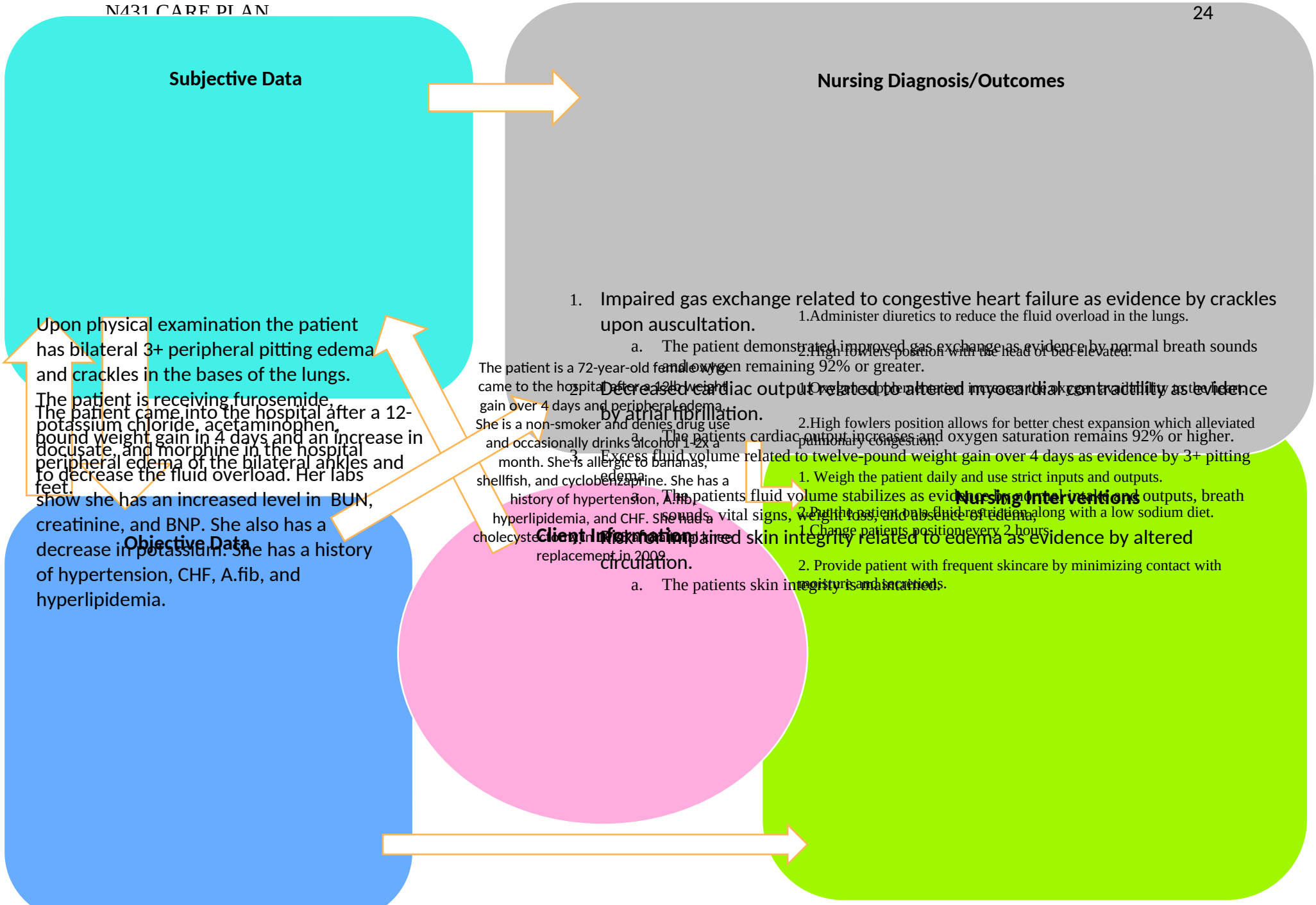
"as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	was chosen			• Client response, status of goals and outcomes, modifications to plan.
1. Impaired gas exchange related to congestive heart failure as evidence by crackles upon auscultation.	The patient has crackles which means there is a fluid shift into the interstitial space and alveoli.	1.Administer diuretics to reduce the fluid overload in the lungs. 2.High fowlers position with the head of bed elevated.	1. The patient demonstrated improved gas exchange as evidence by normal breath sounds and oxygen remaining 92% or greater.	The patient responded well and agrees with the status of the goals and outcomes.
2. Decreased cardiac output related to altered myocardial contractility as evidence by atrial fibrillation.	With atrial fibrillation, the atria quivers instead of fully contracting which doesn't allow the heart to pump blood effectively.	1.Oxygen supplementation increases the oxygen availability to the heart. 2.High fowlers position allows for better chest expansion which alleviated pulmonary congestion.	1. The patients cardiac output increases and oxygen saturation remains 92% or higher.	The patient responded well and agrees with the status of the goals and outcomes.
3. Excess fluid volume related to twelve-pound weight gain over 4 days as evidence by 3+ pitting edema.	The patient is showing signs of fluid volume overload by a significant weight gain, pitting edema, and crackles in the lungs.	1. Weigh the patient daily and use strict inputs and outputs. 2.Put the patient on a fluid restriction along with a low sodium diet.	1. The patients fluid volume stabilizes as evidence by normal intake and outputs, breath sounds, vital signs, weight loss, and	The patient responded well and agrees with the status of the goals and outcomes.

			absence of edema,	
Risk for impaired skin integrity related to edema as evidence by altered circulation.	The patient has altered circulation due to atrial fibrillation.	1.Change patients position every 2 hours. 2. Provide patient with frequent skincare by minimizing contact with moisture and secretions.	1. The patients skin integrity is maintained.	The patient responded well and agrees with the status of the goals and outcomes.

Other References (APA):

Swearingen, P. L. (2019). *All-in-one care planning resource: Medical-surgical, pediatric, maternity & psychiatric nursing care plans* (5th ed.). Elsevier/Mosby.

Concept Map (20 Points)


Subjective Data
Upon physical examination the patient has bilateral 3+ peripheral pitting edema and crackles in the bases of the lungs. The patient is receiving furosemide, potassium chloride, acetaminophen, docusate, and morphine in the hospital to decrease the fluid overload. Her labs show she has an increased level in BUN, creatinine, and BNP. She also has a decrease in potassium. She has a history of hypertension, CHF, A.fib, and hyperlipidemia.
Objective Data
The patient came into the hospital after a 12-pound weight gain in 4 days and an increase in peripheral edema of the bilateral ankles and feet.
The patient is a 72-year-old female who came to the hospital after a 12lb weight gain over 4 days and peripheral edema. She is a non-smoker and denies drug use and occasionally drinks alcohol 1-2x a month. She is allergic to bananas, shellfish, and cyclobenzaprine. She has a history of hypertension, A.fib, hyperlipidemia, and CHF. She had a cholecystectomy and total knee replacement in 2009.
Client Information
Nursing Diagnosis/Outcomes
1. Impaired gas exchange related to congestive heart failure as evidence by crackles upon auscultation.
a. The patient demonstrated improved gas exchange as evidence by normal breath sounds and oxygen remaining 92% or greater.
2. Decreased cardiac output related to altered myocardial contractility as evidence by atrial fibrillation.
a. The patients cardiac output increases and oxygen saturation remains 92% or higher.
3. Excess fluid volume related to twelve-pound weight gain over 4 days as evidence by 3+ pitting edema.
a. The patients fluid volume stabilizes as evidenced by normal intake and outputs, breath sounds, vital signs, weight loss, and absence of edema.
4. Risk for impaired skin integrity related to edema as evidence by altered circulation.
a. The patients skin integrity is maintained.
Nursing Interventions
1.Administer diuretics to reduce the fluid overload in the lungs.
2.High fowlers position with the head of bed elevated.
1.Overload the altered myocardial contractility as evidence.
2.High fowlers position allows for better chest expansion which alleviated pulmonary congestion.
1. Weigh the patient daily and use strict inputs and outputs.
2. Put the patient on a fluid restriction along with a low sodium diet.
1.Change patients position every 2 hours.
2. Provide patient with frequent skincare by minimizing contact with moisture and secretions.